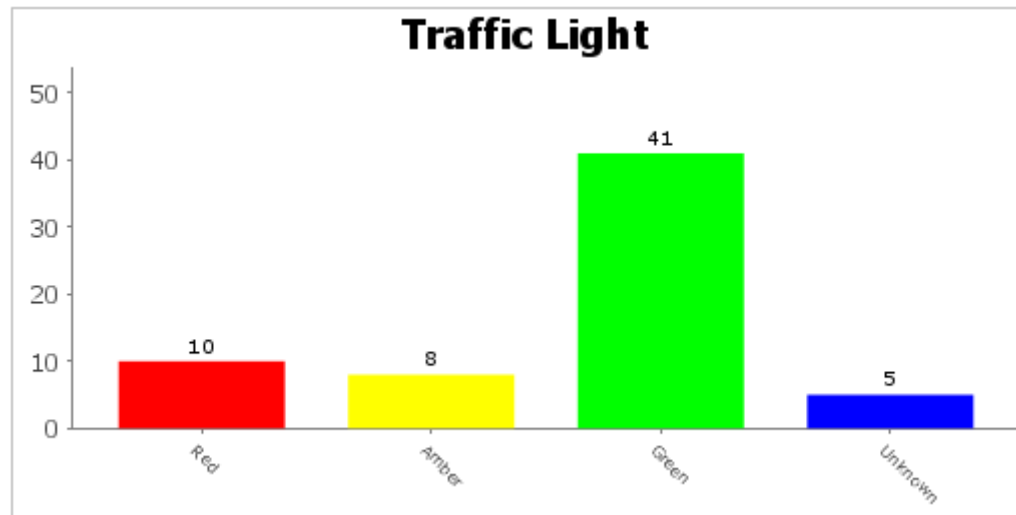


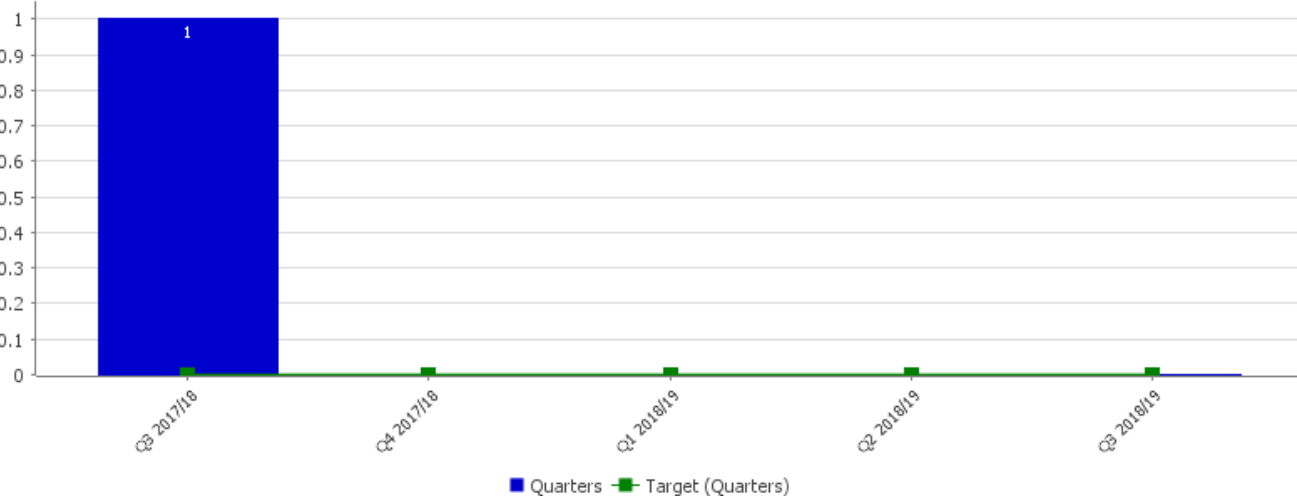

APPENDIX 2

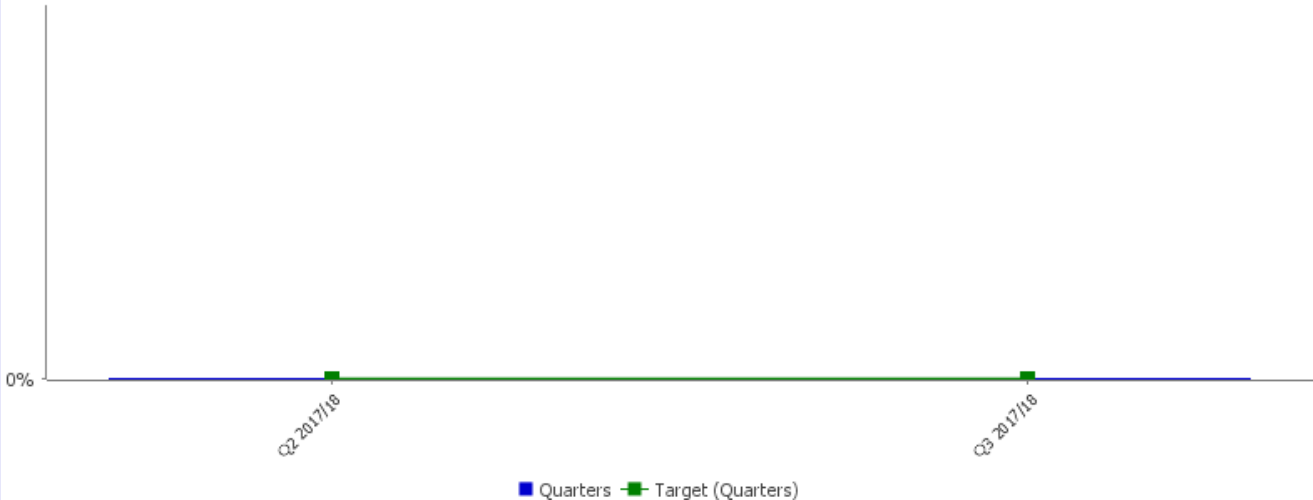
09 PDSP – Partnership and Resources Pls

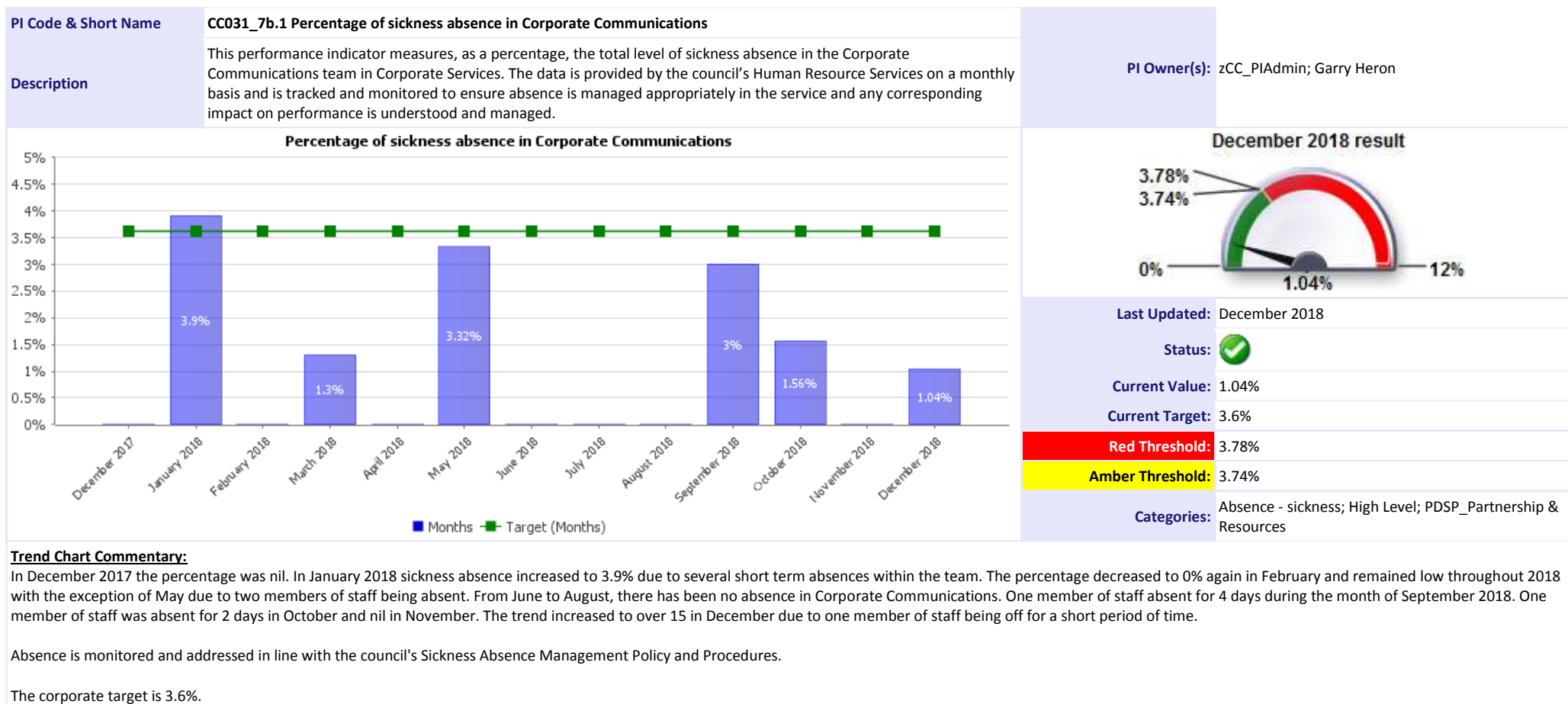
Data Label : OFFICIAL

Generated on: 22 January 2019 17:24



| PI Code & Short Name | CC014_6b.3 Total number of complaints received per quarter | PI Owner(s): zCC_PIAdmin; Garry Heron | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------------|-------------------|-------------------|------------|---|---|------------|---|---|------------|---|---|------------|---|---|------------|---|---|--|---------------|------------|---------|---|----------------|---|-----------------|---|----------------|---|------------------|---|-------------|--|
| Description | This performance indicator measures the total number of complaints received quarterly relating to Corporate Communications. Performance is reviewed on a regular basis and reported quarterly to ensure that there is sufficient focus on the quality and standard of customer service. The data for this performance indicator is captured through the Customer Relationship Management (CRM) system, Social Media and Councillor Enquiries. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Total number of complaints received per quarter</div>  <table><thead><tr><th>Quarter</th><th>Actual (Quarters)</th><th>Target (Quarters)</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>1</td><td>0</td></tr><tr><td>Q4 2017/18</td><td>0</td><td>0</td></tr><tr><td>Q1 2018/19</td><td>0</td><td>0</td></tr><tr><td>Q2 2018/19</td><td>0</td><td>0</td></tr><tr><td>Q3 2018/19</td><td>0</td><td>0</td></tr></tbody></table> | | Quarter | Actual (Quarters) | Target (Quarters) | Q3 2017/18 | 1 | 0 | Q4 2017/18 | 0 | 0 | Q1 2018/19 | 0 | 0 | Q2 2018/19 | 0 | 0 | Q3 2018/19 | 0 | 0 | <div>Q3 2018/19 result</div>  <table><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>0</td></tr><tr><td>Current Target:</td><td>0</td></tr><tr><td>Red Threshold:</td><td>0</td></tr><tr><td>Amber Threshold:</td><td>0</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></table> | Last Updated: | Q3 2018/19 | Status: | ✓ | Current Value: | 0 | Current Target: | 0 | Red Threshold: | 0 | Amber Threshold: | 0 | Categories: | High Level; PDSP_Partnership & Resources |
| Quarter | Actual (Quarters) | Target (Quarters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 1 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2018/19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | High Level; PDSP_Partnership & Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Trend Chart Commentary:</div> <p>The service handle complaints made through members of public through social media and councillor enquiries, the service receives a small number of complaints.</p> <div><div>2018/19</div><p>Q1 2018/19 - the service received no complaints Q2 2018/19 - the service received no complaints Q3 2018/19 - the service received no complaints</p></div> <div><div>2017/18</div><p>Q1 2017/18 - the service received no complaints Q2 2017/18 - the service received 1 complaint relating to social media content Q3 2017/18 - the service received 1 complaint relating to content in Bulletin Q4 2017/18 - the service received no complaints</p></div> <p>Complaints are handled following corporate procedures and analysed to identify trends.</p> <p>The target for 2019/20 performance will remain at 0 per quarter, this is to reflect the small number of complaints the service received in 2018/19. Targets are reviewed annually.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|--|---|
| PI Code & Short Name | CC016_6b.4 The percentage of complaints by Corporate Communications that were upheld/part upheld per quarter | |
| Description | <p>This performance indicator measures the overall percentage of Corporate Communications complaints that have been investigated and upheld or part upheld during each quarter.</p> <p>For each quarter the total number of complaints responded to within relevant timescale is divided by the total number of stage one complaints received to determine a percentage. The data for this indicator is extracted from the customer relationship management (CRM).</p> <p>The complaints are analysed to identify improvements to the way the service is delivered to customers.</p> | PI Owner(s): zCC_PIAAdmin; Garry Heron |
| <p>The percentage of complaints by Corporate Communications that were upheld/part upheld per quarter</p>  | | <p>Could not load Gauge data</p> |
| | | Last Updated: |
| | | Status: ? |
| | | Current Value: |
| | | Current Target: |
| | | Red Threshold: |
| | | Amber Threshold: |
| | | Categories: High Level; PDSP_Partnership & Resources |
| <p>Trend Chart Commentary:</p> <p>Q4 2018/19 2 complaints were received but 0 were upheld.</p> <p>Q3 2018/19 no complaints were received.</p> <p>Q2 2018/19 no complaints were received.</p> <p>Q1 2018/19 no complaints were received.</p> <p>Q4 2017/18 no complaints were received.</p> <p>Q3 2017/18 1 complaint was received relating to Bulletin content which was not upheld</p> <p>Q2 2017/18 1 complaint was received relating to social media content which was not upheld</p> <p>Q1 2017/18 no complaints were received.</p> <p>Please note, where there have been no complaints received within the quarter, no value will be added to the chart. Therefore this will show as blank or missing an one year period on the chart.</p> <p>The target for 2019/20 will remain at 0%.</p> | | |

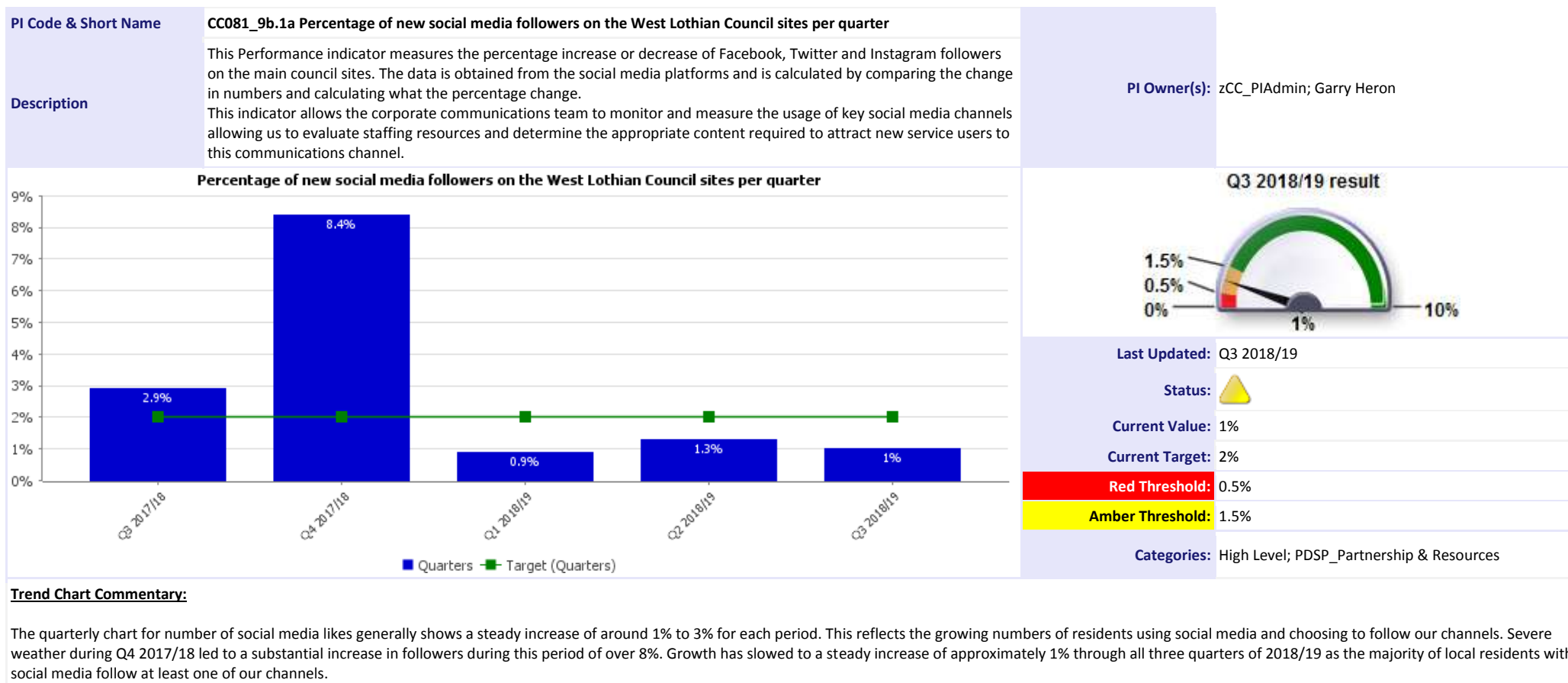


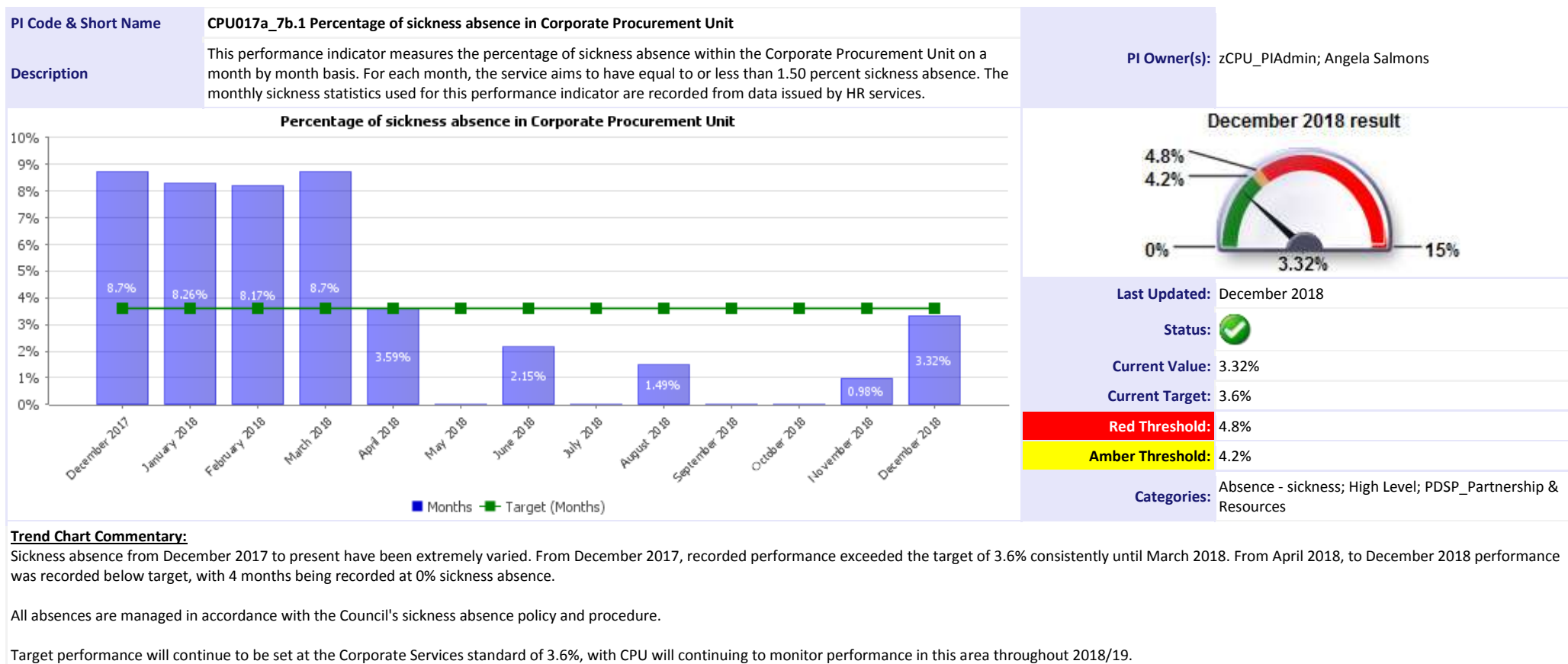
Trend Chart Commentary:

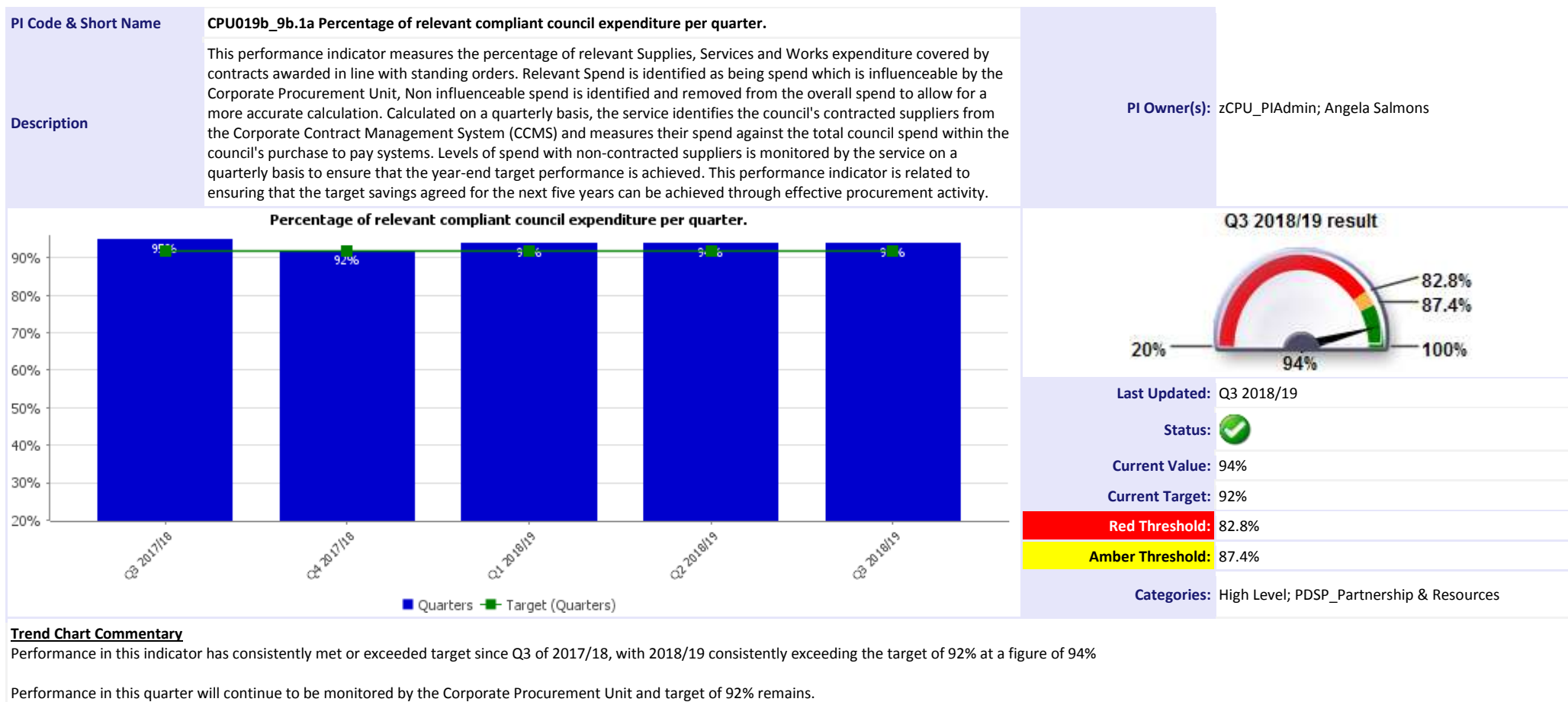
In December 2017 the percentage was nil. In January 2018 sickness absence increased to 3.9% due to several short term absences within the team. The percentage decreased to 0% again in February and remained low throughout 2018 with the exception of May due to two members of staff being absent. From June to August, there has been no absence in Corporate Communications. One member of staff absent for 4 days during the month of September 2018. One member of staff was absent for 2 days in October and nil in November. The trend increased to over 15 in December due to one member of staff being off for a short period of time.

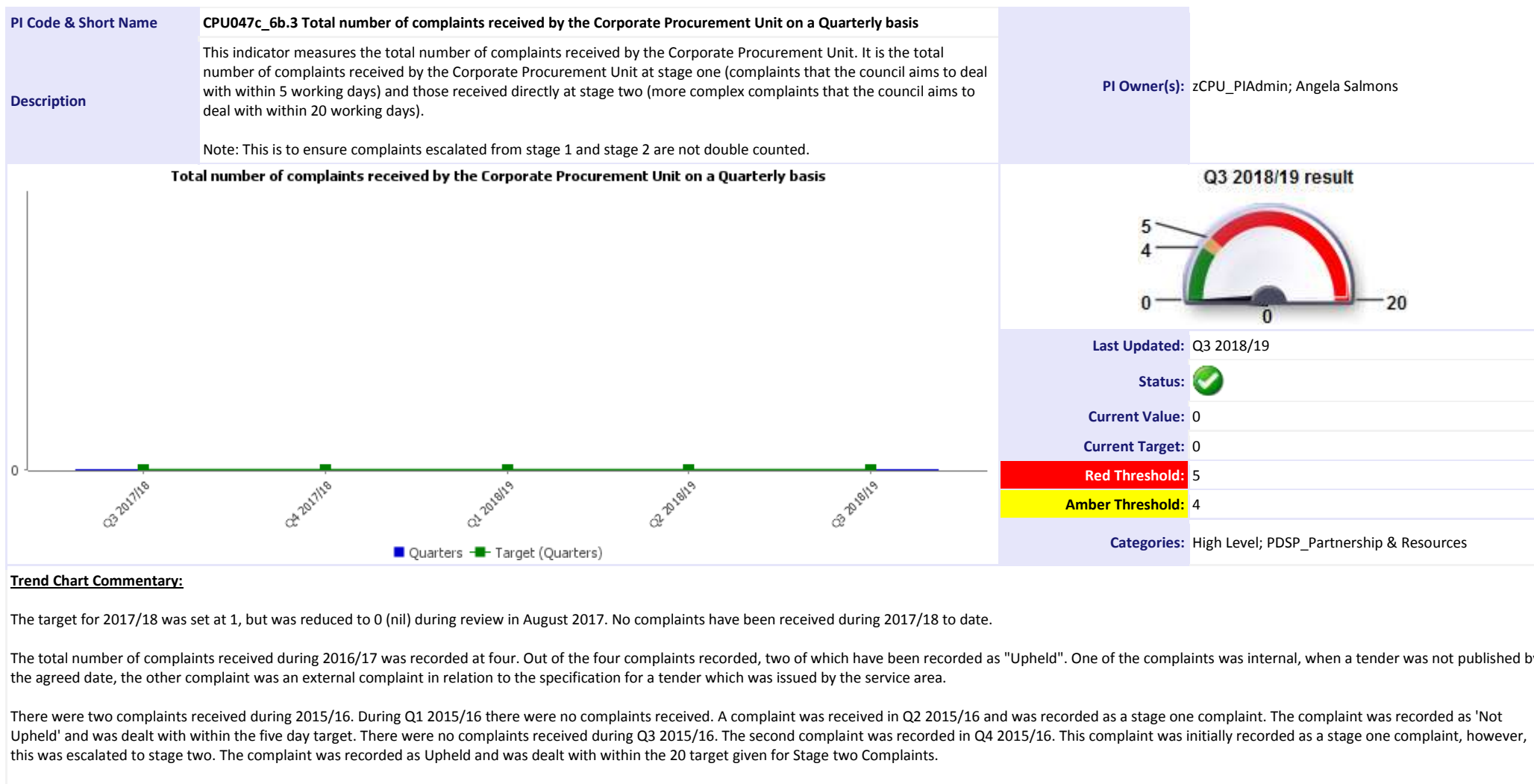
Absence is monitored and addressed in line with the council's Sickness Absence Management Policy and Procedures.

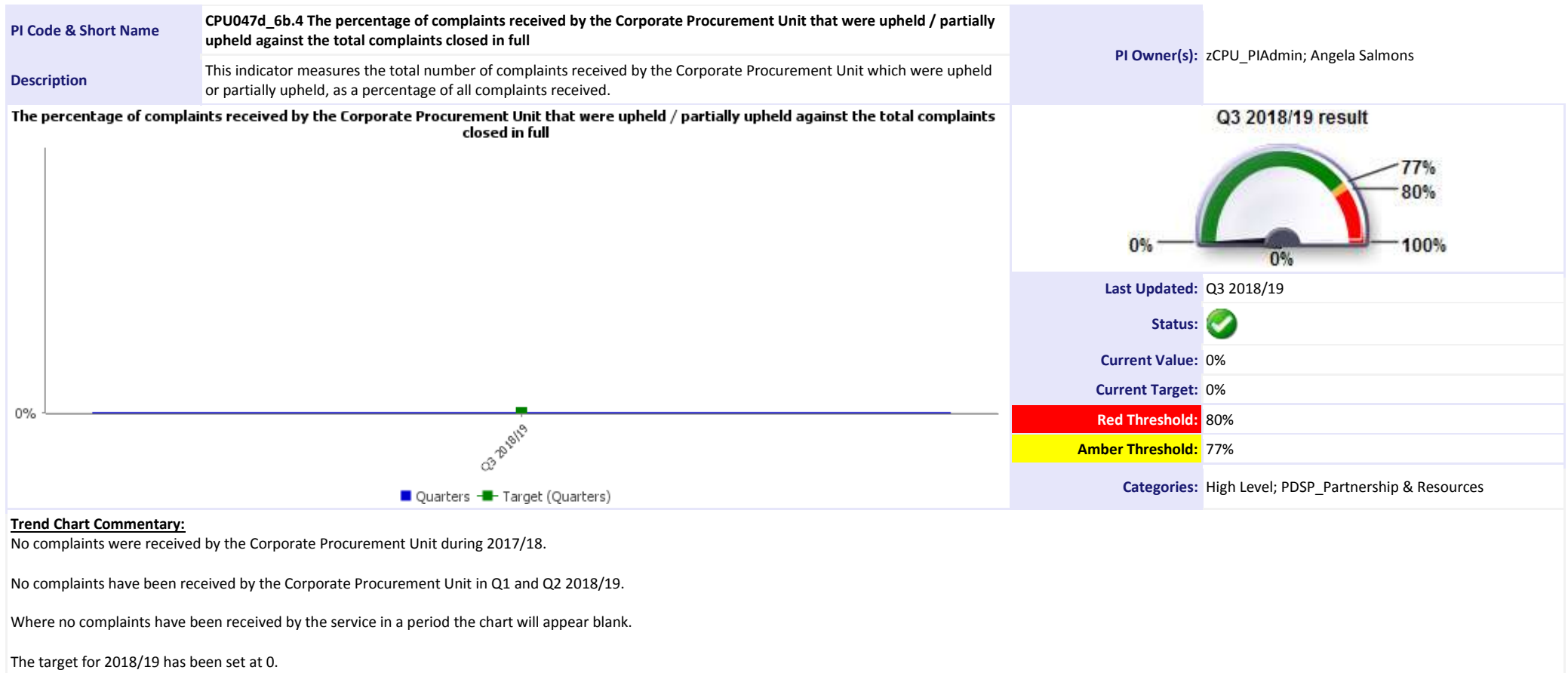
The corporate target is 3.6%.

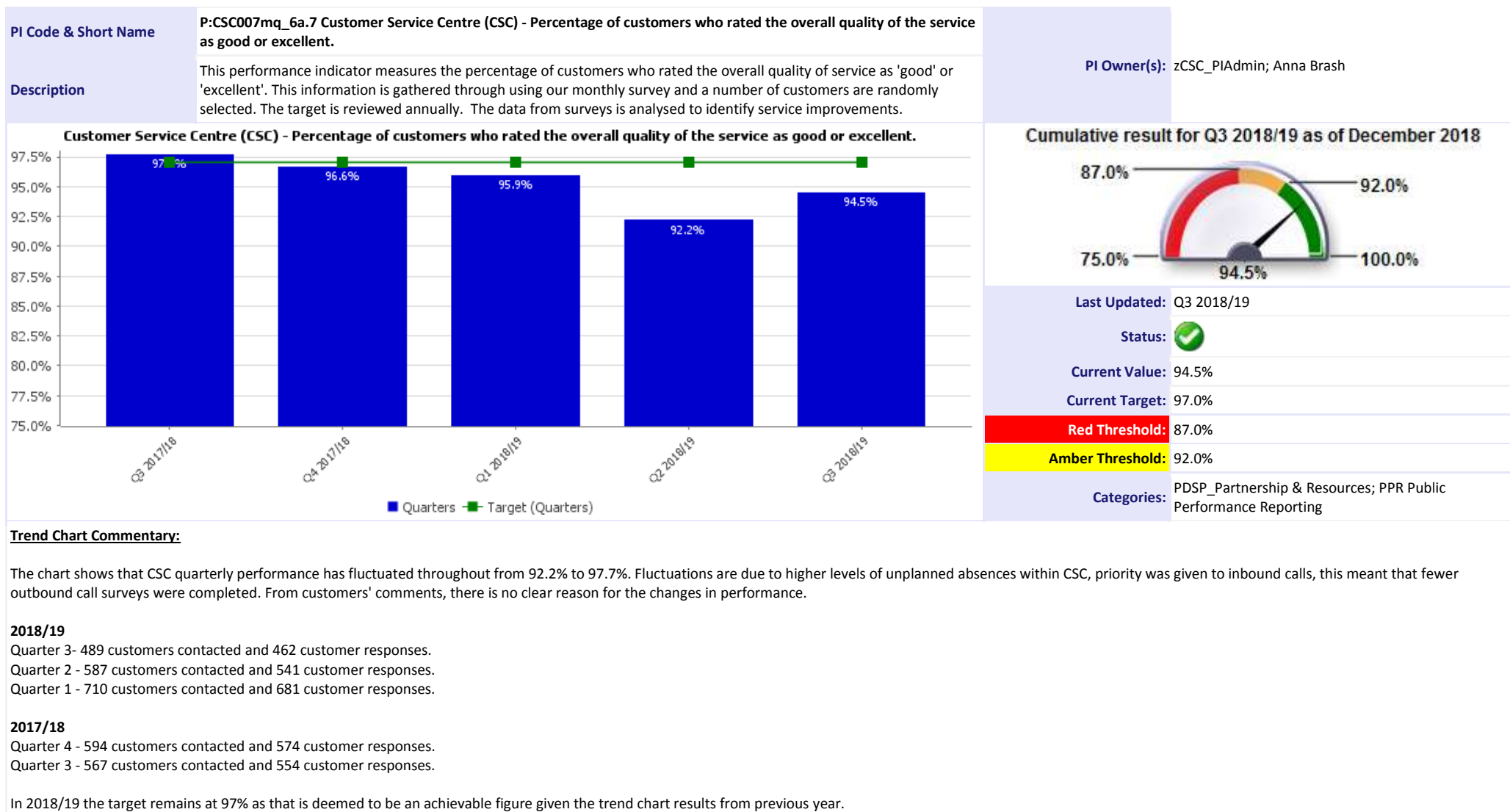


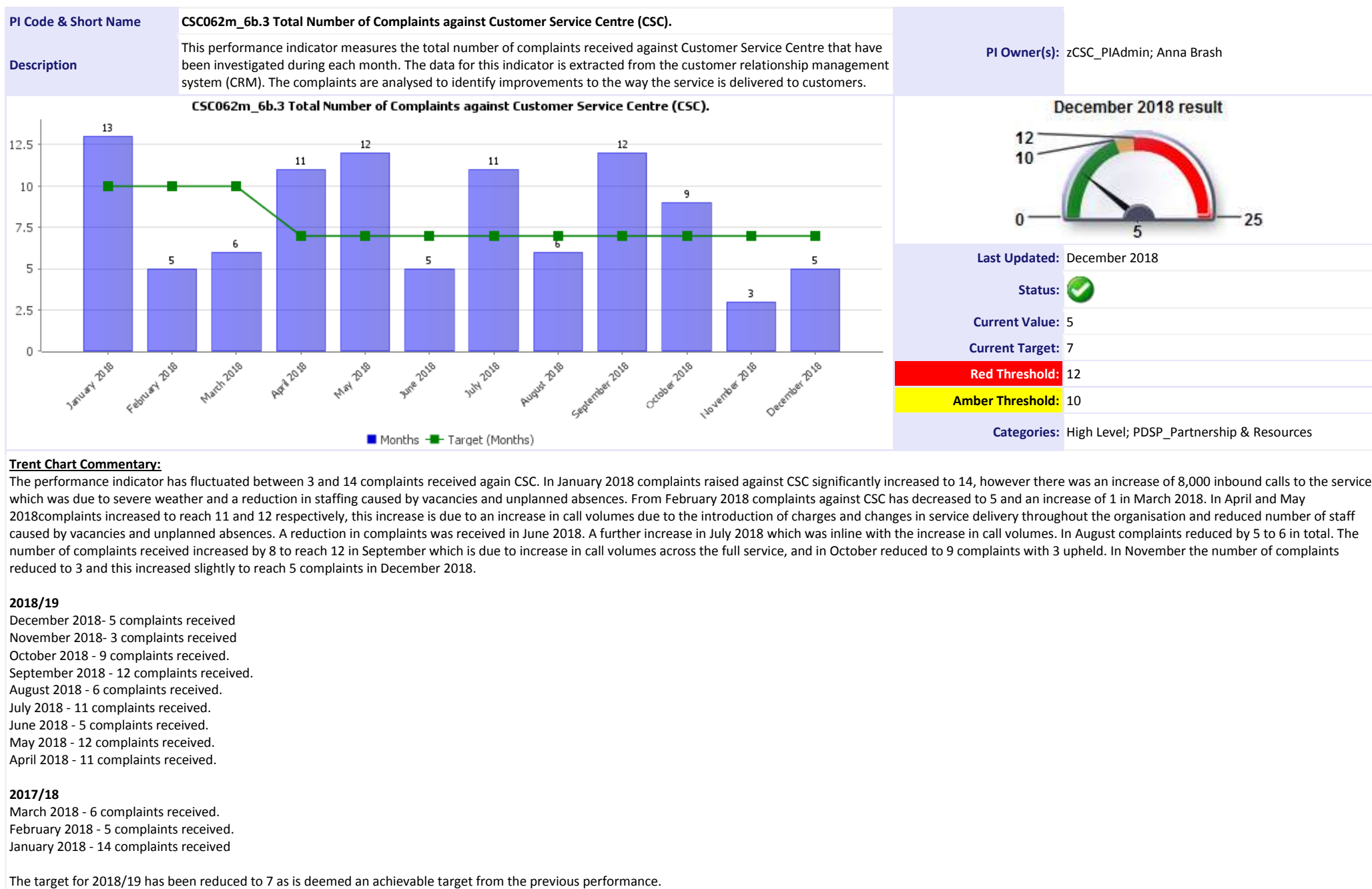


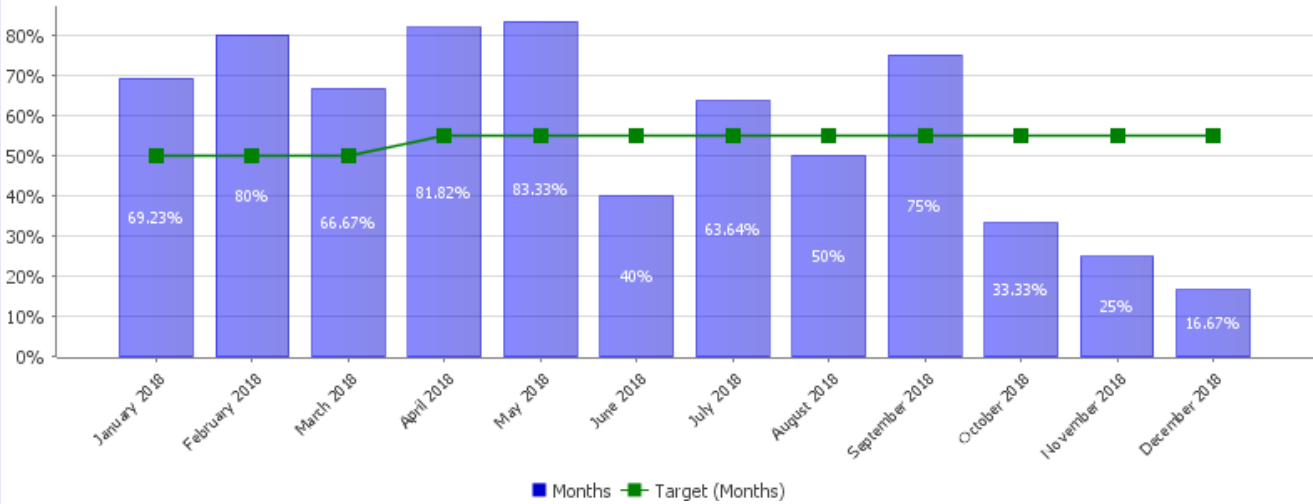










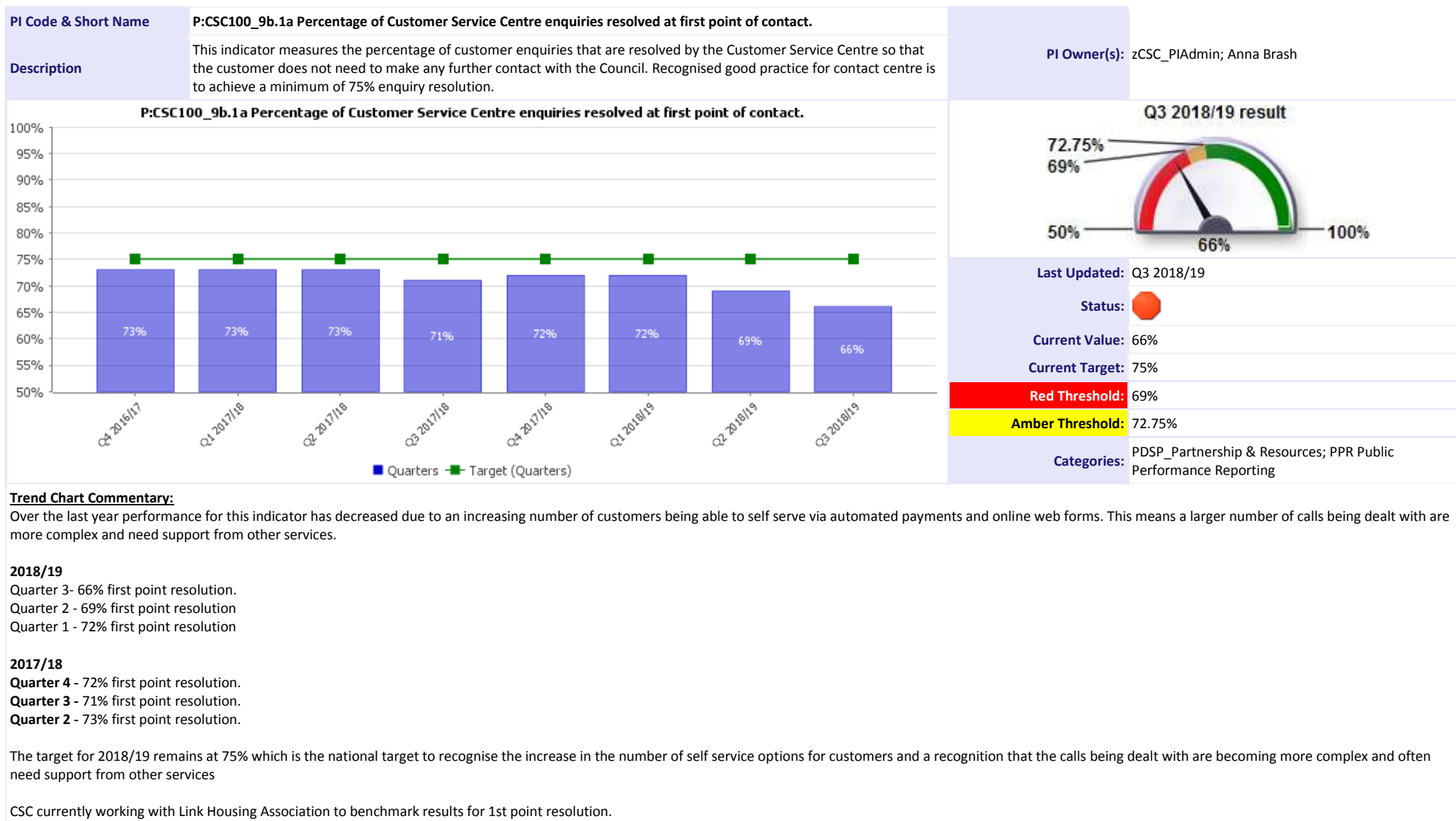


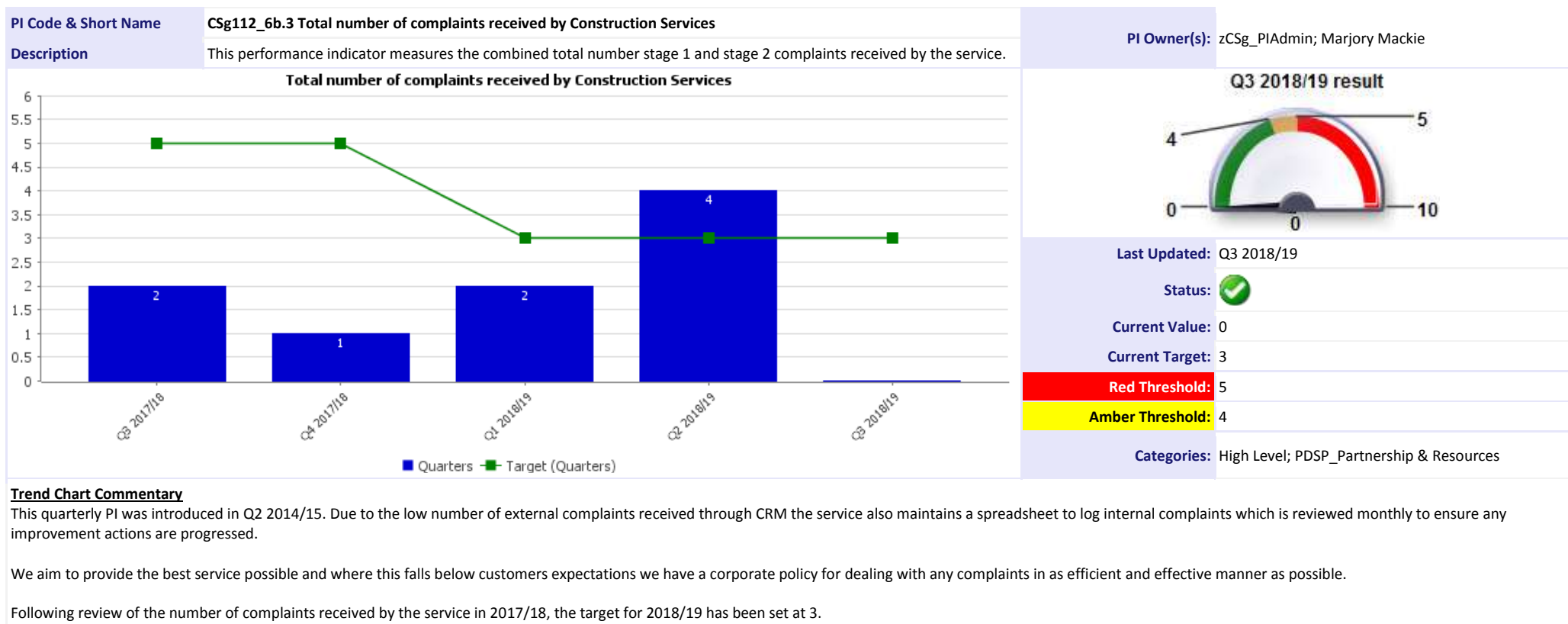
| | | |
|---|--|--|
| PI Code & Short Name | CSC063m_6b.4 Percentage of Complaints Upheld and part upheld against Customer Service Centre | PI Owner(s): zCSC_PIAAdmin; Anna Brash |
| Description | This performance indicator measures the overall percentage of Customer Service Centre complaints that have been investigated and upheld or part upheld during each month. For each month the total number of complaints responded to within relevant time-scale is divided by total number of stage 1 complaints received to determine a percentage. The data for this indicator is extracted from the customer relationship management system (CRM). The complaints are analysed to identify improvements to the way the service is delivered to customers. | |
| <p>CSC063m_6b.4 Percentage of Complaints Upheld and part upheld against Customer Service Centre</p>  | | <p>December 2018 result</p>  |
| | | Last Updated: December 2018 |
| | | Status:  |
| | | Current Value: 16.67% |
| | | Current Target: 55% |
| | | Red Threshold: 65% |
| | | Amber Threshold: 60% |
| | | Categories: High Level; PDSP_Partnership & Resources |
| <p>Trend Chart Commentary:</p> <p>In January 2018 complaints raised again CSC increased by 4 to reach 13 with 9 upheld/part upheld. CSC call volumes for the January period increased by 8,000 calls. In February 2018 the performance decreased to 5 complaints with 4 upheld and in March 2018 a slight increase to 6 complaints in total. An increase in complaints in April and May 2018 to 7 upheld and 2 part upheld and then in June to 5 upheld and 2 part upheld was due to an increase in call volumes due to the introduction of charges and changes in service delivery throughout the organisation and reduced number of staff caused by vacancies and unplanned absences. In July performance decrease with CSC receiving 11 complaints which is an increase of 6. Employee attitude concerns were raised and dealt with the employees line manager under performance management. In August 2018 performance improved with a reduction of 6 complaints received. These were for poor communication and wait time. September increased to 12 complaints, 3 for waiting time, 2 employee attitude and 4 for inaccurate information. Employee attitude and inaccurate information were raised and dealt with the employees line managers. A reduction in October 2018 to 9 complaints, 3 upheld and 6 not upheld. 1 for Employee attitude raised and dealt with the employees line managers. 2 wrong information give was by new employees going live on the telephones which is currently being monitored by CSC Trainer and line manager. Further decrease in complaints in November and December 2018.</p> | | |
| <p>2018/19</p> <p>December 2018 - 6 complaints received, 1 upheld.</p> <p>November 2018 - 4 complaints received, 1 part upheld</p> <p>October 2018 - 9 complaints received, 3 upheld and 6 not upheld.</p> <p>September 2018 - 12 complaints received, 7 upheld, 2 part upheld and 3 not upheld.</p> <p>August 2018 - 6 complaints received, 3 upheld and 3 not upheld.</p> <p>July 2018 - 11 complaints received, 6 upheld, 1 part upheld and 3 not upheld.</p> <p>June 2018 - 5 complaints received, 2 part upheld, 3 not upheld.</p> <p>May 2018 - 12 complaints upheld, 5 upheld, 5 part upheld, 2 not upheld</p> <p>April 2018 - 11 complaints received, 7 upheld, 2 part upheld, 2 not upheld</p> | | |
| <p>2017/18</p> <p>March 2018 - 6 complaints received, 3 upheld, 2 part upheld.</p> | | |

February 2018 - 5 complaints received, 4 upheld

January 2018 - 14 complaints received, 6 upheld, 4 part upheld, 3 not upheld and 1 stage 2 not upheld.

The target for 2018/19 has increased to 55% to reflect the recent trend in this performance indicator.



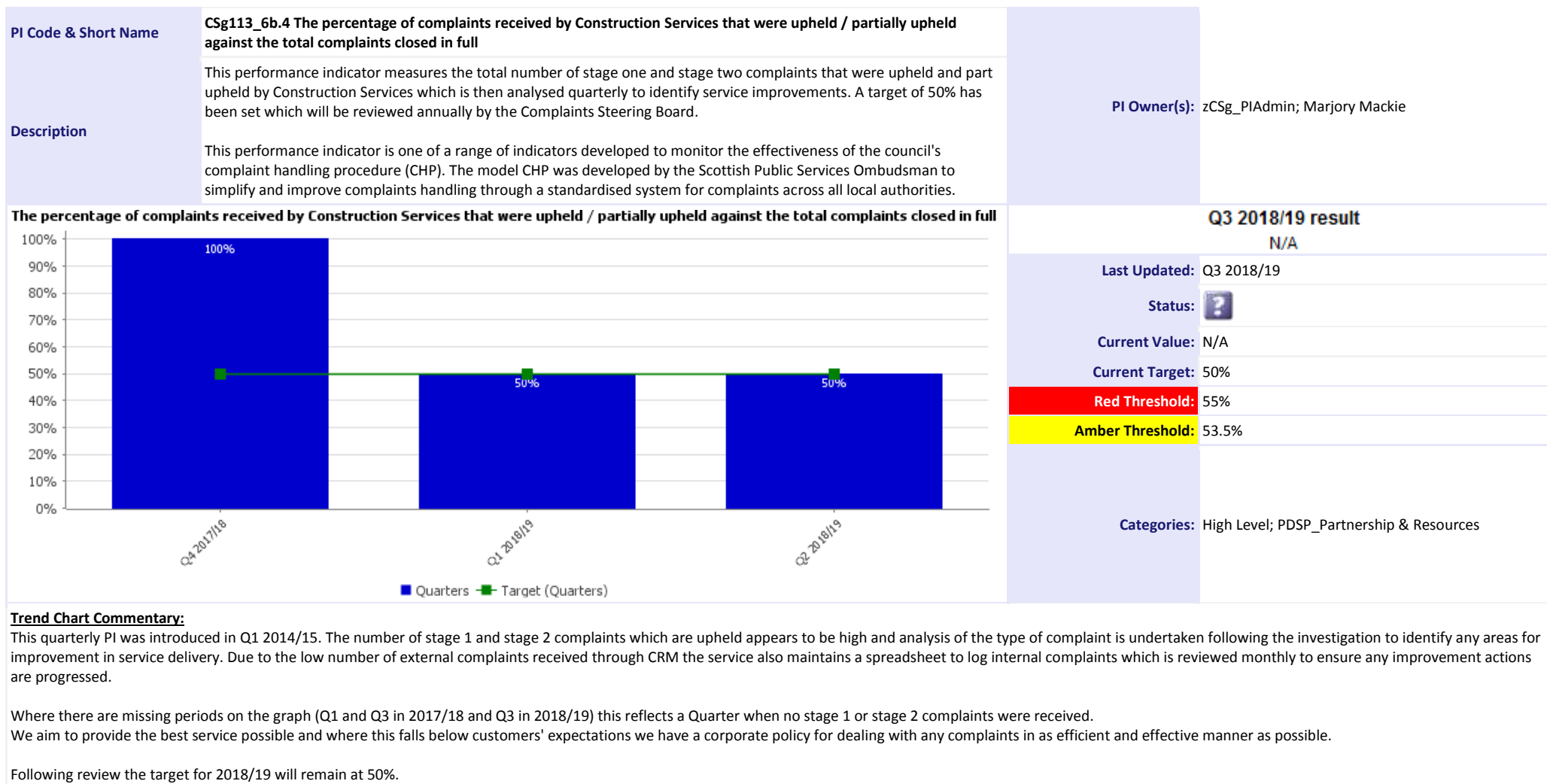


Trend Chart Commentary

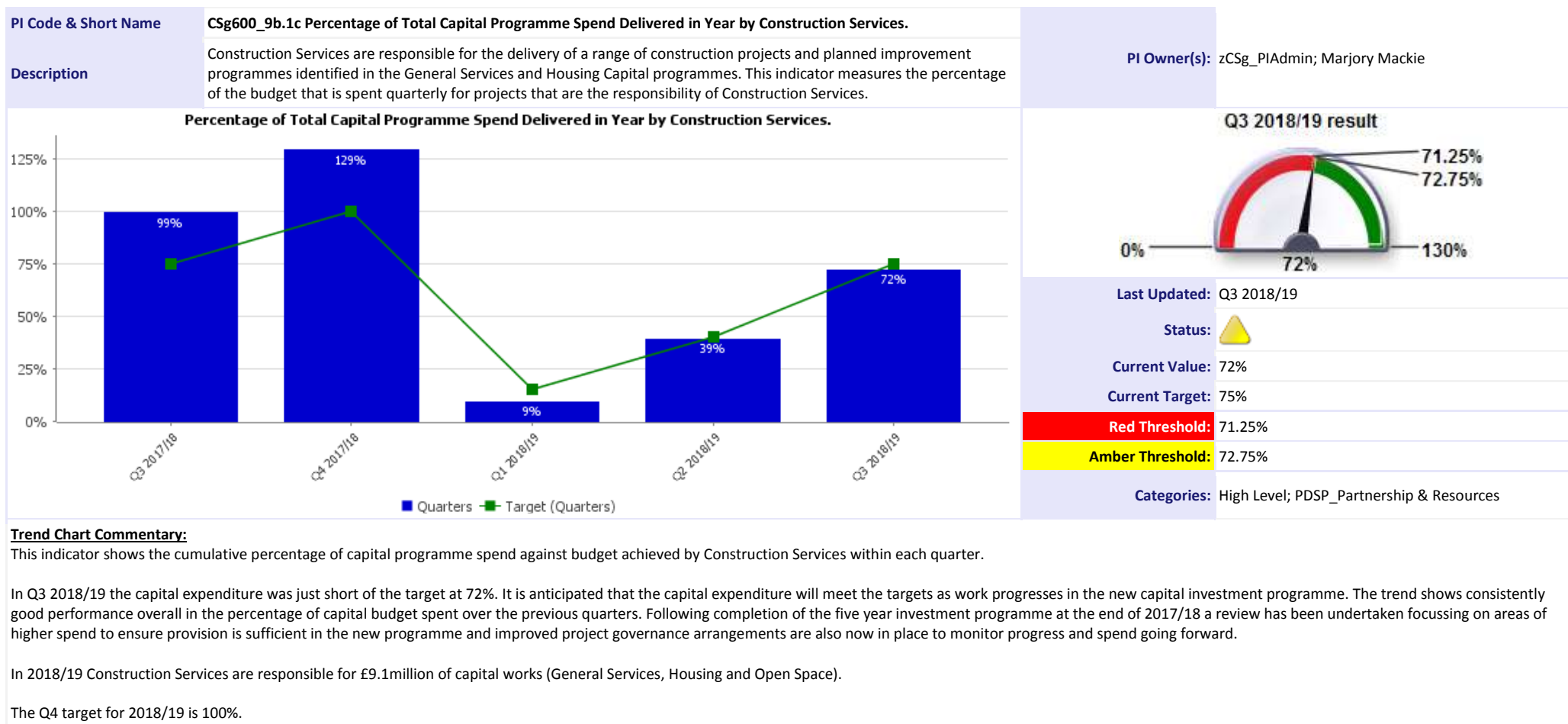
This quarterly PI was introduced in Q2 2014/15. Due to the low number of external complaints received through CRM the service also maintains a spreadsheet to log internal complaints which is reviewed monthly to ensure any improvement actions are progressed.

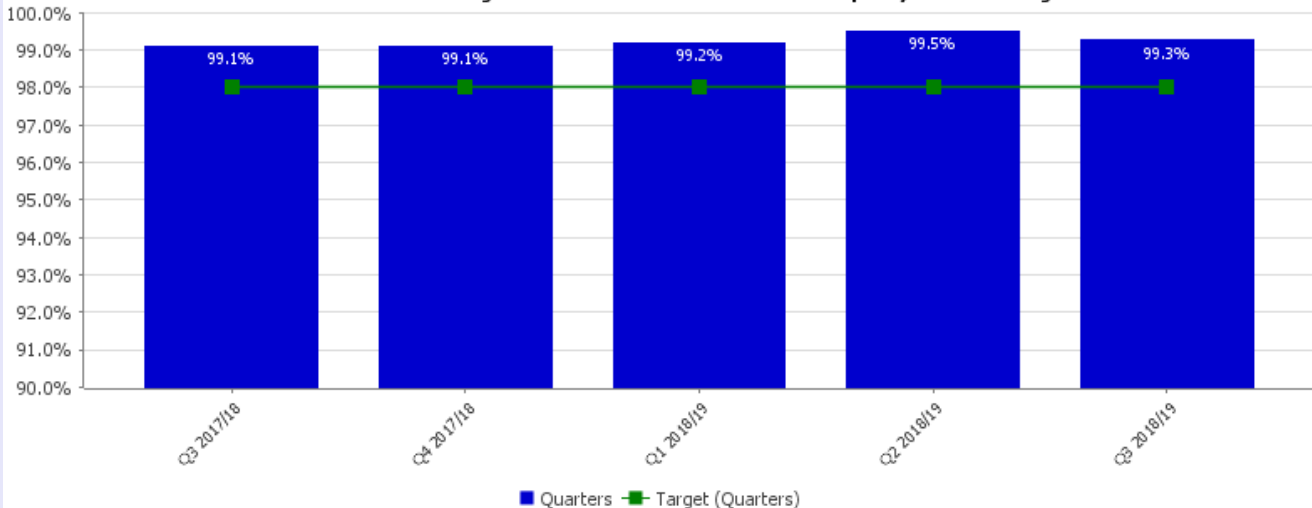


We aim to provide the best service possible and where this falls below customers expectations we have a corporate policy for dealing with any complaints in as efficient and effective manner as possible.

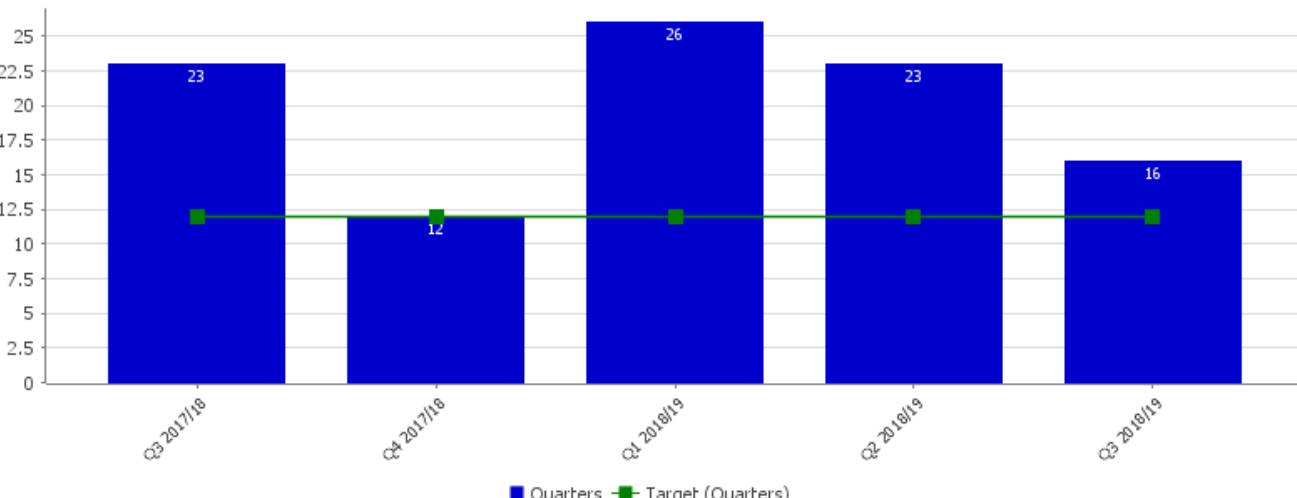

Following review of the number of complaints received by the service in 2017/18, the target for 2018/19 has been set at 3.

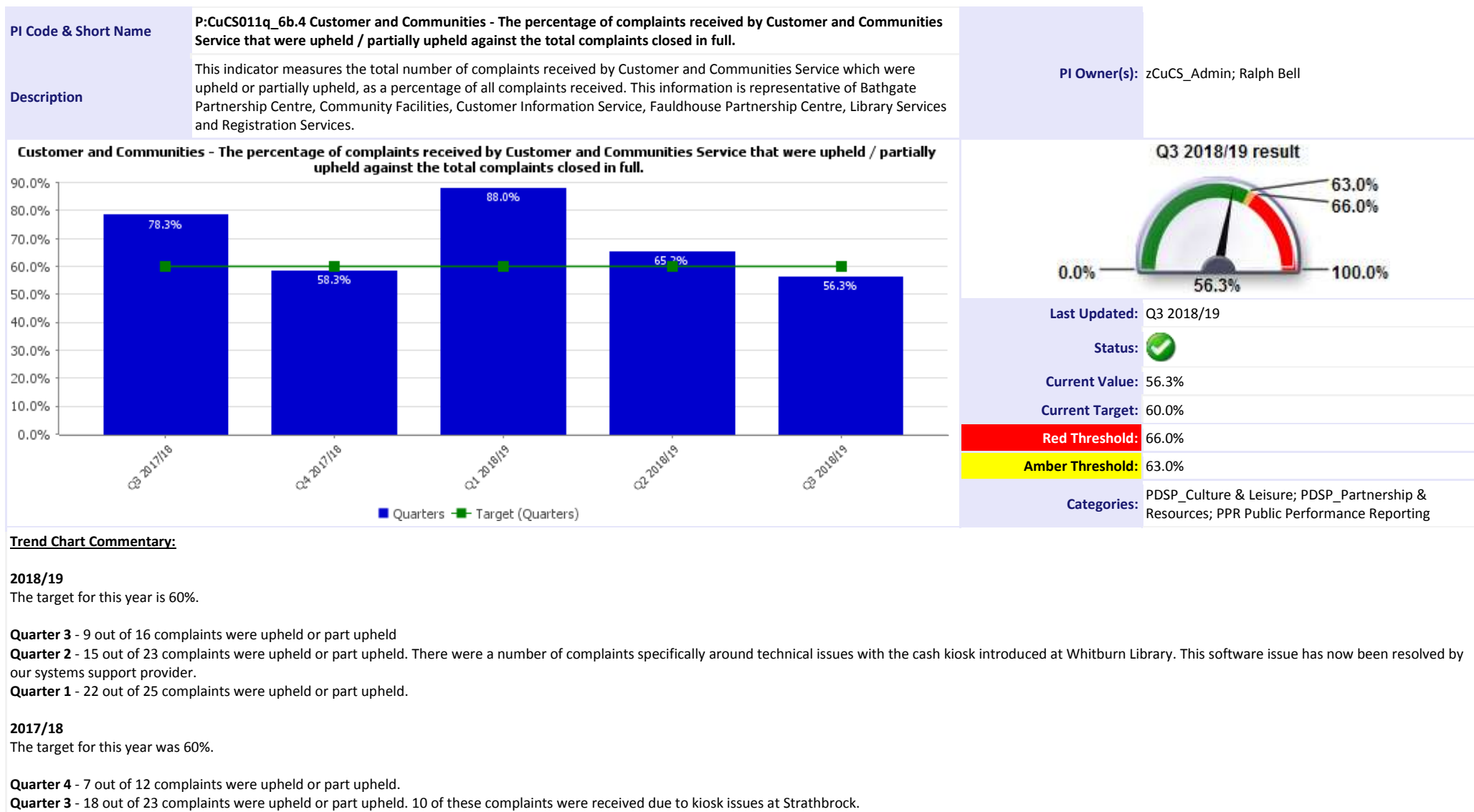


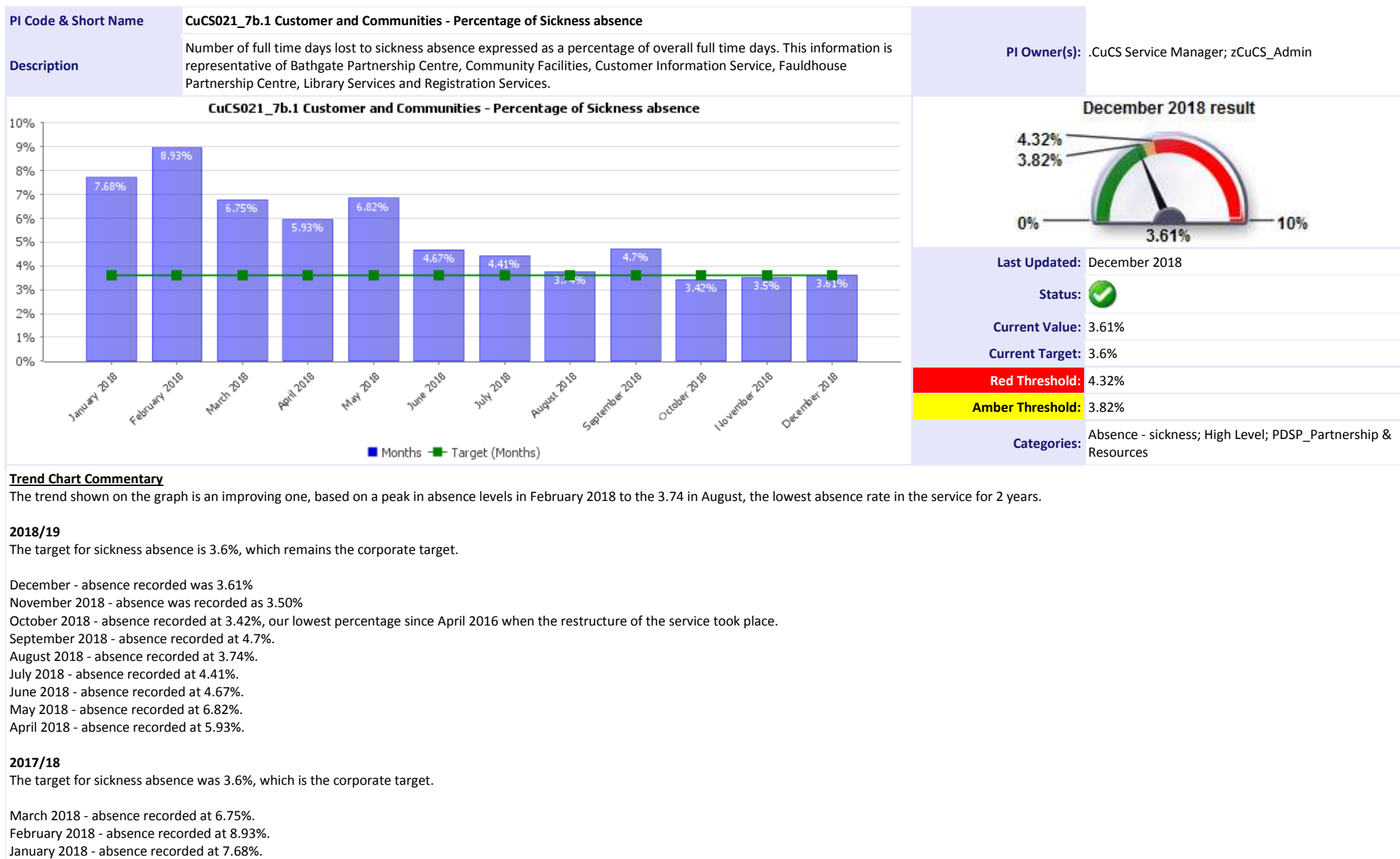




| PI Code & Short Name | P:CuCS007q_6a.7 Customer and Communities - Percentage of customers who rated the overall quality of service as good or excellent | PI Owner(s): .CuCS Service Manager; zCuCS_Admin | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|------------|------------|-------|------------|-------|------------|-------|------------|-------|------------|-------|---|----------------------|------------|----------------|---|-----------------------|-------|------------------------|-------|-----------------------|-------|-------------------------|-------|--------------------|--|
| Description | <p>Service customers are randomly selected to complete a customer satisfaction survey. This indicator shows the percentage of customers rating the overall satisfaction with the customer service they received as good or excellent. The target is reviewed on an annual basis. This information is representative of Bathgate Partnership Centre, Community Facilities, Customer Information Service, Fauldhouse Partnership Centre, Library Services and Registration Services.</p> <p>This performance indicator is part of the performance scorecard for the council’s Customer Services Strategy 2018/23 and will contribute to outcome 1 which is that services are designed to meet the needs and preferences of customers.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Customer and Communities - Percentage of customers who rated the overall quality of service as good or excellent</div>  <table><caption>Quarterly Performance Data</caption><thead><tr><th>Quarter</th><th>Percentage</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>99.1%</td></tr><tr><td>Q4 2017/18</td><td>99.1%</td></tr><tr><td>Q1 2018/19</td><td>99.2%</td></tr><tr><td>Q2 2018/19</td><td>99.5%</td></tr><tr><td>Q3 2018/19</td><td>99.3%</td></tr></tbody></table> <td><div>Cumulative result for Q3 2018/19 as of December 2018</div><table><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>99.3%</td></tr><tr><td>Current Target:</td><td>98.0%</td></tr><tr><td>Red Threshold:</td><td>94.1%</td></tr><tr><td>Amber Threshold:</td><td>96.0%</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PPR Public Performance Reporting</td></tr></table></td> | | Quarter | Percentage | Q3 2017/18 | 99.1% | Q4 2017/18 | 99.1% | Q1 2018/19 | 99.2% | Q2 2018/19 | 99.5% | Q3 2018/19 | 99.3% | <div>Cumulative result for Q3 2018/19 as of December 2018</div>  <table><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>99.3%</td></tr><tr><td>Current Target:</td><td>98.0%</td></tr><tr><td>Red Threshold:</td><td>94.1%</td></tr><tr><td>Amber Threshold:</td><td>96.0%</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PPR Public Performance Reporting</td></tr></table> | Last Updated: | Q3 2018/19 | Status: | ✓ | Current Value: | 99.3% | Current Target: | 98.0% | Red Threshold: | 94.1% | Amber Threshold: | 96.0% | Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting |
| Quarter | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 99.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 99.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 99.2% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 99.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 99.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2018/19 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 99.3% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 98.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 94.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 96.0% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Trend Chart Commentary: The target for this performance indicator is to achieve 99% by 2022/23 and this was set in the development of the council’s Customer Service Strategy 2018/23.</div> <div>2018/19 The target for this year is 98%. It remained the same as a small number of negative responses can affect the overall result.</div> <div>Quarter 2 - 826 out of 830 responses rated the overall quality of service as good or excellent. This was an increase of 0.3% from the previous quarter, and an increase of 0.2% from the same period of the previous year, with an increase of 86 responses. Quarter 1 - 747 out of 753 responses rated the overall quality of service as good or excellent.</div> <div>2017/18 The target for this year was 98%. It remained the same as a small number of negative responses can affect the overall result.</div> <div>Quarter 4 - 778 out of 785 responses rated the overall quality of service as good or excellent. Quarter 3 - 654 out of 660 responses rated the overall quality of service as good or excellent. Quarter 2 - 739 out of 744 responses rated the overall quality of the service as good or excellent.</div> <div>The target for 2019/20 will be increased to 99%, as part of the aim to achieve this by 2022/23.</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PI Code & Short Name | CuCS010q_6b.3 Customer and Communities - Total number of complaints received by Customer and Community services | | PI Owner(s): .CuCS Service Manager; zCuCS_Admin | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------|---|-------------------|-------------------|------------|----|----|------------|----|----|------------|----|----|------------|----|----|------------|----|----|---------------|------------|---------|------------------------------------|----------------|----|-----------------|----|----------------|------|------------------|------|-------------|--|--|
| Description | <p>This indicator measures the total number of complaints received by the Customer and Community services. It is the total number of complaints received by the Customer and Community services at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days).</p> <p>Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div><div>Customer and Communities - Total number of complaints received by Customer and Community services</div><table><thead><tr><th>Quarter</th><th>Actual (Quarters)</th><th>Target (Quarters)</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>23</td><td>12</td></tr><tr><td>Q4 2017/18</td><td>12</td><td>12</td></tr><tr><td>Q1 2018/19</td><td>26</td><td>12</td></tr><tr><td>Q2 2018/19</td><td>23</td><td>12</td></tr><tr><td>Q3 2018/19</td><td>16</td><td>12</td></tr></tbody></table></div><div><div>Trend Chart Commentary:</div><p>Overall the number of complaints compared to the number of customers dealt with is very small. Due to the make-up of the service it is challenging to find external benchmarking partners and so the service compares complaint performance with the Customer Service Centre.</p><p>2018/19</p><p>The target for this year is 12 and was set based on achieving improvement on the previous year’s performance. A large number of complaints were received during June 2018 as a result of issues with the payment kiosks.</p><p>Quarter 3 - 16 complaints were received, 1 for Bathgate Partnership, 2 for Community Facilities, 10 for Customer Information Services and 3 for Library Services</p><p>Quarter 2 - 23 complaints were received. Community Facilities received 2. Customer Information Services received 13, Fauldhouse Partnership Centre Centre received 1, Library Services received 6 and Registration Services received 1. There was an increase in Customer Information Services complaints due to the ongoing issues with the payment kiosks. CSC received 29</p><p>Quarter 1 - 26 complaints were received. CSC received 28.</p><p>2017/18</p><p>The target for this year was 12 and was set based on achieving improvement on the previous year’s performance. There was a significant increase in complaints Quarter 3 due ongoing issues with the payment kiosk in Strathbrock Partnership Centre.</p><p>Quarter 4 - 12 complaints were received. CSC received 25.</p><p>Quarter 3 - 23 complaints were received. CSC received 17.</p></div></div> <div><div>Q3 2018/19 result</div><table><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td>●</td></tr><tr><td>Current Value:</td><td>16</td></tr><tr><td>Current Target:</td><td>12</td></tr><tr><td>Red Threshold:</td><td>14.4</td></tr><tr><td>Amber Threshold:</td><td>12.6</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></table></div> | | | Quarter | Actual (Quarters) | Target (Quarters) | Q3 2017/18 | 23 | 12 | Q4 2017/18 | 12 | 12 | Q1 2018/19 | 26 | 12 | Q2 2018/19 | 23 | 12 | Q3 2018/19 | 16 | 12 | Last Updated: | Q3 2018/19 | Status: | ● | Current Value: | 16 | Current Target: | 12 | Red Threshold: | 14.4 | Amber Threshold: | 12.6 | Categories: | High Level; PDSP_Partnership & Resources | |
| Quarter | Actual (Quarters) | Target (Quarters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 23 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 12 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 26 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 23 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 16 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2018/19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ● | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 14.4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 12.6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | High Level; PDSP_Partnership & Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |





Trend Chart Commentary

The trend shown on the graph is an improving one, based on a peak in absence levels in February 2018 to the 3.74 in August, the lowest absence rate in the service for 2 years.

2018/19

The target for sickness absence is 3.6%, which remains the corporate target.

December - absence recorded was 3.61%

November 2018 - absence was recorded as 3.50%

October 2018 - absence recorded at 3.42%, our lowest percentage since April 2016 when the restructure of the service took place.

September 2018 - absence recorded at 4.7%.

August 2018 - absence recorded at 3.74%.

July 2018 - absence recorded at 4.41%.

June 2018 - absence recorded at 4.67%.

May 2018 - absence recorded at 6.82%.

April 2018 - absence recorded at 5.93%.

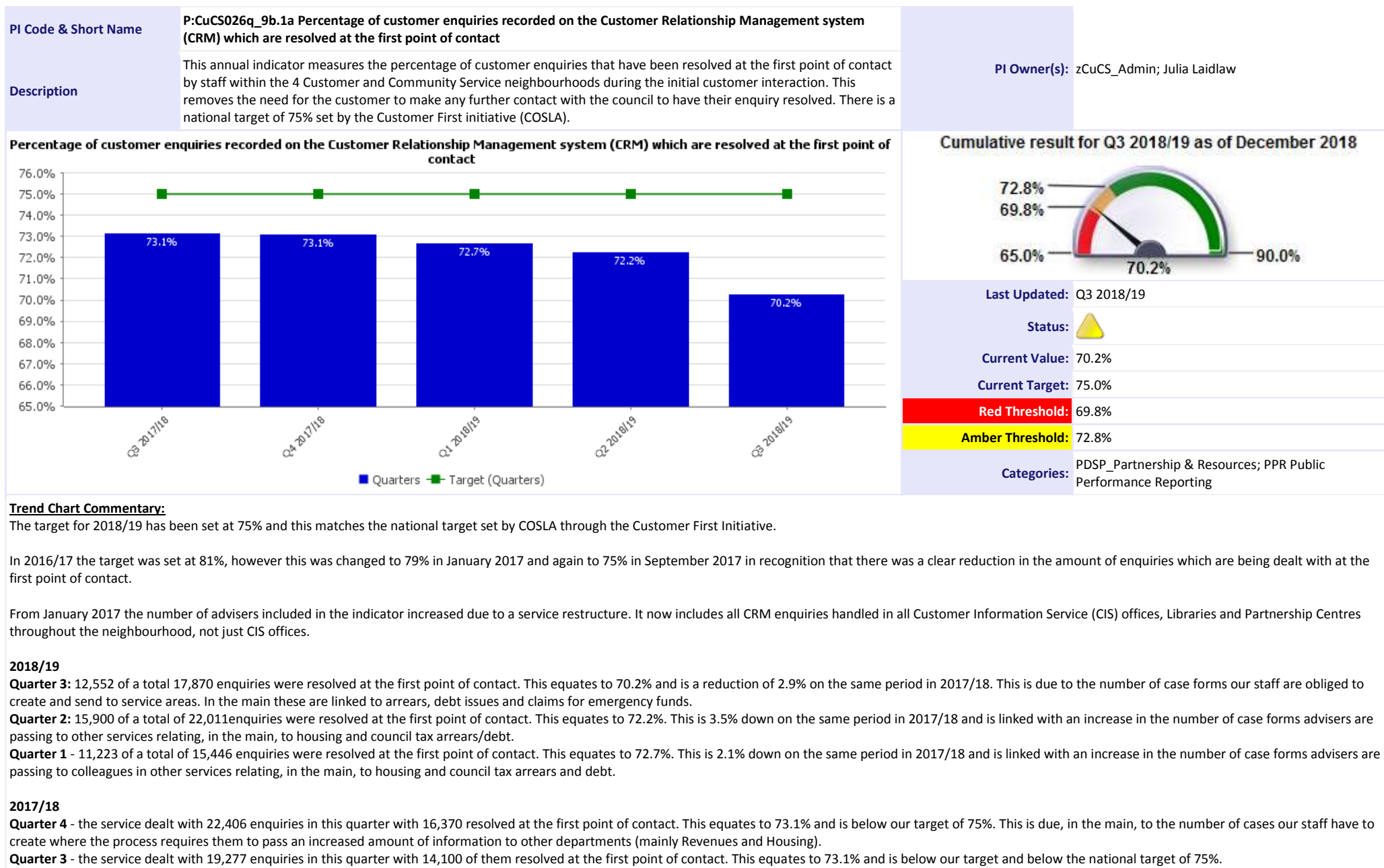
2017/18

The target for sickness absence was 3.6%, which is the corporate target.

March 2018 - absence recorded at 6.75%.

February 2018 - absence recorded at 8.93%.

January 2018 - absence recorded at 7.68%.

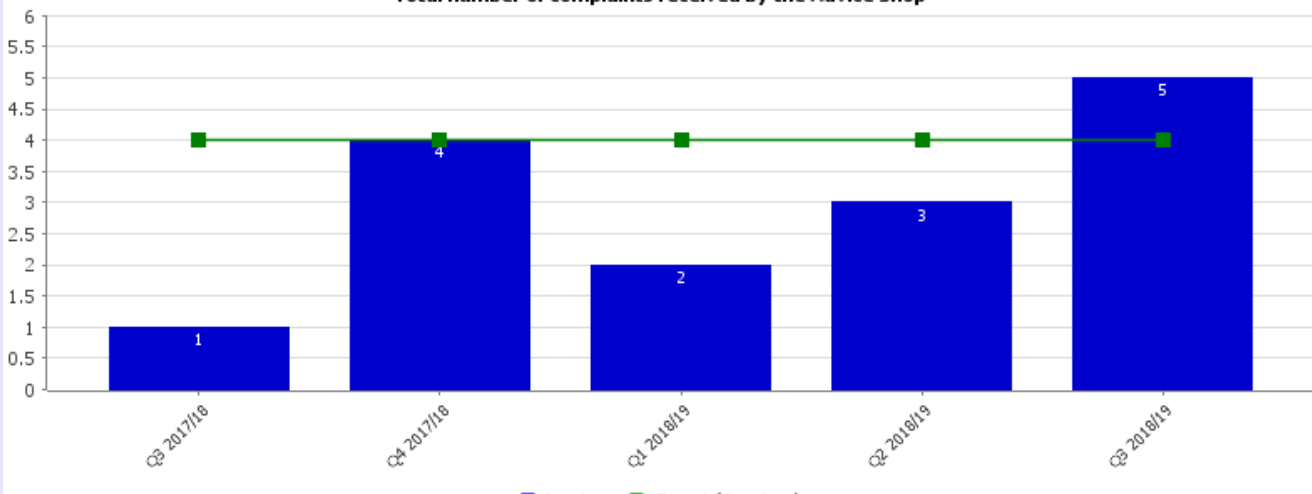



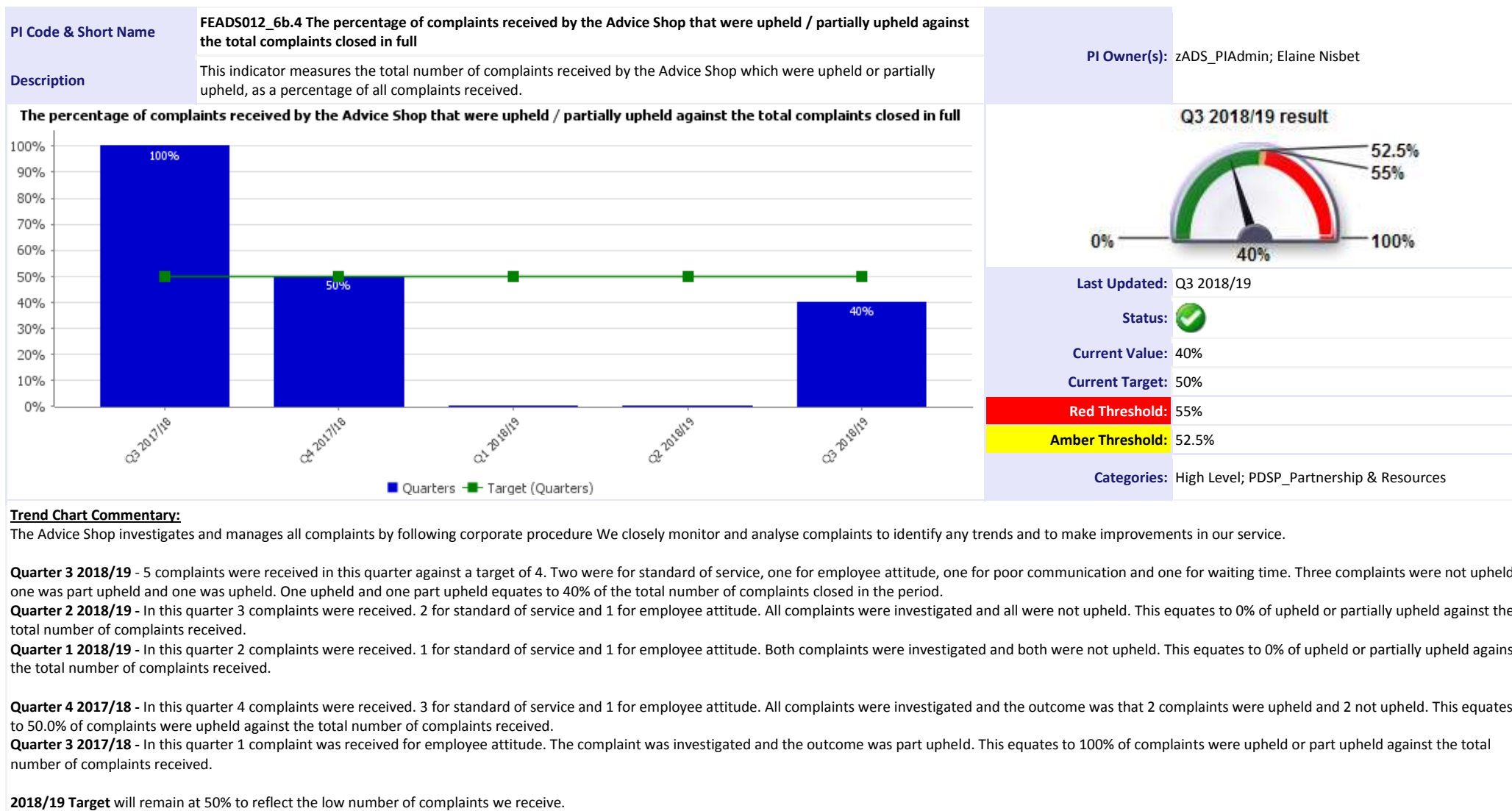
| PI Code & Short Name | P:FEADS007_6a.7 Advice Shop - Percentage of customers who rated the overall quality of the service as good or excellent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------------|------------|------|------------|-------|------------|------|------------|-------|------------|-------|--|---------------|------------|---------|---|----------------|-------|-----------------|-----|----------------|--------|------------------|-------|-------------|--|
| Description | <p>From the start of 2012/13 we have measured this performance indicator on a quarterly basis. Responses are gathered from our customer survey cards and from our on-line questionnaire which we ask a random sample of at least 25 customers per week to complete following their involvement with the Advice Shop.</p> <p>The Advice Shop monitor results on a quarterly basis to identify any positive or negative trends which allows us to continue to provide the best possible service to our customers. Advice Shop customer satisfaction has been measured since 1999.</p> | PI Owner(s): zAS_PIPublicAdmin; Elaine Nisbet | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Advice Shop - Percentage of customers who rated the overall quality of the service as good or excellent.</p>  <table><caption>Quarterly Performance Data</caption><thead><tr><th>Quarter</th><th>Percentage</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>100%</td></tr><tr><td>Q4 2017/18</td><td>99.8%</td></tr><tr><td>Q1 2018/19</td><td>100%</td></tr><tr><td>Q2 2018/19</td><td>99.4%</td></tr><tr><td>Q3 2018/19</td><td>99.6%</td></tr></tbody></table> | | Quarter | Percentage | Q3 2017/18 | 100% | Q4 2017/18 | 99.8% | Q1 2018/19 | 100% | Q2 2018/19 | 99.4% | Q3 2018/19 | 99.6% | <p>Q3 2018/19 result</p>  <table><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>99.6%</td></tr><tr><td>Current Target:</td><td>99%</td></tr><tr><td>Red Threshold:</td><td>97.52%</td></tr><tr><td>Amber Threshold:</td><td>98.5%</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PPR Public Performance Reporting</td></tr></table> | Last Updated: | Q3 2018/19 | Status: | ✓ | Current Value: | 99.6% | Current Target: | 99% | Red Threshold: | 97.52% | Amber Threshold: | 98.5% | Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting |
| Quarter | Percentage | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 99.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 100% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 99.4% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 99.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2018/19 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 99.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 99% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 97.52% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 98.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Trend Chart Commentary</p> <p>Over the last 8 quarters we have exceeded our target. The service actively encourages the sharing of ideas and improvements from both customers, staff and partners. We discuss any suggested improvements and implement where appropriate. This ensures the overall customer experience continues to develop and improve. In 2017/18 there has been an 16% increase in the number of customers completing the questionnaires.</p> <p>Benchmarking:</p> <p>The most recent update is slightly above the Council's CSC (Revenues) customers who rated staff overall quality of service as good or excellent at 96.9.6% within the June 2018.</p> <p>2018/19</p> <p>Quarter 3 - In this quarter 99.6% of 527 respondents rated the overall quality of service good or excellent. Two respondents rated this as adequate. There has been a slight increase in the number of responses compared to quarter 2 and we would expect the response rated to continue at this level.</p> <p>Quarter 2 - In this quarter 99.4% of 498 respondents rated the overall quality of service good or excellent. Two respondents rated this as very poor and one respondent rated this as adequate.. Through investigation, difficult messages had to be delivered both customers. The advice supply was accurate. There has been a significant increase in the number of responses compared to quarter 1 and we would expect the response rated to continue at this level.</p> <p>Quarter 1 - In this quarter 100% of 328 respondents rated the overall quality of service as good or excellent. There has been a reduction in the number or responses compared to the previous quarter and the service is looking to increase responses through improving accessibility of feedback forms and closer monitoring through one to one meetings with staff.</p> <p>2017/18</p> <p>Quarter 4 - In this quarter 99.8% of 375 respondents rated the overall quality of service as good or excellent. 1 customer rated this as very poor. Following investigation procedural changes have been introduced to improve in this area.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

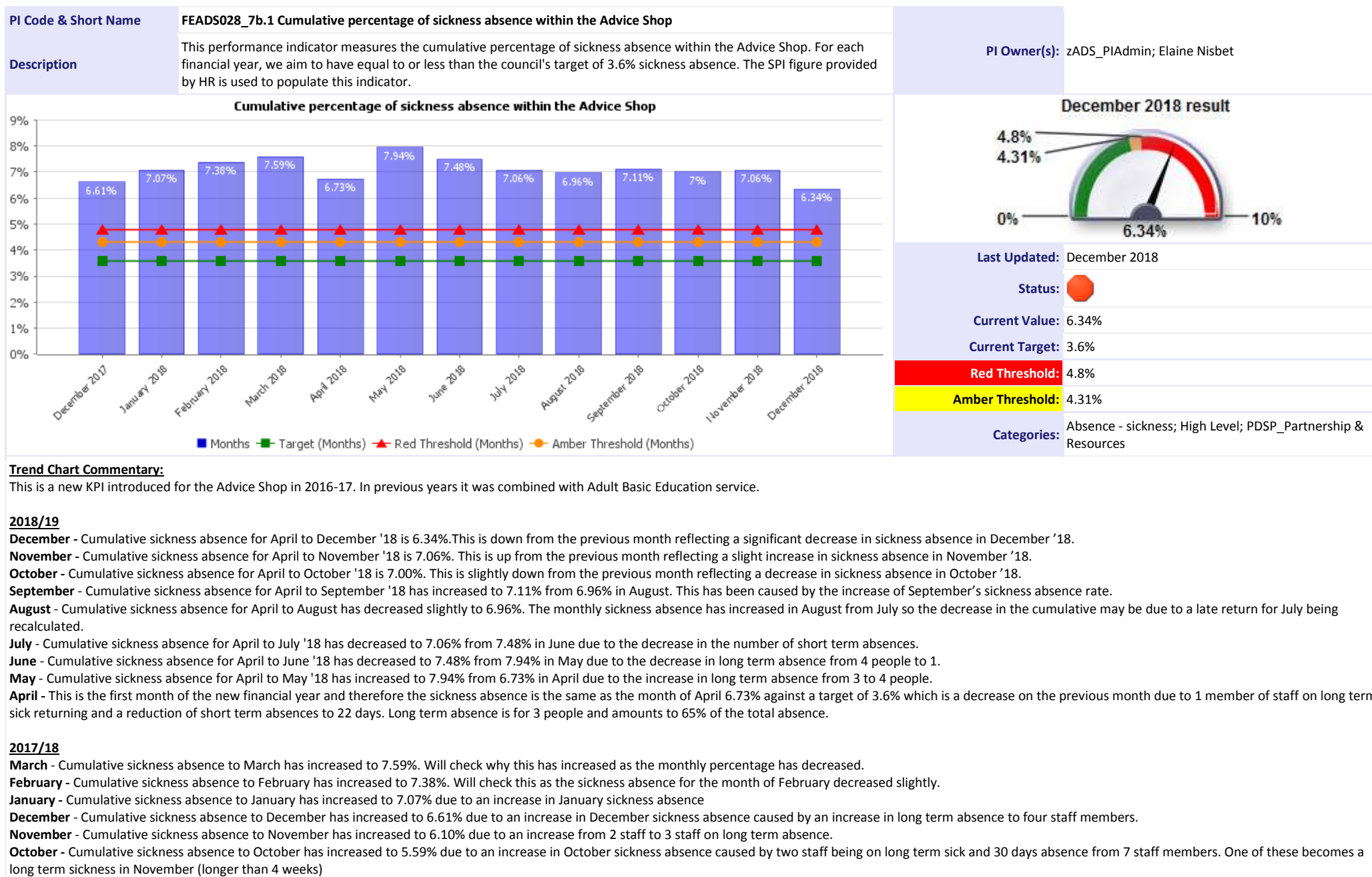
The service has been working to increase the number of respondents and continue to monitor and try to improve the number of responses received.

Quarter 3 - In this quarter 100% of 273 respondents rated the overall quality of service as good or excellent. There has been a reduction in the number of responses compared to the previous quarter and the service is looking to increase responses through improving accessibility of feedback forms and closer monitoring through one to one meetings with staff.

2018/19 Target - Our target will remain at 99% for this period. We have adjusted the trigger thresholds to ensure we identify any trends early in the coming year. Each quarter we are looking to collect 350 completed questionnaires across all service delivery activity.

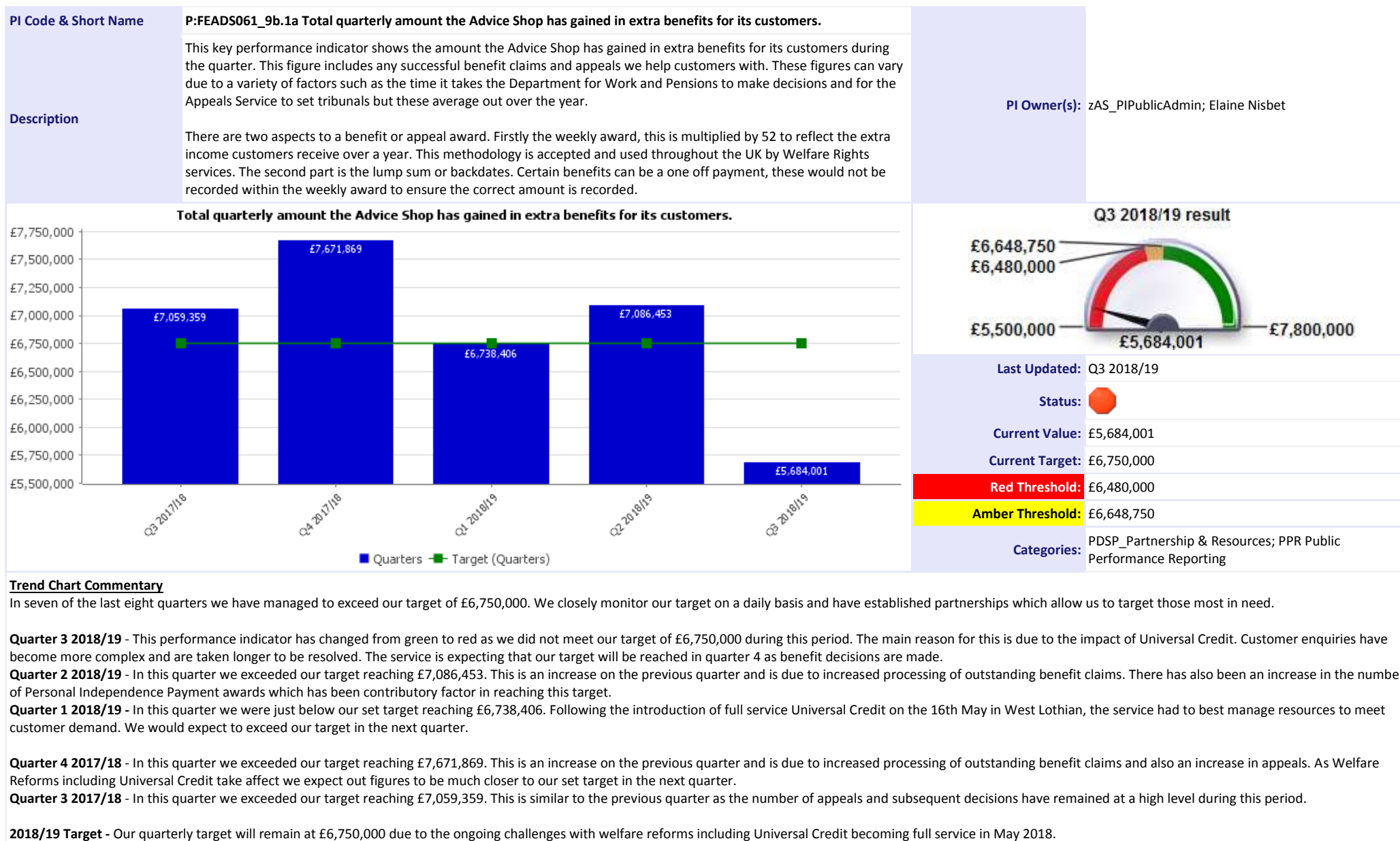
| PI Code & Short Name | P:FEADS011_6b.3 Total number of complaints received by the Advice Shop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------|---|-------------------|-------------------|------------|---|---|------------|---|---|------------|---|---|------------|---|---|------------|---|---|--|--------|-------|---------------|------------|---------|---|----------------|---|-----------------|---|----------------|---|------------------|---|-------------|--|
| Description | This indicator measures the total number of complaints received by the Advice Shop. It is the total number of complaints received by the Advice Shop at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days). Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted. | | PI Owner(s): zADS_PIAAdmin; Elaine Nisbet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | The Advice Shop investigates and manages all complaints by following corporate guidelines. We closely monitor and analyse complaints to quickly identify any trends. We use complaints to make improvements in our service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Total number of complaints received by the Advice Shop</div>  <table><caption>Data for Total number of complaints received by the Advice Shop</caption><thead><tr><th>Quarter</th><th>Actual (Quarters)</th><th>Target (Quarters)</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>1</td><td>4</td></tr><tr><td>Q4 2017/18</td><td>4</td><td>4</td></tr><tr><td>Q1 2018/19</td><td>2</td><td>4</td></tr><tr><td>Q2 2018/19</td><td>3</td><td>4</td></tr><tr><td>Q3 2018/19</td><td>5</td><td>4</td></tr></tbody></table> | | | Quarter | Actual (Quarters) | Target (Quarters) | Q3 2017/18 | 1 | 4 | Q4 2017/18 | 4 | 4 | Q1 2018/19 | 2 | 4 | Q2 2018/19 | 3 | 4 | Q3 2018/19 | 5 | 4 | <div>Q3 2018/19 result</div>  <table><thead><tr><th>Metric</th><th>Value</th></tr></thead><tbody><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>5</td></tr><tr><td>Current Target:</td><td>4</td></tr><tr><td>Red Threshold:</td><td>7</td></tr><tr><td>Amber Threshold:</td><td>6</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PDSP_Social Policy; PPR Public Performance Reporting</td></tr></tbody></table> | Metric | Value | Last Updated: | Q3 2018/19 | Status: | ✓ | Current Value: | 5 | Current Target: | 4 | Red Threshold: | 7 | Amber Threshold: | 6 | Categories: | PDSP_Partnership & Resources; PDSP_Social Policy; PPR Public Performance Reporting |
| Quarter | Actual (Quarters) | Target (Quarters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 1 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 2 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 5 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Metric | Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2018/19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | PDSP_Partnership & Resources; PDSP_Social Policy; PPR Public Performance Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Trend Chart Commentary:</div> <p>The Advice Shop investigates and manages all complaints by following corporate procedure. We closely monitor and analyse complaints to identify any trends and to make improvements in our service.</p> <p>Quarter 3 2018/19 - 5 complaints were received in this quarter against a target of 4. Two were for standard of service, one for employee attitude, one for poor communication and one for waiting time. Three complaints were not upheld, one was part upheld and one was upheld.</p> <p>Quarter 2 2018/19 - 3 complaints were received in this quarter against a target of 4. Two were for standard of service and one for employee attitude. All complaints were not upheld.</p> <p>Quarter 1 2018/19 - 2 complaints were received in this quarter against a target of 4. One was for standard of service and one for employee attitude. Both complaints were not upheld.</p> <p>Quarter 4 2017/18 - 4 complaints were received in this quarter against a target of 4. Three of the complaints were for standard of service and one for employee attitude. 2 complaints were not upheld and 2 were upheld.</p> <p>Quarter 3 2017/18 - 1 complaint was received in this quarter against a target of 4. The complaint was regarding employee attitude and it was part upheld.</p> <p>Target 2018/19 - will remain at 4 complaints per quarter. This reflects a challenging target as we received 16 complaints for the year 2017/18.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

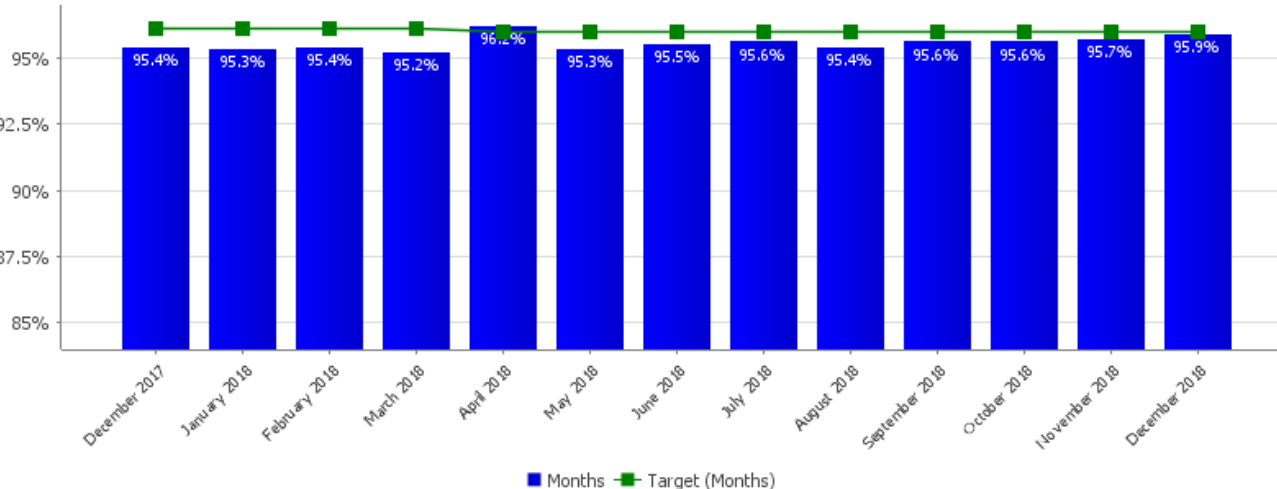




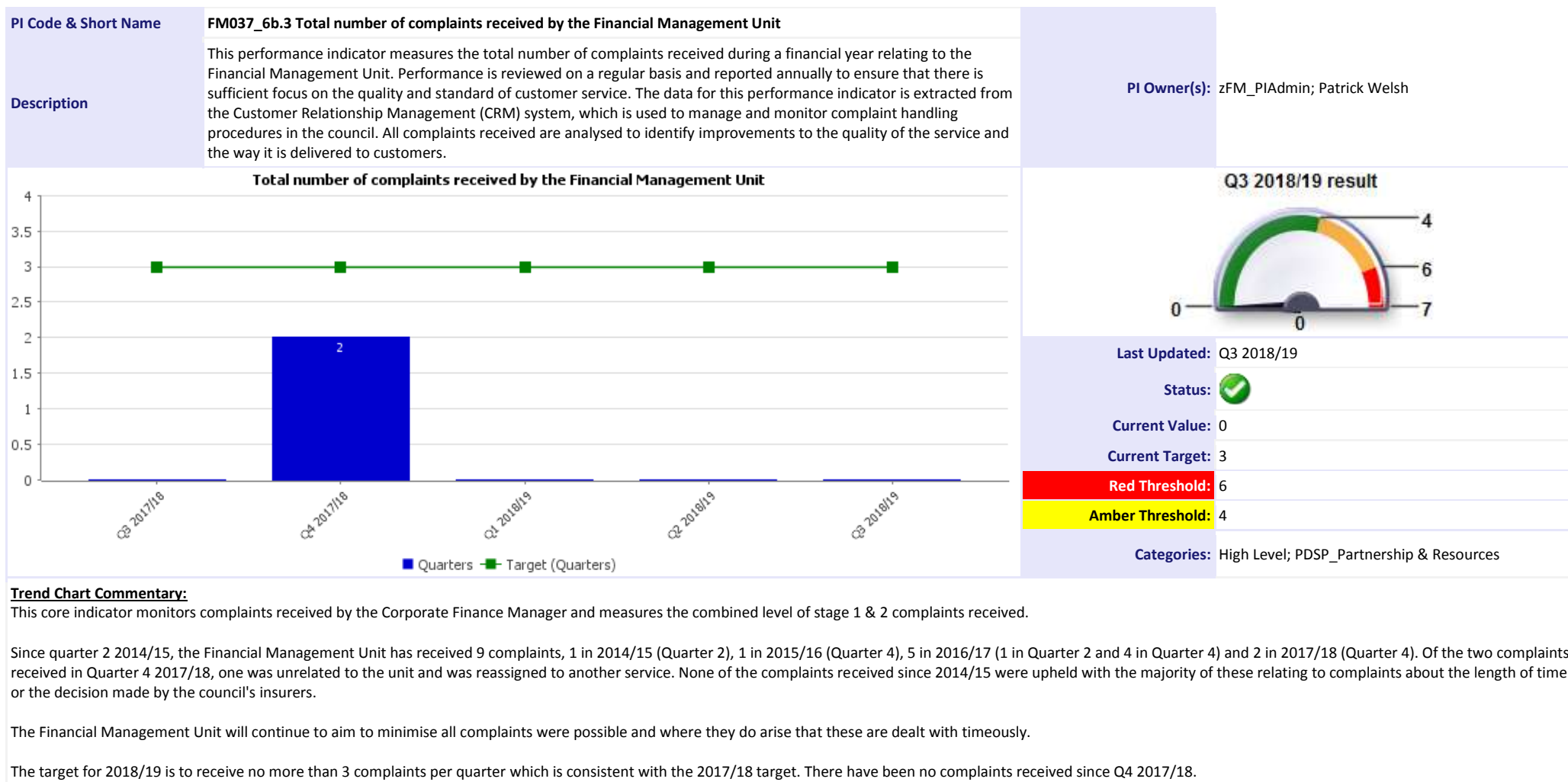


September - The cumulative sickness absence to September '17 increased by 0.01% on last month to 5.05% due to an increase in Septembers sickness absence caused by two members of staff on long term sickness and 10 days absence by 4 members of staff.

August - The cumulative sickness absence of 5.04% reflects the sickness absence of 3.77% in August.



| PI Code & Short Name | FM001_6b.5 Percentage of Suppliers paid within 30 Days of Receipt. | PI Owner(s): zFM_PIAAdmin; Patrick Welsh | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-----------------|------------|---------------|-------|-------|--------------|-------|-------|---------------|-------|-------|------------|-------|-------|------------|-------|-------|----------|-------|-------|-----------|-------|-------|-----------|-------|-------|-------------|-------|-------|----------------|-------|-------|--------------|-------|-------|---------------|-------|-------|---------------|-------|-------|---|-------|-----------|-------|---------------|-----|----------------|-------|---------------|-----|-----------------|
| Description | <p>This indicator measures the percentage of correctly presented invoices from suppliers paid within 30 calendar days of receipt. Thirty calendar days reflects the normal credit term period in accordance with the Late Payments of Commercial Debts (Interests) Act 1998. West Lothian Council recognises the importance in paying invoices in a timely manner. The target used is set internally by the Head of Finance and Property and ensures challenging targets year on year which are always higher than the Scottish average. Note that this performance indicator monitors the performance on a monthly basis and the cumulative figure for the year is included in the Local Government Benchmarking Framework.</p> <p>The payment of invoices is a key activity for Finance and Property Services, ensuring that the council's suppliers are paid on a timely basis.</p> <p>Note that the performance indicator records the cumulative performance for the year to date, commencing April.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><p>Percentage of Suppliers paid within 30 Days of Receipt.</p><table><thead><tr><th>Month</th><th>Performance (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>December 2017</td><td>95.4%</td><td>96.1%</td></tr><tr><td>January 2018</td><td>95.3%</td><td>96.1%</td></tr><tr><td>February 2018</td><td>95.4%</td><td>96.1%</td></tr><tr><td>March 2018</td><td>95.2%</td><td>96.1%</td></tr><tr><td>April 2018</td><td>96.2%</td><td>96.1%</td></tr><tr><td>May 2018</td><td>95.3%</td><td>96.1%</td></tr><tr><td>June 2018</td><td>95.5%</td><td>96.1%</td></tr><tr><td>July 2018</td><td>95.6%</td><td>96.1%</td></tr><tr><td>August 2018</td><td>95.4%</td><td>96.1%</td></tr><tr><td>September 2018</td><td>95.6%</td><td>96.1%</td></tr><tr><td>October 2018</td><td>95.6%</td><td>96.1%</td></tr><tr><td>November 2018</td><td>95.7%</td><td>96.1%</td></tr><tr><td>December 2018</td><td>95.9%</td><td>96.1%</td></tr></tbody></table><p>■ Months ■ Target (Months)</p></div> | | Month | Performance (%) | Target (%) | December 2017 | 95.4% | 96.1% | January 2018 | 95.3% | 96.1% | February 2018 | 95.4% | 96.1% | March 2018 | 95.2% | 96.1% | April 2018 | 96.2% | 96.1% | May 2018 | 95.3% | 96.1% | June 2018 | 95.5% | 96.1% | July 2018 | 95.6% | 96.1% | August 2018 | 95.4% | 96.1% | September 2018 | 95.6% | 96.1% | October 2018 | 95.6% | 96.1% | November 2018 | 95.7% | 96.1% | December 2018 | 95.9% | 96.1% | <div><p>December 2018 result</p><table><thead><tr><th>Value</th><th>Threshold</th></tr></thead><tbody><tr><td>95.9%</td><td>Current Value</td></tr><tr><td>96%</td><td>Current Target</td></tr><tr><td>91.2%</td><td>Red Threshold</td></tr><tr><td>96%</td><td>Amber Threshold</td></tr></tbody></table><p>Last Updated: December 2018</p><p>Status: </p><p>Categories: High Level; PDSP_Partnership & Resources</p></div> | Value | Threshold | 95.9% | Current Value | 96% | Current Target | 91.2% | Red Threshold | 96% | Amber Threshold |
| Month | Performance (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December 2017 | 95.4% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January 2018 | 95.3% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February 2018 | 95.4% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 2018 | 95.2% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April 2018 | 96.2% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 2018 | 95.3% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June 2018 | 95.5% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July 2018 | 95.6% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August 2018 | 95.4% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September 2018 | 95.6% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October 2018 | 95.6% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November 2018 | 95.7% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December 2018 | 95.9% | 96.1% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value | Threshold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 95.9% | Current Value | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96% | Current Target | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 91.2% | Red Threshold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96% | Amber Threshold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Trend Chart Commentary:</p> <p>Performance for December 2018 was 95.9 percent which is below the target of 96 percent. Performance for the year ending 2017/18 was 95.2 percent of invoices were paid within 30 days against a target of 96.1 percent.</p> <p>For the year ending March 2017, performance was 96.1 percent. At the beginning of the financial year 2017/18, performance in this area started higher than the target with cumulative performance being 96.5 percent up to July 2017. Since July 2017, performance has fallen below the target of 96.1 percent and gradually decreased up to March 2018 with an overall cumulative performance for the year of 95.2 percent.</p> <p>The Financial Management Unit works closely with services to improve invoice processing time. A full review of invoices paid after 30 days has been undertaken to establish the underlying reasons for the reduction in performance. The review identified that a significant increase in the volume of late invoices processed by Education Services during the latter part of 2017, and Operational Services in the months leading up to year end, has led to a decrease in the overall performance against target. A number of training sessions have been undertaken to address specific issues identified as part of the review of invoice processing performance. It is anticipated that the additional training will reduce the likelihood of late payments and help improve the performance at the start of next financial year. New invoice processing reports will be issued to service areas on a monthly basis to highlight performance against target. Further support will be extended to areas identified as falling below the council's performance indicator targets. The first results for 2018/19 show this is having a positive impact.</p> <p>The council participates in a benchmarking exercise with the other local authorities in Scotland via the CIPFA Directors of Finance benchmarking exercise. West Lothian Council process over 200,000 per year and we are currently ranked 12th out of 32 councils. The average performance in Scotland was 93.09 percent for 2017/18 against a West Lothian Council target of 96 percent.</p> <p>For 2018/19 target for percentage of suppliers paid within 30 days of receipt is 96 percent. The performance to date is showing improvement from the previous year and at December 2018 is showing that 95.9 percent of invoices have been paid within 30 days.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



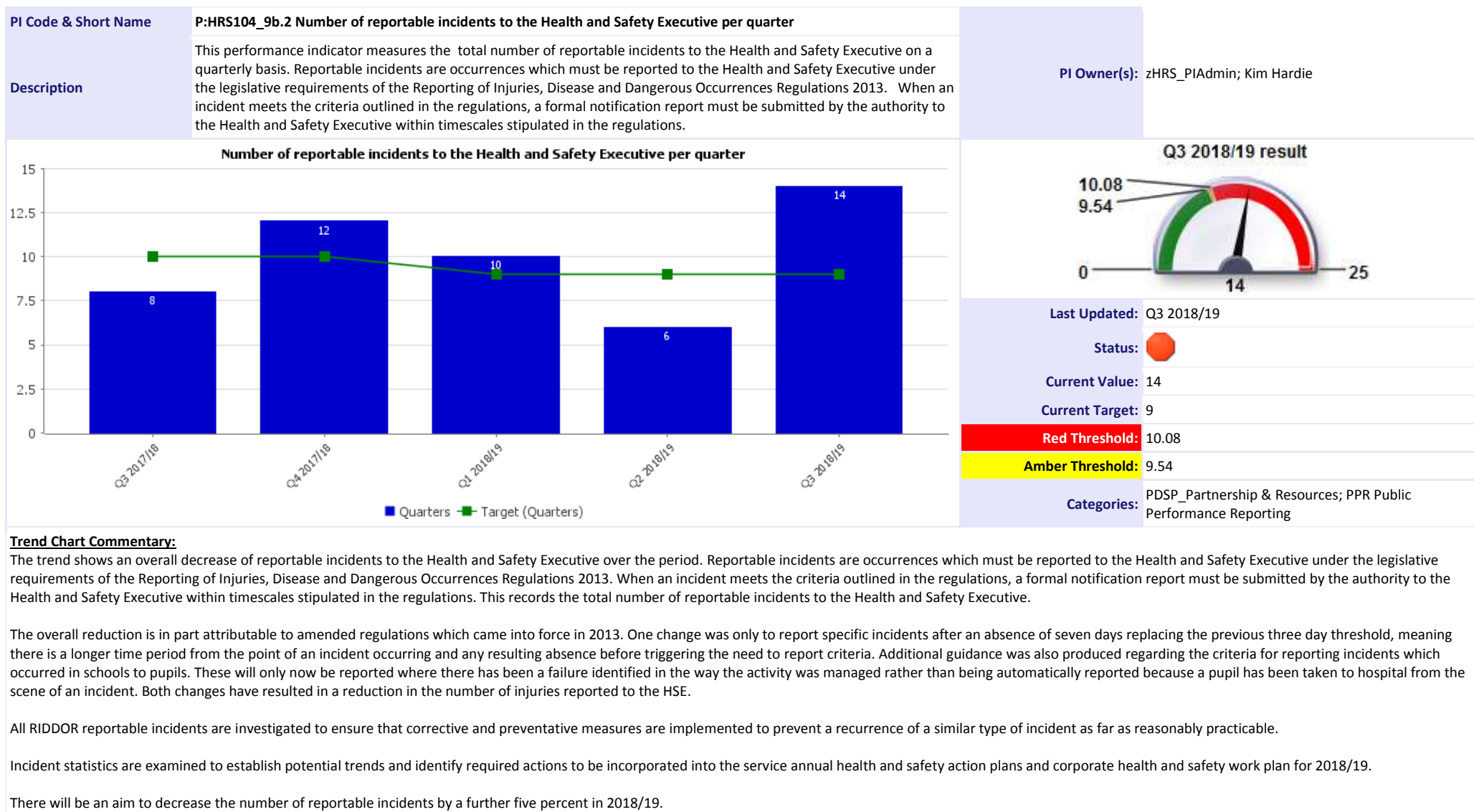


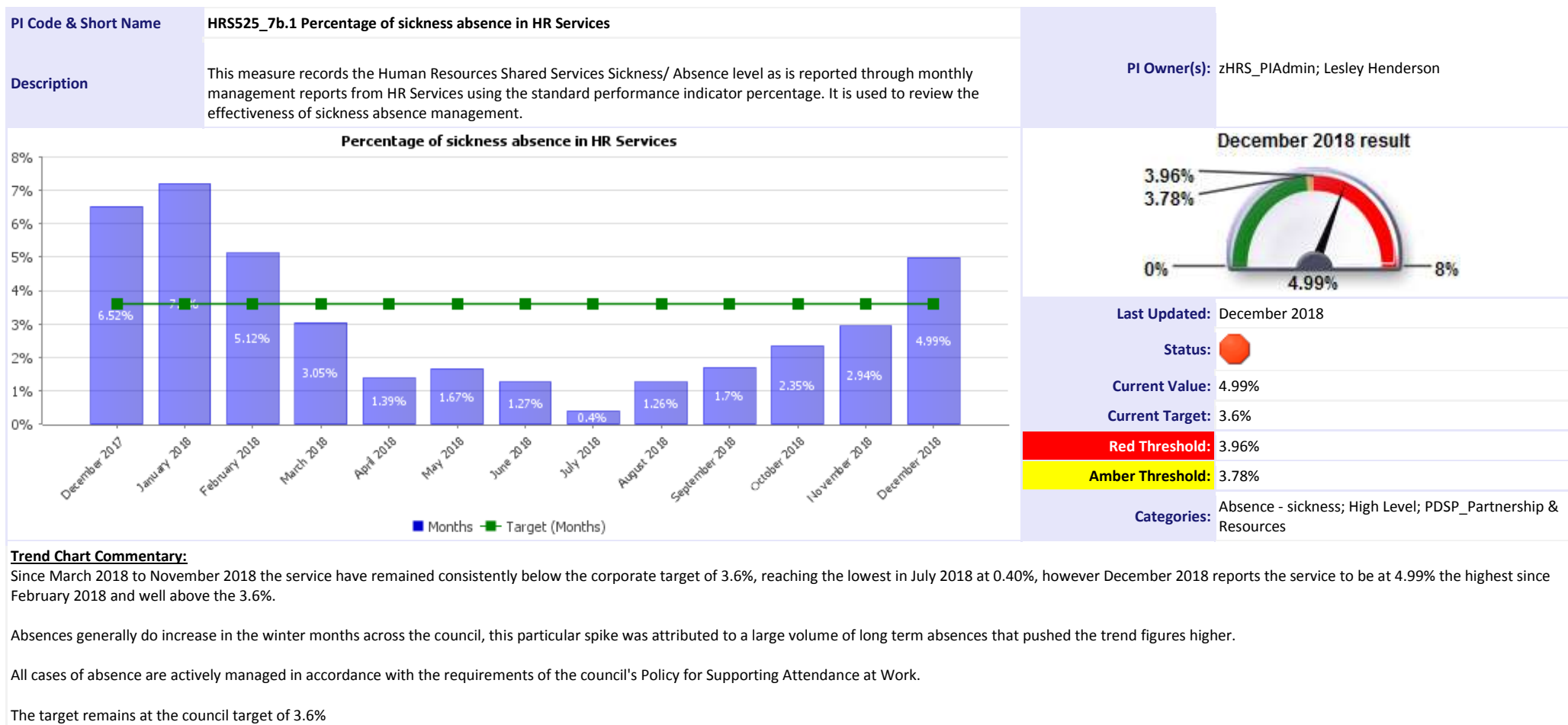
Trend Chart Commentary:

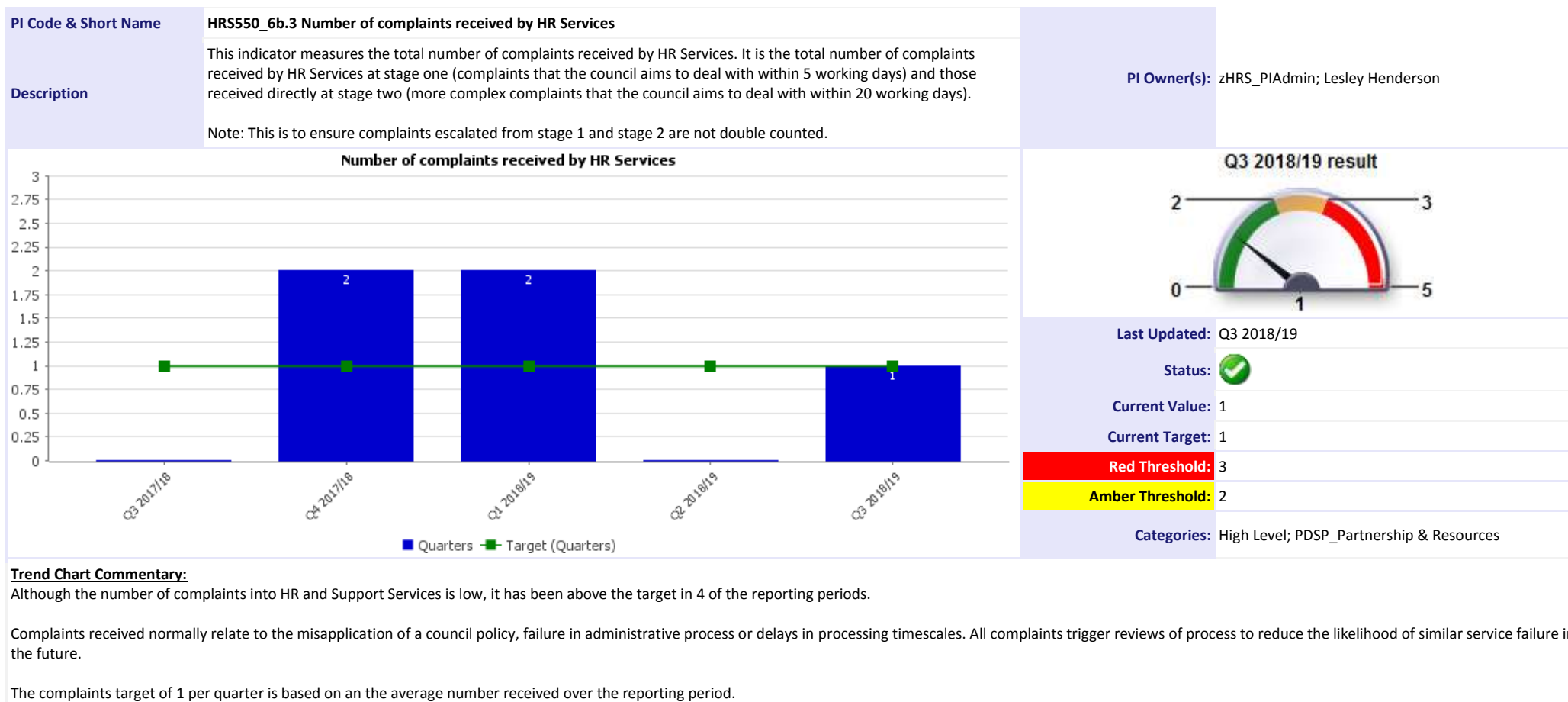
Sickness absence has been above the target of 1.5 percent during 2018/19. For the period April 18 to December 18, cumulative sickness was 3.34 percent.

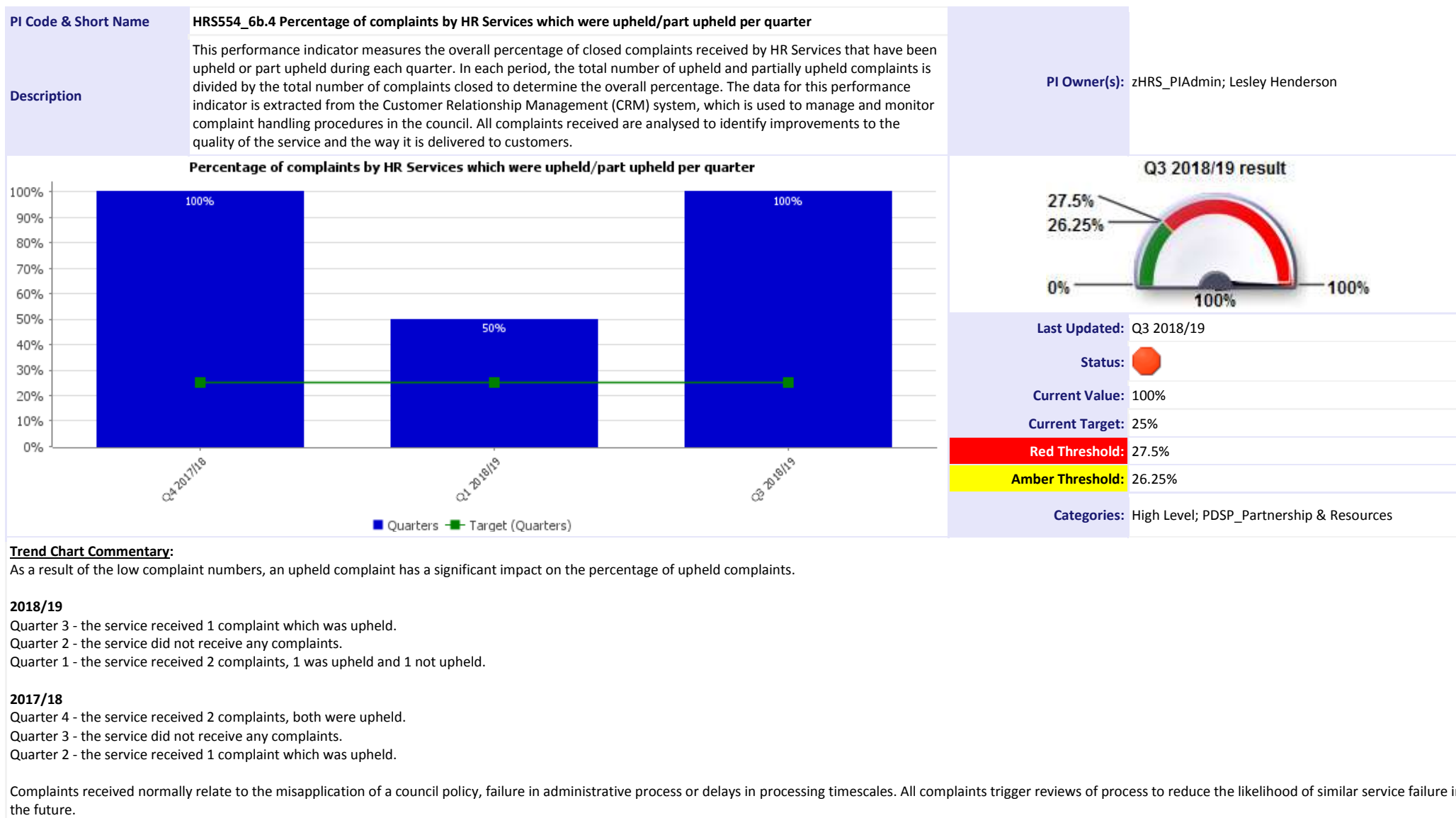
Higher than normal levels of long term sickness have been the main reason for the rate being above target. All line managers within the unit comply with the council's sickness absence policy and seek specialist advice if required from Human Resources when there are more complex sickness absence situations arising.

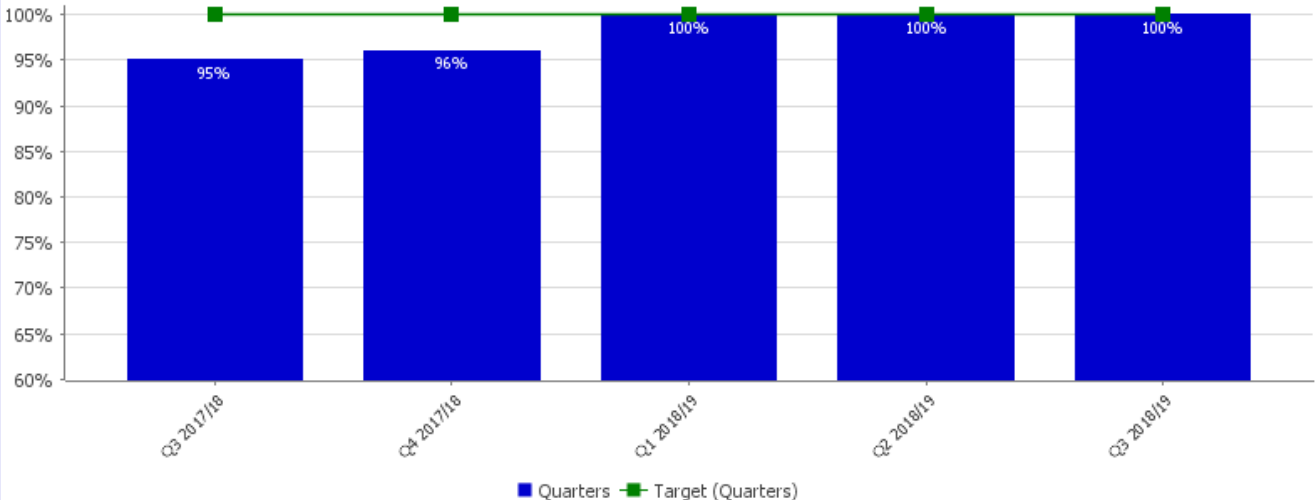


The target for 2018/19 is 1.5 percent which is consistent with the 2017/18 target.

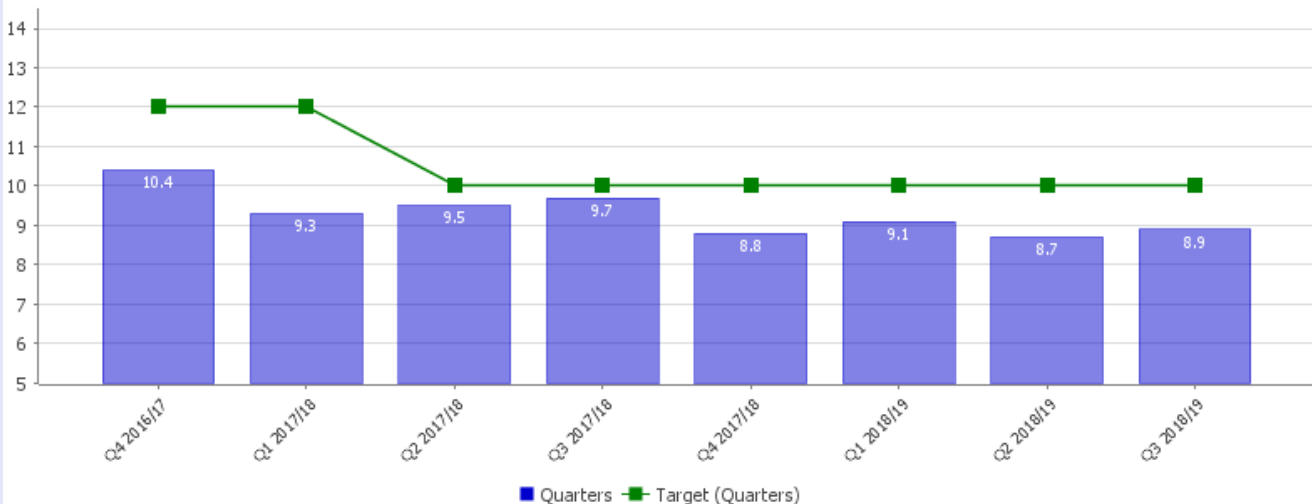




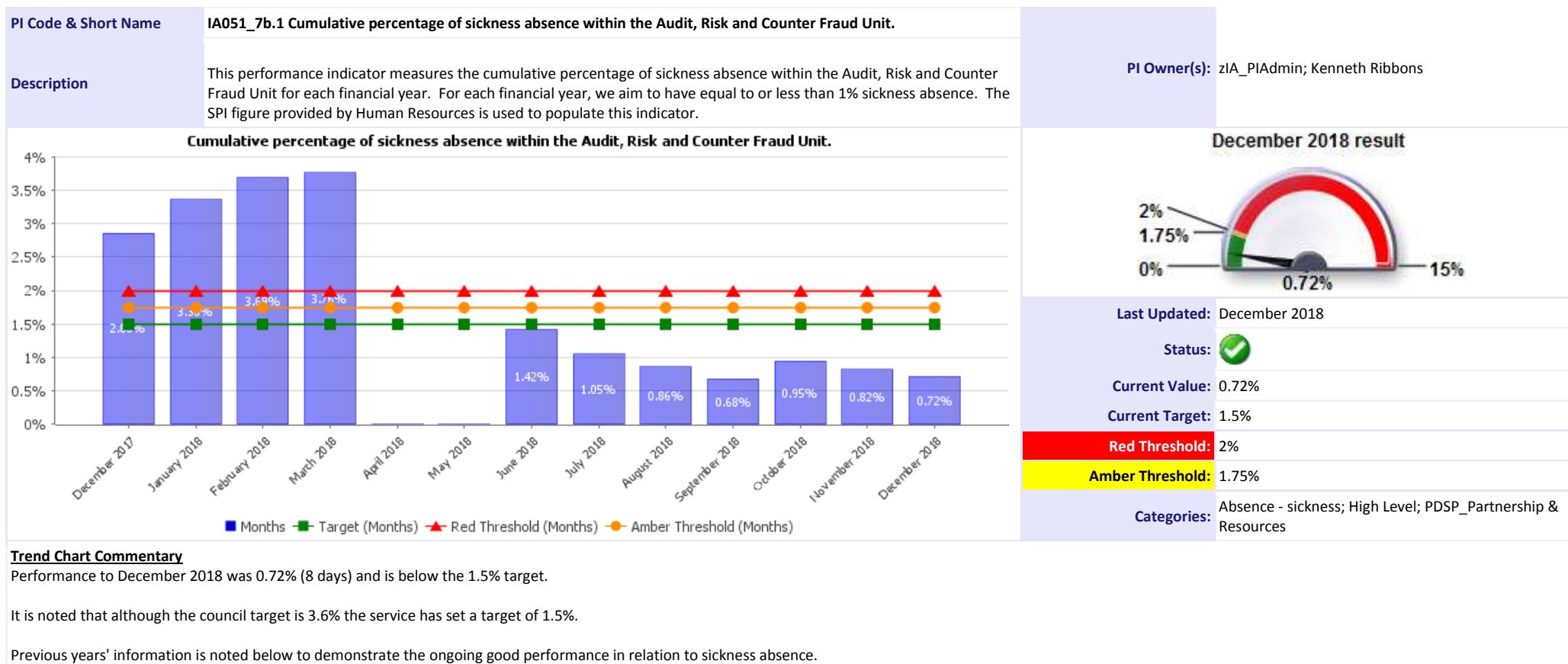






| PI Code & Short Name | P:IA008_6a.7 Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent. | | PI Owner(s): zIA_PAdmin; Kenneth Ribbons | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|------------|------------|-----|------------|-----|------------|------|------------|------|------------|------|---|----------|-------|---------------|------|----------------|------|---------------|-----|-----------------|-----|
| Description | This performance indicator measures the percentage of customers who rated the overall quality of internal audit as good or excellent. A questionnaire is issued at the end of each audit and customers are asked to rate the overall quality of the audit service provided as; excellent, good, adequate, poor or very poor. All responses ranked as either 'Excellent' or 'Good' are recorded as positive responses. The performance indicator reports on the cumulative number of positive responses received to the end of each quarter in the financial year. It is calculated by dividing the cumulative number of positive responses received for the year to date (at the quarter end) by the total responses, and the results are analysed and used to identify areas for improvement. | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent.</div>  <table><caption>Bar Chart Data</caption><thead><tr><th>Quarter</th><th>Percentage</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>95%</td></tr><tr><td>Q4 2017/18</td><td>96%</td></tr><tr><td>Q1 2018/19</td><td>100%</td></tr><tr><td>Q2 2018/19</td><td>100%</td></tr><tr><td>Q3 2018/19</td><td>100%</td></tr></tbody></table> | | | Quarter | Percentage | Q3 2017/18 | 95% | Q4 2017/18 | 96% | Q1 2018/19 | 100% | Q2 2018/19 | 100% | Q3 2018/19 | 100% | <div>Q3 2018/19 result</div>  <table><thead><tr><th>Category</th><th>Value</th></tr></thead><tbody><tr><td>Current Value</td><td>100%</td></tr><tr><td>Current Target</td><td>100%</td></tr><tr><td>Red Threshold</td><td>85%</td></tr><tr><td>Amber Threshold</td><td>90%</td></tr></tbody></table> <div>Last Updated: Q3 2018/19</div> <div>Status: </div> <div>Current Value: 100%</div> <div>Current Target: 100%</div> <div>Red Threshold: 85%</div> <div>Amber Threshold: 90%</div> <div>Categories: High Level; PDSP_Partnership & Resources</div> | Category | Value | Current Value | 100% | Current Target | 100% | Red Threshold | 85% | Amber Threshold | 90% |
| Quarter | Percentage | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 95% | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 96% | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| Category | Value | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target | 100% | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold | 85% | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold | 90% | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Trend Chart Commentary:</div> <p>Performance to Q3 2018/19 was 100% and 17 customer questionnaires were received.</p> <p>Performance to Q4 2017/18 was 96%. 26 customer questionnaires were received with one response of not applicable and one response of poor.</p> <p>The target for 2018/19 will remain at 100%.</p> <p>By continuing to operate in line with procedures, which cover all key stages of the audit process, it is expected that high levels of performance will be maintained for this indicator. The targets set will continue to be reviewed in line with our Customer Service Excellence requirements.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

| PI Code & Short Name | P:IA015_9b.1a Average length of time (in weeks) to issue draft audit reports. | PI Owner(s): zIA_PAdmin; Kenneth Ribbons | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|----------------|----------------|------------|------|------|------------|-----|------|------------|-----|------|------------|-----|------|------------|-----|------|------------|-----|------|------------|-----|------|------------|-----|------|---|-------|----------|---|-------|-----|-------|------|-------|----|-----|------|-----|
| Description | This performance indicator is part of the performance scorecard for the council's Internal Audit and Counter Fraud Strategy 2018/23 and will contribute to outcome 1 the deployment of an internal audit service. This indicator measures the average length of time (in weeks) to issue draft audit reports. The date of issue of the draft audit report is subtracted from the date that the audit commenced to show the number of weeks taken. The date of commencement is agreed with our customers and we aim to complete all risk based audit work within 10 weeks of this date. This indicator is reported on quarterly and a rolling 12 month average is calculated for each quarter. The objective of our 10 week target is to ensure that audit reports are issued timeously so that they are current and meaningful to both the service area and any related stakeholders. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>P:IA015_9b.1a Average length of time (in weeks) to issue draft audit reports.</p>  <table><caption>Chart Data: Average length of time to issue draft audit reports</caption><thead><tr><th>Quarter</th><th>Actual (Weeks)</th><th>Target (Weeks)</th></tr></thead><tbody><tr><td>Q4 2016/17</td><td>10.4</td><td>12.0</td></tr><tr><td>Q1 2017/18</td><td>9.3</td><td>12.0</td></tr><tr><td>Q2 2017/18</td><td>9.5</td><td>10.0</td></tr><tr><td>Q3 2017/18</td><td>9.7</td><td>10.0</td></tr><tr><td>Q4 2017/18</td><td>8.8</td><td>10.0</td></tr><tr><td>Q1 2018/19</td><td>9.1</td><td>10.0</td></tr><tr><td>Q2 2018/19</td><td>8.7</td><td>10.0</td></tr><tr><td>Q3 2018/19</td><td>8.9</td><td>10.0</td></tr></tbody></table> | | Quarter | Actual (Weeks) | Target (Weeks) | Q4 2016/17 | 10.4 | 12.0 | Q1 2017/18 | 9.3 | 12.0 | Q2 2017/18 | 9.5 | 10.0 | Q3 2017/18 | 9.7 | 10.0 | Q4 2017/18 | 8.8 | 10.0 | Q1 2018/19 | 9.1 | 10.0 | Q2 2018/19 | 8.7 | 10.0 | Q3 2018/19 | 8.9 | 10.0 | <p>Q3 2018/19 result</p>  <table><caption>Gauge Chart Data</caption><thead><tr><th>Value</th><th>Category</th></tr></thead><tbody><tr><td>5</td><td>Green</td></tr><tr><td>8.9</td><td>Green</td></tr><tr><td>10.5</td><td>Amber</td></tr><tr><td>11</td><td>Red</td></tr><tr><td>14.5</td><td>Red</td></tr></tbody></table> | Value | Category | 5 | Green | 8.9 | Green | 10.5 | Amber | 11 | Red | 14.5 | Red |
| Quarter | Actual (Weeks) | Target (Weeks) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2016/17 | 10.4 | 12.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2017/18 | 9.3 | 12.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2017/18 | 9.5 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 9.7 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 8.8 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 9.1 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 8.7 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 8.9 | 10.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Value | Category | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Green | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.9 | Green | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10.5 | Amber | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Red | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14.5 | Red | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Trend Chart Commentary: The target for this performance indicator is to achieve 10 weeks by 2022/23 and this was set in the development of the council's Internal Audit and Counter Fraud Strategy.</p> <p>Performance to Quarter 3 2018/19 was 8.9 weeks. Performance to Quarter 4 2017/18 was 8.8 weeks and has been below the revised target of 10 weeks since Quarter 1 2017/18.</p> <p>The 10 week target and the appropriateness of the timescales achieved is substantiated by reference to Indicator IA001: Percentage of customers who rated internal audit's timeliness as good or excellent, for which high performance is also reported and shows that customers are satisfied with the timescales being achieved.</p> <p>The average length of time to issue draft audit reports can be subject to ongoing fluctuation as a result of factors such as the complexity of individual audits and the level of reactive work which may be given priority over routine audits.</p> <p>The number of draft audit reports issued for each rolling 12 month period reported was 2016/17 - Quarter 4 (35), 2017/18 - Quarter 1 (36), Quarter 2 (38), Quarter 3 (34), Quarter 4 (33), 2018/19 Quarter 1 (30), Quarter 2(30), Quarter 3(29).</p> <p>Having considered the audits included in the 2018/19 audit plan the 10 week target continues to be appropriate and will remain in place for 2018/19.</p> | | <p>Last Updated: Q3 2018/19</p> <p>Status: </p> <p>Current Value: 8.9</p> <p>Current Target: 10</p> <p>Red Threshold: 11</p> <p>Amber Threshold: 10.5</p> <p>Categories: PDSP_Partnership & Resources; PPR Public Performance Reporting</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

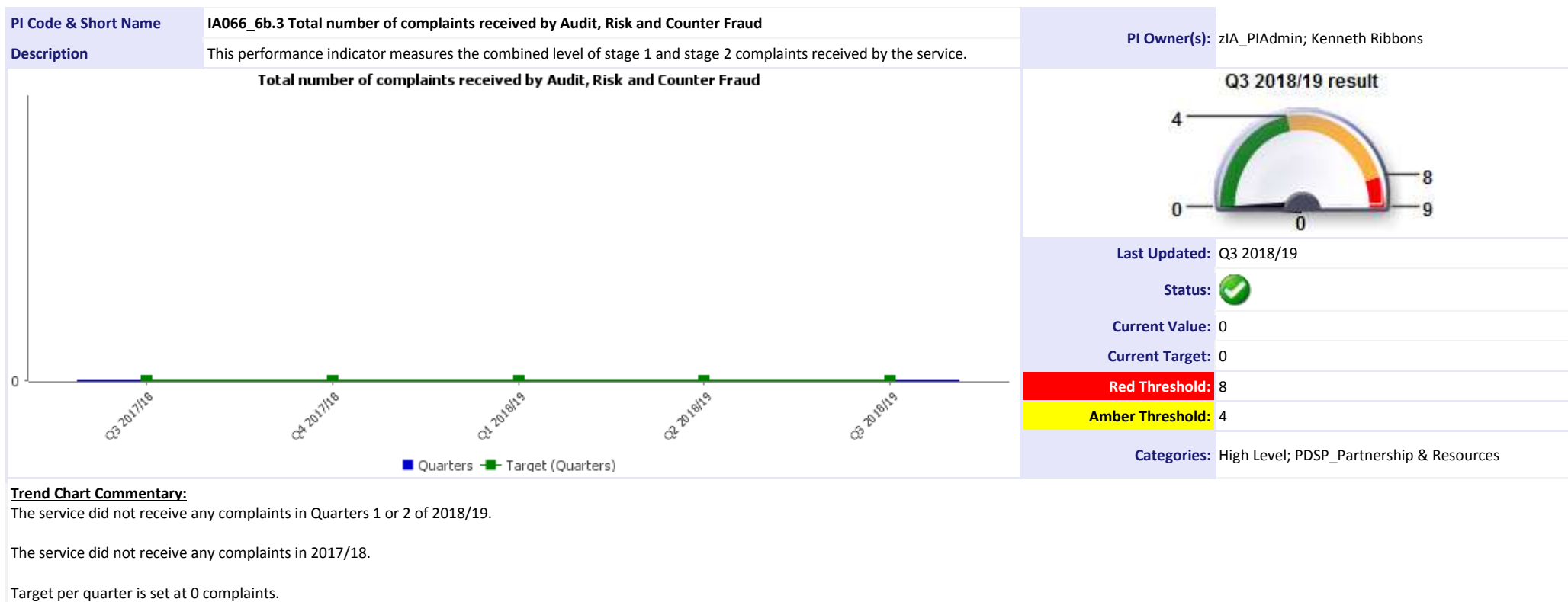




Trend Chart Commentary

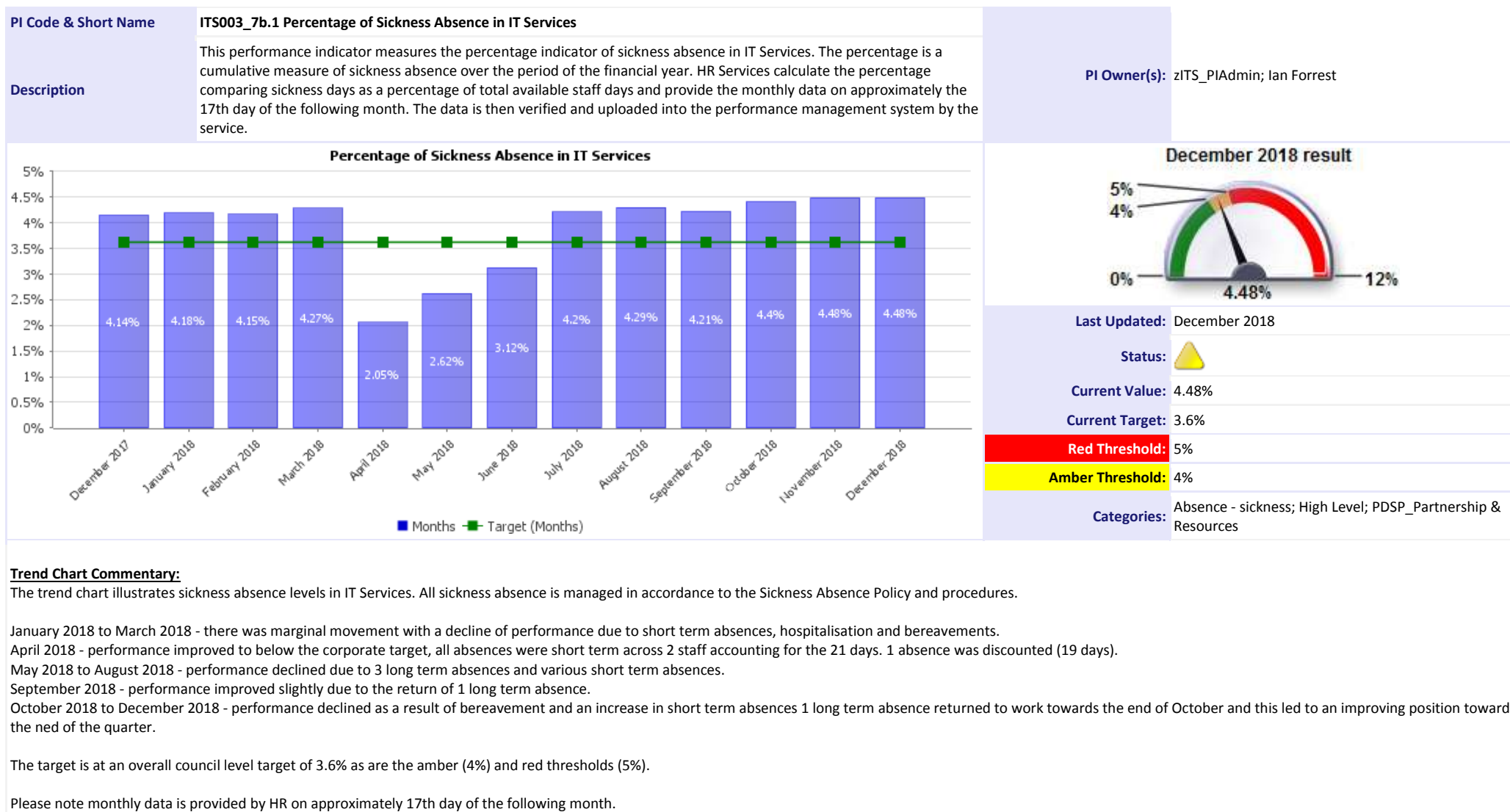
Performance to December 2018 was 0.72% (8 days) and is below the 1.5% target.

It is noted that although the council target is 3.6% the service has set a target of 1.5%.

Previous years' information is noted below to demonstrate the ongoing good performance in relation to sickness absence.



| | | |
|--|---|---|
| PI Code & Short Name | IA067_6b.4 The percentage of complaints received by Audit, Risk and Counter Fraud that were upheld or partially upheld against the total complaints closed in full | PI Owner(s): zIA_PAdmin; Kenneth Ribbons |
| Description | This Performance Indicator measures service failure of the combined level of stage 1 and stage 2 complaints shown as a percentage of complaints upheld or partially upheld against the total number of complaints received. | |
| The percentage of complaints received by Audit, Risk and Counter Fraud that were upheld or partially upheld against the total complaints closed in full | | Q3 2018/19 result N/A |
| | | Last Updated: Q3 2018/19 |
| | | Status:  |
| | | Current Value: N/A |
| | | Current Target: 42% |
| | | Red Threshold: 46.2% |
| | | Amber Threshold: 42.84% |
| | | Categories: High Level; PDSP_Partnership & Resources |
|  | | |
| <p>Trend Chart Commentary: The number of complaints received by Audit, Risk and Counter Fraud has been historically low. No complaints were received in 2017/18. No complaints have been received in Q1, Q2 or Q3 2018/19.</p> <p>A service wide complaint improvement action report is prepared on a quarterly basis and is reported to both the Head of Finance and Property Services and the Complaints Steering Board.</p> <p>The corporate target for 2018/19 is 42%.</p> | | |



Trend Chart Commentary:

The trend chart illustrates sickness absence levels in IT Services. All sickness absence is managed in accordance to the Sickness Absence Policy and procedures.

January 2018 to March 2018 - there was marginal movement with a decline of performance due to short term absences, hospitalisation and bereavements.

April 2018 - performance improved to below the corporate target, all absences were short term across 2 staff accounting for the 21 days. 1 absence was discounted (19 days).

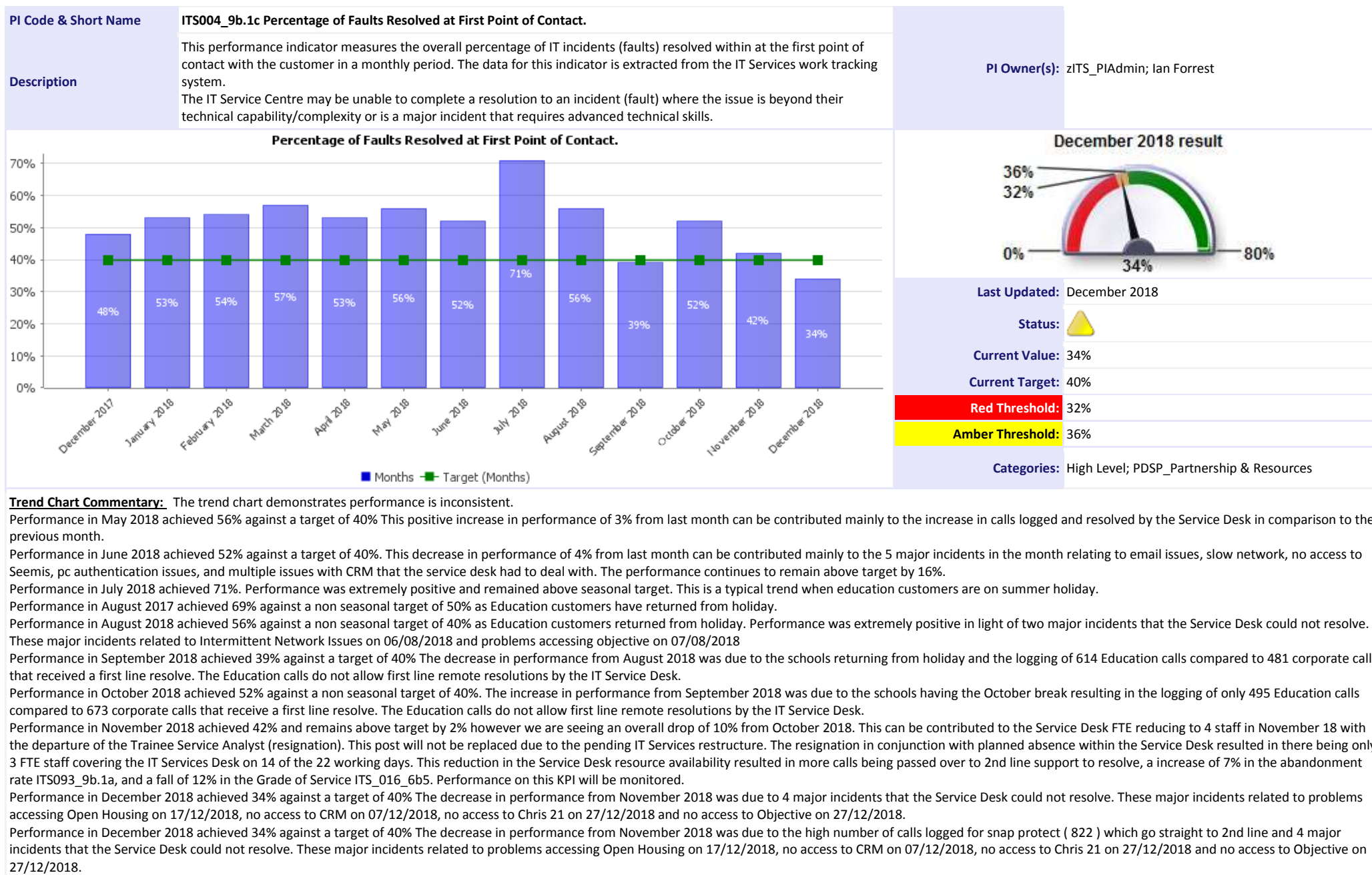
May 2018 to August 2018 - performance declined due to 3 long term absences and various short term absences.

September 2018 - performance improved slightly due to the return of 1 long term absence.

October 2018 to December 2018 - performance declined as a result of bereavement and an increase in short term absences 1 long term absence returned to work towards the end of October and this led to an improving position towards the end of the quarter.


The target is at an overall council level target of 3.6% as are the amber (4%) and red thresholds (5%).

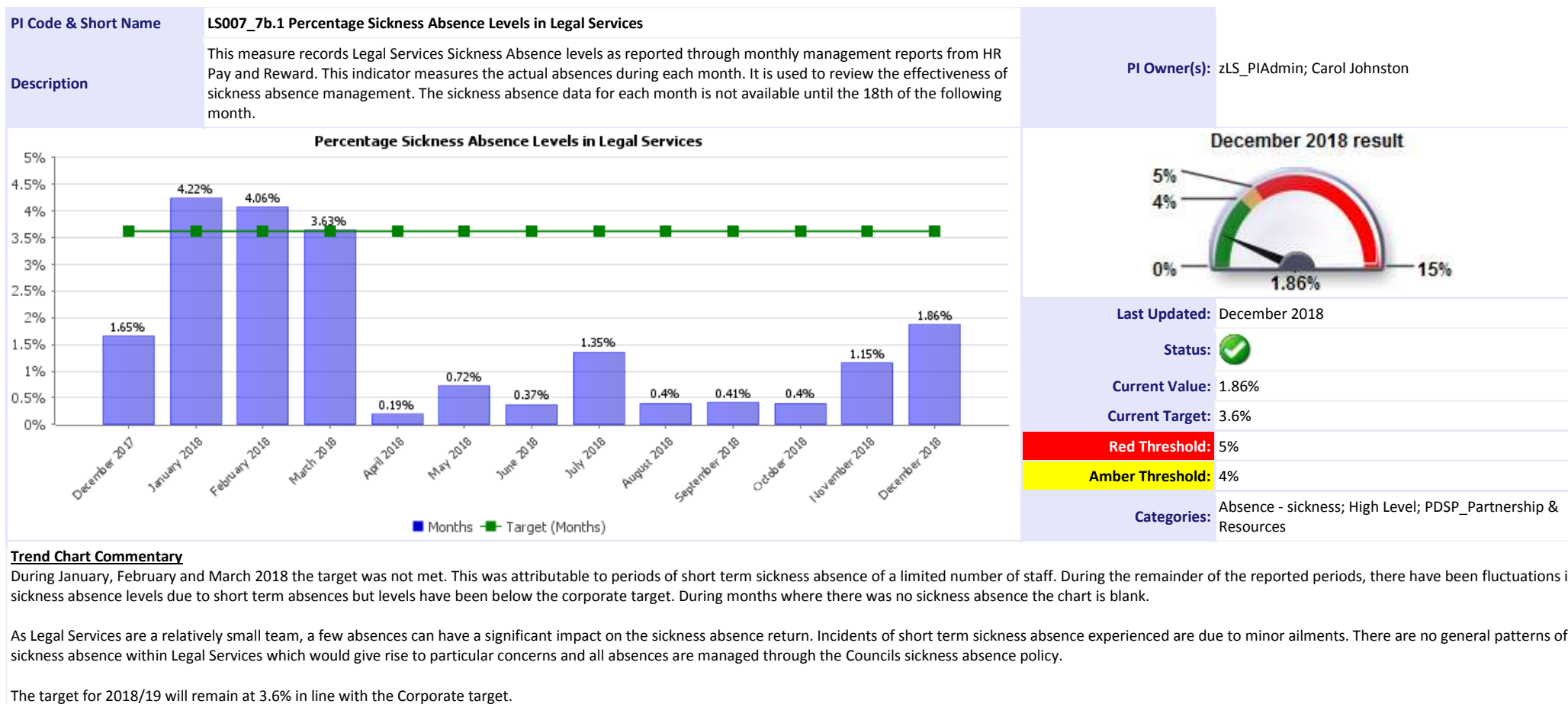
Please note monthly data is provided by HR on approximately 17th day of the following month.



| | | | | |
|---|--|--|--|--|
| PI Code & Short Name | ITS012_6a.7 Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent. | | | |
| Description | The data for this indicator is extracted from the returns that are received from the IT Services monthly survey. This survey is sent out to all customers that have had work completed (either an incident (fault) or a change request (enhancement)) by IT Services within the last full month. | | PI Owner(s): zITS_PIAAdmin; Ian Forrest | |
| | The survey asks the customer to answer 9 questions on overall satisfaction & experience. The 9th question allows a free text response. | | | |
| | The return rate is based on the total number of responses to Question 7 on the survey where the response was given as 'Good' or 'Excellent'. | | | |
| | Question 7 - Overall quality of the service we provided. | | | |
| | The survey is issued on the first working day of the new month and closes on 16th with results available to input to Covalent on 18th day of the month. | | | |
| <div><div><div>Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent.</div><div></div></div><div><div>■ Months</div><div>■ Target (Months)</div></div></div> | | | <div><div>December 2018 result</div><div></div></div> <div><div>Last Updated:</div><div>December 2018</div></div> <div><div>Status:</div><div></div></div> <div><div>Current Value:</div><div>99%</div></div> <div><div>Current Target:</div><div>98%</div></div> <div><div>Red Threshold:</div><div>91%</div></div> <div><div>Amber Threshold:</div><div>94%</div></div> <div><div>Categories:</div><div>High Level; PDSP_Partnership & Resources</div></div> | |
| <div><div>Trend Chart Commentary:</div><div>The trend chart demonstrates performance achieves 96 - 99%. The service set a target of 98% for 2018/19.</div></div> <div><div>Performance decreased from May 2018 to June 2018 by 2%. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div><div>Performance increased from June 2018 to July 2018 by 1%. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div><div>Performance from July 2018 to August 2018 remained the same at 1% below target. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div><div>Performance increased from August 2018 to September 2018 by 2% and exceeded target by 1%. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div><div>Performance decreased from September 2018 to October 2018 by 1% but still matched target. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div><div>Performance decreased from October 2018 to November 2018 by 1% and failed to meet target by 1%. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div><div>Performance increased from November 2018 to December 2018 by 2% and exceeded target by 1%. Themes and issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.</div></div> | | | | |

| PI Code & Short Name | ITS030_6b.3 Total number of complaints received by IT Services per quarter | | PI Owner(s): zITS_PIAAdmin; Ian Forrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------|---|----------|-------------------|------------|---|---|------------|---|---|------------|---|---|------------|---|---|------------|---|---|---|---------------|------------|---------|--|----------------|---|-----------------|---|----------------|---|------------------|---|-------------|--|
| Description | This performance indicator measures the total number of complaints received during each quarter relating to IT Services. Performance is reviewed on a regular basis and reported annually to ensure that there is sufficient focus on the quality and standard of customer service. The data for this performance indicator is extracted from the Customer Relationship Management (CRM) system, which is used to manage and monitor complaint handling procedures in the council. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Total number of complaints received by IT Services per quarter</div> <table border="1"><thead><tr><th>Quarter</th><th>Quarters</th><th>Target (Quarters)</th></tr></thead><tbody><tr><td>Q3 2017/18</td><td>0</td><td>0</td></tr><tr><td>Q4 2017/18</td><td>0</td><td>0</td></tr><tr><td>Q1 2018/19</td><td>0</td><td>0</td></tr><tr><td>Q2 2018/19</td><td>0</td><td>0</td></tr><tr><td>Q3 2018/19</td><td>0</td><td>0</td></tr></tbody></table> | | | Quarter | Quarters | Target (Quarters) | Q3 2017/18 | 0 | 0 | Q4 2017/18 | 0 | 0 | Q1 2018/19 | 0 | 0 | Q2 2018/19 | 0 | 0 | Q3 2018/19 | 0 | 0 | <div>Q3 2018/19 result</div> <table border="1"><tbody><tr><td>Last Updated:</td><td>Q3 2018/19</td></tr><tr><td>Status:</td><td></td></tr><tr><td>Current Value:</td><td>0</td></tr><tr><td>Current Target:</td><td>0</td></tr><tr><td>Red Threshold:</td><td>0</td></tr><tr><td>Amber Threshold:</td><td>0</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></tbody></table> | Last Updated: | Q3 2018/19 | Status: | | Current Value: | 0 | Current Target: | 0 | Red Threshold: | 0 | Amber Threshold: | 0 | Categories: | High Level; PDSP_Partnership & Resources |
| Quarter | Quarters | Target (Quarters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2017/18 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q4 2017/18 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q1 2018/19 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q2 2018/19 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Q3 2018/19 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | Q3 2018/19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | High Level; PDSP_Partnership & Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div><div>Trend Chart Commentary:</div><div>There were no complaints received by IT Services in Quarters 1, 2 or 3 of 2018/19.</div><div>There were no complaints received by IT Services in 2017/18.</div><div>The target for 2018/19 will remain as 0.</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | |
|---|--|--|---|
| PI Code & Short Name | ITS031_6b.4 Percentage of complaints received that were upheld/partially upheld | | PI Owner(s): zITS_PIAAdmin; Ian Forrest |
| Description | This performance indicator measures the overall percentage of closed complaints received by the Performance and Improvement Service that have been upheld or part upheld during each quarter. In each period, the total number of upheld and partially upheld complaints is divided by the total number of complaints closed to determine the overall percentage. The data for this performance indicator is extracted from the Customer Relationship Management (CRM) system, which is used to manage and monitor complaint handling procedures in the council. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers. | | |
| <div>Percentage of complaints received that were upheld/partially upheld</div> <div><div></div></div> <div>■ Quarters ■ Target (Quarters)</div> | | | Q3 2018/19 result N/A |
| | | | Last Updated: Q3 2018/19 |
| | | | Status:  |
| | | | Current Value: N/A |
| | | | Current Target: 0 |
| | | | Red Threshold: 0 |
| | | | Amber Threshold: 0 |
| | | | Categories: High Level; PDSP_Partnership & Resources |
| <u>Trend Chart Commentary:</u> There were no complaints received by IT Services in Quarters 1, 2 or 3 of 2018/19. There were no complaints received by IT Services in 2017/18. The target for 2018/19 will remain as 0. | | | |




Trend Chart Commentary

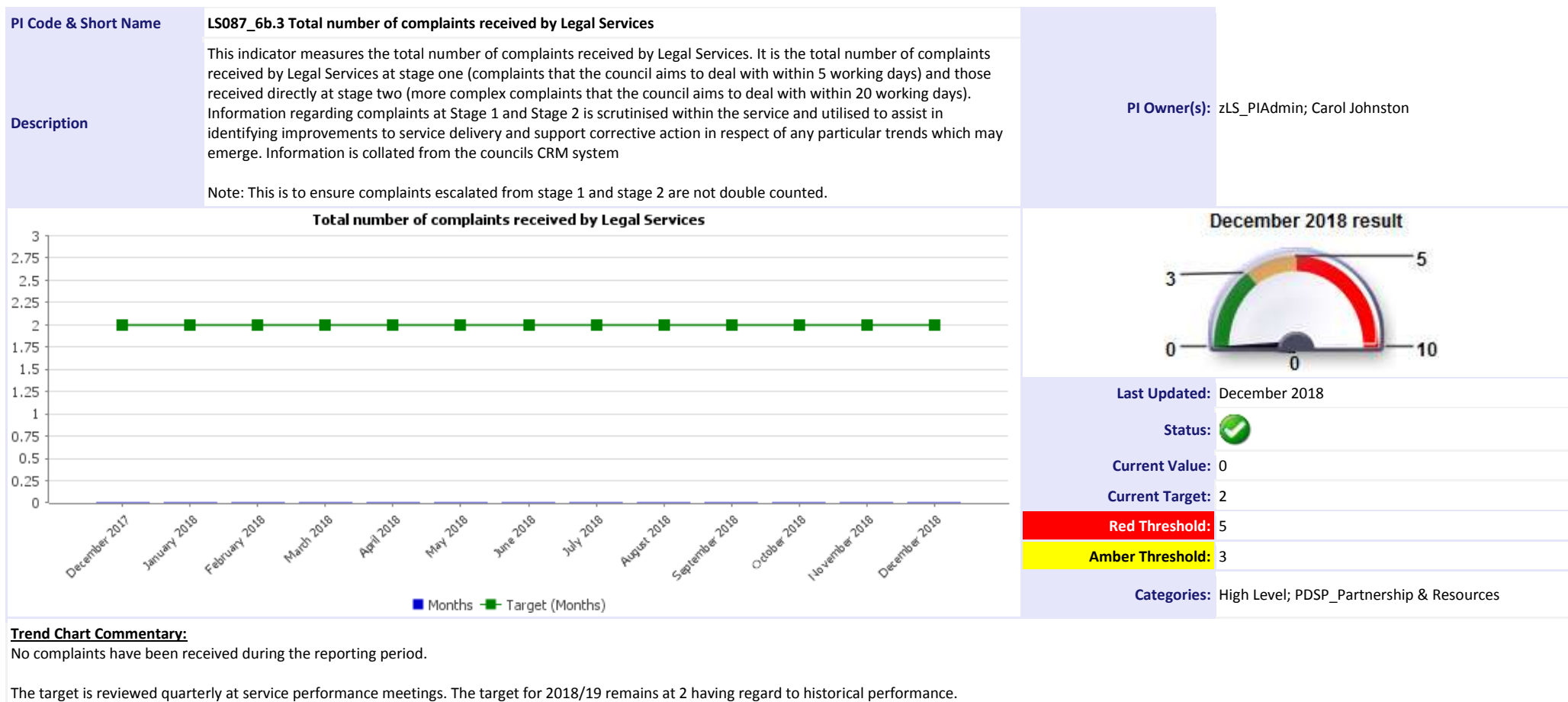
During January, February and March 2018 the target was not met. This was attributable to periods of short term sickness absence of a limited number of staff. During the remainder of the reported periods, there have been fluctuations in sickness absence levels due to short term absences but levels have been below the corporate target. During months where there was no sickness absence the chart is blank.

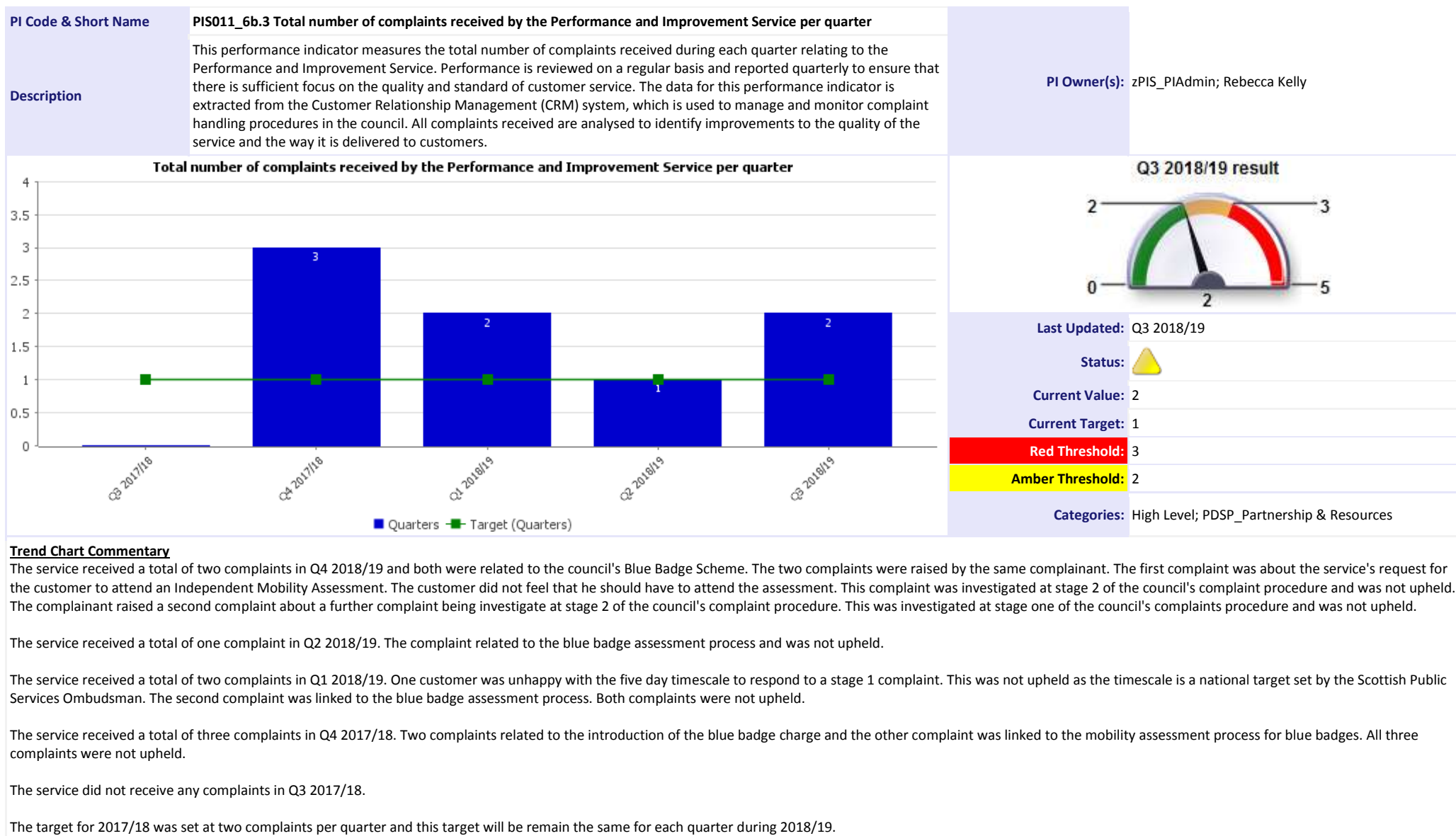
As Legal Services are a relatively small team, a few absences can have a significant impact on the sickness absence return. Incidents of short term sickness absence experienced are due to minor ailments. There are no general patterns of sickness absence within Legal Services which would give rise to particular concerns and all absences are managed through the Councils sickness absence policy.

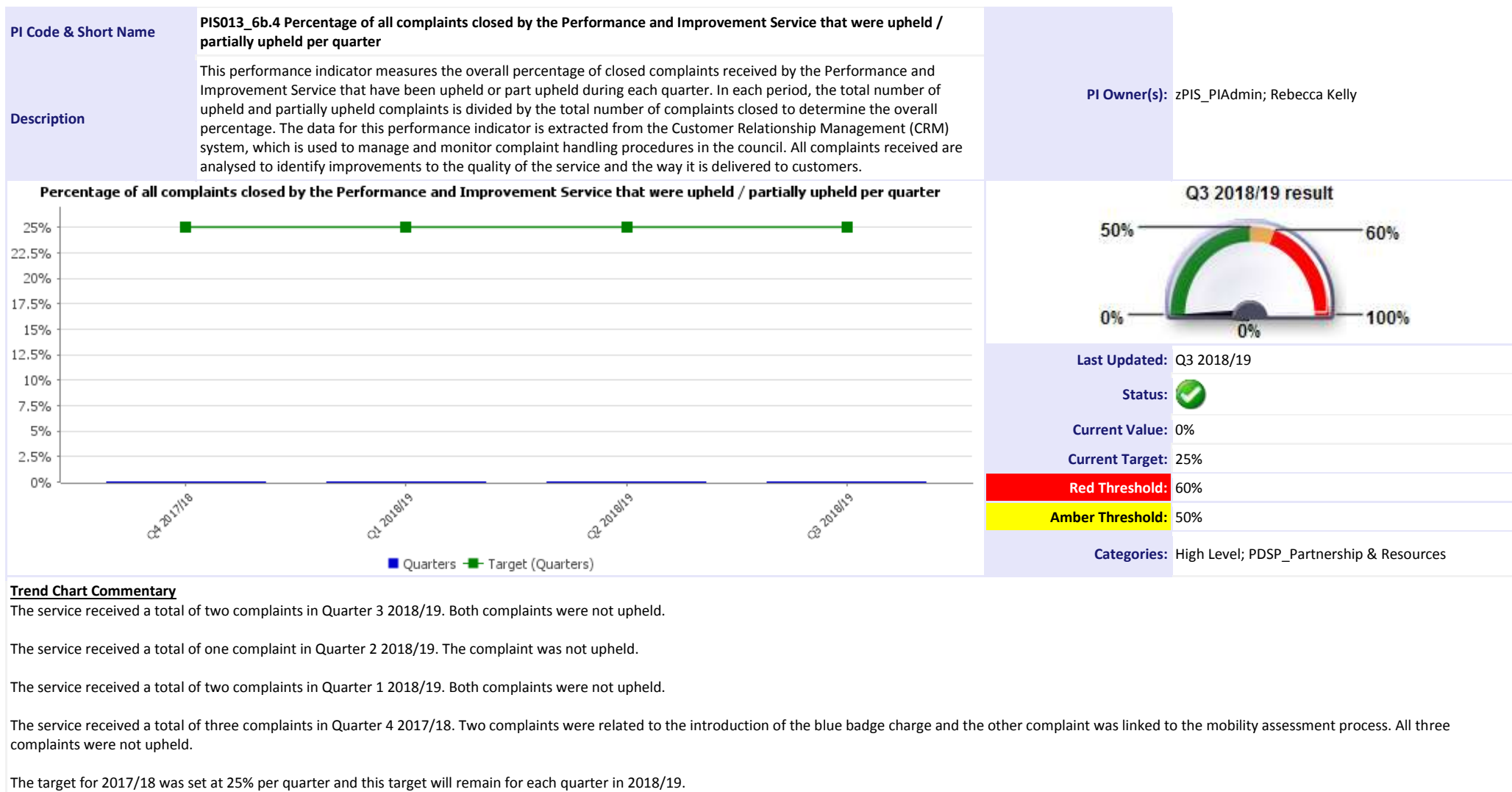
The target for 2018/19 will remain at 3.6% in line with the Corporate target.

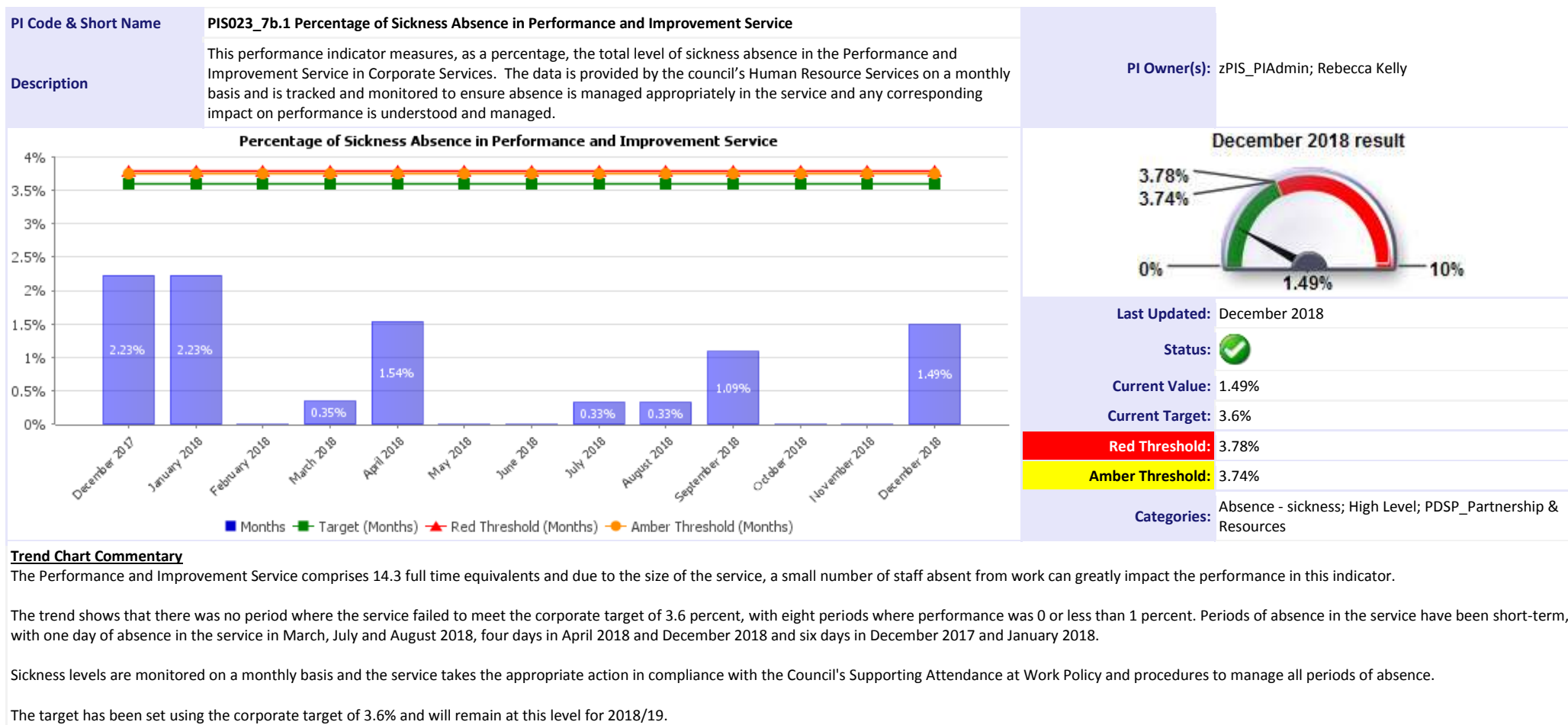
| | | |
|---|--|---|
| PI Code & Short Name | LS027_6b.4 Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld | |
| Description | <p>This performance indicator measures the overall percentage of closed complaints received by Legal Services that have been upheld or part upheld during each quarterly period. In each period, the total number of upheld and partially upheld complaints is divided by the total number of complaints closed to determine the overall percentage. The data for this performance indicator is extracted from the Customer Relationship Management (CRM) system, which is used to manage and monitor complaint handling procedures in the council. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers.</p> <p>Legal Services provides legal services to West Lothian Council including conveyancing, litigation, tribunals and inquiries, planning, transportation, social services, education, clerking to the Licensing Board, Committees, Sub-Committees, Committee Services and Civic Government & Miscellaneous Licensing.</p> | PI Owner(s): zLS_PAdmin; Carol Johnston |
| <p>Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld</p>  <p>■ Quarters ■ Target (Quarters)</p> | | Q3 2018/19 result N/A |
| | | Last Updated: Q3 2018/19 |
| | | Status: ? |
| | | Current Value: N/A |
| | | Current Target: 0% |
| | | Red Threshold: 75% |
| | | Amber Threshold: 50% |
| | | Categories: High Level; PDSP_Partnership & Resources |
| <p>Trend Chart Commentary: The trend shows that Legal Services have had no upheld complaint during the reporting period. In periods where no complaints were received the chart will show as a blank. Following review of historical performance, the target for 2018/19 is 0%</p> | | |

| PI Code & Short Name | P:LS046_6b.5 Percentage of Taxi/Private Hire Car Applications Not Granted or Refused within 90 Days . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|----------------|------------|---------------|----|----|--------------|----|----|---------------|----|----|------------|-----|-----|------------|----|----|----------|----|----|-----------|----|----|-----------|----|----|-------------|----|----|----------------|----|----|--------------|----|----|---------------|----|----|---------------|----|----|--|---------------|---------------|---------|---|----------------|----|-----------------|----|----------------|-------|------------------|-------|-------------|
| Description | <p>The Civic Government (Scotland) Act 1982 originally set a statutory deadline of 6 months for an application to be granted or refused. That deadline was extended to 9 months for applications received after 1 May 2017. The Licensing Team has set a local target of 90 days for applications to be granted or refused. The process of determining applications for a licence involve referral to and input from third party agencies. The manner in which those agencies manage their input into the process can affect the progression of the application from the point it is made, to the point it is determined. The Licensing Team has no influence over those parts of the process which rely upon third parties either in respect of timescales or outcomes. This can have an impact on overall customer satisfaction levels.</p> <p>From 2018/19 it was proposed that no further reporting would take place in relation to this public performance indicator. A new indicator is to be created to report on the determination of new hire car applications and will not include reporting in relation to renewal applications. This will provide information in relation to the timescale within which a new licence is granted and is considered to be of more relevance to potential applicants than the existing indicator. Reporting will continue until the new indicator is created.</p> | PI Owner(s): zLS_PAdmin; Audrey Watson | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <div><p>Percentage of Taxi/Private Hire Car Applications Not Granted or Refused within 90 Days .</p><table><thead><tr><th>Month</th><th>Percentage (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>December 2017</td><td>9%</td><td>9%</td></tr><tr><td>January 2018</td><td>3%</td><td>6%</td></tr><tr><td>February 2018</td><td>4%</td><td>6%</td></tr><tr><td>March 2018</td><td>12%</td><td>12%</td></tr><tr><td>April 2018</td><td>5%</td><td>6%</td></tr><tr><td>May 2018</td><td>5%</td><td>6%</td></tr><tr><td>June 2018</td><td>3%</td><td>6%</td></tr><tr><td>July 2018</td><td>7%</td><td>7%</td></tr><tr><td>August 2018</td><td>2%</td><td>6%</td></tr><tr><td>September 2018</td><td>4%</td><td>6%</td></tr><tr><td>October 2018</td><td>3%</td><td>6%</td></tr><tr><td>November 2018</td><td>3%</td><td>6%</td></tr><tr><td>December 2018</td><td>6%</td><td>6%</td></tr></tbody></table><p>■ Months ■ Target (Months)</p></div> | Month | Percentage (%) | Target (%) | December 2017 | 9% | 9% | January 2018 | 3% | 6% | February 2018 | 4% | 6% | March 2018 | 12% | 12% | April 2018 | 5% | 6% | May 2018 | 5% | 6% | June 2018 | 3% | 6% | July 2018 | 7% | 7% | August 2018 | 2% | 6% | September 2018 | 4% | 6% | October 2018 | 3% | 6% | November 2018 | 3% | 6% | December 2018 | 6% | 6% | <div><p>December 2018 result</p><table><tr><td>Last Updated:</td><td>December 2018</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>6%</td></tr><tr><td>Current Target:</td><td>6%</td></tr><tr><td>Red Threshold:</td><td>6.66%</td></tr><tr><td>Amber Threshold:</td><td>6.42%</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PPR Public Performance Reporting</td></tr></table></div> | Last Updated: | December 2018 | Status: | ✓ | Current Value: | 6% | Current Target: | 6% | Red Threshold: | 6.66% | Amber Threshold: | 6.42% | Categories: |
| Month | Percentage (%) | Target (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December 2017 | 9% | 9% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January 2018 | 3% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February 2018 | 4% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 2018 | 12% | 12% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April 2018 | 5% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 2018 | 5% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June 2018 | 3% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July 2018 | 7% | 7% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August 2018 | 2% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September 2018 | 4% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October 2018 | 3% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November 2018 | 3% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December 2018 | 6% | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | December 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 6.66% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 6.42% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Trend Chart Commentary:</p> <p>From time to time there have been fluctuations in the number of applications which were granted or refused outwith the 90 day period. The trend evidences that with the exception of December 2017 and March and July 2018, the target has been met. The target was reviewed at the commencement of the 2017/18 reporting period, and having regard to historical fluctuations in performance, was unchanged. During the months when the target was not met the process of determining applications was impacted by delays introduced into the process by third parties or by the committee process. Those applications which were not determined within 90 days were determined within the statutory timescale.</p> <p>The 2018/19 target is 6% having regard to historical fluctuations in performance this is a reasonable but challenging target. A new indicator reporting on hire car applications will be developed for 2018/19 and this indicator will be archived as being of little relevance.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |









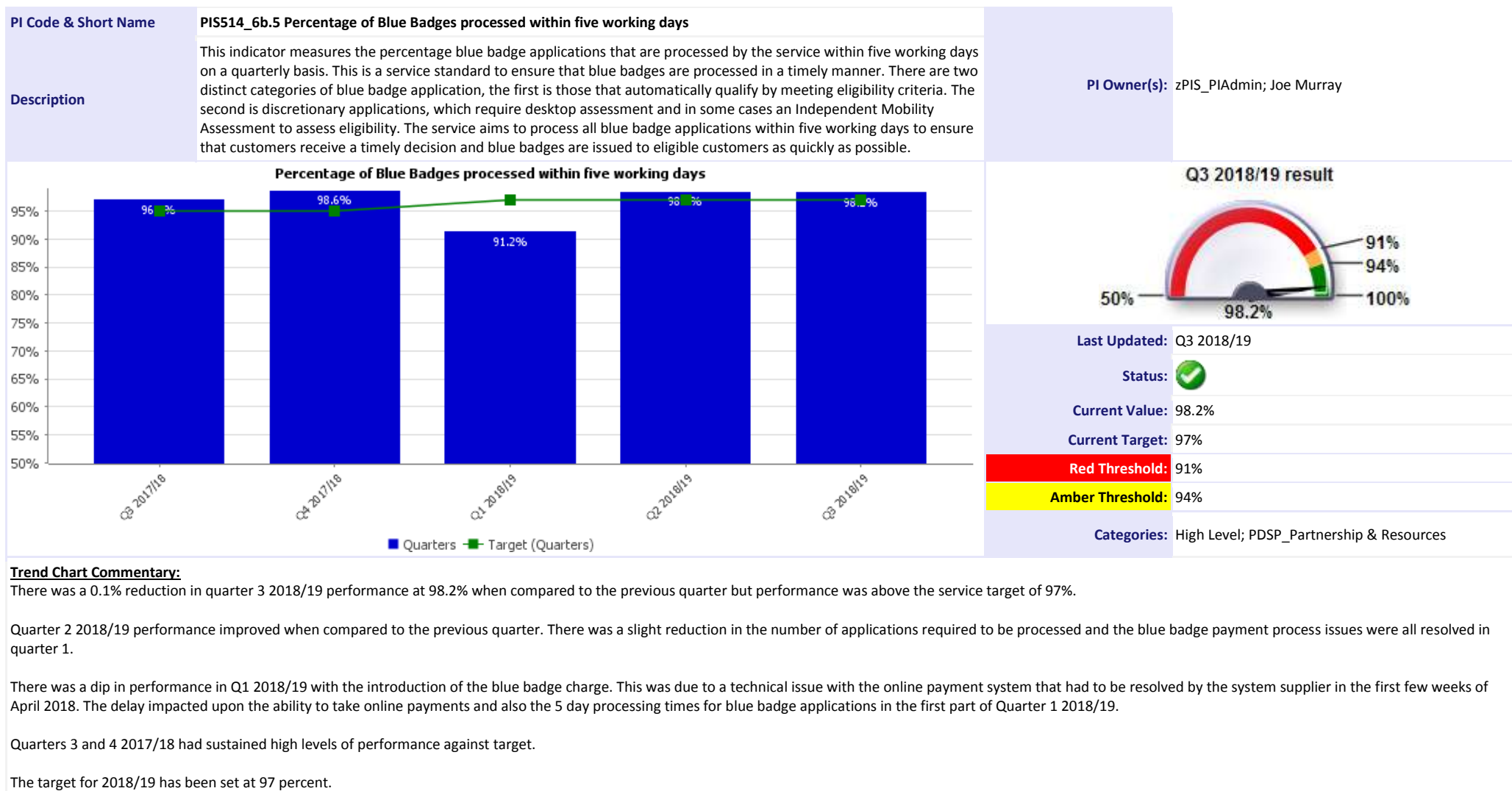
Trend Chart Commentary

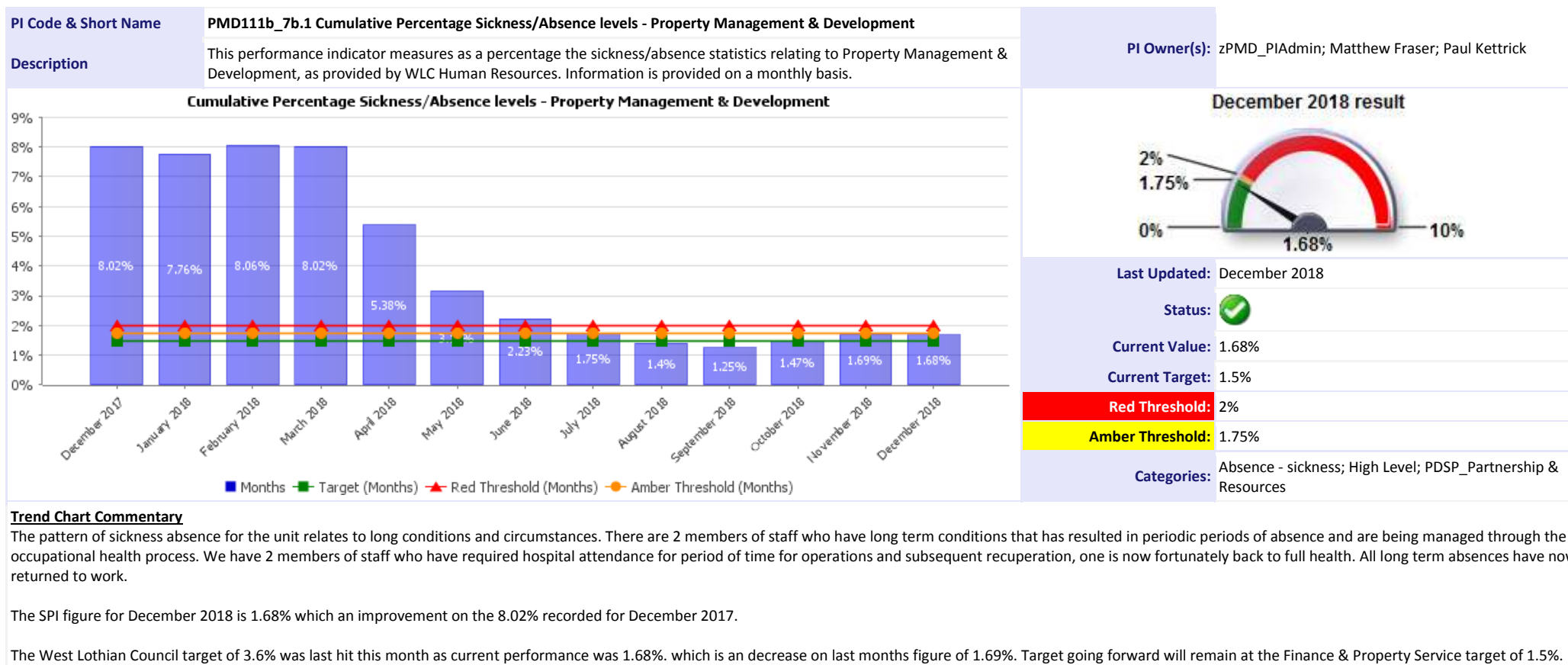
The Performance and Improvement Service comprises 14.3 full time equivalents and due to the size of the service, a small number of staff absent from work can greatly impact the performance in this indicator.

The trend shows that there was no period where the service failed to meet the corporate target of 3.6 percent, with eight periods where performance was 0 or less than 1 percent. Periods of absence in the service have been short-term, with one day of absence in the service in March, July and August 2018, four days in April 2018 and December 2018 and six days in December 2017 and January 2018.

Sickness levels are monitored on a monthly basis and the service takes the appropriate action in compliance with the Council's Supporting Attendance at Work Policy and procedures to manage all periods of absence.

The target has been set using the corporate target of 3.6% and will remain at this level for 2018/19.



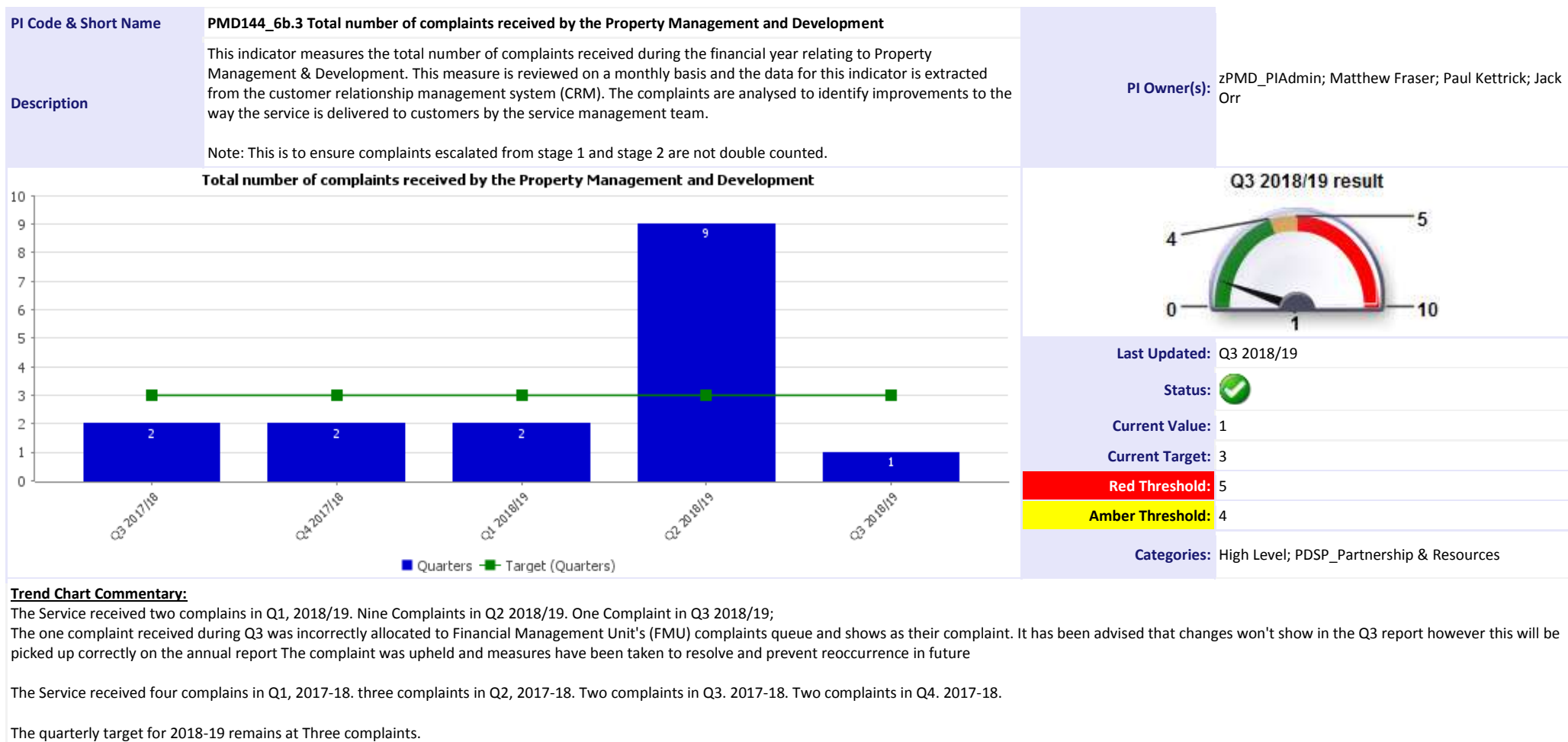


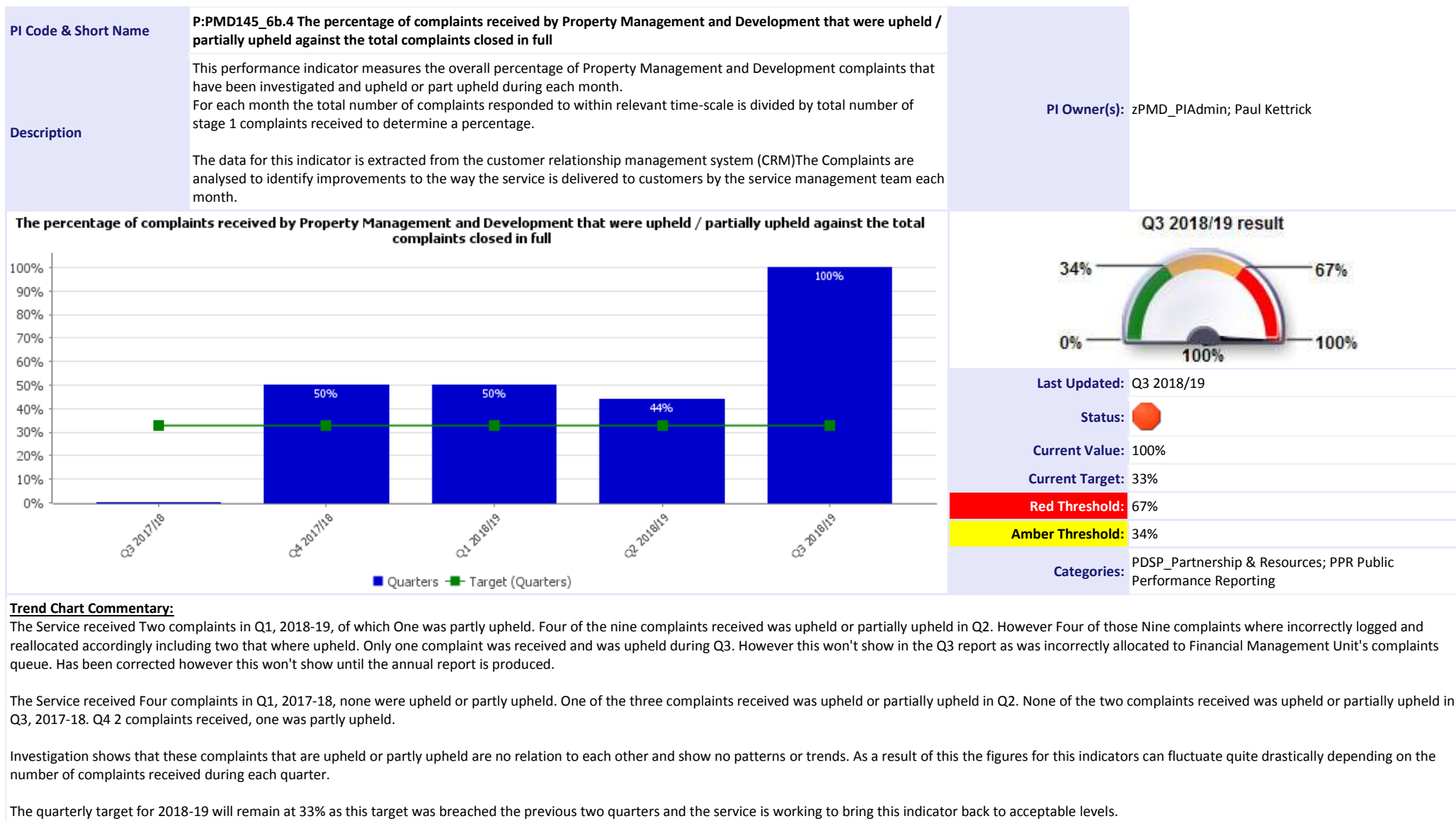
Trend Chart Commentary

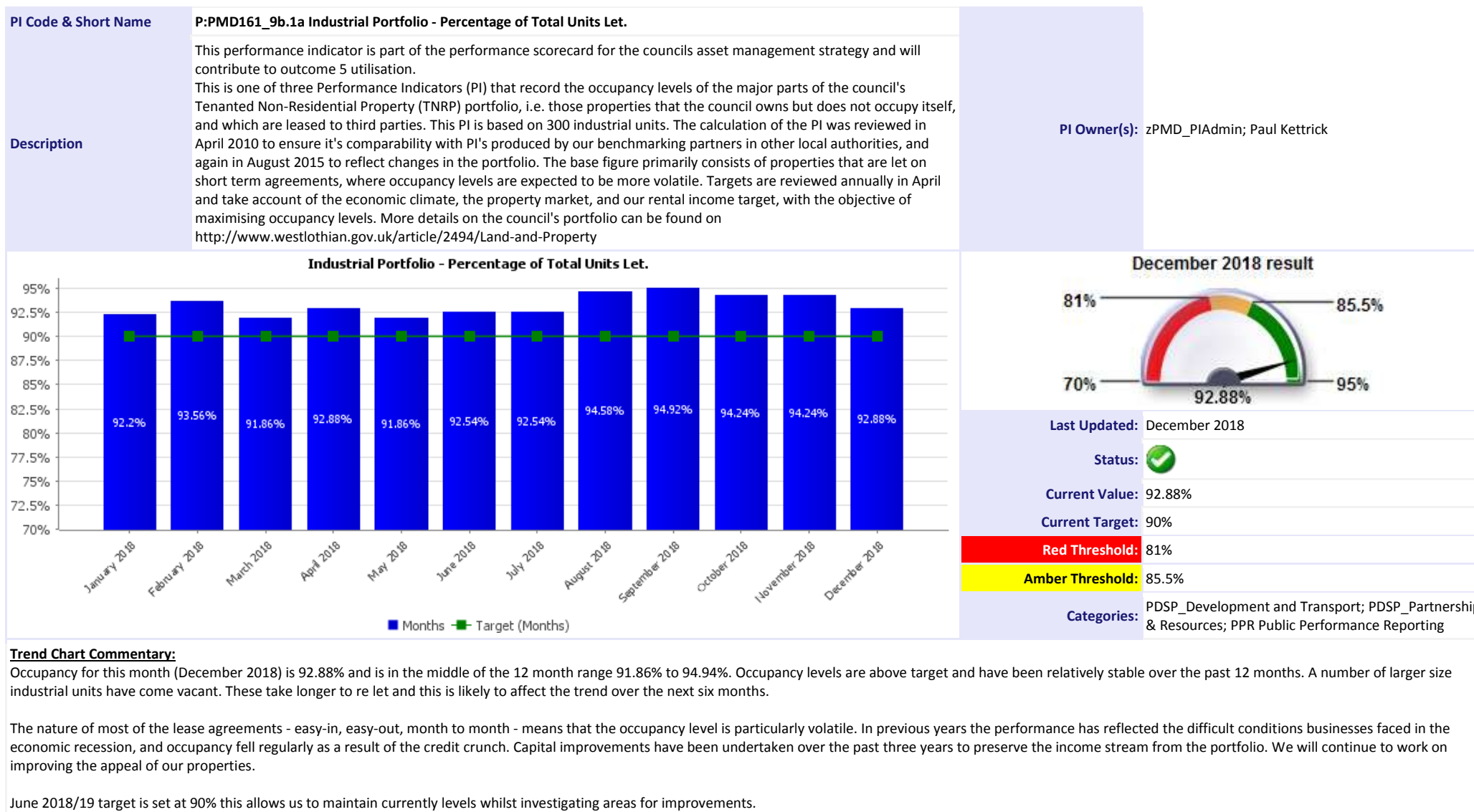
The pattern of sickness absence for the unit relates to long conditions and circumstances. There are 2 members of staff who have long term conditions that has resulted in periodic periods of absence and are being managed through the occupational health process. We have 2 members of staff who have required hospital attendance for period of time for operations and subsequent recuperation, one is now fortunately back to full health. All long term absences have now returned to work.

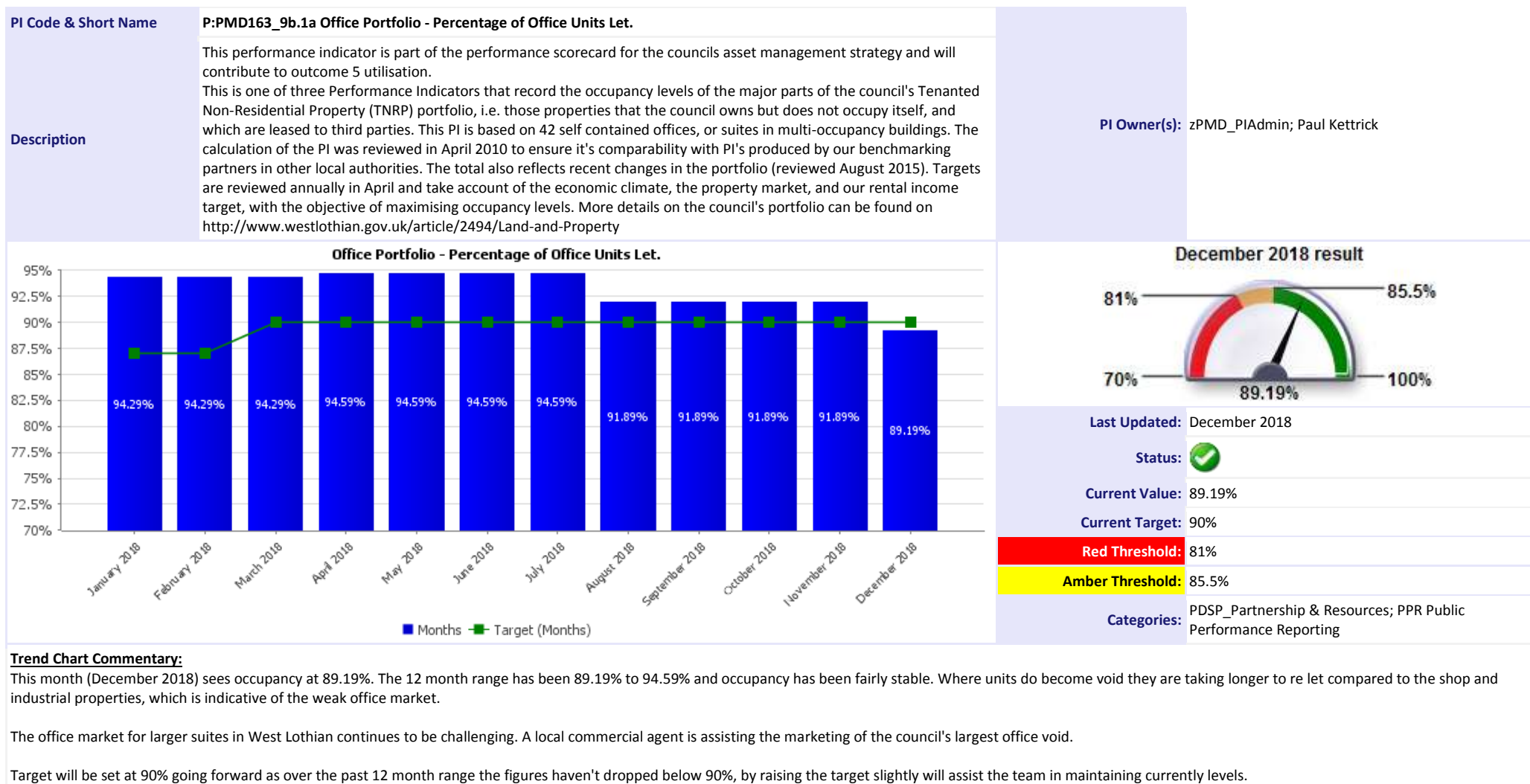
The SPI figure for December 2018 is 1.68% which an improvement on the 8.02% recorded for December 2017.

The West Lothian Council target of 3.6% was last hit this month as current performance was 1.68%. which is an decrease on last months figure of 1.69%. Target going forward will remain at the Finance & Property Service target of 1.5%.

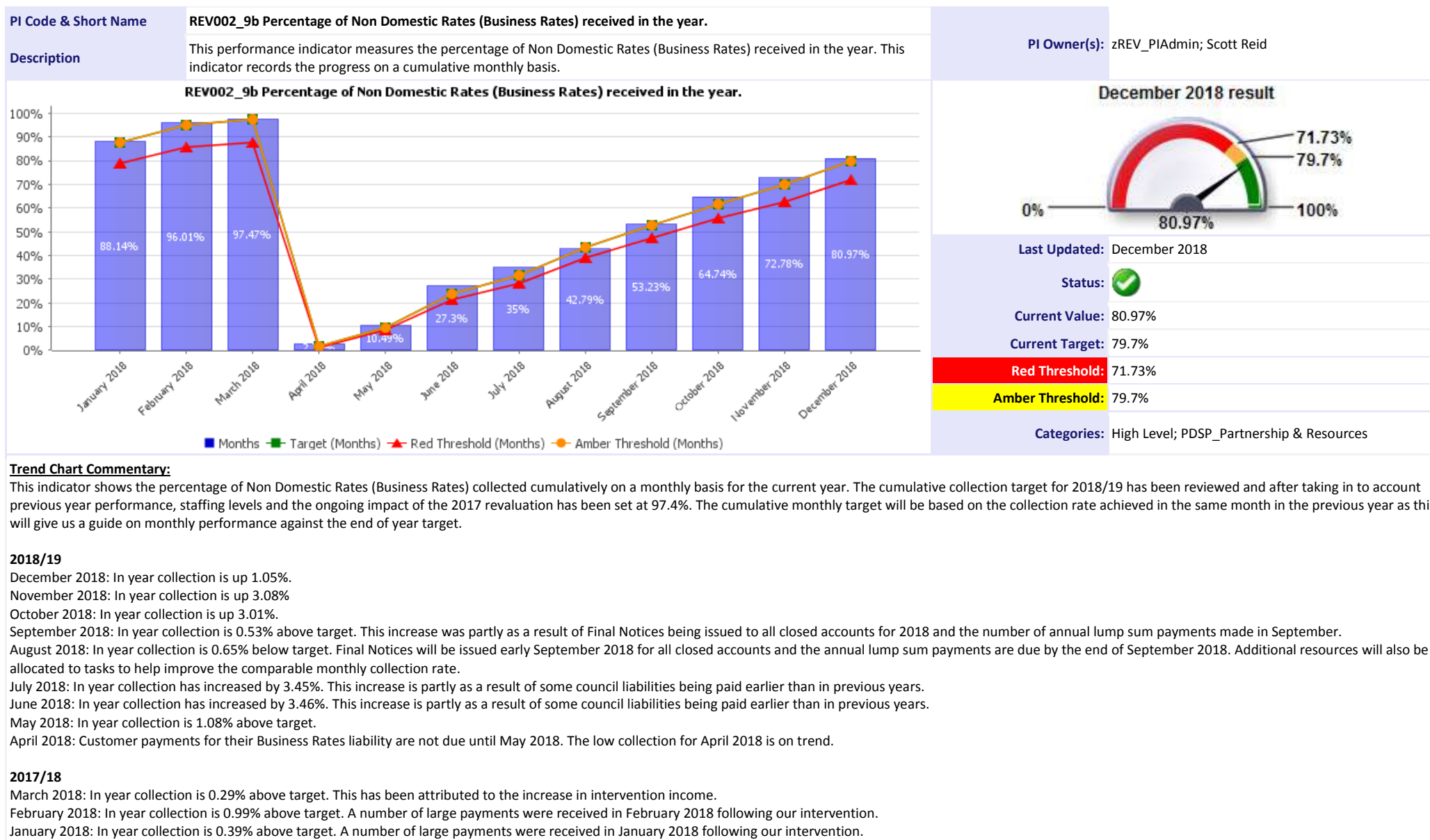


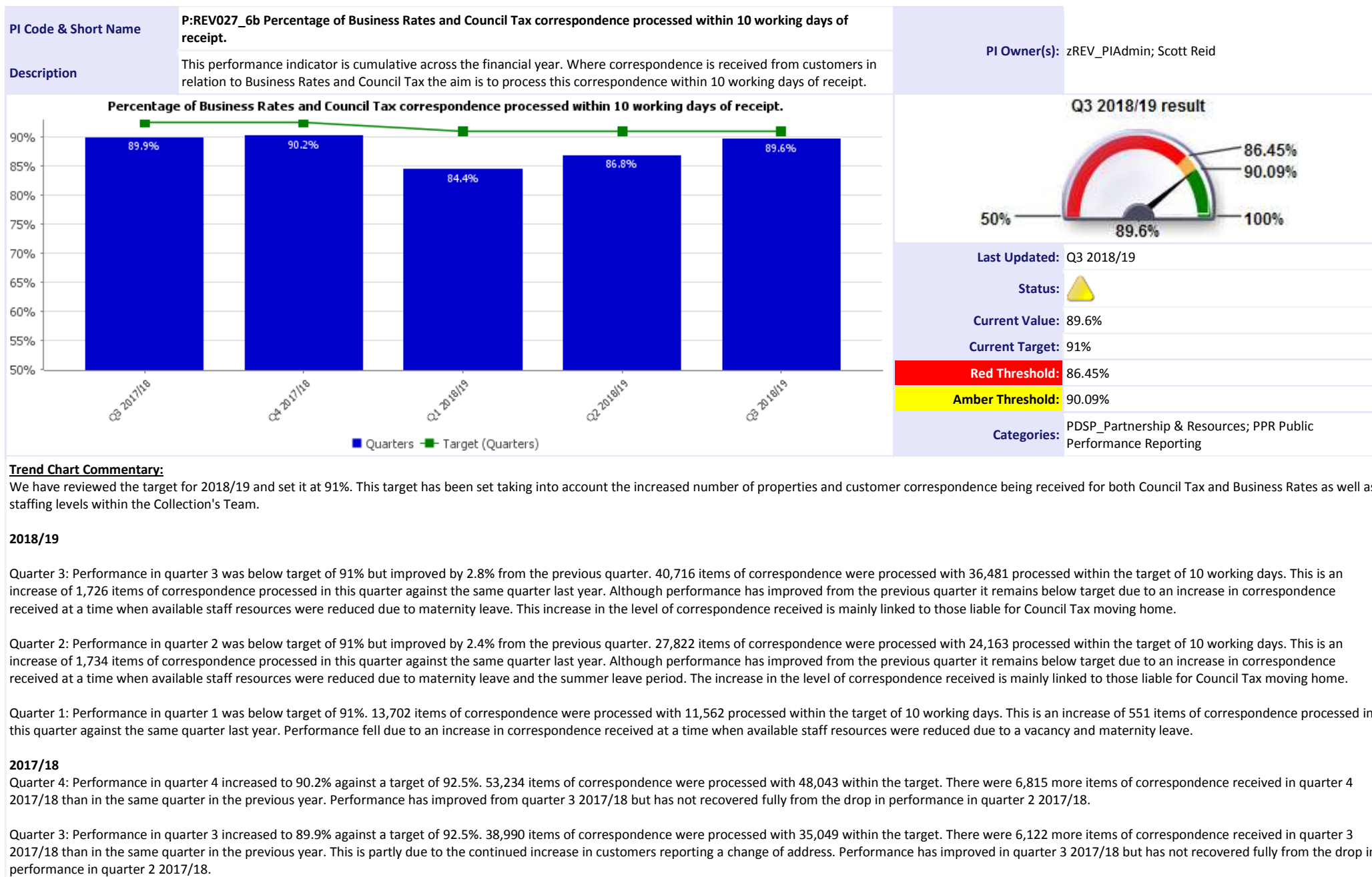


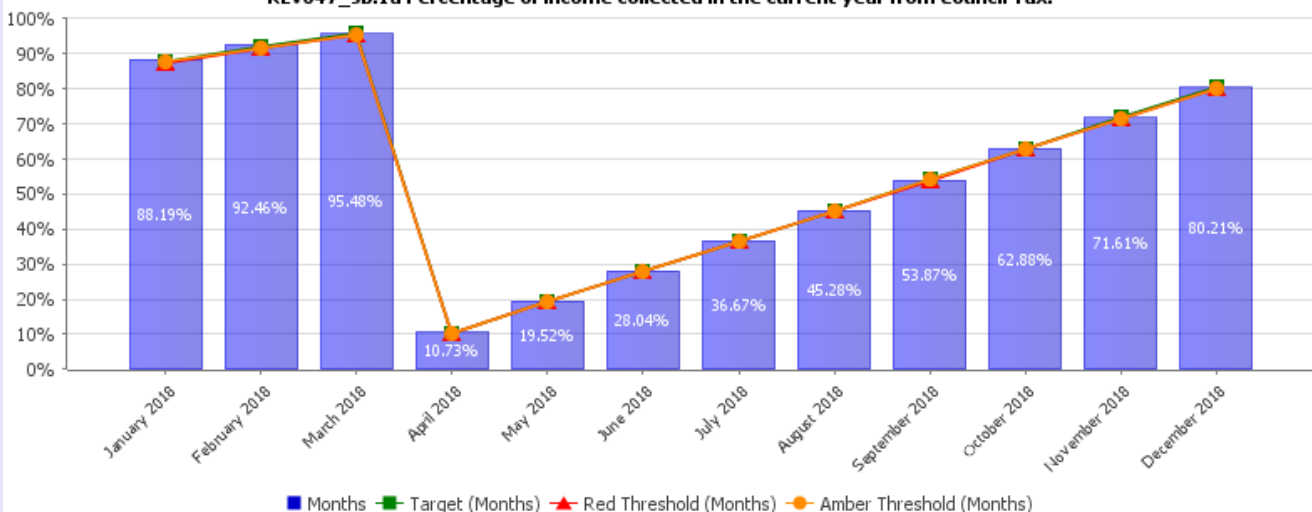



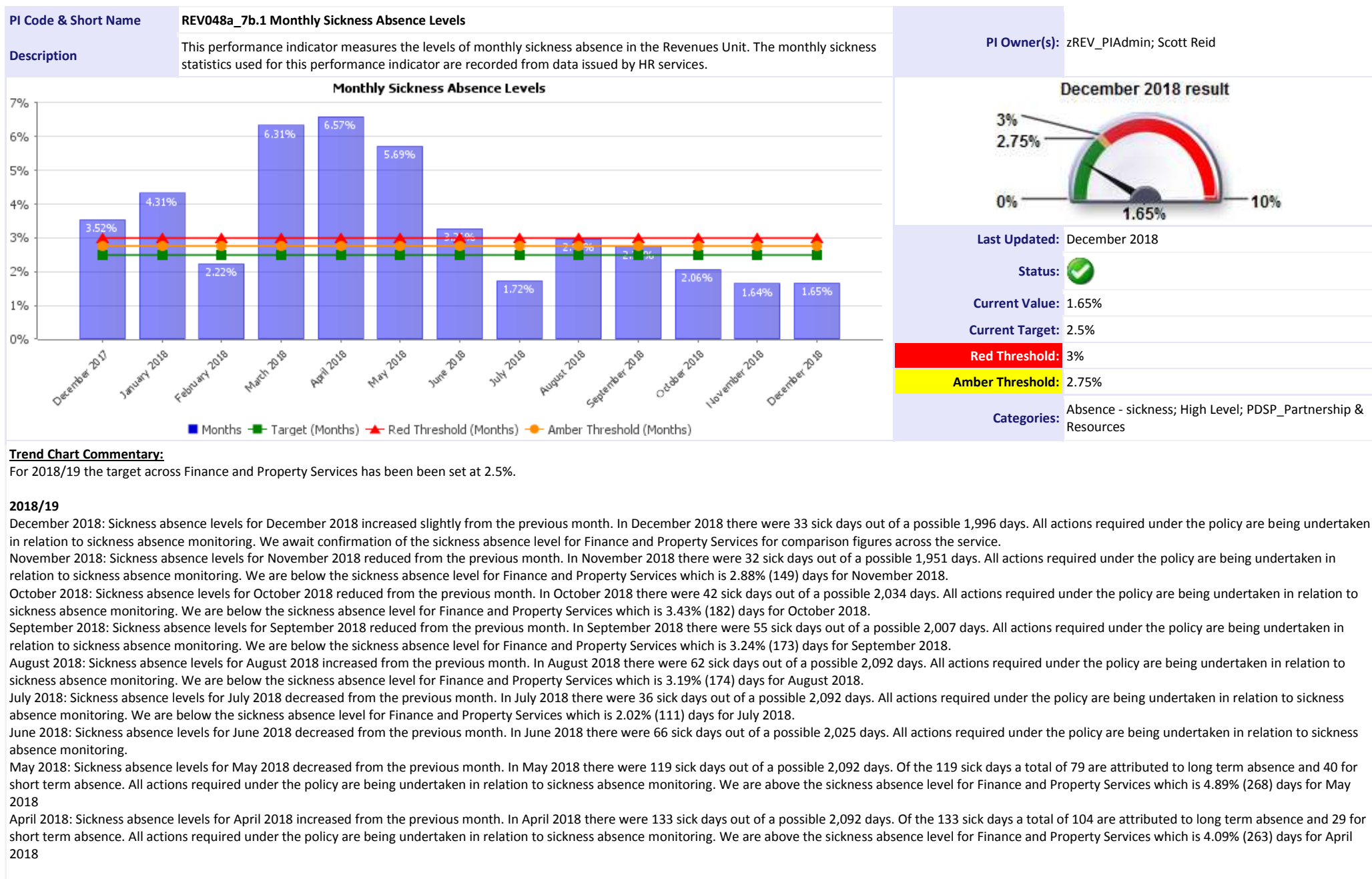


| PI Code & Short Name | P:PMD164_9b.1c Percentage of rent outstanding for commercial property, (Current debt). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|----------------|--------------|----|---------------|-------|------------|-------|------------|-------|----------|-------|-----------|-------|-----------|-------|-------------|-------|----------------|-------|--------------|-------|---------------|-------|---|---------------|---------------|---------|---|----------------|-------|-----------------|----|----------------|----|------------------|------|-------------|--|
| Description | This Performance Indicator (PI) measures the amount of current debt from the council's Tenanted Non-Residential Property (i.e. commercial) portfolio. Current debt is considered to be rent due from an existing tenant that has been outstanding for over 30 days, expressed as a percentage of the total rental income billed. The portfolio comprises those properties that the council owns, but does not occupy for direct service delivery, and totals almost 700 properties, including shops, offices, and industrial units. | | PI Owner(s): zPMD_PIAAdmin; Paul Kettrick | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Targets have been set in consultation with our benchmarking partners in other councils and reflect commercial levels. They are also considered against other council revenue income / debt levels. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Percentage of rent outstanding for commercial property, (Current debt).</div> <table><thead><tr><th>Month</th><th>Percentage (%)</th></tr></thead><tbody><tr><td>January 2018</td><td>5%</td></tr><tr><td>February 2018</td><td>3.71%</td></tr><tr><td>March 2018</td><td>4.34%</td></tr><tr><td>April 2018</td><td>2.31%</td></tr><tr><td>May 2018</td><td>3.42%</td></tr><tr><td>June 2018</td><td>3.89%</td></tr><tr><td>July 2018</td><td>3.97%</td></tr><tr><td>August 2018</td><td>3.64%</td></tr><tr><td>September 2018</td><td>3.84%</td></tr><tr><td>October 2018</td><td>4.58%</td></tr><tr><td>November 2018</td><td>4.26%</td></tr></tbody></table> | | | Month | Percentage (%) | January 2018 | 5% | February 2018 | 3.71% | March 2018 | 4.34% | April 2018 | 2.31% | May 2018 | 3.42% | June 2018 | 3.89% | July 2018 | 3.97% | August 2018 | 3.64% | September 2018 | 3.84% | October 2018 | 4.58% | November 2018 | 4.26% | <div>November 2018 result</div> <table><tr><td>Last Updated:</td><td>November 2018</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>4.26%</td></tr><tr><td>Current Target:</td><td>4%</td></tr><tr><td>Red Threshold:</td><td>5%</td></tr><tr><td>Amber Threshold:</td><td>4.5%</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PPR Public Performance Reporting</td></tr></table> | Last Updated: | November 2018 | Status: | ✓ | Current Value: | 4.26% | Current Target: | 4% | Red Threshold: | 5% | Amber Threshold: | 4.5% | Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting |
| Month | Percentage (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January 2018 | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February 2018 | 3.71% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 2018 | 4.34% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April 2018 | 2.31% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 2018 | 3.42% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June 2018 | 3.89% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July 2018 | 3.97% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August 2018 | 3.64% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September 2018 | 3.84% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October 2018 | 4.58% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November 2018 | 4.26% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | November 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 4.26% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 4% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 4.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | PDSP_Partnership & Resources; PPR Public Performance Reporting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>Trend Chart Commentary:</div> <p>The debt level for November 2018 has decreased to 4.26%, but still above target of 4%.</p> <p>PM&D have established a debt recovery / rent arrears group led by the Corporate Estates Manager and involving other services (Revenues and Financial Management) to improve the recovery of debts. The council has a number of debtors already being progressed via Sheriff Officers.</p> <p>Although the majority of payments are monthly, regular variations are to be expected from both quarterly and six monthly cycles, reflecting the timing and method of payment of rent by some tenants, i.e. where payments are for three or six month periods. This is particularly evident in older and longer leases where payments are not collected by Direct Debit, unlike the monthly payments. As a result we expect fluctuation after the annual, quarterly and six monthly payments become due. Internal and partner agreements are also regularly late in payment due to the "soft nature" of debt collection on these.</p> <p>Target for December 2018/19 is set at 4% and reflects the unit targeting to improve these results in the future.</p> <p>Unable to provide December figures at this time as process requires Revenues Unit to confirm they have allocated payments. Normally completed by 10th of the month due to festive break December figures are normally produced around the 2nd half of the month.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |





| PI Code & Short Name | REV047_9b.1a Percentage of income collected in the current year from Council Tax. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|-----------------------|---------------------|-------------------|---------------------|--------------|--------|--------|--------|--------|---------------|--------|--------|--------|--------|------------|--------|--------|--------|--------|------------|--------|--------|--------|--------|----------|--------|--------|--------|--------|-----------|--------|--------|--------|--------|-----------|--------|--------|--------|--------|-------------|--------|--------|--------|--------|----------------|--------|--------|--------|--------|--------------|--------|--------|--------|--------|---------------|--------|--------|--------|--------|---------------|--------|--------|--------|--------|---|---------------|---------------|---------|---|----------------|--------|-----------------|--------|----------------|--------|------------------|--------|-------------|--|
| Description | This performance indicator measures the monthly cumulative percentage collected in the current year for Council Tax and enables the Revenues Unit to monitor performance in order to carry out any adjustments to achieve the target. Whilst recovery action to collect all previous year debt continues, in year collection is a recognised benchmark standard. The benchmark data for the in year collection is captured in the performance indicator SCorp 07. | PI Owner(s): zREV_PAdmin; Scott Reid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>REV047_9b.1a Percentage of income collected in the current year from Council Tax.</div>  <table><thead><tr><th>Month</th><th>Actual Collection (%)</th><th>Target (%)</th><th>Red Threshold (%)</th><th>Amber Threshold (%)</th></tr></thead><tbody><tr><td>January 2018</td><td>88.19%</td><td>95.48%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>February 2018</td><td>92.46%</td><td>95.48%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>March 2018</td><td>95.48%</td><td>95.48%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>April 2018</td><td>10.73%</td><td>19.52%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>May 2018</td><td>19.52%</td><td>28.04%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>June 2018</td><td>28.04%</td><td>36.67%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>July 2018</td><td>36.67%</td><td>45.28%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>August 2018</td><td>45.28%</td><td>53.87%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>September 2018</td><td>53.87%</td><td>62.88%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>October 2018</td><td>62.88%</td><td>71.61%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>November 2018</td><td>71.61%</td><td>80.21%</td><td>79.83%</td><td>79.99%</td></tr><tr><td>December 2018</td><td>80.21%</td><td>80.21%</td><td>79.83%</td><td>79.99%</td></tr></tbody></table> <p>■ Months ■ Target (Months) ★ Red Threshold (Months) ◆ Amber Threshold (Months)</p> | | Month | Actual Collection (%) | Target (%) | Red Threshold (%) | Amber Threshold (%) | January 2018 | 88.19% | 95.48% | 79.83% | 79.99% | February 2018 | 92.46% | 95.48% | 79.83% | 79.99% | March 2018 | 95.48% | 95.48% | 79.83% | 79.99% | April 2018 | 10.73% | 19.52% | 79.83% | 79.99% | May 2018 | 19.52% | 28.04% | 79.83% | 79.99% | June 2018 | 28.04% | 36.67% | 79.83% | 79.99% | July 2018 | 36.67% | 45.28% | 79.83% | 79.99% | August 2018 | 45.28% | 53.87% | 79.83% | 79.99% | September 2018 | 53.87% | 62.88% | 79.83% | 79.99% | October 2018 | 62.88% | 71.61% | 79.83% | 79.99% | November 2018 | 71.61% | 80.21% | 79.83% | 79.99% | December 2018 | 80.21% | 80.21% | 79.83% | 79.99% | <div>December 2018 result</div>  <table><tbody><tr><td>Last Updated:</td><td>December 2018</td></tr><tr><td>Status:</td><td>✔</td></tr><tr><td>Current Value:</td><td>80.21%</td></tr><tr><td>Current Target:</td><td>80.23%</td></tr><tr><td>Red Threshold:</td><td>79.83%</td></tr><tr><td>Amber Threshold:</td><td>79.99%</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></tbody></table> | Last Updated: | December 2018 | Status: | ✔ | Current Value: | 80.21% | Current Target: | 80.23% | Red Threshold: | 79.83% | Amber Threshold: | 79.99% | Categories: | High Level; PDSP_Partnership & Resources |
| Month | Actual Collection (%) | Target (%) | Red Threshold (%) | Amber Threshold (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January 2018 | 88.19% | 95.48% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February 2018 | 92.46% | 95.48% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March 2018 | 95.48% | 95.48% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April 2018 | 10.73% | 19.52% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May 2018 | 19.52% | 28.04% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June 2018 | 28.04% | 36.67% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July 2018 | 36.67% | 45.28% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| August 2018 | 45.28% | 53.87% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September 2018 | 53.87% | 62.88% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October 2018 | 62.88% | 71.61% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November 2018 | 71.61% | 80.21% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December 2018 | 80.21% | 80.21% | 79.83% | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Updated: | December 2018 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status: | ✔ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Value: | 80.21% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Target: | 80.23% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Red Threshold: | 79.83% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amber Threshold: | 79.99% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Categories: | High Level; PDSP_Partnership & Resources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Trend Chart Commentary: This indicator shows the percentage of Council Tax collected cumulatively on a monthly basis for the current year. The cumulative collection target for 2018/19 has been reviewed and after taking in to account previous year performance, staffing levels and the impact of the increased collection as a result of the implementation of Water Direct has been set at 95.4%. The cumulative monthly target will be based on the collection rate achieved in the same month in the previous year as this will give us a guide on monthly performance against the end of year target.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2018/19</p> <p>December 2018: In year collection is down 0.02% below target. This is as a result of a reduction in customers paying by direct debit and an issue with a payment file for 24 December.</p> <p>November 2018: In year collection is 0.08% above the target.</p> <p>October 2018: In year collection is 0.02% above the target.</p> <p>September 2018: In year collection is 0.21% below target. In comparison to last year there has been a drop in income from the DWP for Water Direct payments of approximately £50,000 and although the payments in relation to the council's liability for homeless and supported accommodation properties were authorised, payment allocation to the accounts were not processed before the end of September 2018.</p> <p>August 2018: In year collection is 0.06% above the target. The increase in collection has been attributed to the level of customers paying by direct debit.</p> <p>July 2018: In year collection is 0.13% above the target. The increase in collection has been attributed to the increased level of customers paying by direct debit.</p> <p>June 2018: In year collection is 0.14% above the target. The increase in collection has been attributed to the increased level of customers paying by direct debit.</p> <p>May 2018: In year collection is 0.20% above the target. The increase in collection has been attributed to the increased level of customers paying by direct debit.</p> <p>April 2018: In year collection is 0.33% above the target. The increase in collection has been attributed to the increased level of customers paying by direct debit.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2017/18</p> <p>March 2018: In year collection is up 95.48% and is 0.42% above the target. The increase in collection has been attributed to increased income through the implementation of Water Direct and a high level of customers paying by direct debit.</p> <p>February 2018: In year collection is up 92.46% and is 0.67% above the target. The increase in collection has been attributed to increased income through the implementation of Water Direct and a high level of customers paying by direct debit</p> <p>January 2018: In year collection is up 88.19% and is 0.50% above the target. The increase in collection has been attributed to increased income through the implementation of Water Direct and a high level of customers paying by direct debit</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



Trend Chart Commentary:

For 2018/19 the target across Finance and Property Services has been set at 2.5%.

2018/19

December 2018: Sickness absence levels for December 2018 increased slightly from the previous month. In December 2018 there were 33 sick days out of a possible 1,996 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We await confirmation of the sickness absence level for Finance and Property Services for comparison figures across the service.

November 2018: Sickness absence levels for November 2018 reduced from the previous month. In November 2018 there were 32 sick days out of a possible 1,951 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are below the sickness absence level for Finance and Property Services which is 2.88% (149) days for November 2018.

October 2018: Sickness absence levels for October 2018 reduced from the previous month. In October 2018 there were 42 sick days out of a possible 2,034 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are below the sickness absence level for Finance and Property Services which is 3.43% (182) days for October 2018.

September 2018: Sickness absence levels for September 2018 reduced from the previous month. In September 2018 there were 55 sick days out of a possible 2,007 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are below the sickness absence level for Finance and Property Services which is 3.24% (173) days for September 2018.

August 2018: Sickness absence levels for August 2018 increased from the previous month. In August 2018 there were 62 sick days out of a possible 2,092 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are below the sickness absence level for Finance and Property Services which is 3.19% (174) days for August 2018.

July 2018: Sickness absence levels for July 2018 decreased from the previous month. In July 2018 there were 36 sick days out of a possible 2,092 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are below the sickness absence level for Finance and Property Services which is 2.02% (111) days for July 2018.

June 2018: Sickness absence levels for June 2018 decreased from the previous month. In June 2018 there were 66 sick days out of a possible 2,025 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

May 2018: Sickness absence levels for May 2018 decreased from the previous month. In May 2018 there were 119 sick days out of a possible 2,092 days. Of the 119 sick days a total of 79 are attributed to long term absence and 40 for short term absence. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are above the sickness absence level for Finance and Property Services which is 4.09% (263) days for May 2018

April 2018: Sickness absence levels for April 2018 increased from the previous month. In April 2018 there were 133 sick days out of a possible 2,092 days. Of the 133 sick days a total of 104 are attributed to long term absence and 29 for short term absence. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are above the sickness absence level for Finance and Property Services which is 4.09% (263) days for April 2018

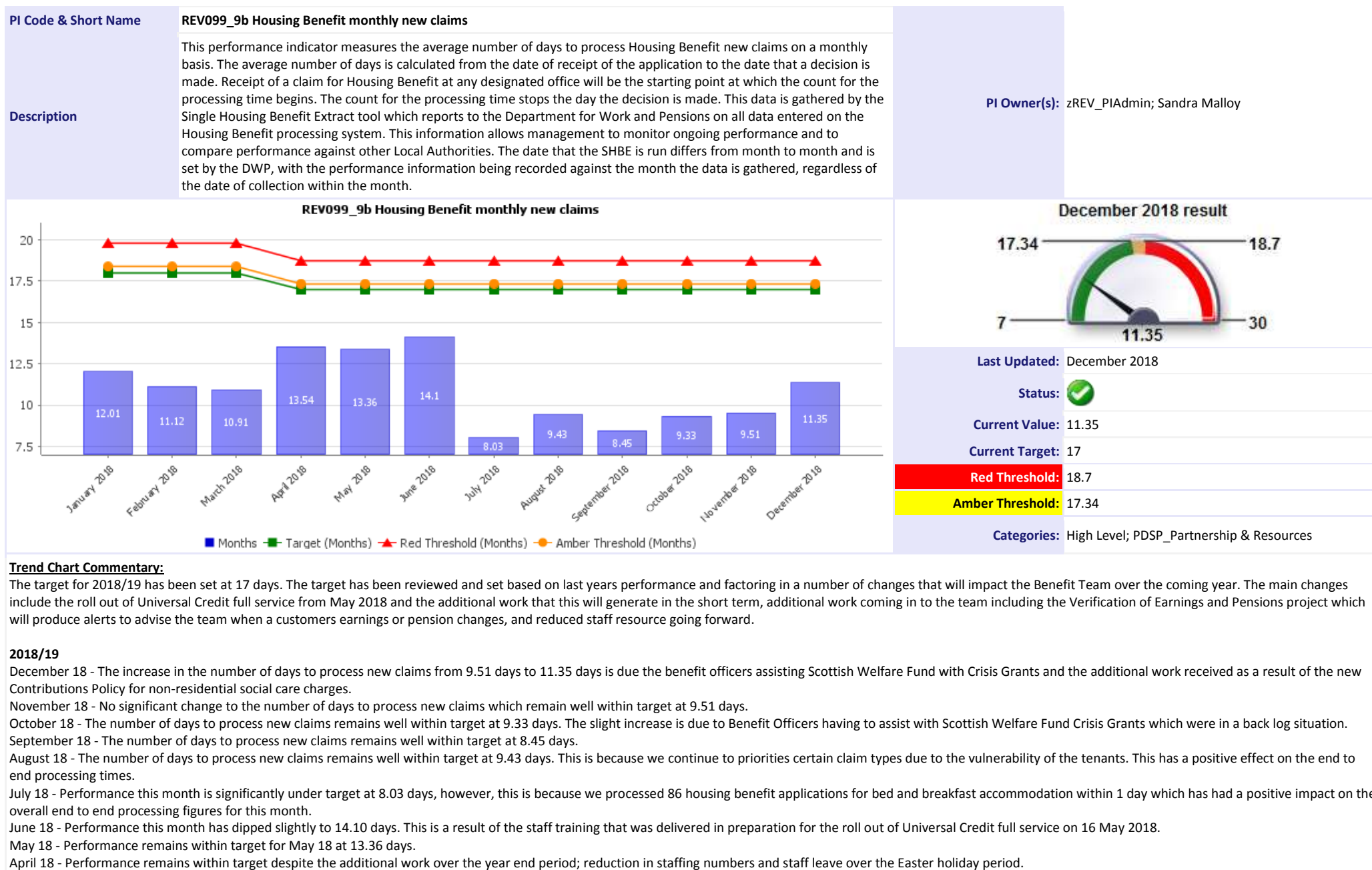
2017/18

March 2018: Sickness absence levels for March 2018 increased from the previous month. In March 2018 there were 132 sick days out of a possible 2,092 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

February 2018: Sickness absence levels for February 2018 decreased from the previous month. In February 2018 there were 42 sick days out of a possible 1,890days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

January 2018: Sickness absence levels for January 2018 increased from the previous month. In January 2018 there were 91 sick days out of a possible 2,111days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

December 2017: Sickness absence levels for December 2017 decreased from the previous month. In December 2017 there were 75 sick days out of a possible 2,130days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

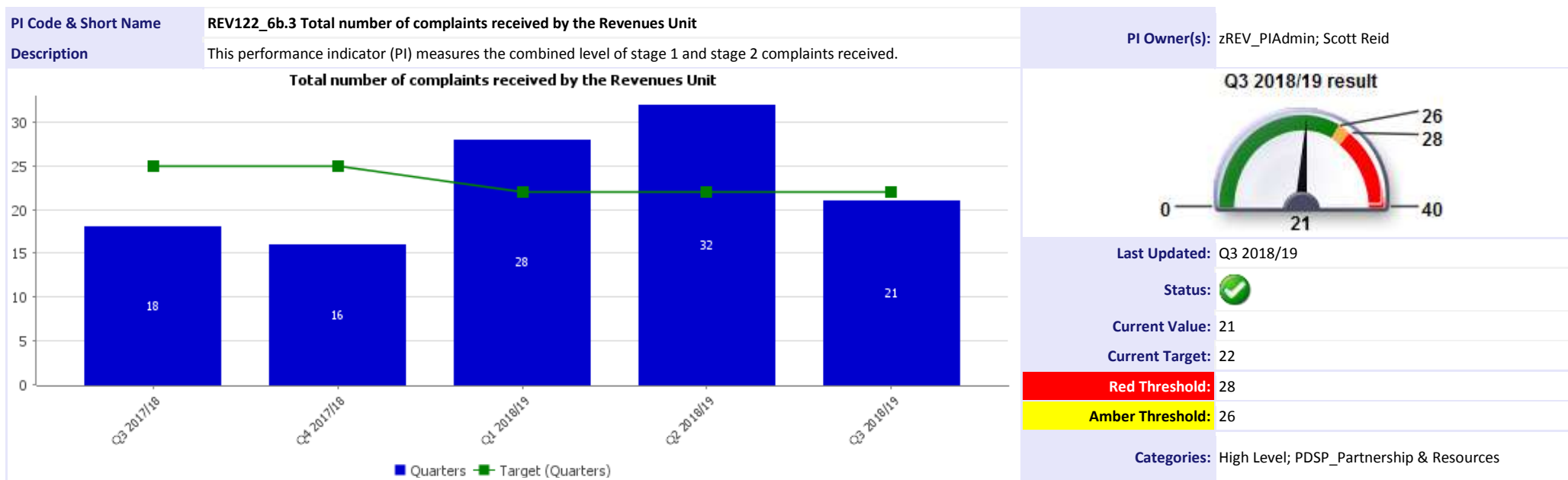


2017/18

March 18 - Performance has improved to 10.91 days. This is the best performance recorded for this indicator.

February 18 - Performance has improved to 11.12 days which is a further improvement from last month and a new best ever performance.

January 18 - 12.01 days is our best reported performance for this indicator. Previous initiatives and improvements that we have put in place are continuing to deliver positive results.



Trend Chart Commentary:

We have reviewed the target for 2018/19 and set it at 22 complaints received. This target has been set taking into account previous years' performance.

2018/19

Quarter 3: 21 complaints were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information. The number of complaints decreased in this quarter with 81% of complaints not upheld.

Quarter 2: 32 complaints were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information. Although the number of complaints increased in this quarter 75% of complaints were not upheld.

Quarter 1: 28 complaints in total were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information. Although the number of complaints increased in this quarter only 2 complaints were partially upheld or upheld.

2017/18

Quarter 4: 16 complaints in total were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information.

Quarter 3: 18 complaints in total were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information.

