ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	**EXECUTIVE COMMITTEE**
DATE:	**MAY 26, 2015**
SUBJECT:	**SCORECARD MONITORING REPORT - QUARTER 4 (2014/15)**
PORTFOLIO HOLDER(S):	**COUNCILLOR ALWYN ROWLANDS**
HEAD OF SERVICE:	
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LOCAL MEMBERS:	**n/a**

A -   Recommendation/s and reason/s

1.1 This is the final scorecard of the financial year 2014/15. It portrays the position of the Council against its operational objectives for the year.

1.2 It demonstrates that the continuous improvement agenda which the current Administration has established is being realised in that –

    1.2.1 Attendance rates have improved

    1.2.2 The adherence to policies and management of sickness via the completion of return to work interviews are improving

    1.2.3 Stress related sickness has decreased

    1.2.4 The number of concerns raised and the number of referrals to the ombudsman have decreased

    1.2.5 Performance targets have been reached in the majority of indicators with 20 out of 27 indicators seeing an improvement

1.3 Further annual analysis of performance and comparator data with other local authorities will be completed via the Annual Performance report to be considered by both the Scrutiny Committee and the Executive over the coming months.

1.4 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 –

    1.4.1 Sickness Management – continuation of and further embedding of good management processes and practices with regards to learning from each other during 2015/16 so as to improve further on our sickness rates, costs and

management as an Authority.

1.4.2 *Financial Management – it is recommended that further consideration is given to the reporting of financial information within the scorecard for 15/16 quarterly reporting.*

1.4.3 *Performance Management – it is recommended that the Council revises 2015/16 targets in the revised scorecard to ensure they are challenging but achieveable.*

1.4.4 *Customer Service – Embed the principles of our Customer Charter throughout the Council and ensure the mystery shopper exercise is completed twice during 2015/16 to provide a baseline of customer focused data.*

1.5 The Committee is asked to accept the mitigation measures outlined above and note that further workshop/s will be held with SLT / Executive and shadow executive members to revise the corporate scorecard for 2015/16 during late May / June 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 11th of May and their comments are reflected in the report
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 4, 2014/15 & Scorecard

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

- 2014/15 Scorecard monitoring report - Quarter 3 (as presented to, and accepted by, the Executive Committee in February 2015).

SCORECARD MONITORING REPORT – QUARTER 4 (2014/15)

1. INTRODUCTION

1.1 This is the final scorecard of the financial year 2014/15. It portrays the position of the Council against its operational objectives for the year.

1.2 It demonstrates that the continuous improvement agenda which the current Administration has established is being realised in that –

   1.2.1 Attendance rates have improved
   1.2.2 The adherence to policies and management of sickness via the completion of return to work interviews are improving
   1.2.3 Stress related sickness has decreased
   1.2.4 The number of concerns raised and the number of referals to the ombudsman have decreased
   1.2.5 Performance targets have been reached in the majority of indicators with 20 out of 27 indicators seeing an improvement

1.3 Further annual analysis of performance and comparator data with other local authorities will be completed via the Annual Performance report to be considered by both the Scrutiny Committee and the Executive over the coming months.

1.4 Quarter 1 is the quarter 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 May, 2015.

2. CORPORATE SCORECARD

2.1 The scorecard continues to develop and embed, reflecting changes from year to 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. This exercise will now be re-commenced for 2015/16.

2.2 The scorecard (Appendix 1) portrays the current end of quarter 4 position and is requested to be considered by the Executive & Corporate Scrutiny Committee (minus financial information).

3. CONSIDERATIONS

3.1 This is the second year of collating and reporting performance indicators in a co-ordinated manner. The Council is seeing 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 requested –

   - further trend analysis
   - look back at previous year's performance
   - acknowledgement of specific indicators in relation to the quartile positioning

This assists the quarterly analysis and enables performance to be considered using a number of different comparator elements.

3.3 For the purpose of quarter 4 analysis the introduction of data relating to year on year trends against performance has been included. i.e. to demonstrate whether indicators have improved or declined over the past year.

3.4 **PEOPLE MANAGEMENT**

3.4.1 Quarter 4 sickness rates (*indicator 1 on scorecard under people management*) have seen a very slight improvement against Q3 results, with an end of year average of 11.54 days/shifts lost per FTE against a target of 10 days for the year.

3.4.2 This is an improvement of approx. 1 day per FTE sickness compared to 2013/14 data. The improvement can be seen in the graph below (Table 1). This is a positive result to the year and is testimony to the continued drive to improve sickness absence throughout the Council. However, it is important to note that we continue to be 1.5 days per FTE over our current corporate target of 10.
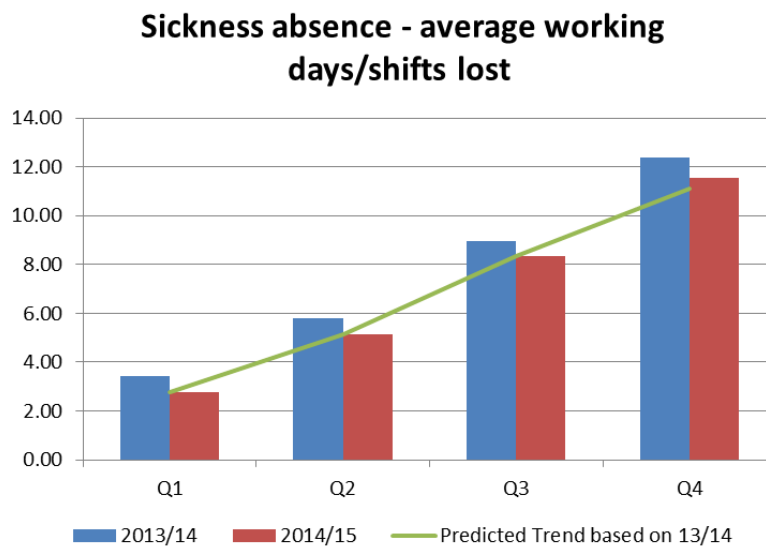
Sickness absence - average working days/shifts lost

Table 1

3.4.3 Analysis of the associated data shows that one of the main reasons for not achieving our corporate target this year, was due to the Long Term Sickness rates which have declined year on year. (see Table 2 below). This year we saw an approximate 2,000 days increase lost due to long term sickness.
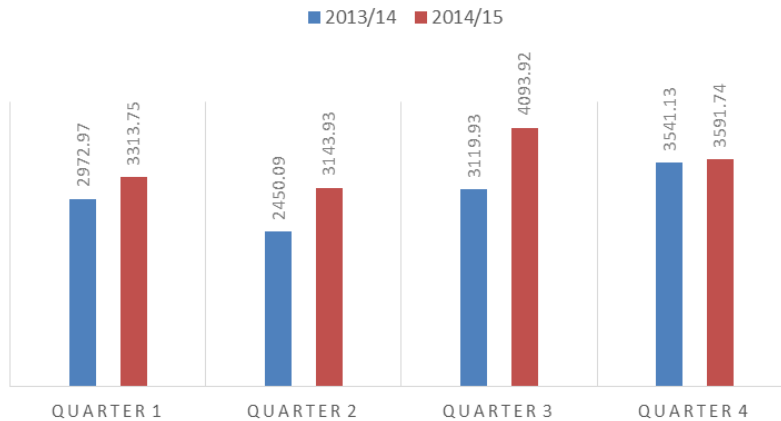
LONG TERM SICK DAYS

■ 2013/14   ■ 2014/15

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
2013/14	2972.97	2450.09	3119.93	3541.13
2014/15	3313.75	3143.93	4093.92	3591.74

Table 2

3.4.4 Long Term sickness equated to 53% of our sickness for 2014/15 compared to 49% for 2013/14.

3.4.5 Our short term sickness for Quarter 4 (3,886.81 days) improved again from the same period last year (4,446.54 days) taking our overall short term sickness to 12,777 days sickness, an improvement of near 3,500 days sickness lost to short term sickness compared to 13/14 (16,272 days). This is illustrated below in Table 3.
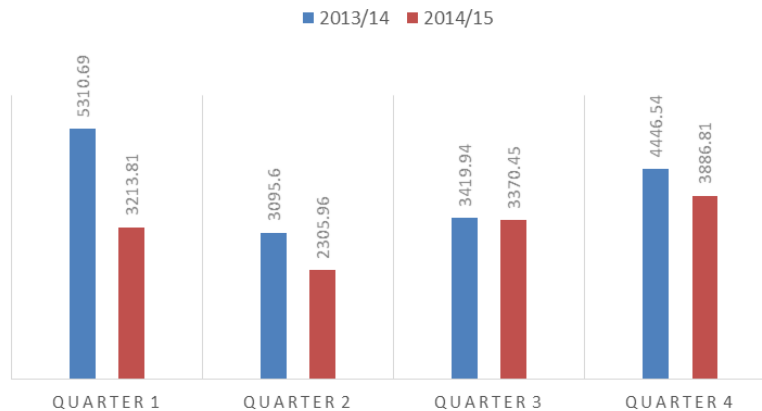
SHORT TERM SICK DAYS

■ 2013/14   ■ 2014/15

	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
2013/14	5310.69	3095.6	3419.94	4446.54
2014/15	3213.81	2305.96	3370.45	3886.81

Table 3

3.4.6 Whilst this is a positive step in the right direction it would however, still demonstrate a poor performance in comparison with the rest of Local Authorities in Wales where it is envisaged our performance would be placed in the lower quartile.

3.4.7 Sickness rates for 2014/15 were 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 as comparator data will be used to provide a story for sickness across local authorities in Wales.

3.4.8 *It is recommended therefore by the SLT, that Officers explore and manage the reasons behind our increased long term sickness rates and continue with our drive to decrease overall sickness rates for the future.*

3.4.9 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.

3.4.10 If all targets were met, the Council would have met its sickness absence target of 10 days per FTE.

3.4.11 *It is recommended therefore, that all Services receive their revised sickenss absence targets for 2015/16 with associated methodology through the SLT by the end of the 1st quarter which will clearly articulate the Council's desire to decrease sickness rates further.*

3.4.12 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*).

3.4.13 The Council continues to embed this working practice across its services. This improvement has been further embedded during the Q4, with Return To Work (RTW) interviews increasing from a year end position of 59% in 2013/14 to a cumulative figure of 85% achieved in 2014/15 (see table 4).

3.4.14 Q4 performance of 89% is further testimony to this improvement.

Table 4

% Return to Work Interviews Held
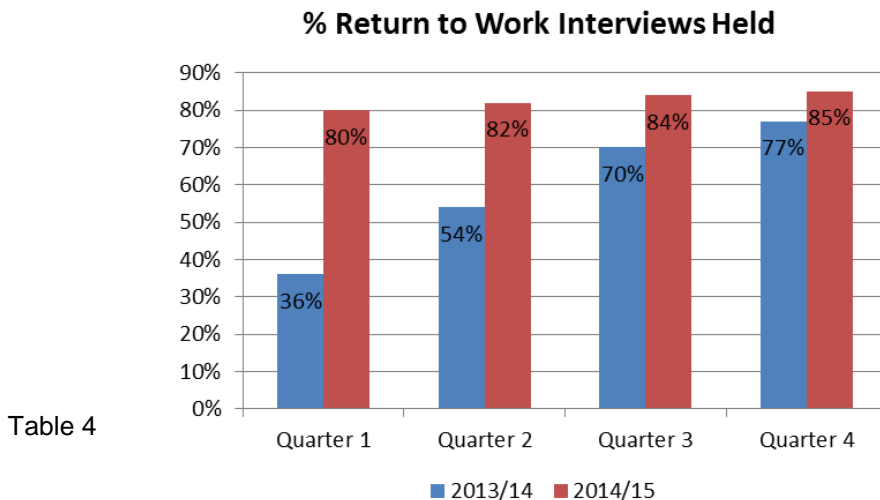
3.4.15 With regards to the 'management' of sickness, and staff's compliance with corporate sickness policies, significant improvements have been evidenced regarding return to work practise (see 3.3.10).

3.4.16 *It is recommended by the SLT, that further consideration and focus is given to the management of recurring short-term sickness absence where trigger points are reached and the completion of attendance review meetings (ARM's) are undertaken.*

3.4.17 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.

3.4.18 Following the PDR window in Q4, HR again sampled 10% of staff and following the analysis a total of 76% were completed within the timeframe (*performance indicator 9 in people management).* This demonstrates improvements on last years achievement but also indicates that further improvements are required to align staff working practises with service and Council priorities.

3.4.19** **The SLT recommends therefore to continue to further embed good management processes and practices with regards to sickness management by learning from each other during 2015/16 so as to improve further on our sickness rates, costs and management as an Authority.

3.5 FINANCIAL MANAGEMENT

3.5.1 No financial information for Q4 was available for the completion of this report.

3.5.2** **The SLT therefore recommends that further consideration is given to the reporting of financial information within the scorecard for 15/16 quarterly reporting.

3.6 PERFORMANCE MANAGEMENT

3.6.1 The scorecard for Performance Management has been amended for this quarter to show performance against a year on year trend. This has been completed for two reasons –

    3.6.1..1   to ease analysis
    3.6.1..2   demonstrate improvements.

It can be seen from these trends that 20 of the indicators have improved while 7 of the indicators have declined year on year.

3.6.2 At the end of Q4 we have 6 indicators that are underperforming against their annual target for the year.

3.6.3 One indicator within Adult Services shows 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 Q4 (57.1%) has improved in comparison with the out-turn for Q3 (50.3%), however the result is well below its target of 70%.

A total of 564 requested an assessment or review and 92% (521) of these where assessed. In addition to these an additional 348 clients who declined assessment must be calculated within this performance indicator. These additional clients give the false impression of low performance within this PI.

It is noted that this result for 14/15 would continue to place us in the upper quartile when compared with the 13/14 and therefore a revised target setting should be sought for 15/16.

3.6.4   One indicator within Childrens Services shows an underperformance –

(i) 11 – *SCC/041a – the % of eligible, relevant and former relevant children that have pathway plans as required* shows as **RED** on the scorecard. The result for the year of 78.26% is a slight improvement on last year but would still result in us being in the lower quartile when compared to 2013/14 results.

The reason for not hitting our target for this indicator is that 4 of 23 relevant young people had chosen not to participate in this process.

3.6.5   One indicator within Housing shows an underperformance –

(i) *14 - HHA/017a – The average number of days all homeless households spent in bed & breakfast* is **RED** on the scorecard. The result for 2014/15 (76.9 days) has improved when compared with 2013/14 (90.8 days) but we again would continue to be in the lower quartile when compared to 2013/14 results.

3.6.6   Two indicators within Learning shows an underperformance –

(i) *17 – LCL/004 – The no. of library materials issued during the year* is **RED** on the scorecard. The result of 287.5k issues is down 21.5k from the 2013/14 result of 309k. When compared to 2013/14 national results we would still see this indicator in the lower median quartile for the year.

Although the above indicator has declined, the service managed to increase visits to the library service (indicator 16 on the scorecard) by 73k from 219k to 292k during the year.

The Council now needs to ensure that these extra visits result in an increased number of materials issued for 2015/16, whilst also continuing to increase visits to the libraries.

(ii) *23 – No of days lost to temp exclusion – Primary* is shown as **RED** on the scorecard. There has been 27 days lost due to exclusions during the Autumn Term. This compares unfavourably against last years grand total of 37.5 days for the whole of the 2013/14 academic year.

Data for the Spring Term was not available at the time of preparing this report and will be presented in the Q1 scorecard for 2015/16.

3.6.7   One indicator within Economic & Community Regeneration shows an underperformance –

(i) *19 – LCS/002b – The number of visits to local authority sport and leisure centres during the year where visitors will be participating in physical activity* is **RED** on the scorecard. The result of 591k visits is 29k below the target of 620k and is a decrease in performance from the 13/14 result of 614k.

This indicator has been hitting the targets throughout the year and was not foreseen to miss the target during Q4. However, it is believed that works in Holyhead Leisure Centre and a decrease in visits to Outdoor facilities, namely Llangefni Golf Course are the reasons for the decrease in performance.

The performance for the year when compared to 13/14 results would see us drop a quartile from the upper median to the lower median.

It should also be noted therefore that future performance is likely to remain in the lower quartile due to the closure of the golf course. This can and should be offset however by a projected and planned for increase of visits to the leisure centres during 2015/16 (11,000).

3.6.8 Whilst the remaining indicators are all ragged GREEN within the performance management section it should be noted that this does not mean that our position on a national basis will improve across all areas. Based on 13/14 quartile results we would achieve a change in quartile for 7 of our indicators –

3.6.8..1 5 of which would improve on their 13/14 quartile result
3.6.8..2 2 of which would see a decline.

3.6.9 Whilst this is a positive story overall, we will not know how we have performed in comparison with others until the results for 14/15 are published in September. The overall picture will be articulated in the body of our Annual Performance Report, to be considered by the Corporate Scrutiny Committee and the Executive prior to adoption by the Council in the autumn.

3.6.10 A large amount of the indicators have hit their targets for the year. This is encouraging and demonstrates improvements locally. However, if we are to progress and improve our standing as an achieving Council, *the SLT is recommended that to revise 2015/16 targets to ensure they are challenging yet achieveable* and that we do not rest on our laurels*.*

3.7 CUSTOMER SERVICE

3.7.1 Regarding Customer Complaints Management, by the end of Q4 65 formal complaints were received. 61 of the 65 have received a response and of these complaints 5 were upheld in full, 11 were partially upheld whilst the remaining 45 were not upheld. The final figure of 65 complaints is the same as it was for 13/14.

3.7.2 A total of 90.8% of complaints have been responded to within timescale with only 6 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.

3.7.3 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. The final result of 65% is below the target of 80% for the year, however this has improved over the year and is a step in the right direction. In total there were 894 FOI requests received during the year with 3541 separate questions for the services to answer. This equates to approximately 14 questions a day.

3.7.4 Another important indicator when looking at a customer centred approach would be the % of telephone calls abandoned (*number 12 on the customer service table*). This indicator has seen a drop to 16%, below the 15% target, for the first time this year. This will be monitored again during 2015/16 and will be tracked as one of the indiciators associated with our Customer Charter which will need to be fully embedded during the year.

3.7.5 As the Customer Charter has been in a pilot period and has not been fully embedded within working practise, the indicators which form part of the Mystery Shopper exercises have not been completed as anticipated. *The SLT recommends therefore that a baseline of customer focused data be recorded during 2015/16 as part of the Customer Service Excellence Project and that the mystery shopper exercise is completed twice to achieve this.*

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 – continuation of and further embedding of good management processes and practices with regards to learning from each other during 2015/16 so as to improve further on our sickness rates, costs and management as an Authority.

    4.1.2   Financial Management – it is recommended that further consideration is given to the reporting of financial information within the scorecard for 15/16 quarterly reporting.

    4.1.3   Performance Management – it is recommended that the Council revises 2015/16 targets in the revised scorecard to ensure they are challenging but achieveable.

    4.1.4   Customer Service – Embed the principles of our Customer Charter throughout the Council and ensure the mystery shopper exercise is completed twice during 2015/16 to provide a baseline of customer focused data.

4.2 The Committee is asked to accept the mitigation measures outlined above and note that further workshop/s will be held with SLT / Executive and shadow executive members to revise the corporate scorecard for 2015/16 during late May / June 2015.

Corporate Scorecard C-Q4

Customer Service	Actual	Target	RAG	Trend	13/14 Result
01) No of Complaints received	65	65	Green	⇨	65
02) No of Complaints upheld	16	15	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	71	92	Green	⬇	92
06) Number of compliments	521	-	-	-	-
07) No. of Ombudsman referrals upheld	0	2	Green	⇨	2
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	16%	15	Amber	⬇	-
13) % of correspondance ackoweldged 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	68%	80%	Red	⇨	-
16) Number of FOI Requests Responded to Within Timescale	608	-	-	-	-

People Management	Actual	Target	RAG	Trend	13/14 Result
01) Sickness absence - average working days/shifts lost	11.53	10	Red	⇨	12.38
02) No of staff with attendance of 100% (Headcount)	777	-	-	⬆	775
03) Short Term sickness	12777	-	-	-	-
04) Long Term sickness	14143	-	-	-	-
05) % of RTW interview held	85%	80%	Green	-	59%
06) % of stress related sickness	5%	9%	Green	-	10%
07) No. of occupational health referrals	374	-	-	-	362
08) No. or workplace injuries	257	315	Green	⬆	315
09) % of PDR's completed within timeframe	76%	80%	Amber	⬆	53%
10) Number of staff authority wide, including teachers and school based staff (FTE)	2335.77	-	-	-	2366
11) Number of staff authority wide, excluding teachers and school based staff(FTE)	1361.85	-	-	-	1395
12) Local Authority employees leaving (%) (Turnover) (Annual)	6%	-	-	-	4%
13) Local Authority employees made redundant (compulsory)	29	-	-	-	-
14) No. of Agency Staff	21	-	-	⇨	18
15) No of grant funded posts	122.5	-	-	⇨	128.75
16) % of staff with email facility	57%	-	-	⬆	53%

Financial Management	Spend (£)	Variance (%)	RAG	Trend	13/14 Result
01) Projected end of year position	-	-	-	-	-
02) Spend v Profile (Over / under spending) Service 1	-	-	-	-	-
03) Spend v Profile (Over / under spending) Service 2	-	-	-	-	-
04) Spend v Profile (Over / under spending) Service 3	-	-	-	-	-
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) Service 1	-	-	-	-	-
09) Income v Targets – (Under / Overachieving) Service 2	-	-	-	-	-
10) Income v Targets – (Under / Overachieving) Service 3	-	-	-	-	-
11) Aged debt analysis across all categories of debt	-	-	-	-	-
12) Spend v Salary (£)	-	-	-	-	-
13) Spend v Salary (% of budget)	-	-	-	-	-
14) Cost of agency staff (£'000)	-	-	-	-	-
15) Cost of sickness absence – direct & indirect (Notional cost)	-	-	-	-	-
16) Grants Income – Welsh Government	-	-	-	-	-
17) Grants Income - European	-	-	-	-	-
18) Grants Income – Other	-	-	-	-	-

Performance Management	Actual	Target	RAG	Trend	Year on Year Trend	13/14 Result	13/14 Quartile
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	49.46	55	Green	⬇	⬆	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	23.28	23	Green	⬆	⬇	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	57.1	70	Red	⬆	⬇	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	75	Green	⬆	⬆	73.9	Upper Median
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	91.92	90	Green	⬇	⬆	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	3.41	8	Green	⬆	⬆	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	95.89	100	Green	⬆	⬆	91.63	Upper
08) SCC/042a: The % of initial assessments completed within 7 working days	94.77	85	Green	⬇	⬆	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	98.15	100	Green	⬆	⬆	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	93.53	100	Green	⬇	⬆	90.54	Upper Median
11) SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required	78.26	100	Red	⬇	⬆	77.78	Lower
12) SCC/43a: The % of required core assessments completed within 35 working days	77.88	85	Green	⬇	⬆	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	362	600	Green	⬇	⬆	531	Lower
14) HHA/017a The average number of days all homeless households spent in bed and breakfast.	76.9	42	Red	⬆	⬆	90.8	Lower
15) HHA/017b the average number of days that all homeless households spent in other forms of temporary accommodation	372.4	650	Green	⬇	⬆	621.6	Lower
16) LCL/001b: The no. of visits to public libraries during the year	292k	219k	Green	⬆	⬆	219k	Lower
17) LCL/004: The no. of library materials issued, during the year	287.5k	310k	Red	⬆	⬇	309k	Lower Median
18) No. of attendances (young people) at sports development / outreach activity programmes	144k	102k	Green	⬆	⬆	130k	-
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	591k	620k	Red	⬇	⬇	614k	Upper Median
27) THS/011c: The % of non-principal (C) roads that are in an overall poor condition	15.8	17	Green	⬆	⬆	17.6	Lower
28) Jobs Created	30	25	Green	⬆	⬇	41	-
30) The number of actual missed bin collections	224	480	Green	⬇	⬇	152	-
32) HLS/010c: Average number of days to complete routine void repair	10.5	30	Green	⬇	⬆	19.3	-
31) PLA/004c: The percentage of householder planning applications determined during the year within 8 weeks	90	85	Green	⬆	⬆	-	-
35) School Modernisation Programme	-	-	Green	-	-	-	-
36) Older Adult Social Care Programme	-	-	Green	-	-	-	-
37) Leisure Project	-	-	Green	-	-	-	-
38) Library Project	-	-	-	-	-	-	-
39) Adoption and compliance with a timetable for close of accounts and production of Statement of Accounts	Yes	Yes	Green	-	-	-	-
22) No. of Permanent Exclusions	0	0	Green	-	-	0	-
20) Attendance - Primary (%)	94.6	94.5	Green	-	-	94.6	Lower Median
21) Attendance - Secondary (%)	93.2	93.3	Green	-	-	93.4	Lower Median
23) No. of days lost to temp exclusion - Primary	34.5	25	Red	⬆	-	37.5	-
24) No. of days lost to temp exclusion - Secondary	169	94	Red	⬇	-	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	-	-	-	-