## ISLE OF ANGLESEY COUNTY COUNCIL

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| **REPORT TO:** | **EXECUTIVE / CORPORATE SCRUTINY COMMITTEE** |
| **DATE:** | **November 30th / December 1ST, 2015** |
| **SUBJECT:** | **SCORECARD MONITORING REPORT - QUARTER 2 (2015/16)** |
| **PORTFOLIO HOLDER(S):** | **COUNCILLOR ALWYN ROWLANDS** |
| **HEAD OF SERVICE:** | **SCOTT ROWLEY** |
| **REPORT AUTHOR:** <br> TEL: <br> E-MAIL: | **GETHIN MORGAN** <br> 01248 752111 <br> GethinMorgan@anglesey.gov.uk |
| **LOCAL MEMBERS:** | **n/a** |

## A - Recommendation/s and reason/s

**1.1** This is the second scorecard of the financial year 2015/16.

**1.2** 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 for Q2.

**1.3** 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 –

*1.3.1* People Management - continue to further embed good management processes and practices with regards to sickness management with a focus on long term cases which can be influenced, and improvements in the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council

*1.3.2* Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the Q2 finance report considered at this meeting.

*1.3.3* Performance Management – underperformance against indicators is recognised and managed through the mitigation measures noted to aide improvement during Q3.

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| | *1.3.4* | Customer Service – The Mystery Shop Audit will be considered by the Customer Service Excellence Board in November and any actions will be implemented as part of the project. |
| | **1.4** | The Committee is asked to accept the mitigation measures outlined above. |

**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 November and their comments are reflected in the report |
| 2 | **Finance / Section 151** (mandatory) | No further comment |
| 3 | **Legal / Monitoring Officer** (mandatory) | No further 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, 2015/16 & Scorecard

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

**APPENDIX A: SCORECARD MONITORING REPORT – QUARTER 2 (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 has been drafted and published at the end of October, which demonstrates progress.

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 The scorecard (Appendix 1) portrays the current end of Q2 position and will be considered further by the Corporate Scrutiny Committee and the Executive during November and December.

## 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 PEOPLE MANAGEMENT

2.2.1 With regard to Absence Management, Q2 performance showed a slight decline (5.33 Days Sick per FTE) in performance when compared to the same period in 2014/15 (5.12 Days Sick per FTE).

2.2.2 This along with the underperformance in Q1 means that we are on course to hit 12 Days Sick per FTE this year (Table 1) and therefore 2 Days Sick per FTE over our target of 10 Days Sick per FTE. This is a 0.47day decline in performance based on 14/15 figures for the first half year.

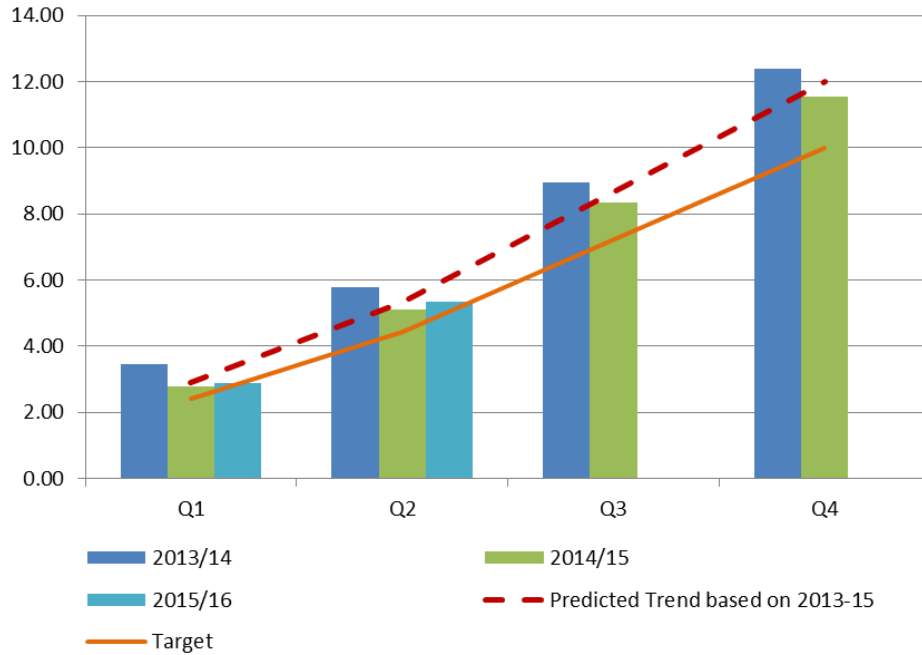**Sickness absence - average working days/shifts lost**

Table 1

**2.2.3** Analysis of the associated data shows that one of the main reasons for not achieving our corporate target for Q2 of 5 days sick per FTE, was due to a decline in the Long Term Sickness rates which are not performing as well in comparison with Q2 results for 2013 & 2014. During Q2 we saw an approximate 3,700 working days lost due to long term sickness as noted in Table 2 below.
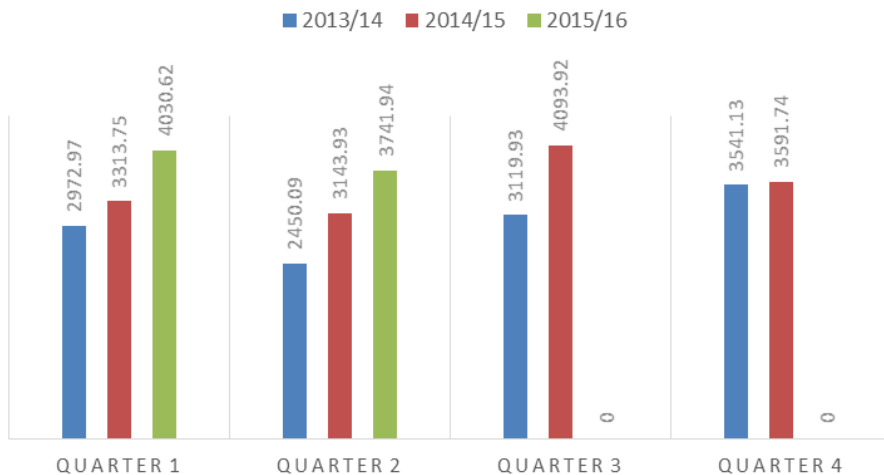


**LONG TERM SICK DAYS**

Table 2

**2.2.4** Long Term sickness equated to 66% of our total sickness for Q2, an increase of 8% when compared to the same period for 2014/15 (58%).

***2.2.5*** In complete contrast, our short term sickness for Quarter 2 (1922 days) improved from the same period last year (2306 days). The recommendations agreed (in previous reports) and enacted upon to tackle short term sickness have made a significant improvement and can be evidenced in Table 3 below.
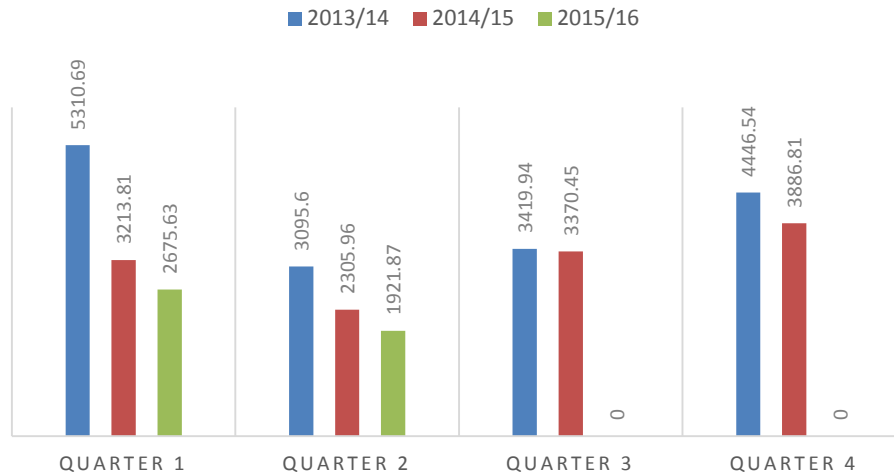
## SHORT TERM SICK DAYS

■ 2013/14   ■ 2014/15   ■ 2015/16



Table 3

**2.2.6** 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.

**2.2.7** During Q2 the Council's Heads of Service have considered options of improving Long Term Sickness, and in particular focussing our efforts on the Long Term Sickness cases which can be influenced in accordance with our Managing Absence Policy. Expectations are that these improvements will be evidenced during Q3 and Q4.

**2.2.8** 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*).

**2.2.9** The Council has embedded this working practice across its services. This improvement has continued during Q2, with Return To Work (RTW) interviews being held 85% of the time within 5 working days when compared to 82% for the same period in 14/15 (Table 4).
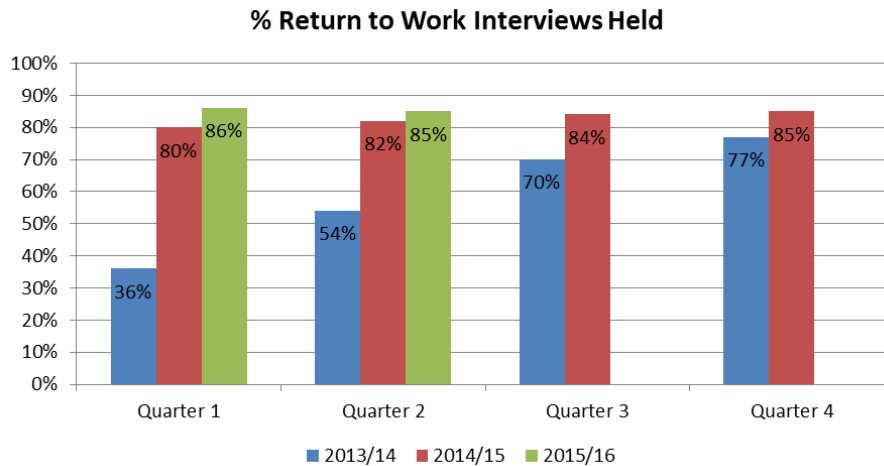
## % Return to Work Interviews Held



Table 4

**2.2.10** 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.

**2.2.11** 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 (ARMs) are undertaken. These are now reflected in the new 2015/16 scorecard and a target of 85% has been set for the number of ARMs to be completed during the forthcoming year.

**2.2.12** Figures for Q1 (33%) showed an underperformance against this target and figures for Q2 (24%) further demonstrates the need for ARMs to be embedded into the working practise of the Council during the forthcoming year. At the time of writing this report only 15 out of 63 ARM interviews took place within timescale (2 weeks). A further 7 ARMs took place outside of the timescale giving an overall figure of 35% (22 out of 63) up to the end of Q2.

**2.2.13** The SLT therefore recommends –

- To continue to further embed good management processes and practices with regards to sickness management with a focus on long term cases which can be influenced, and improvements in the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council.

***2.2.14*** The '% of staff with a Disclosure Barring Service (DBS) Certificate' (item 14 on the people management section) now includes data from all services and is, at the time of writing this report, showing 98.5% of staff have a DBS in place. The remaining 1.5% of staff are in the process of applying for a DBS.

## 2.3   FINANCIAL MANAGEMENT

**2.3.1** As a whole, the Council following its second quarter financial performance envisages seeing an end of year net overspend of £0.9M. This predicted outturn position is an improvement on that reported at quarter 1 where an overspend of £1.6m was estimated.

**2.3.2** The main service variances impacting on this projected overspend at the end of Q2 are as follows:-

*Adults Social Care* – This service was £265k (2.6%) overspent for the period, with the forecast outturn for the year as a whole being a predicted overspend of £505k (2.3%)

The most significant increases in forecast overspend are in learning disabilities and mental health services. An estimated underspend in management and support is reducing the impact of these.

Approximately 59% of the Service's budget is demand-led. Work is continuously on-going on predicting future costs of this demand-led budget. The year-end prediction at each month-end is based on the latest available information on each adult placement. Indeed, the circumstances can change from one week to the next. This makes predicting the year-end position extremely difficult and can result in large swings from one period to the next.

The service areas where we are currently experiencing overspends due to (i) higher than expected demand and (ii) cost pressures, include –

- external home care placements (£569k)
- Learning Disabilities Day Care (£85k) and
- external Mental Health residential care (£245k).

Management of overall placement occurs through allocation panels which allow managers to consider in detail how placements are commissioned. This ensures not only a safe outcome for service users but also the most cost effective outcome for the Council. A specific review of LD Day Care is currently underway. An example of the cost pressures on the service is the 1.7% increase on fees for external residential placements for 15/16 for which no additional budget has been provided. We estimate the impact of this alone to be £150k across the service for 15/16.

*Resources* – The service was overspent by £213k (13.8%) at the end of the period, with a forecast overspend of £197k (25%) for the year as a whole. This is a declining position from the overspend estimated at quarter 1 of £97k. The increase is due to expected difficulty in achieving the savings to be found for the bank tender exercise which will instead contribute savings for one year mainly in 2016/17. Agency costs also contribute to the overspend but these will reduce from October 2015 onwards.

*Transformation* – This section underspent by £88k (28.7%) during the period however is forecast to be £170k (45%) overspent for the year as a whole. This is a significant increase on the predicted underspend of £55k reported for quarter 1. The function's operational budget is expected to underspend by £130k. However the potentially unachieveable smarter working savings target of £300k may cause an overall overspend position at year end. Remedial action has been taken within the service through vacancy management. However the savings to be found target poses a risk to the service as there is no indication at this stage that these savings can be achieved.

**2.3.3** 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, Penaethiaid

should consider all options for remedial action during Q3 to try and reduce the estimated overspend in the future. This message is re-iterated at regular Penaethiaid meetings for action. Further detail is to be considered in the Q2 financial report.

## 2.4 PERFORMANCE MANAGEMENT

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

**2.4.2** At the end of Q2 we note that 4 indicators are RED against their annual target for the year and 7 indicators which are AMBER.

**2.4.3** One indicator within Adult Services shows RED –

(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 Q2 (77.9%) is below the target of 93%, it is however an improvement on the Q1 performance of 66.5%. Since April 2015 a total of 362 requested an assessment or where due review and 282 of these were assessed. 80 are awaiting assessment or review

*Mitigation* - A list of outstanding reviews and assessments as well as future Q3 reviews have been passed to the carers team for actioning during Q3. An internal review of processes will also be undertaken with a view of streamlining the pathway and providing robust data.

**2.4.4** Three indicators within Childrens Services shows as **AMBER** –

(i) 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 – Q2 16.67%, Target – 15% **AMBER**. This compares with a performance of 5% for Q1.

The service endeavours to ensure that our Looked after children are able to continue their schooling in their current school wherever possible. Sometimes it is better for the child to change school rather than travel many miles to school, every morning and afternoon; however each decision for a change of school is always only undertaken after looking at all the positives and negatives of such a change. Therefore this PI is very difficult to adhere to, due to each individual child's circumstances, wishes and requirements. In Q2 8 children changed school and 6 of these were in accordance with their permanency plans, whilst the remainder moved into residential settings.

(ii) *SCC/025 – the % of statutory visits to looked after children due in the year that took place in accordance with regulations* Q2 – 90.52% Target – 100 **AMBER**. This is a slight improvement on the performance of 89.87% in Q1.

Visits have slightly improved, but struggle to be within timescales. Staff absence has played a part in being off target; Managers of FIT and LAC

teams both use tracking tools as reminders to staff to complete visits, unfortunately tracking meetings do not take place as often as required. In Q2, 18 visits (7%) were late, rather than not completed, with 3% of visits not undertaken.

. *Mitigation* to improve these standards for Q3 are as follows –

- FIT team capacity to be reviewed as demands have increased. Service Manager and Team will to continue to address this.
- 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.

(iii)     SCC/043a: The % of required core assessments completed within 35 working days; Q2 – 75.8, Target 85, **AMBER**. This is slightly down when compared with a performance of 78.13% during Q1.

During the quarter, core assessments not meeting timescales related to three families. One was missed by 1 day while the other two were 9 days late.

*Mitigation* – to improve these standards during Q3 the following will continue to 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.

**2.4.5**   One indicator within <u>Learning</u> shows an underperformance –

(i)     18 – LCL/004: The number of library materials issued during the year is AMBER on the scorecard with a performance of 148k issues compared to a target of 153k issues.

Library materials issued are under target and slightly down on 2014/15 figures but the library service has set a high target (above last years performance) as a mechanism for improvement. This is challenging given the economic and staffing realities. These figures exclude e-resources which are increasing.

*Mitigation* – to improve the issues during Q3 the service will –

- Continue to promote reading and borrowing through engaging in Reader Development Activities.

**2.4.6**   One indicator within <u>Economic & Community Regeneration</u> 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 207k against a target of 248k.

Further interrogation of the data during Q2 identified anomalies between the old system (Torex) and the new system (Cascade) which explains why the target has not been achieved.

*Mitigation* – the following will be implemented during Q3:

- Target setting for the year will be revised to reflect the anomalies identified during Q2.

- The Management Booking system is now being checked by a Senior Officer to ascertain if it contains any defects.

- The Leisure function have obtained quotations for an Access Control system, which would enable the Leisure Centres to improve the accuracy of participation numbers further.

**2.4.7** Four indicators within the Housing Service shows an underperformance –

(i) 20 - % of tenants satisfied with responsive repairs; Q2 - 88.4%, Target 92%; **AMBER**

There was 410 responses to the end of Q2. Of the 410 responses, 43 had questioned unanswered, this has a negative effect on the result returned.

*Mitigation* - A review of all operatives' returns will be carried out and further Tool Box Talks (TBT) arranged to ensure data is correctly captured

(ii) 21 – Average number of housing repair jobs completed per operative per day; Q2 – 3.1, Target – 6; **RED**
&
(iii) 22 - Productivity of workforce - % of time which is classified as productive; Q2 – 69.5%, Target – 75%; **AMBER**

There is a need to review the data that is being captured to calculate the figures. Currently the count of jobs carried out on void properties and servicing is not being captured by operatives due to these elements not having an appropriate Schedule of Rates item to record productive time against.

**Mitigation** – A Schedule of Rates will be built into the data collection system for future records. A slight improvement should be seen in Q3 with a further improvement in Q4.

(iv) The average no. of calendar days to let lettable units of accommodation (excluding DTL's); Q2 – 38.4, Target – 25; **RED**

A review of the Void management process has been undertaken and the recommendations are being implemented.

*Mitigation* – to improve this for Q3 the following will be actioned -

- Weekly Void monitoring meetings will take place with Housing and BMU Officers
- Additional local PIs will be introduced to monitor further steps in the Void process

In addition to the above mitigation Corporate Scrutiny have identified, in their meeting on September 14th, the need to establish an Outcome Panel to further scrutinise performance on how we manage Voids. This work will be undertaken in Q4.

**2.4.8** Whilst the remaining indicators reported for Q2 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 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.

**2.4.9** Further analysis of the overall performance can be gained through the Annual Performance Report which has been published at the end of October and was reported to the Scrutiny and Executive Committees in September

## 2.5 CUSTOMER SERVICE

**2.5.1** Regarding Customer Complaints Management, by the end of Q2 27 Complaints were received and 4 Stage 2 Complaints in Social Services. All of the complaints have received a response and of these complaints 8 were upheld in full, 3 were partially upheld whilst the remaining 16 were not upheld.

**2.5.2** There were 55 concerns recorded from April to September and of these concerns 33 related to Waste Management, 9 for Planning, 9 for Resources and 4 for Leisure. The majority of the Waste Management concerns relates to phone calls not being answered due to staffing shortages

**2.5.3** The SLT therefore recommends –

- A review of Waste Management Customer Services is undertaken during Q3 to ascertain why there are a high number of concerns and also identify suitable solutions to the issues affecting its' current performance

**2.5.4** One indicator which continues to improve is the % of FOI requests responded to within timescale, performing at 73% at the end of Q2 compared to 59% for Q2 in 2014/15, although this is still below the target of 80%.

**2.5.5** There were 373 FOI requests to the council between April and September with a total of 1321 questions needing to be responded to within timescale. This compares favourably with the 467 requests and 2357 questions needing to be responded to during the same period in 14/15.

**2.5.6** During Q2 the Tenant Auditing Group (TAG) undertook an audit of the Council as part of the Customer Service Excellence Project. TAG consists of 10 Anglesey Council tenants who have received 'Tenant Auditing' training facilitated by TPAS Cymru and have completed 5 audits to date. The aim of the mystery shop was to ensure all services within the council are adhering to the Customer Care Charter.

**2.5.7** To audit the Charter the auditors completed the following activities:

- Visited a cross section of Council services to carry out 28 face-to-face interactions
- 2 home visits which did not result in additional costs to the Council
- Telephoned 40 published numbers across the Council
- Sent 31 emails to published email addresses
- Sent 30 letters to a cross section of Council services

**2.5.8** The Tenant Auditing Group will present the Audit report to the Customer Service Excellence Board in November who will decide on the best way to action the recommendations from the report as well as communicate the findings to members and staff.

**2.5.9** In short, the results of the audit are positive. It provides documented evidence that the majority of citizen interactions with the Council are in-keeping with customer charter expectations. Exceptions exist which are expected in any large organisation and these are reflected in some of the report's recommendations.

These include:
- Officers need to familiarise themselves with the Corporate Customer Care Charter
- Officers need to be reminded of their commitment to equality and diversity
- All services/officers need to ensure they have voice mail facility
- Set up automated acknowledgement responses for all publically available emails
- Officers need to take ownership of letters.
- Letters should be acknowledged by the person or service that the letter was directed to.

**2.5.10** The SLT recommends that –

- The Mystery Shop Audit be considered by the Customer Service Excellence Board in November and any actions are to be implemented as part of the project.

## 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** People Management - continue to further embed good management processes and practices with regards to sickness management with a focus on long term cases which can be influenced, and improvements in the undertaking of ARMs within timescales as to further improve on our sickness rates, costs and management as a Council.

**3.1.2** Financial Management – through the SLT, commentary and discussion re; financial issues are to be noted from the Q2 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 Q3.

**3.1.4** Customer Service – The Mystery Shop Audit be considered by the Customer Service Excellence Board in November and any actions are to be implemented as part of the project.

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

Corporate Scorecard C-Q2

| Customer Service | Actual | Target | RAG | Trend | 14/15 Result |
|---|---|---|---|---|---|
| 01) No of Complaints received (excluding Social Services) | 27 | 32 | Green | ⬆ | 65 |
| 02) No of Stage 2 Complaints received for Social Services | 4 | - | - | - | - |
| 03) Total number of complaints upheld / partially upheld | 8 | - | - | - | 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) | 55 | - | - | ⬇ | 71 |
| 07) Number of Stage 1 Complaints for Social Services | 28 | - | - | - | - |
| 08) Number of Ombudsman referrals upheld | 0 | 1 | Green | ⇨ | 0 |
| 09) Number of Compliments | 366 | - | - | - | 521 |
| 10) % of FOI requests responded to within timescale | 73% | 80% | Amber | ⬆ | 68% |
| 11) Number of FOI requests received | 359 | - | - | - | 608 |
| 12) Average 'rings' taken to answer telephone (1 Ring = 3 Sec) | 3 | 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) | 67% | - | - | - | - |
| 15) % of written responses in the customers language of choice (Mystery Shop - Q2) | 100% | - | - | - | - |
| 16) % of telephone calls answered bilingually (Mystery Shop - Q2) | 77% | - | - | - | - |
| 17) % of staff that took responsibility for the customer query (Mystery Shop - Q2) | 90% | - | - | - | - |

| People Management | Actual | Target | RAG | Trend | 14/15 Result |
|---|---|---|---|---|---|
| 01) Sickness absence - average working days/shifts lost | 5.33 | 5 | Green | ⬇ | 11.53 |
| 02) Short Term sickness - average working days/shifts lost per FTE | 1.98 | - | - | ⬆ | - |
| 03) Long Term sickness - average working days/shifts lost per FTE | 3.35 | - | - | ⬇ | - |
| 04) % of RTW interview held | 85% | 80% | Green | ⬇ | 85% |
| 05) % of stress related sickness | 8% | 9% | Green | ⬇ | 5% |
| 06) Number of employees that have hit trigger points requiring a Attendance Review Meeting (ARM) | 24% | 85% | Red | ⬇ | - |
| 07) Number of staff authority wide, including teachers and school based staff (FTE) | 2321 | - | - | - | 2336 |
| 08) Number of staff authority wide, excluding teachers and school based staff(FTE) | 1316 | - | - | - | 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) | 7 | - | - | - | - |
| 12) Local Authority employees made redundant (voluntary) | 4 | - | - | - | - |
| 13) No. of Agency Staff | 22 | - | - | ⬆ | 21 |
| 14) % of staff with DBS Certificate (if required within their role) | 98.50% | - | Green | - | - |

| Financial Management | Spend (£) | Variance (%) | RAG | Trend | 14/15 Result |
|---|---|---|---|---|---|
| 01) Forecasted end of year outturn | £124,953,000 | 0.77% | Red | - | - |
| 02) Salary Year to Date Variance | £737,510 | 3.59% | Red | - | - |
| 03) % of Budget spent on Salary | - | 39.10% | - | - | - |
| 04) Cost of agency staff | £502,484 | - | Red | - | - |
| 05) Cost of consultancy | £1,309,597 | - | Red | - | - |
| 06) Notional cost of sickness absence | £1,085,721 | - | - | - | - |
| 07) Budget v Actuals (Resources) | £1,049,601 | 18.99% | Red | - | - |
| 08) Budget v Actuals (Adult Services) | £376,703 | 3.75% | Red | - | - |
| 09) Budget v Actuals (Transformation) | £111,979 | 5.65% | Red | - | - |
| 10) Achievement against efficiencies (Resources) | -£73,000 | 90.12% | Red | - | - |
| 11) Achievement against efficiencies (Adult Services) | -£80,000 | 19.66% | Amber | - | - |
| 12) Achievement against efficiencies (Highways, Waste & Property) | -£139,000 | 9.89% | Red | - | - |
| 13) Income v Targets (excluding grants) (Childrens Services) | £61,700 | 39.79% | Red | - | - |
| 14) Income v Targets (excluding grants) (Resources) | £63,500 | 81.19% | Red | - | - |
| 15) Income v Targets (excluding grants) (Adult Services) | £168,736 | 4.89% | Red | - | - |
| 16) % of Council Tax collected (for last 3 years) | - | 98.60% | - | ⬆ | - |
| 17) % of Business Rates collected (for last 3 years) | - | 98.50% | - | ⬆ | - |
| 18) % of Sundry Debtors collected (for last 3 years) | - | 97.10% | - | ⬆ | - |
| 19) % Housing Rent collected (for the last 3 years) | - | 97.20% | - | ⬆ | - |

| Performance Management | Actual | Target | RAG | Trend | 14/15 Target | 13/14 Result | 14/15 Quartile |
|---|---|---|---|---|---|---|---|
| 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 | 21.99 | 22 | Green | ↓ | 22 | 23.28 | Lower |
| 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 | 93 | Green | ↓ | 93 | 92.87 | Lower Median |
| 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 | 77.9 | 93 | Red | ↑ | 93 | | - |
| 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 | 96 | Green | ⇨ | 96 | 96 | - |
| 05) SCA/019: The % of adult protection referrals completed where the risk has been managed | 97.37 | 90 | Green | ↑ | 90 | 91.92 | Lower |
| 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 | 16.67 | 15 | Amber | ↓ | 15 | 18.5 | Lower |
| 07) SCC/025: The % of statutory visits to looked after children due in the year that took place in accordance with regulations | 90.52 | 100 | Amber | ↑ | 100 | 93.53 | Upper |
| 08) SCC/041a: The percentage of eligible, relevant and former relevant children that have pathway plans as required | 86.36 | 90 | Green | ↑ | 90 | 78.26 | Lower |
| 09) SCC/43a: The % of required core assessments completed within 35 working days | 75.81 | 85 | Amber | ↓ | 85 | 77.88 | - |
| 10) Attendance - Primary (%) | 94.7 | 94.5 | Green | ↑ | 94.5 | | TBC Q3 |
| 11) Attendance - Secondary (%) | 93.5 | 93.3 | Green | ↑ | 93.3 | | Lower Median |
| 12) No. of days lost to temp exclusion - Primary | - | - | - | - | 25 | | - |
| 13) No. of days lost to temp exclusion - Secondary | - | - | - | - | 94 | | - |
| 14) KS4 - % 15 year olds achieving L2+ (Annual) | - | - | - | - | 56 | | - |
| 15) EDU/015a: The percentage of final statements of special education need issued within 26 weeks including exceptions (Annual) | - | - | - | - | | | - |
| 16) EDU/015b: The percentage of final statements of special education need issued within 26 weeks excluding exceptions (Annual) | - | - | - | - | | | - |
| 17) LCL/001b: The no. of visits to public libraries during the year | 144k | 144k | Green | ↑ | 285k | | Lower |
| 18) LCL/004: The no. of library materials issued, during the year | 148k | 153k | Amber | ⇨ | 305k | | - |
| 19) The number of applicants with dependent children who the Council secured non-self contained bed and breakfast accommodation | 0 | - | - | - | | | - |
| 20) % tenants satisfied with responsive repairs | 88.4 | 92 | Amber | ↓ | 92 | | - |
| 21) Average number of housing repair jobs completed per operative per day | 3.1 | 6 | Red | - | 6 | | - |
| 22) Productivity of workforce- % time which is classified as productive | 69.5 | 75 | Amber | ↑ | 75 | | - |
| 23) The average number of calendar days to let lettable units of accommodation (excluding DTLs) | 38.4 | 25 | Red | ↑ | 25 | | - |
| 24) STS/005b: The percentage of highways inspected of a high or acceptable standard of cleanliness | 92.2 | 94 | Amber | - | 95 | 96.3 | Lower Median |
| 25) STS/006: The percentage of reported fly tipping incidents cleared within 5 working days | 99 | 94 | Green | ↑ | 95 | 95.9 | Lower Median |
| 26) WMT/009b: The percentage of municipal waste collected by local authorities and prepared for reuse and/or recycled | 60.37 | 58 | Green | ↓ | 58 | 55.2 | Lower Median |
| 27) WMT/004b: The percentage of municipal waste sent to landfill | 23.6 | 40 | Green | ↑ | 41 | 43.2 | Lower |
| 28) THS/011c: The % of non-principal (C) roads that are in an overall poor condition (annual) | - | - | - | - | | | THS/012 - Lower |
| 29) No. of attendances (young people) at sports development / outreach activity programmes | 53k | 35k | Green | ⇨ | 85k | 144k | - |
| 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 | 207k | 248k | Red | ↑ | 540k | 531k | Upper Median |
| 31) No of new apprenticeships | | - | - | - | | | - |
| 32) Adult Social Care Programme | - | - | Green | ⇨ | | Green | - |
| 33) Leisure Transformation Project | - | - | Green | ⇨ | | Green | - |
| 34) Library Transformation Project | - | - | Green | ⇨ | | | - |
| 35) School Modernisation Programme | - | - | Green | ⇨ | | Green | - |