

ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	EXECUTIVE COMMITTEE
DATE:	FEBRUARY 16, 2015
SUBJECT:	SCORECARD MONITORING REPORT - QUARTER 3 (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. The PDR process for 15/16 will be communicated to staff as an entitlement they can expect. This, together with improved management of the methodology and timeframe as reported in the Q2 report is envisaged to increase PDR results for the forthcoming year.

1.1.3. The Senior Leadership Team will continue the increased financial monitoring of the budget for 14/15 and will continue its regular scrutiny by Senior Officers 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.

1.1.4. 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 remains.

1.2. The Committee is asked to accept the mitigation measures associated with any area of concern with the reported out-turn of progress being communicated to the Executive

Committee at their forthcoming meeting in May, 2015.

B - What other options did you consider and why did you reject them and/or opt for this option?

n/a

C - Why is this a decision for the Executive?

This matter is delegated to the Executive

CH - Is this decision consistent with policy approved by the full Council?

Yes

D - Is this decision within the budget approved by the Council?

Yes

DD - Who did you consult?

What did they say?

1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	This was considered by the SLT at their meeting on the 9th of February and their comments are reflected in the report
2	Finance / Section 151 (mandatory)	BHO?
3	Legal / Monitoring Officer (mandatory)	LB?
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	

E - Risks and any mitigation (if relevant)

1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	

F - Appendices:

Appendix A - Scorecard Monitoring Report – Quarter 3, 2014/15 & Scorecard

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

- 2014/15 Scorecard monitoring report - Quarter 2 (as presented to, and accepted by, the Executive Committee on 1st December 2014).

SCORECARD MONITORING REPORT – QUARTER 3 (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.
- 1.2 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.
- 1.3 Quarter 4 and quarter 1 are the quarters where as a Council, we need to further develop the scorecard for the forthcoming year and its associated indicators to clarify our performance priorities for 2015/16. This process will be commenced during March, 2015.

2. CORPORATE SCORECARD

- 2.1 The scorecard continues to develop and embed, reflecting changes from the previous year. Indicators included within the current scorecard were decided through a process of engagement and consultation with the Pennaethiaid, SLT, the Executive and Shadow Executive.
- 2.2 The scorecard (Appendix 1) portrays the current end of quarter 3 position and is requested to be considered by the Executive Committee.

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, Q3 sickness rates (*indicator 1 on scorecard under people management*) has seen a deterioration on the result for Q2 with an average of 8.33 days/shifts lost against a cumulative target of 7.5 for end of Q3.
- 3.3.2 The deterioration for Q3 (3.21 days per FTE) is also marginally worse than Q3 for 13/14 (3.15 days per FTE). This change can be explained with the increase in our Long Term sickness rates for this period (4093.92 days) compared to Q3 in 13/14 (3119.93). This is illustrated in the graph below (Table 1).

LONG TERM SICK DAYS

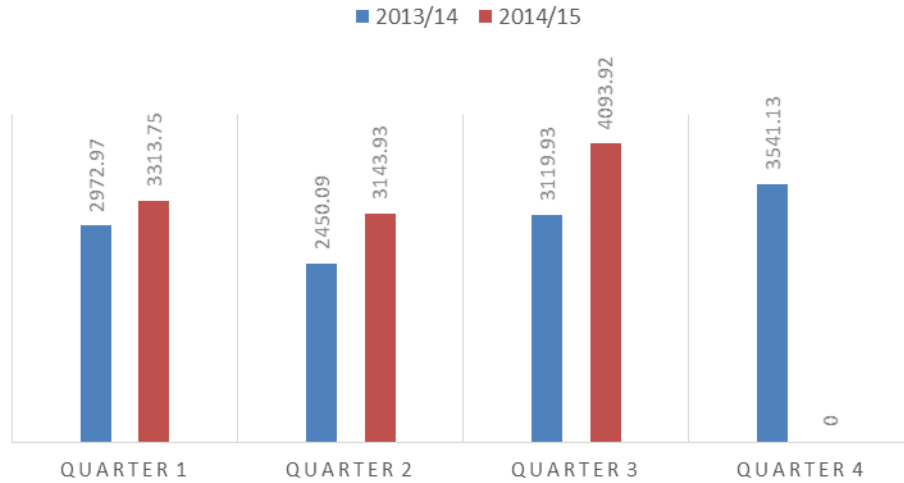


Table 1

3.1.1 Our short term sickness for Q3 (3370.45 days) has improved slightly on Q3 for 13/14 (3419.94 days), however it does not show the same improvement seen in Q1 and Q2 (Table 2).

SHORT TERM SICK DAYS

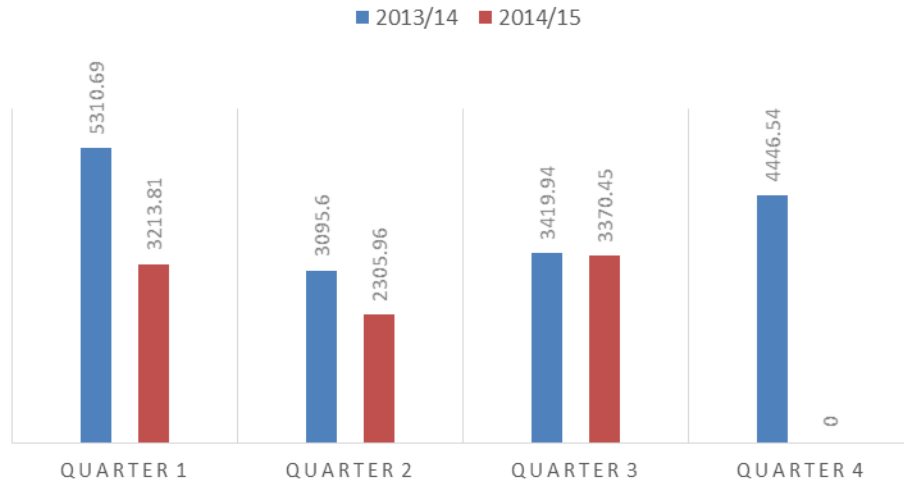


Table 2

3.3.3 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 11.11 days per FTE which again would demonstrate an improvement on 13/14 figures. (Table 3)

Sickness absence - average working days/shifts lost

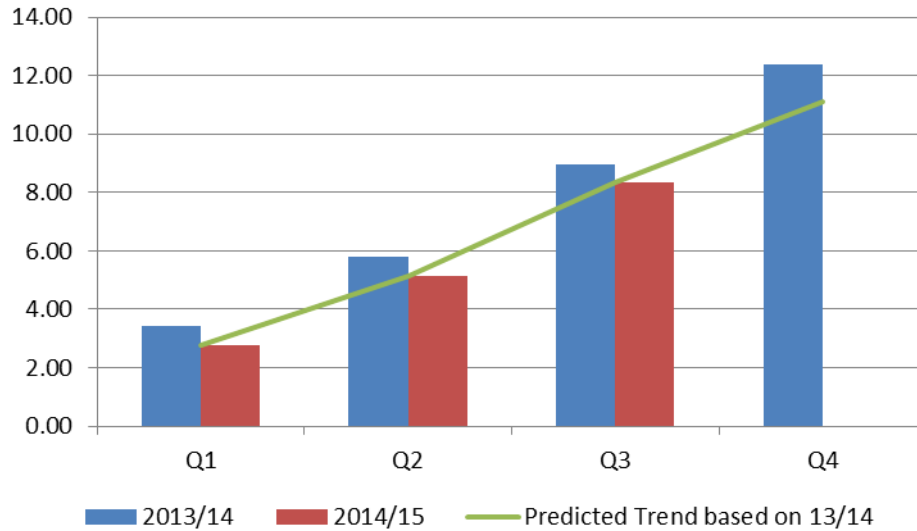


Table 3

- 3.3.4** Whilst this is a positive step in the right direction it would however, still demonstrate a very poor performance in comparison with the rest of Local Authorities in Wales where it is envisaged our performance would be placed in the lower median / lower quartile.
- 3.3.5** 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 across local authorities in Wales.
- 3.3.6** 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*).
- 3.3.7** The Council continues to embed this working practice across its services. This improvement has been further embedded during the third quarter, with Return To Work (RTW) interviews increasing from a year end (13/14) position of 59% to a cumulative figure of 84% achieved (see table 4). This follows a Q3 performance of 88% which is a further improvement.

% Return to Work Interviews Held

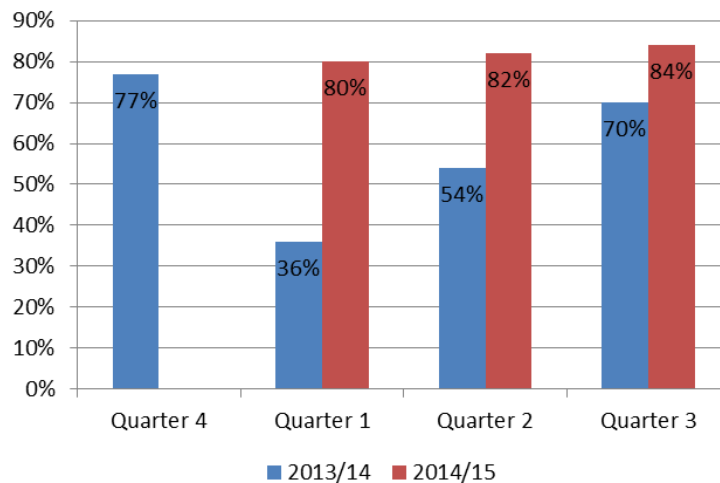


Table 4

3.3.8 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.

3.3.9 However, to date, there are 5 services who are over their targets and tolerances for Q3 totals and they are

- Childrens Services,
- Council Business,
- Environment & Technical,
- Housing and
- Regulation

Further monitoring of these services during Q4 will be undertaken.

The under-performance against targets for Housing and Regulation services (as noted above) during Q3 are as a result of high instances of long term sickness. Childrens Services, Council Business and Environment & Technical have all improved during Q3 but are below their target due to long term sickness rates in Q1 and Q2, which have now improved.

3.3.10 Whilst the Council performs better as against its sickness target year on year, it is noted that the cumulative notional cost of sickness at Q3 is in excess of £1,500k.

3.3.11 Similarly, RTW interviews where improvements are needed from Q3 data against the corporate target of 80% are –

- Adults (68%)
- Economic and Community Regeneration (75%)
- Transformation (78%)

3.3.12 A worrying trend identified in the Q2 report was the % of staff who received professional development reviews within timeframe (*indicator 9 under People Management*). The sample of 10% of staff, undertaken by HR, resulted in a figure of only 53% of all staff within the Authority who were provided a review.

3.3.13 However, during the Service Reviews undertaken during November and December the Services have been providing their own PDR completed figures, which indicate different results to the sample size used corporately. The data behind these figures are currently being analysed and will be reported during the Q4 report.

3.3.14 As the PDR processes develops it is envisaged that the current round of PDR's (15/16) 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.

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

3.3.16 In addition, the PDR process for 15/16 will be communicated to staff as an entitlement they can expect. This, together with improved management is envisaged to increase PDR results for the forthcoming year.

3.4 FINANCIAL MANAGEMENT

3.4.1 This is the third 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 three financial monitoring report already tabled at the February 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 3rd quarter spend is Resources (Finance). The main reason for the £688k overspend were as follows:

- During the year there has been the requirement for an interim Section 151 Officer;
- Agency staff were employed to assist with closure of the 2013/14 accounts. The majority of these staff are no longer being contracted; three agency staff continue to be contracted to cover vacancies and to carry out specific project work that is separately funded;
- The total forecast overspend for S151 Officer and other agency staff amounts to £526k.
- The Housing Benefit Administration Grant is no longer separately allocated (now forms part of the Revenue Support Grant), and as funding was not allocated during last year's budget setting, this will be an additional pressure of £111k;
- The staffing costs for the Revenues and Benefits section are forecast to be £66k (7%) overspent due to pressures arising from changing staff requirements as a result of DWP policy changes.
- There are a handful of other minor forecast under and overspends, which amount to a net overspend of £14k.

3.4.3 In addition, it is noted that Planning & Public Protection have overspent by £138k over the period and this is projected to be £161k by years end. The reasons for the projected overspend are:-

- Planning Delivery Wales grant where employee costs have not reduced in line with the reduced grant (£32k);
- Environmental Health income forecast to underachieve (£40k, 41%);
- Pest Control income forecast to fall short (£25k, 49%), due to underachievement of income on both commercial and domestic work;
- Licencing income to underachieve (£39k, 29%); and
- Other minor overspends of £25k.

The above forecast excludes the effects of Energy Island and the Animal Movement Licensing which cannot be projected with sufficient certainty at this time.

3.4.4 Social Care as a service was £766k (4%) underspent for the period, with this forecast to be £703k (2%) for the year as a whole.

3.4.5 The elements within the projected underspend are as follows:-

- Older People and Adults Unit forecast underspend (£587k, 4%);-
- Services for the Elderly: forecast underspend of £497k (8%);
- Physical Disabilities: forecast underspend of £111k (7%);
- Mental Health: forecast underspend of £94k (5%); and
- Learning Disabilities: forecast overspend of £116k (2%).
- Provider Unit: forecast underspend of £93k (1%);
- Children and Young People's Unit: forecast underspend of £65k (1%)

- Other minor variances: forecast overspend of £41k (6%).

3.4.6 As previously reported the Services for the Elderly is a volatile area and a substantial amount of work on improving the projections over all client groups as well as realigning budgets between Residential Care and Home Care to follow demand has been completed.

3.4.7 The forecast outturn position is in line with that reported for Quarter 2 (the projected underspend is £59k (<1% of service's annual budget) higher). The main reasons for the projected underspends continue to be savings on employee costs, overachievement of income and a reduction in repairs and maintenance and supplies and services expenditure.

3.4.8 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 in hand and will continue during Q4.

3.4.9 It needs to be noted however, whilst significant variances occur against budget within services that the projected end of year position of services is forecasted to be £154,000 overspend.

3.4.10 Whilst certain areas are of concern to the Senior Leadership Team, the financial position will continue to be scrutinised regularly by Senior Officers 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.

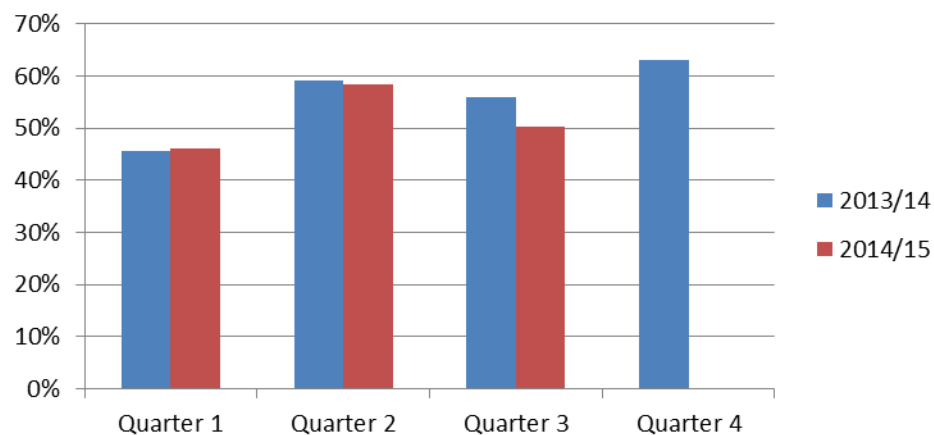
3.5 PERFORMANCE MANAGEMENT

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

- (i) 03 - SCA/018b - the % of carers of Adults who had a review/assessment of their needs which shows as RED on the scorecard. The result for Q3 of 50.3% has declined in comparison with the out-turn of Q2 of 58.3%.

Of the 355 clients not yet assessed, 230 (69%) have refused an assessment and 105 (31%) are awaiting an assessment or review. The Welsh average for 13/14 was 39.4% and performance close to our target would it is envisaged from previous years performance place Anglesey in the upper quartile nationally. On current performance we would sit in the upper median quartile.

SCA/018b - the % of carers of Adults who had a review/assessment of their needs



3.5.2 The other indicators which at end of Q3 are demonstrating an underperformance are –

- (i) 14 – HHA/017a:- *The average number of days all homeless families with children spent in bed and breakfast.* This shows an underperformance of 85.83 days compared with a target of 42 days but is better placed when compared with its 13/14 out-turn of 90.8 days
- (ii) 17 – LCL/004: *The number of library materials issued during the year. The result up to Q3 shows that we are 20k behind target, however we are significantly up on the number of visits to libraries (16 – LCL/001b) at 218k visits compared to a target of 164k. We are already within 1k visits to our result for 13/14 and the service believes that this is down to the success of events held within the libraries (e.g. Rhannu rhigwm, health visitor sessions) and the computer usage is up.*

3.5.3 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 161 missed bin collections have been recorded during Q3, this is in comparison with an overall figure of approx. 3.3million collections' island wide which equates to a missed bin collection rate of approximately 0.005%.

3.5.4 Other performance management indicators are operating within tolerances even though some are declining in performance. As such, they are being monitored regularly by our corporate performance management arrangements with exceptions being brought to the attention of the Senior Leadership Team during Q4.

3.5.5 It is envisaged that the Transformation of our Leisure provision (project) will be progressed during Q4 with expected reports to be considered by the Service Excellence Programme Board (March) and the Executive.

3.6 CUSTOMER SERVICE

3.6.1 Regarding Customer Complaints Management, By the end of Q3 49 formal complaints were received and of these complaints 5 were upheld in full, 8 were partially upheld whilst the remaining 34 were not upheld. Although a rise since Q2 (32) this still demonstrates a slightly better position than 13/14 where in total 65 complaints were received.

3.6.2 The management of complaints according the Q3 data demonstrates that 47 out of 49 complaints had been responded to within timescale with only 3 late responses. This reflects the council's 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. However, following scrutiny of the report at the last quarter (Q3) it is encouraging to see that performance has improved from 59% to 65% which although still behind the target of 80% is a step in the right direction.

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 The PDR process for 15/16 will be communicated to staff as an entitlement they can expect. This, together with improved management of the methodology and timeframe as reported in the Q2 report is envisaged to increase PDR results for the forthcoming year.
 - 4.1.3 The Senior Leadership Team will continue the increased financial monitoring of the budget for 14/15 and will continue its regular Scrutiny by Senior Officers 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.
 - 4.1.4 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 remains.
- 4.2** The Committee is asked to accept the mitigation measures associated with any area of concern with the reported out-turn being communicated to the Executive Committee at their forthcoming meeting in May, 2015.

Corporate Scorecard C-Q3

Customer Service	Actual	Target	RAG	Trend	13/14 Result
01) No of Complaints received	49	49	Green	↑	65
02) No of Complaints upheld	13	11	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	46	69	Green	-	92
06) Number of compliments	372	-	-	↓	-
07) No. of Ombudsman referrals upheld	0	2	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 correspondence acknowledged to within 5 working days (mystery shopper)	-	-	-	-	-
14) % of correspondence replied to within 15 working days (mystery shopper)	-	-	-	-	-
15) % of FOI Requests Responded to Within Timescale	65%	80%	Red	↑	-
16) Number of FOI Requests Responded to Within Timescale	495	-	-	↑	-

People Management	Actual	Target	RAG	Trend	13/14 Result
01) Sickness absence - average working days/shifts lost	8.33	7.5	Red	↓	12.38
02) No of staff with attendance of 100%	-	-	-	-	-
03) Short Term sickness	8890.2	-	-	↓	-
04) Long Term sickness	10551.6	-	-	↓	-
05) % of RTW interview held	84%	80%	Green	↑	59%
06) % of stress related sickness	5%	9%	Green	↑	10%
07) No. of occupational health referrals	290	-	-	-	362
08) No. or workplace injuries	198	236	Green	↑	315
09) % of PDR's not completed within timeframe	53%	-	-	-	64%
10) Number of staff authority wide, including teachers and school based staff (FTE)	2318	-	-	-	2366
11) Number of staff authority wide, excluding teachers and school based staff(FTE)	1217	-	-	-	1395
12) Local Authority employees leaving (%) (Turnover) (Annual)	-	-	-	-	4%
13) Local Authority employees made redundant (compulsory)	26	-	-	-	-
14) No. of Agency Staff	21	-	-	-	18
15) No of grant funded posts	122.5	-	-	-	128.75
16) % of staff with email facility	54%	-	-	-	-

Financial Management	Spend (£)	Variance (%)	RAG	Trend	13/14 Result
01) Projected end of year position	£126,824,000	£154,000	Green	-	-
02) Spend v Profile (Under spending) Social Care	-£766,000	-4%	Green	-	-
03) Spend v Profile (Over spending) Resources (Finance)	£688,000	34%	Red	-	-
04) Spend v Profile (Over spending) Planning & Public Protection	£139,654	8%	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) Environment & Tech	-£179,404	-7%	Green	-	-
09) Income v Targets – (Overachieving) Economic & Comm Regen	-£126,357	-5%	Green	-	-
10) Income v Targets – (Overachieving) Deputy Chief Executive	-£51,336	-7%	Green	-	-
11) Aged debt analysis across all categories of debt	-	-	-	-	-
12) Spend v Profiled Salary (£) (overspend)	-	£3,142,487	Amber	-	-
13) Spend v Salary (% of budget)	-	-	-	-	-
14) Cost of agency staff (£'000)	£835,520	-	Red	-	£1,023,000
15) Cost of sickness absence – direct & indirect (Notional cost)	£1,706,407	-	-	-	-
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
SCC/004: The percentage of children looked after on 31 March who have had three or more placements during the year	3.7	8	Green	↓	8	7.79	Upper Median
SCC/011a: The percentage of initial assessments that were completed during the year where there is evidence that the child has been seen by the Social Worker	95.39	100	Green	↑	100	91.63	Upper
SCC/014: The percentage of initial child protection conferences due in the year which were held within 15 working days of the strategy discussion	97.67	100	Green	↑	100	92.66	Lower Median
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	50.3	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	23.64	23	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	50.3	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	96.8	75	Green	↓	75	73.9	Upper Median
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	94.44	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	3.7	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	95.39	100	Green	↑	100	91.63	Upper
08) SCC/042a: The % of initial assessments completed within 7 working days	95.85	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	97.67	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	94.07	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	88	100	Amber	↑	100	77.78	Lower
12) SCC/43a: The % of required core assessments completed within 35 working days	81.71	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	289	600	Green	↑	600	531	Lower
14) HHA/017a The average number of days all homeless families with children spent in bed and breakfast.	85.83	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	297.3	650	Green	↓	650	621.6	Lower
16) LCL/001b: The no. of visits to public libraries during the year, per 1,000 per population	218k	164k	Green	-	281k	219k	Lower
17) LCL/004: The no. of library materials issued, during the year per 1,000 population	213k	232k	Red	-	310k	309k	Lower Median
18) No. of attendances (young people) at sports development / outreach activity programmes	104k	71k	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	447k	440k	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	30	25	Green	↑	25	41	-
30) The number of actual missed bin collections	161	360	Green	-	480	152	-
32) HLS/010c: Average number of days to complete routine void repair	10.4	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	-
20) Attendance - Primary (%)	-	-	-	-	94.5	94.6	Lower Median
21) Attendance - Secondary (%)	-	-	-	-	93.3	93.4	Lower Median
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	53.8	Lower Median
26) KS4 - % 15 year olds achieving L1	-	-	-	-	96.2	96	Upper
29) No of new apprenticeships under 'Prentisiaeth Menai'	13	-	-	↑	-	9	-
33) % of repairs (BMU) completed first time	-	-	-	-	-	-	-
34) Outcome Agreements	-	-	Green	-	-	Green	-