

<b>ISLE OF ANGLESEY COUNTY COUNCIL</b>	
<b>REPORT TO:</b>	<b>CORPORATE SCRUTINY COMMITTEE / EXECUTIVE</b>
<b>DATE:</b>	<b>Sept 17<sup>th</sup> / Sept 21<sup>ST</sup>, 2015</b>
<b>SUBJECT:</b>	<b>SCORECARD MONITORING REPORT - QUARTER 1 (2015/16)</b>
<b>PORTFOLIO HOLDER(S):</b>	<b>COUNCILLOR ALWYN ROWLANDS</b>
<b>HEAD OF SERVICE:</b>	<b>SCOTT ROWLEY</b>
<b>REPORT AUTHOR:</b> TEL: E-MAIL:	<b>GETHIN MORGAN</b> 01248 752111 <a href="mailto:GethinMorgan@anglesey.gov.uk">GethinMorgan@anglesey.gov.uk</a>
<b>LOCAL MEMBERS:</b>	<b>n/a</b>

<b>A - Recommendation/s and reason/s</b>	
<b>1.1</b>	This is the first scorecard of the financial year 2015/16.
<b>1.2</b>	It portrays the position of the Council against its operational objectives as outlined and agreed collaboratively between the Senior Leadership Team / Executive and Shadow Executive.
<b>1.3</b>	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 – <ul style="list-style-type: none"> <li><b>1.3.1</b> <i>Achievable sickness targets for all Services are accepted based on historical data / trends to meet the corporate target and considerable effort is made to tackle specific long term sickness cases.</i></li> <li><b>1.3.2</b> <i>Financial Management – through the SLT, further commentary and discussion re; financial issues and recommendations are noted in the Q1 finance report to be considered at this meeting.</i></li> <li><b>1.3.3</b> <i>Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during Q2.</i></li> <li><b>1.3.4</b> <i>Customer Service – to ensure mystery shop data is reported via Q2 to provide an independent baseline as to customer focus.</i></li> </ul>
<b>1.4</b>	The Committee is asked to accept the mitigation measures outlined above.

<b>B - What other options did you consider and why did you reject them and/or opt for this option?</b>		
n/a		
<b>C - Why is this a decision for the Executive?</b>		
This matter is delegated to the Executive		
<b>CH - Is this decision consistent with policy approved by the full Council?</b>		
Yes		
<b>D - Is this decision within the budget approved by the Council?</b>		
Yes		
<b>DD - Who did you consult?</b>		<b>What did they say?</b>
1	<b>Chief Executive / Strategic Leadership Team (SLT) (mandatory)</b>	This was considered by the SLT at their meeting on the 1st of September and their comments are reflected in the report
2	<b>Finance / Section 151 (mandatory)</b>	No comment
3	<b>Legal / Monitoring Officer (mandatory)</b>	No comment
4	<b>Human Resources (HR)</b>	
5	<b>Property</b>	
6	<b>Information Communication Technology (ICT)</b>	
7	<b>Scrutiny</b>	
8	<b>Local Members</b>	
9	<b>Any external bodies / other/s</b>	
<b>E - Risks and any mitigation (if relevant)</b>		
1	<b>Economic</b>	
2	<b>Anti-poverty</b>	
3	<b>Crime and Disorder</b>	
4	<b>Environmental</b>	
5	<b>Equalities</b>	
6	<b>Outcome Agreements</b>	
7	<b>Other</b>	
<b>F - Appendices:</b>		
Appendix A - Scorecard Monitoring Report – Quarter 1, 2015/16 & Scorecard		
<b>FF - Background papers (please contact the author of the Report for any further information):</b>		
<ul style="list-style-type: none"> <li>2014/15 Scorecard monitoring report - Quarter 4 (as presented to, and accepted by, the Executive Committee in June 2015).</li> </ul>		

## APPENDIX A: SCORECARD MONITORING REPORT – QUARTER 1 (2015/16)

### 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, on an annual basis, a performance report is drafted to be published by end of October, which demonstrates progress or not (as the case may be).
- 1.2 This scorecard was developed in parallel 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 The scorecard continues to develop and embed, reflecting those changes that have been undertaken to traditional systems and practices within the Council. This year's indicators included within the scorecard (similar to last year) have been decided through a process of engagement and consultation with the Penaethiaid, Senior Leadership Team, the Executive and Shadow Executive.
- 1.4 As a result, certain indicators have been included as new and these will need further time to be embedded so that all indicators are being reported. It is anticipated that these processes will be established by Q2 of the current financial year.
- 1.5 The scorecard (Appendix 1) portrays the current end of Q1 position and will be considered further by the Corporate Scrutiny Committee and the Executive during September.

### 2. CONSIDERATIONS

- 2.1 This is the third year of collating and reporting performance indicators in a co-ordinated manner. The Council is now seeing trends establish themselves with regards to a number of those indicators and SLT / Scrutiny and Executive comments are having an impact on operational delivery.
- 2.2 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.

### 2.3 PEOPLE MANAGEMENT

- 2.3.1 With regard to People Management however, it was noted at end of Q4 that our sickness rates (*indicator 1 on scorecard under people management*) portrayed a better position at end of the year as compared to the previous year's results – 11.53 days compared to 12.38 days.

**2.3.2** This is an improvement of 0.85 days on the previous year. This performance positions Anglesey in the bottom quartile (20<sup>th</sup>) when compared nationally with other Councils.

**2.3.3** Whilst improving year on year as noted in 2.3.2, the Council's position end of Q1 shows a deteriorating position when compared with last year and its corporate target of 10days per FTE. This indicates that the projected end of year sickness level (if trends continue as indicated over the past two years) would equate to 12 days per FTE.

### Sickness absence - average working days/shifts lost

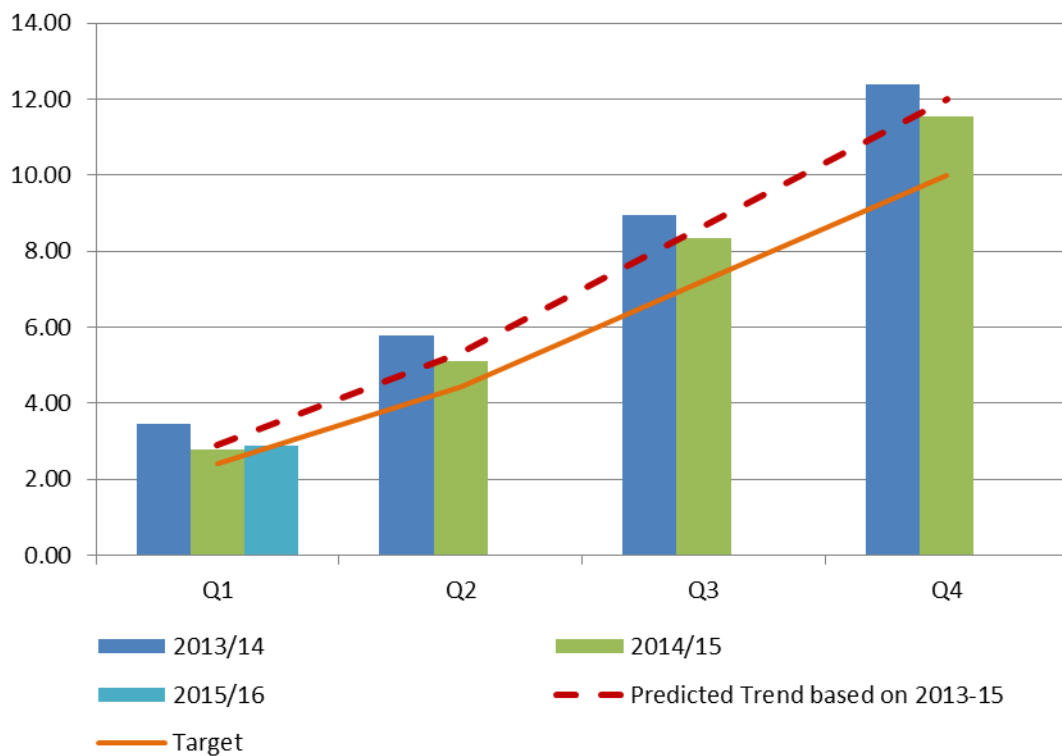


Table 1

**2.3.4** Analysis of the associated data shows that one of the main reasons for not achieving our corporate target for Q1 of 2.5 days, was due to the Long Term Sickness rates which have declined significantly in comparison with Q1 2013 & 2014. During Q1 we saw an approximate 4,000 working days lost due to long term sickness. (See table 2 below).

## LONG TERM SICK DAYS

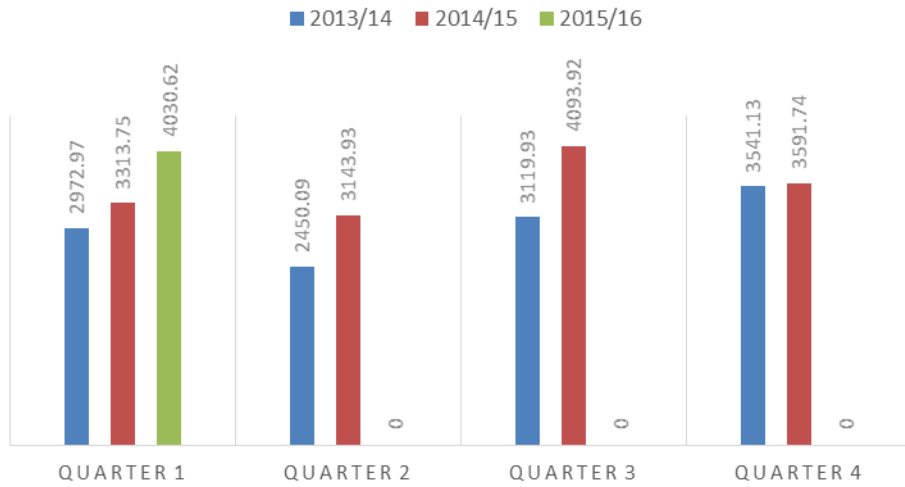


Table 2

**2.3.5** Long Term sickness equated to 60% of our total sickness for Q1 compared to 50% over the same period for 2014/15.

**2.3.6** Our short term sickness for Quarter 1 (2,675.63 days) improved from the same period last year (3,213.81 days). This demonstrates that the recommendations made and enacted upon to tackle short term sickness has made a significant improvement. This is illustrated below in Table 3.

## SHORT TERM SICK DAYS

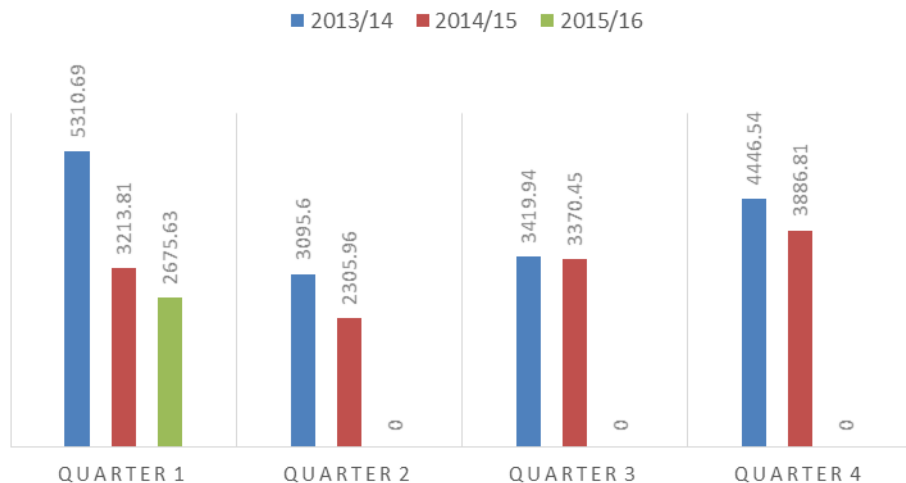


Table 3

**2.3.7** Whilst this is a positive step in the right direction re: short term sickness the overall picture does demonstrate poor performance in comparison with previous years and the rest of Local Authorities in Wales where it is evidenced that our performance will continue to be placed in the lower quartile and perhaps worsen

our overall position. To that end sickness absence targets for services across the Authority have been calculated and agreed by the SLT / Penaethiaid as follows –

- Adults – 15.70 days
- Children's - 10.81 days
- Council Business - 9.01 days
- Economic & Comm Regen - 7.12 days
- Highways, Waste & Property 9.08 days
- Housing - 10.47 days
- Learning - 8.88 days
- Planning & Pub Prot - 8.92 days
- Resources - 7.00 days
- Transformation - 7.00 days

**2.3.8** The methodology for the sickness target setting has been completed using the following formula -

- Services with historic sickness levels over 10.1 days per FTE will be expected to make a 15% improvement on their sickness rates for 15/16
- Services with historic sickness levels of between 10 and 7.1 days sick per FTE will be expected to make a 10% improvement in their sickness rates for 15/16
- Services with historic sickness levels of 7 days and under per FTE will be expected to remain under 7 days sick per FTE with an improvement realised year on year.

**2.3.9 Point to Note** - If all service targets are met above, the Council will meet its sickness absence target of 10 days per FTE. Based on 14/15 figs, this would place the Council just below the Welsh median of 9.8days per FTE.

**2.3.10** It is recommended therefore by the SLT, that

- Achievable sickness targets for all Services are accepted based on historical data / trends to meet the corporate target and considerable effort is made to tackle specific long term sickness cases and that Penaethiaid manage the reasons behind our increased long term sickness rates.

**2.3.11** 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*).

**2.3.12** The Council continues to embed this working practice across its services. This improvement has been further embedded during the Q1, with Return To Work (RTW) interviews increasing from a year end position of 85% in 2014/15 to a Q1 figure of 86% achieved in 2015/16 (see table 4).

### % Return to Work Interviews Held

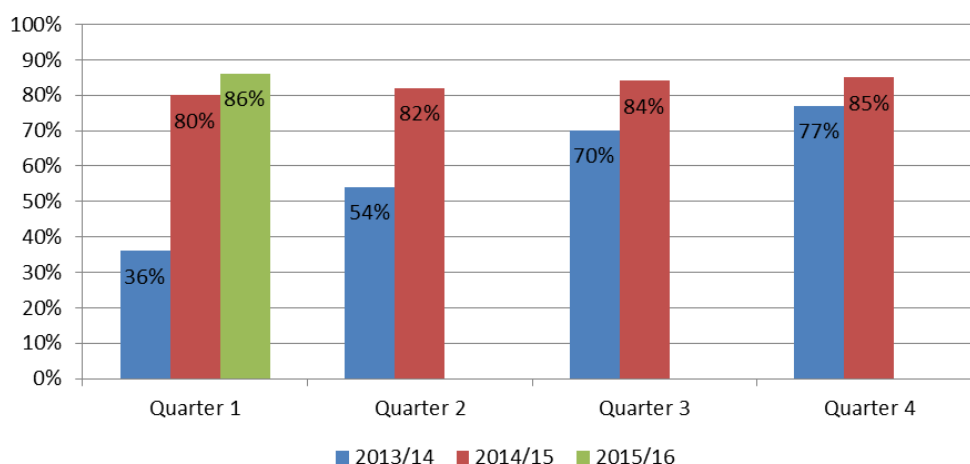


Table 4

**2.3.13** With regards to the ‘management’ of sickness, and staff’s compliance with corporate sickness policies, significant improvements have been evidenced regarding the return to work practise (see table 4 above).

**2.3.14** It was 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. These are now reflected in the new 2015/16 scorecard and a target of 85% has been set for the number of ARM’s to be completed during the forthcoming year.

**2.3.15** Figures for Q1 shows an underperformance against this target and demonstrates the need for ARM’s to be embedded into the working practise of the Council during the forthcoming year.

**2.3.16** The SLT therefore recommends –

- To continue to further embed good management processes and practices with regards to sickness management so as to improve further on our sickness rates, costs and management as a Council.

**2.3.17** A new indicator on the People Management Section of the Scorecard is the ‘% of staff with a Disclosure Barring Service (DBS) Certificate’ (item 14 on the people management section).

**2.3.18** Currently we are demonstrating that 98.4% of our staff that require a DBS for their jobs have a DBS Certificate in place. However, this figure does not include data for all services and it currently excludes Learning, Resources, and Highways, Waste & Property. These services are all currently undertaking a review of their DBS practices and will report in time for Q2 analysis.

## 2.4 FINANCIAL MANAGEMENT

**2.4.1** As a whole, the Council following its first quarter financial performance envisages seeing an end of year net overspend of £1,620k.

- 2.4.2** The main service variances impacting on this projected overspend at the end of Q1 are as follows:-

**Adults Social Care** – which is £117k overspent for the period. This is forecast to increase due in large part to additional cost pressures on the service in 2015/16. Examples of the cost pressures the service are facing include the implications of the Supreme Court judgement delivered in March 2014 around the Deprivation of Liberty Safeguards, the impact of a 1.7% increase in fees paid to external care homes and the significant reduction in intermediate care funding from WG.

As reported previously in 2013/14 scorecard reports, the services for the elderly is a volatile area and a substantial amount of work has taken place to improve the projections over all client groups as well as re-aligning budgets.

**Leisure** – which was £31k overspent during the Q1 period. This is forecast to increase to £146k by the year's end. The reasons for this are that the Parks and Outdoor Facilities spend is happening against a budget of nil. The golf course has a projected overspend of £50k due to not realising its income targets (an issue dating back to the 1990's). The responsibility for this has since been transferred to the Llanelwedd Partnership.

**Highways, Waste & Property** – The Highways part of the service was overspent during the period by £76k and is projected to be £166k by year end. The main reason for the projected overspend is the underachievement of car park income amounting to approx £100k and other minor variances. The Waste Management part of the service was underspent by £32k for the first quarter but is projected to overspend by £256k by year end. The reasons for which are a projected overspend on the waste collection contract, a forecasted overspend on the Penhesgyn transfer station negated by a forecasted underspend on the waste disposal contract.

- 2.4.3** At a time of continued financial constraints in the public sector, it is noted that these projected figures may change due to events, service demands and information which may impact on the projections. However, through the SLT, Penarth should consider all options for remedial action during Q2 to try and reduce the estimated overspend in the future. Further detail to be considered in the Q1 financial report.

## **2.5 PERFORMANCE MANAGEMENT**

- 2.5.1** The scorecard for Performance Management has been amended for 2015/16 to show performance against indicators outlined and requested by the Senior Leadership Team, Executive and Shadow Executive. The following provides the narrative against the challenges and drive needed to succeed in 2015/16.

- 2.5.2** At the end of Q1 we note that 6 indicators that are underperforming against their annual target for the year.

- 2.5.3** One indicator within Adult Services shows an underperformance –

- (i) *03 - LI/018b - the % of carers of Adults who requested an assessment or review that had an assessment or review in their own right during the year which shows as RED on the scorecard. The result for Q1 (66.5%)*



is below the target of 93%. A total of 203 requested an assessment or review and 66.5% of these were assessed. 68 are waiting an assessment or a review. A lack of staffing capacity resulted in the above performance. 50% of the carers team were absent from work due to sickness absence for 6 weeks during the first quarter.

**Mitigation** - during Q2 a list of outstanding reviews and assessments as well as future Q2 reviews have been passed to the carers team for actioning during Q2.

#### 2.5.4 Three indicators within Childrens Services shows an underperformance –

(i) 11 – SCC/025 – *the % of statutory visits to looked after children due in the year that took place in accordance with regulations* Q1 - 89.97% Target – 100 **AMBER**. This compares with a performance of 96.43% for the same time period of 2014/15.

Staff absence played a part in not hitting the target for Q1 as well as annual leave; visits have slightly improved during July. Managers of the FIT and LAC team use tracking tools as reminders to staff to complete visits, unfortunately due to the Managers being on annual leave during Q1 these tracking meetings did not take place.

**Mitigation** to improve these standards for Q2 are as follows –

- FIT team capacity to be reviewed as demands have increased. Service Manager and Team to complete review during August.
- Sickness absence / Annual leave to be continually managed via the corporate policies and procedures with monthly updates recorded.
- The trackers system to continue to be used weekly and system to be devised to ensure visits are completed when staff are on leave or there are sickness absences. This to be actioned during August.

(ii) SCC/041a: The % of eligible, relevant and former relevant children that have pathway plans as required; Q1 – 73.91, Target – 90, **RED**. This compares with a performance of 90% during the same time period last year

Pathway plans continue to be a high priority for the service. Uncompleted plans include young people who have been described as disengaging with the social worker. The indicator is also reflective of young people who are missing (1 young person).

**Mitigation** – to improve these standards by end of Q2 are as follows –

- An action plan is to be developed to review how we deliver our aftercare service to young people by end of August
  - System to monitor pathway plans before they go out of date to be devised within above timescale
  - Overdue plans to be completed during Q2.
- (iii) SCC/043a: The % of required core assessments completed within 35 working days; Q1 – 78.13, Target 85, **AMBER**. This compares with a performance of 70.27% during the same time-period last year.

During the quarter, core assessments not meeting timescales related to two families with two or more children. Other factors included the miscalculation of deadlines by social workers and the missed appointments and availability of carers due to holidays.

**Mitigation** – to improve these standards during Q2 the following will be actioned –

- Team Managers to remind staff of related timescales, individual staff members to be addressed via reflective discussions and the tracker system to be updated.

**2.5.5** 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 99k against a target of 124k.

This indicator has underperformed by 63k compared with the first quarter of 2014/15 and is now being reported using a new reporting system and difficulties have been recorded with it reflecting the lower than expected participation figures in Q1.

**Mitigation** – to improve this for Q2 the following will be actioned –

- the reporting system provider is to visit Anglesey during August to provide assistance with the system in order to resolve the difficulties and also provide training on the system to staff concerned.

**2.5.6** One indicator within the Housing Service shows an underperformance –

(i) The average no. of calendar days to let lettable units of accommodation (excluding DTL's); Q1 – 37.4, Target – 25; **RED**

Performance against this target has shown an under-performance due to the Council experiencing an unprecedented amount of first offer's being refused by prospective tenants and the transition of the Housing Service and BMU is also impacting on the result.

**Mitigation** – will be sought by weekly VOID monitoring meetings taking place with Housing and BMU Officers, in addition to an on-going review of the waiting list.

**2.5.7** Whilst the remaining indicators reported for Q1 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 has improved across all areas. Based on initial 14/15 quartile results it appears that although 61% of our work related the NSI / PAM indicators have seen an improvement our ranking on a national basis has suffered due to other Council's performing better during the year.

**2.5.8** Further analysis of the overall performance can be gained through the Annual Performance Report to be published before the end of October and reported to the Scrutiny and Executive Committee's during September

**2.5.9** 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 recommends revision of 2015/16 targets to ensure they are challenging yet achievable and that we do not rest on our laurels.

## **2.6 CUSTOMER SERVICE**

**2.6.1** Regarding Customer Complaints Management, by the end of Q1 11 Complaints were received. All of the complaints have received a response and of these complaints 2 were upheld in full, 1 was partially upheld whilst the remaining 8 were not upheld.

**2.6.2** The data for the FOI requests, concerns and compliments was not available at the time of writing this report but they will all form part of the Q2 Scorecard.

**2.6.3** The Mystery Shop PIs (Items 14-18 on the scorecard) will also be reported for the first time in Q2. The Mystery Shop is in the process of being completed by the Tenants Advisory Group, which comes to an end in September, and the findings and recommendations of their report will be reported here for the first time in Q2.

## **3. RECOMMENDATIONS**

**3.1** 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 –

**3.1.1** Achievable sickness targets for all Services are accepted based on historical data / trends to meet the corporate target and considerable effort is made to tackle specific long term sickness cases.

**3.1.2** Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the Q1 finance report considered at this meeting.

**3.1.3** Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during Q2.

**3.1.4** Customer Service - to ensure mystery shop data is reported via Q2 to provide an independent baseline as to customer focus.

**3.2** The Committee is asked to accept the mitigation measures outlined above.

## Corporate Scorecard C-Q1

Customer Service	Actual	Target	RAG	Trend	14/15 Result
01) No of Complaints received (excluding Social Services)	11	16	Green	-	65
02) No of Stage 2 Complaints received for Social Services	3	-	-	-	-
03) Total number of complaints upheld / partially upheld	3	4	Green	-	16
04) Total % of complaints acknowledged within 5 working days	100%	100%	Green	-	100%
05) Total % of written responses to complaints within 20 days	100%	100%	Green	-	100%
06) Number of concerns (excluding Social Services)	-	-	-	-	71
07) Number of Stage 1 Complaints for Social Services	12	-	-	-	-
08) Number of Ombudsman referrals upheld	0	1	Green	-	0
09) Number of Compliments	-	-	-	-	521
10) % of FOI requests responded to within timescale	-	-	-	-	68%
11) Number of FOI requests received	-	-	-	-	608
12) Average 'rings' taken to answer telephone (1 Ring = 3 Sec)	4	5	Green	-	3
13) % of telephone calls not answered	12%	15%	Green	-	16%
14) % of written communication replied to within 15 working days of receipt (Mystery Shop - Q2)	-	-	-	-	-
15) % of written responses in the customers language of choice (Mystery Shop - Q2)	-	-	-	-	-
16) % of appointments seen within 10 mins of appointment (Mystery Shop - Q2)	-	-	-	-	-
17) % of telephone calls answered bilingually (Mystery Shop - Q2)	-	-	-	-	-
18) % of staff that took responsibility for the customer query (Mystery Shop - Q2)	-	-	-	-	-

People Management	Actual	Target	RAG	Trend	14/15 Result
01) Sickness absence - average working days/shifts lost	2.89	2.5	Red	-	11.53
02) Short Term sickness - average working days/shifts lost per FTE	1.15	-	-	-	5.47
03) Long Term sickness - average working days/shifts lost per FTE	1.74	-	-	-	6.06
04) % of RTW interview held	86%	85%	Green	-	85%
05) % of stress related sickness	7%	9%	Green	-	5%
06) Number of employees that have hit trigger points requiring a Attendance Review Meeting (ARM)	33%	85%	Red	-	-
07) Number of staff authority wide, including teachers and school based staff (FTE)	2318	-	-	-	2336
08) Number of staff authority wide, excluding teachers and school based staff(FTE)	1324	-	-	-	1362
09) % of PDR's completed within timeframe	76%	80%	Amber	↑	53%
10) Local Authority employees leaving (%) (Turnover) (Annual)	6%	-	-	-	-
11) Local Authority employees made redundant (compulsory)	1	-	-	-	29
12) Local Authority employees made redundant (voluntary)	0	-	-	-	-
13) No. of Agency Staff	23	-	-	↓	21
14) % of staff with DBS Certificate (if required within their role)	98.4	-	Green	-	-

Financial Management	Spend (£)	Variance (%)	RAG	Trend	14/15 Result
01) Forecasted end of year outturn	£126,266,000	1.30%	Red	-	-
02) Salary Year to Date Variance	£10,383,140	4.74%	Red	-	-
03) % of Budget spent on Salary	-	36.99%	-	-	-
04) Cost of agency staff (£'000)	£157,791	89.93%	Amber	-	-
05) Cost of consultancy (£'000)	£309,672	22.06%	Amber	-	-
06) Notional cost of sickness absence	£588,608	-	Red	-	-
07) Budget v Actuals (Resources)	£588,901	21.73%	Red	-	-
08) Budget v Actuals (Council Business)	£182,650	18.14%	Red	-	-
09) Budget v Actuals (Adult Services)	£179,950	3.95%	Red	-	-
10) Achievement against efficiencies	-	-	-	-	-
11) Achievement against efficiencies	-	-	-	-	-
12) Achievement against efficiencies	-	-	-	-	-
13) Income v Targets (excluding grants) [Adult Services]	-£1,270,153	15.09%	Red	-	-
14) Income v Targets (excluding grants) [Learning]	-£288,101	22.71%	Amber	-	-
15) Income v Targets (excluding grants) [Highways, Waste & Property]	-£543,981	8.20%	Amber	-	-
16) % of Council Tax collected (for last 3 years)	-	98.30%	-	-	-
17) % of Business Rates collected (for last 3 years)	-	98.10%	-	-	-
18) % of Sundry Debtors collected (for last 3 years)	-	96.70%	-	-	-
19) % Housing Rent collected (for the last 3 years)	-	96.88%	-	-	-

Performance Management	Actual	Target	RAG	Trend	14/15 Target	13/14 Result	4/15 Quartil
01) 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	21.96	22	Green		22	23.28	TBC
02) SCA/018a: The percentage of carers of adults who were offered an assessment or review of their needs in their own right during the year	94.8	93	Green		93	92.87	TBC
03) LI/18b The percentage of carers of adults who requested an assessment or review that had an assessment or review in their own right during the year	66.5	93	Red		93		TBC
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	96	Green		96	96	TBC
05) SCA/019: The % of adult protection referrals completed where the risk has been managed	95.24	90	Green		90	91.92	TBC
06) SCC/002: During the year, the percentage of children looked after at 31 March, who have experienced one or more changes of school, during the periods of being looked after, which were not due to transitional arrangements	5	15	Green		15	18.5	TBC
07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations	89.87	100	Amber		100	93.53	TBC
08) SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required	73.91	90	Red		90	78.26	TBC
09) SCC/43a: The % of required core assessments completed within 35 working days	78.13	85	Amber		85	77.88	TBC
10) Attendance - Primary (%)	-	94.5	-		94.5		TBC
11) Attendance - Secondary (%)	-	93.3	-		93.3		TBC
12) No. of days lost to temp exclusion - Primary	-	25	Red		25		TBC
13) No. of days lost to temp exclusion - Secondary	-	94	Red		94		TBC
14) KS4 - % 15 year olds achieving L2+	-	56	-		56		TBC
15) EDU/015a: The percentage of final statements of special education need issued within 26 weeks including exceptions	-	-	-				TBC
16) EDU/015b: The percentage of final statements of special education need issued within 26 weeks excluding exceptions	-	-	-				TBC
17) LCL/001b: The no. of visits to public libraries during the year	67k	70k	Amber		285k		TBC
18) LCL/004: The no. of library materials issued, during the year	72k	75k	Amber		305k		N/A
19) The number of applicants with dependent children who the Council secured non-self contained bed and breakfast accommodation	0	-	-				N/A
20) % tenants satisfied with responsive repairs	99.6	92	Green		92		N/A
21) Average number of housing repair jobs completed per operative per day	-	6	-		6		N/A
22) Productivity of workforce- % time which is classified as productive	68.6	75	Amber		-		N/A
23) The average number of calendar days to let lettable units of accommodation (excluding DTLs)	37.4	25	Red		25		N/A
24) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness	-	95	-		95	96.3	TBC
25) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days	97.68	95	Green		95	95.9	TBC
26) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled	61.63	58	Green		58	55.2	TBC
27) WMT/004b: The percentage of municipal waste sent to landfill	24.9	41	Green		41	43.2	TBC
28) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual)	-	-	-				TBC
29) No. of attendances (young people) at sports development / outreach activity programmes	39k	24k	Green		85k	144k	N/A
30) 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	99k	124k	Red		540k	531k	TBC
31) No of new apprenticeships (Quarter 2)	-	-	-				N/A
32) Adult Social Care Programme	-	-	Green			Green	N/A
33) Leisure Transformation Project	-	-	Green			Green	N/A
34) Library Transformation Project	-	-	Green			-	N/A
35) School Modernisation Programme	-	-	Green			Green	N/A
36) Outcome Agreements	-	-	Amber			Green	N/A