



West Lothian
Council

Performance Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

4 October 2016

A meeting of the **Performance Committee** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre** on **Monday 10 October 2016** at **2:00pm**.

For Chief Executive

BUSINESS

1. Apologies for Absence
2. Order of Business, including notice of urgent business
3. Declarations of Interest - Members should declare any financial and non-financial interests they have in the items of business for consideration at the meeting, identifying the relevant agenda item and the nature of their interest.
4. Confirm Minute of Meeting of Performance Committee held on Monday 15 August 2016 (herewith).
5. Audit, Risk and Counter Fraud Unit - Report by Head of Finance and Property Services (herewith).
6. Legal Services Performance - Report by Head of Corporate Services (herewith).
7. Complaint Performance Report Quarter 1 2016/17 - Report by Depute Chief Executive (herewith).

NOTE **For further information please contact Eileen Rollo on 01506 281621**

DATA LABEL: Public

or email eileen.rollo@westlothian.gov.uk

MINUTE of MEETING of the PERFORMANCE COMMITTEE of WEST Lothian COUNCIL held within COUNCIL CHAMBERS, WEST Lothian CIVIC CENTRE, on 15 AUGUST 2016.

Present – Councillors Stuart Borrowman (Chair), Carl John, Greg McCarra, John McGinty

Apologies – Councillor Tony Boyle

1. DECLARATIONS OF INTEREST

There were no declarations of interest made.

2. MINUTE

The committee confirmed the Minute of its meeting held on 30 May 2016 as a correct record. The Minute was thereafter signed by the Chair.

3.. COMPLAINT PERFORMANCE REPORT 2015/16

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing analysis of council-wide complaints closed during 2015/16

The committee was advised that the Scottish Public Services Ombudsman (SPSO) developed and published a model Complaint Handling Procedure (CHP) on 28 March 2012. The model CHP was to ensure a standardised approach in dealing with customer complaints across the local authority sector. All local authorities were required to adopt the model CHP by 31 March 2013.

The SPSO outlined four elements of the model CHP that should not be amended to ensure a standardised approach across all local authorities and were as follows:-

- The definition of a complaint
- The number of stages
- Timescale at each stage
- The requirement to record, report and publicise complaints information.

Contained within the report at Table 1 was the total complaints closed per 1,000 population over the past 5 years. The table showed that there had been an increase in complaints received by the council in 2015/16 when compared to previous years from 2,113 to 2,330. Table 2 showed complaints closed by service and table 3 showed a break-down of

complaints by category over a 5 year period.

The Depute Chief Executive explained the current service level complaint performance varied across the council and was linked to the complexity and quantity of complaints received. Housing, Construction and Building Services and Operational Services had a combined total of 689 complaints categorised as Standard of Service.

The increase in Policy Related complaints was attributable to an increase in Operational Services Policy complaints from the equivalent quarters in 2014/15. The increase in Employee Attitude complaints was driven by Operational Services and Housing, Construction and Building Services with a combined total of 179 complaints.

Poor communication complaints were generated by Housing, Construction and Building Services, Operational Services and Education Services. The main contributors to Waiting Time complaints were Housing, Construction and Building Services.

Appendix 1 to the report provided information on council wide performance against the SPSO defined measures covering the period 2015/16

The report went on to advise that the Corporate Complaint Steering Board identified 4 high level indicators that provided a summary of complaint handling performance. Table 4 provided a summary of service against the 4 key indicators.

Appendix 2 contained the improvement actions based on complaint analysis covering 2015/16. Table 5 provided indicative ratios for the number of complaints against the specific customer groups for Area Services, Education Services, Housing, Construction and Building Services and Operational Services.

The report concluded that in 2015/16 the council closed 2,330 complaints and this represented an increase of 217 from 2014/15. The council's performance in relation to the processing of complaints across the various key indicators had improved.

It was recommended that the Performance Committee :-

1. Note the corporate and service complaint performance against the standards outlined in the council's complaint handling procedure; and
2. Continue to monitor complaint performance and request additional information from services as required.

Decision

To note the terms of the report.

4. LOCAL GOVERNMENT BENCHMARKING FRAMEWORK

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive advising that the council participated in the Local Government Benchmarking Framework (LGBF) Network comparing performance on a number of indicators. The data was collated and analysed by the Improvement Service and published in an annual report.

The report advised that the Local Government Benchmarking Framework was focused on providing a consistent approach to benchmarking local authority performance, with a standard data set reported each year to the public.

The comparative performance of the 32 Scottish local authorities was published in an annual report that identified national trends across eight thematic categories of council activity. The report also highlighted local challenges and priorities, how this varied across councils and the subsequent impact on performance.

The report summarised the council's comparative LGBF performance in 2014/15 and represents the fifth year of benchmarking data.

The Depute Chief Executive explained that the 2014/15 annual report was published by the Improvement Service and compared council's performance across 56 performance indicators, grouped under the following categories:-

- Children's Services
- Corporate Services
- Corporate Assets
- Adult Social Care
- Culture and Leisure
- Environmental Services
- Housing Services
- Economic Development

The information across the categories generally focused on how much councils had spent on particular services, the service performance and how satisfied people were with the major services provided.

The report went on to advise that LGBF performance was analysed to ensure that the variation and causal impact in relation to local priorities and policy choices were understood. This would be facilitated by authorities working as part of "family groups" to interrogate the data.

The Improvement Service allocated the council to a family group featuring authorities with similar characteristics. The council was a member of family group 3 with the general characteristics set out in table 1 in the

report. The council's 2014/15 performance in comparison to 2013/14 performance and changes in ranking by performance indicator were summarised in table 2. Appendix 1 contained the council's performance in each indicator.

The council's average ranking and the top ranked local authority in the eight categories of LGBF were analysed and summarised in table 3. The overall average ranking of West Lothian Council in Scotland in 2014/15 was second as it was in 2013/14.

The report went on to advise that the Accounts Commission undertook annual evaluation of local authorities public performance information to assess compliance with the Statutory Performance Indicator (SPI) Direction and provided a general health check on public performance report (PPR) across Scottish authorities.

The 2015 SPI Direction significantly changed the evaluation criteria, moving from 4 indicators, one of which included LGBF requirements, to 2 indicators as follows:-

- SPI 1. Achievement of Best Value: each council would report a range of information.
- SPI 2. Each council would report its performance in accordance with the requirements of the LGBF.

All councils were required to publish the LGBF data and comparative analysis annually on their website. Compliance with the LGBF represented 50% of the total evaluation score for the council in the 2015 assessment of PPR.

The report concluded that the LGBF national benchmarking report provided the public with comparative analysis of Scottish local authorities' performance in 2014/15. Comparison across the 56 performance indicators showed that the council had areas of strong, sector leading performance and highlighted areas where improvement to performance was required.

The LGBF was intended to support councils to improve performance in key activities and the development also formed a critical part of the sector's response to requirements for public performance report and benchmarking.

The report recommended that the committee note the contents of the report.

Decision

To note the contents of the report.

5. PERFORMANCE COMMITTEE WORKPLAN

The committee considered a list of items that would form the basis of the

committee's work over the coming months.



PERFORMANCE COMMITTEE

AUDIT, RISK AND COUNTER FRAUD UNIT

REPORT BY HEAD OF FINANCE AND PROPERTY SERVICES

A. PURPOSE OF REPORT

The purpose of this report is to provide the Performance Committee with an overview of the performance of the Audit, Risk and Counter Fraud Unit.

B. RECOMMENDATION

It is recommended that the Committee:

1. notes the performance report for the Audit, Risk and Counter Fraud Unit;
2. provides feedback on service performance;
3. identifies any recommendations for performance improvement.

C. SUMMARY OF IMPLICATIONS

I	Council Values	Being honest, open and accountable, making best use of our resources.
II	Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	In terms of the Local Authority Accounts (Scotland) Regulations 2014, internal audit is now a statutory function.
III	Implications for Scheme of Delegations to Officers	None.
IV	Impact on performance and performance Indicators	The Committee is asked to consider areas for performance improvement.
V	Relevance to Single Outcome Agreement	The appendix details a range of performance results for the Audit, Risk and Counter Fraud Unit.
VI	Resources - (Financial, Staffing and Property)	None.
VII	Consideration at PDSP	None.
VIII	Other consultations	None.

D. TERMS OF REPORT

D.1 Service Overview

The Audit, Risk and Counter Fraud Unit is responsible for ensuring that there is a corporate framework in place which enables the council to effectively manage its risks. As its name suggests, the Unit has three main functions:

- Internal audit, involving the audit of key risks to the council's objectives, both financial and non-financial. This is undertaken on the basis of a risk based annual internal audit plan approved by the Audit and Governance Committee. The Unit also provides an internal audit service to West Lothian Leisure, the Improvement Service, and the West Lothian Integration Joint Board.
- Risk management, involving the provision of advice and guidance on risk management and business continuity matters. This includes commenting on business continuity plans and facilitating desk top testing of plans.
- Counter fraud, involving the promotion of fraud awareness within the council, the detection of fraud via the National Fraud Initiative data matching exercise, and effective investigation of referrals. The Unit maintains the council's whistleblowing hotline and e-mail address.

The Unit has a total complement of seven staff and a net revenue budget for 2016/17 of £374,000.

In relation to counter fraud work, Police Scotland are a key partner. The Unit's key partners for risk management / business continuity planning include Police Scotland, the Scottish Fire and Rescue Service, and NHS Lothian. The Unit also has an arrangement with Falkirk Council for the sharing of internal audit resource which enables the council to access a qualified computer auditor.

Key achievements for the Unit in 2015/16 included:

- the completion of a successful desktop test of the council's corporate business continuity plan; this involved the Corporate Management Team and key partners such as Police Scotland and the Scottish Fire and Rescue Service.
- the successful investigation of a number of fraud referrals, the outcomes of which were reported to the Audit and Governance Committee;
- at the request of the Council, a major audit of the financial management arrangements of the Voluntary Sector Gateway West Lothian; the outcome of which was reported to Council Executive on 30 August 2016;
- arising from concerns raised, a review of the administration of funds by Armadale Community Centre; the outcome of this work was reported to the Audit and Governance Committee on 20 June 2016;
- risk based internal audit work on key council risks such as information security, corporate health and safety arrangements, and workforce planning.

The Local Authority Accounts (Scotland) Regulations 2014 require the council to operate a professional and objective internal audit service in accordance with recognised standards and practices in relation to internal auditing. The Unit complies with the Public Sector Internal Audit Standards (PSIAS) which are mandatory standards requiring internal audit to be independent and objective. The PSIAS also requires the Audit, Risk and Counter Fraud Manager to provide an annual opinion on the council's framework of governance, risk management and control. This is contained within the annual report submitted to the Audit and Governance Committee in June of each year.

D.2 Performance Measurement

In line with the council's performance management framework, the Audit, Risk and Counter Fraud Unit maintains a suite of 51 performance indicators using the Covalent system. Where appropriate, these are segregated between the Unit's three main functions, internal audit, risk management and counter fraud. There are also a number of indicators which are common to all of the Unit's functions, such as sickness absence and staff survey results. The appended performance report sets out a selection of these indicators, including current and past performance.

At the time of writing, four indicators are at red as follows:

Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent.

This is a cumulative quarterly measure. Seven customer feedback forms were received to Q1 2016/17, of which one marked this question as not applicable. Five customers rated the overall quality of service as either good or excellent and one adequate. The reported performance indicator was therefore 83% against a target of 100%.

Percentage of audits in the annual audit plan completed for the year

This is an annual measure. There were 36 audits included in the in 2015/16 annual audit plan and 31 were completed to 31 March 2016. The reported percentage was therefore 86% against a target of 100%. This was due to a larger than expected volume of reactive work (for example, Voluntary Sector Gateway West Lothian) and the requirement for auditors to assist with counter fraud work.

Percentage of reactive work draft reports issued within 12 weeks or such other date as agreed with the customer.

This is an annual measure. Four pieces of reactive work were completed in 2015/16 and one was issued within the 12 week target. Most of the reactive work is lower priority and less time critical (for example, compared to counter fraud work). The one item of reactive work which was high priority, Voluntary Sector Gateway West Lothian, was a very major piece of work which was issued in draft just outside the 12 week deadline (12.3 weeks).

This is an area which is being kept under review during 2016/17.

Percentage of risks subject to annual documented risk assessment in Covalent.

This is an annual measure of the number of risks in Covalent which are up to date in terms of a risk assessment. As it is each service's responsibility to keep their risks up to date, this is a measure of the extent to which services keep their risks under review rather than a measure of the performance of the Audit, Risk and Counter Fraud Unit. Heads of Service have been reminded of their responsibilities and this will be accelerated to the Governance and Risk Board if required.

As stated previously, the Audit, Risk and Counter Fraud Manager submits an annual report to the Audit and Governance Committee. The annual report contains performance information extracted from Covalent, and selected benchmarking information based on the Chartered Institute of Finance and Accountancy (CIPFA) benchmarking club and the Scottish Directors of Finance benchmarking club.

D.3 WLAM Performance

The Audit, Risk and Counter Fraud Unit was last subject to a WLAM assessment in December 2013. The score achieved was 468, which put the Unit in the top quartile of

services. The unit was put on cycle B, which was a three yearly assessment, and a further WLAM assessment has been scheduled for October 2016.

E. CONCLUSION

The report and attached appendix summarise the work and the performance of the Audit, Risk and Counter Fraud Unit.

The Performance Committee is invited to review the Unit's performance and identify any recommendations for improvement.

F. BACKGROUND REFERENCES

Report to Audit and Governance Committee 20 June 2016: Audit, Risk and Counter Fraud Unit annual report 2015/16.

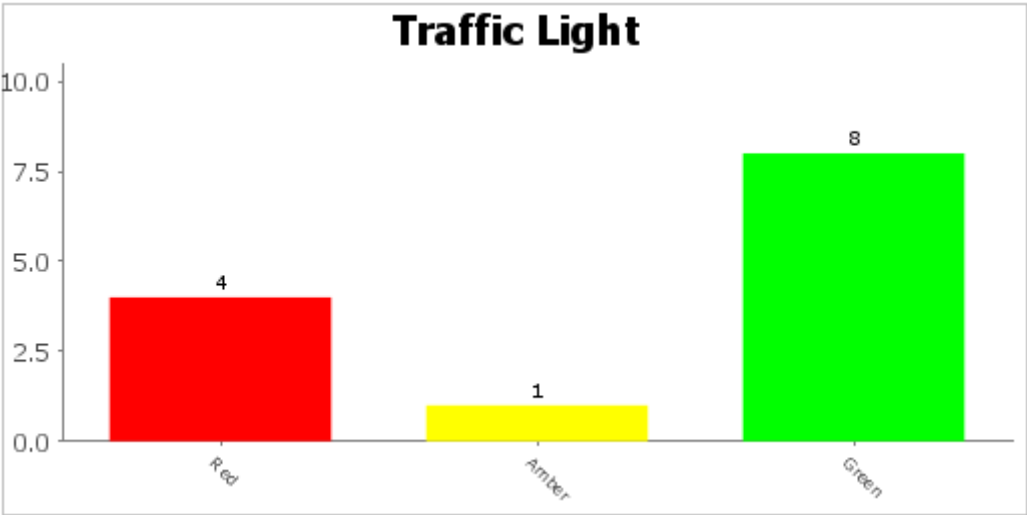
Appendices/Attachments: Performance Report


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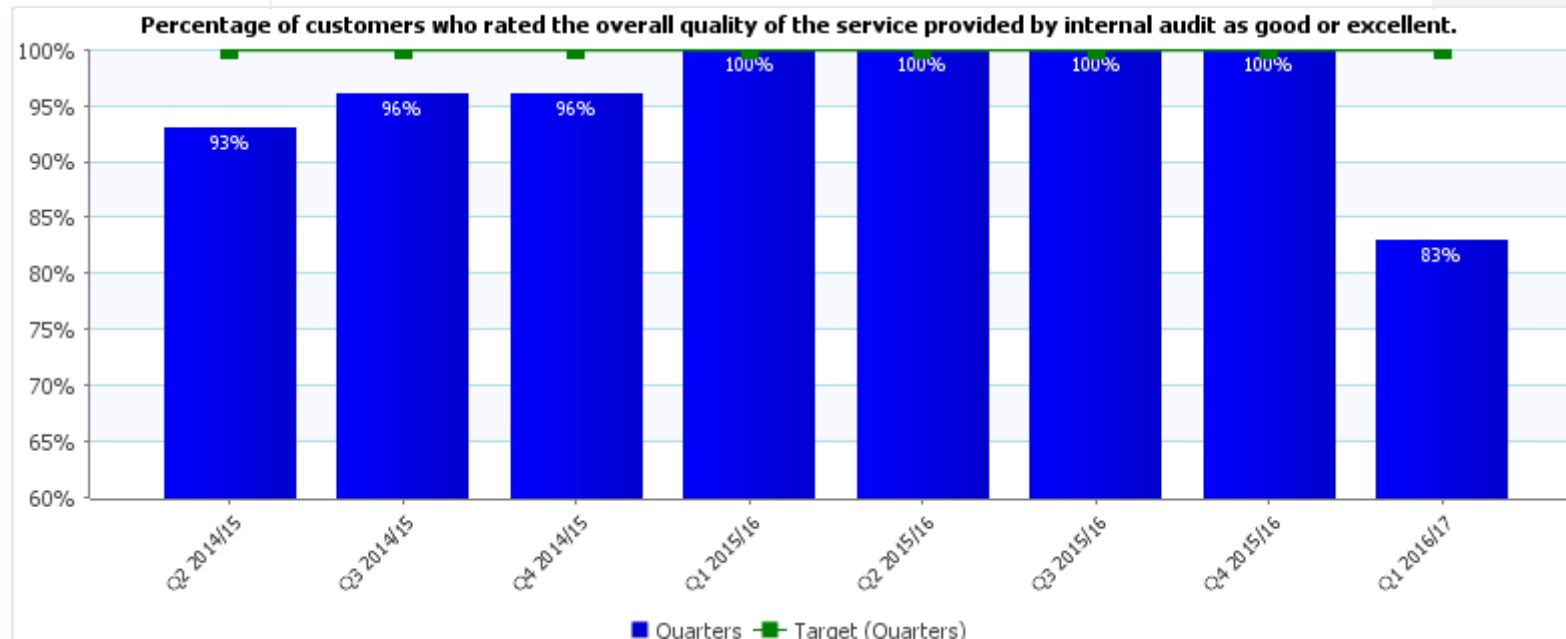
Donald Forrest
Head of Finance and Property Services
Date: 10 October 2016

Audit, Risk and Counter Fraud - Performance Committee

Generated on: 30 September 2016 08:58



PI Code & Short Name	IA008_6a.7 Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent.	PI Owner	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. For each year, the cumulative number of positive responses are divided by the total number of responses to determine a percentage. The results of customer feedback are analysed by all staff on a quarterly basis in order to identify areas for improvement.	Traffic Light Icon	
		Current Value	83%
		Current Target	100%



Trend Chart Commentary:


Performance for Q1 2016/17 was 83%. Seven customer questionnaires were received, one responded n/a, and one responded that the overall quality of service was adequate.

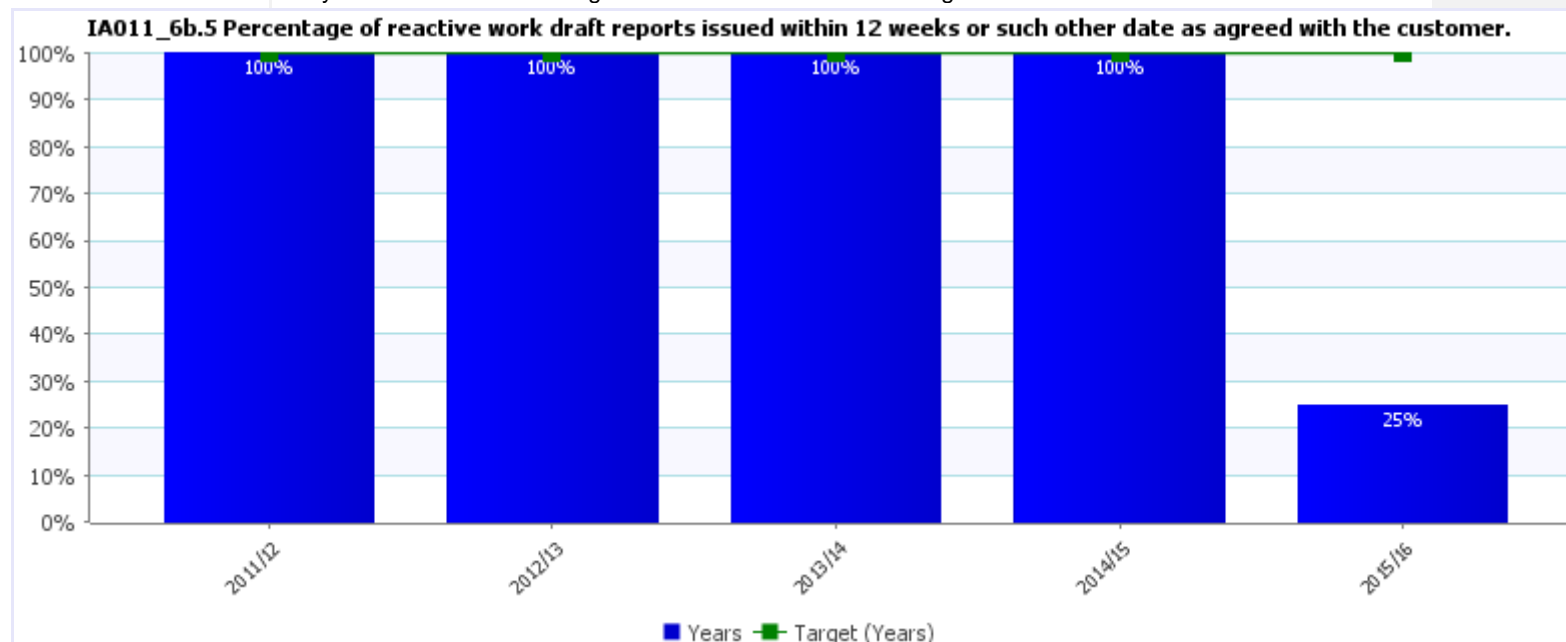
Performance for all quarters of 2015/16 was 100%. All 21 customers rated the overall quality of services as good or excellent.

Performance to Q4 of 2014/15 was 96 per cent. 28 customer questionnaires were received and in Q1 one customer rated the overall quality of the service as adequate.

The target for 2016/17 will remain at 100%.

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.

PI Code & Short Name	IA011_6b.5 Percentage of reactive work draft reports issued within 12 weeks or such other date as agreed with the customer.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	<p>This performance indicator measures the percentage of reactive work reports issued (in draft) within target. We aim to issue the draft report for all reactive work within either 12 weeks or the timeframe agreed with the client. The date that the draft report is issued is subtracted from the date that the work commenced to show the number of weeks taken. For each financial year, the number of draft reports issued within target is divided by the total number of requests for reactive work to determine the percentage issued within target.</p> <p><u>Note:</u> Up to 2014/15 the target for this indicator was 8 weeks, and for 2015/16 was revised to 12 weeks to bring it into line with risk based audit report timescales. No changes have been made to previous years data as by default if the 8 week target was met then the 12 week target would also have been met.</p>	Traffic Light Icon	
		Current Value	25%
		Current Target	100%



Trend Chart Commentary:

Performance for 2015/16 was 25% with 3 from 4 draft reports taking longer than 12 weeks to issue. No issues were raised by customers in respect of the actual timescales achieved.

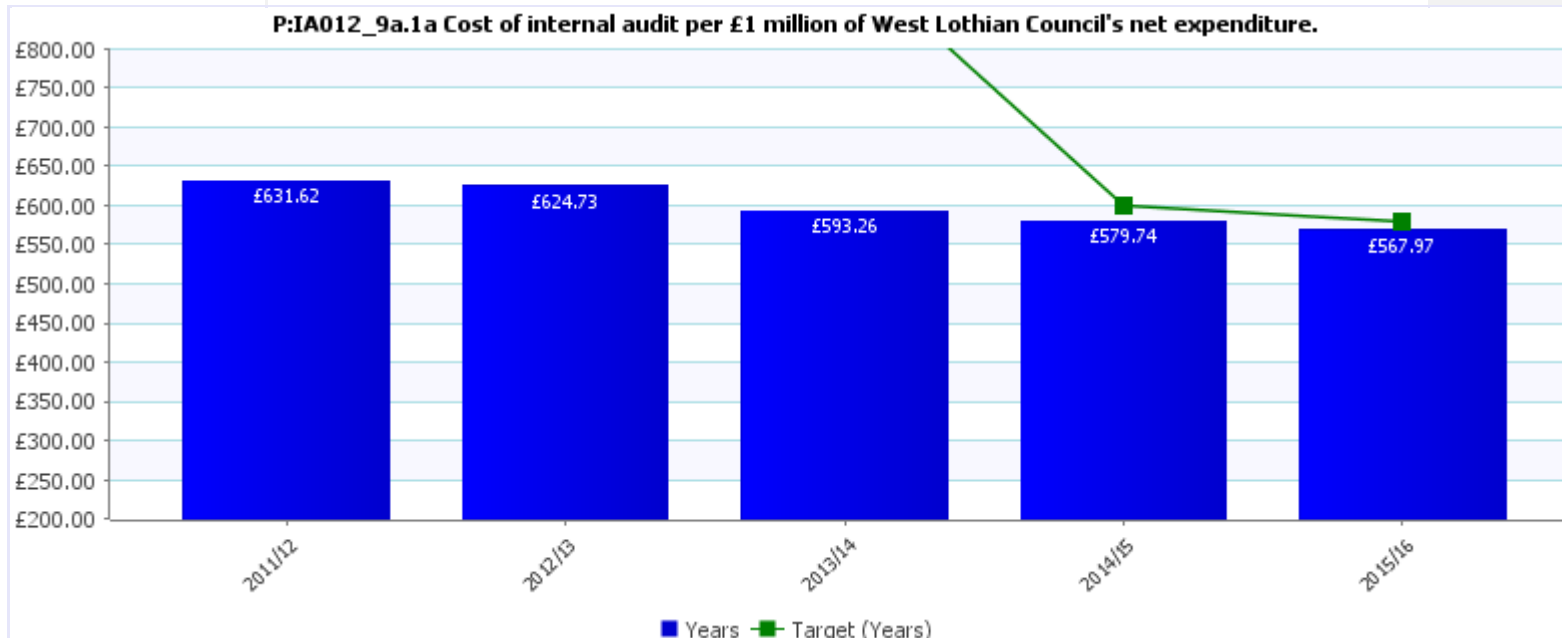
Performance for 2014/15 to 2012/13 was 100% with all reports for reactive work being issued within 12 weeks or a timeframe agreed by the client.

The complex nature of reactive work, the timing of the work received are other service priorities are key factors which affect our ability to meet the 100% target for this indicator on an ongoing basis.

The numbers of reactive reports issue is as follows: 2011/12(8), 2012/13(12), 2013/14(6), 2014/15(4) and 2015/16(4).

The target for 2016/17 will remain at 100%.

PI Code & Short Name	P:IA012_9a.1a Cost of internal audit per £1 million of West Lothian Council's net expenditure.	PI Owner	zIA_PAdmin; Kenneth Ribbons
Description	This performance indicator measures the cost of internal audit per £1 million of West Lothian Council's net expenditure. Our performance is benchmarked against 32 Scottish Local Authorities as part of the annual 'Scottish Directors of Finance Performance Indicators' benchmarking exercise. In line with the benchmarking guidance issued, we calculate our indicator by dividing the total cost of internal audit services (excluding risk management and counter fraud services) by West Lothian Council's net expenditure for the financial year and multiplying by one million. The objective of this performance indicator is to compare the level of resources made available by councils for the provision of internal audit services.	Traffic Light Icon	🟢
		Current Value	£567.97
		Current Target	£580.00



Trend Chart Commentary:

The cost internal audit for 2015/16 is £567.67 (draft figure), with a target of £570. The PI will be finalised in December 2016, when the CIPFA Directors of Finance PIs are finalised. The cost for the previous four years was:

2014/15 - £579.74

2013/14 - £593.26

2012/13 - £624.73


2011/12 - £631.62

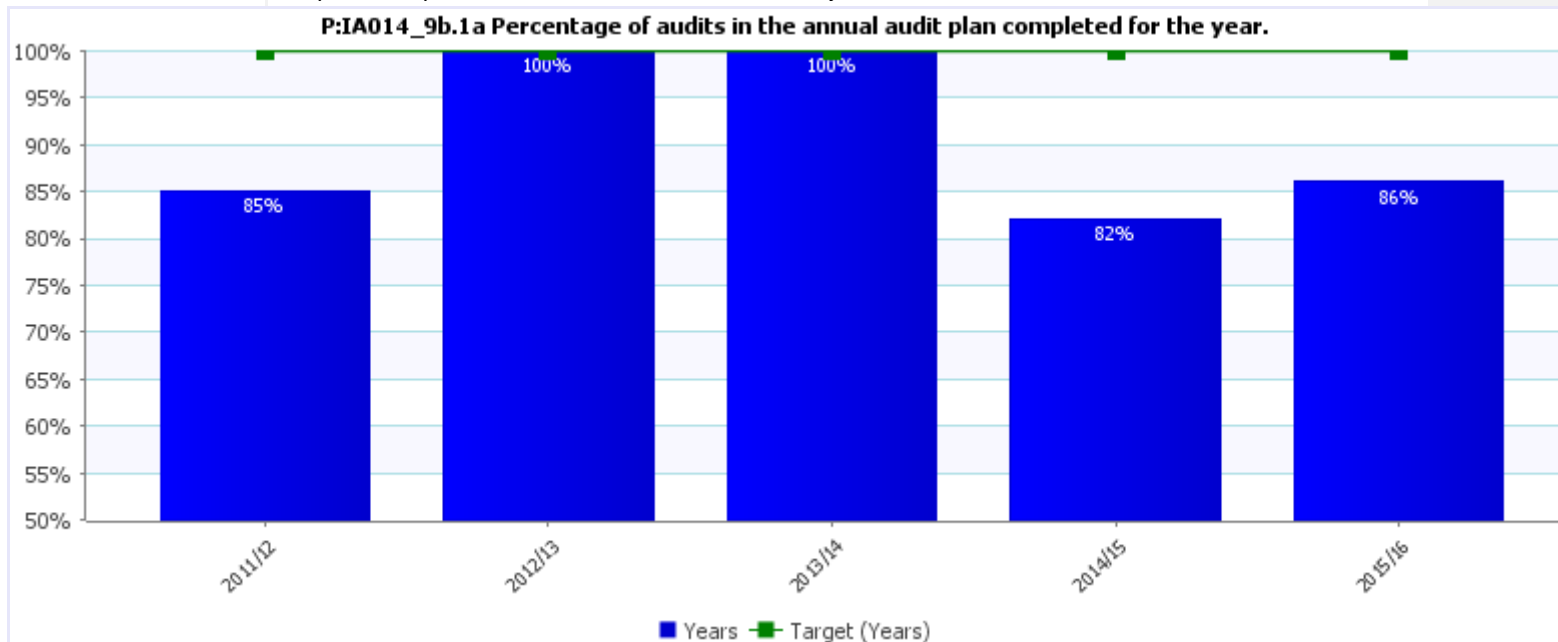
A key contributing factor towards the lower cost in recent years is the change in the role of the unit. From 2011/12 the unit took over responsibility for risk management and business continuity planning, and from 2014/15 the counter fraud function has also transferred to the unit.

When benchmarked against 32 Scottish Local Authorities, the cost of internal audit continues to be significantly lower than the Scottish in average each year. The Scottish average was £920 for 2012/13, £988 for 2013/14 and £974 for 2014/15.

For 2015/16 internal audit was the second lowest costing internal audit service in Scotland (draft position), for 2014/15 the second lowest, for 2013/14 the lowest, for 2012/13 third lowest and for 2011/12 the lowest.

The target for 2016/17 is £570.

PI Code & Short Name	P:IA014_9b.1a Percentage of audits in the annual audit plan completed for the year.	PI Owner	zIA_PAdmin; Kenneth Ribbons
Description	This performance indicator measures the percentage of planned audits in the annual audit plan that have actually been completed each year. The total number of planned audits to be completed between 1 April and 31 March each year are outlined in the annual audit plan which is approved by the Audit and Governance Committee. The number of <u>completed</u> audits is divided by the number of <u>planned</u> audits to determine the percentage completed. Completion of all audits within the annual audit plan helps provide assurance on the adequacy and effectiveness of West Lothian Council's systems of internal control. Consequently, we aim to complete 100 per cent of the risk based audits each year.	Traffic Light Icon	
		Current Value	86%
		Current Target	100%



Trend Chart Commentary:

For 2015/16 86% of the audit plan was completed. This is due to a combination of the complexity of some of the work undertaken and available resources being used for other priority activities which were non-audit work.

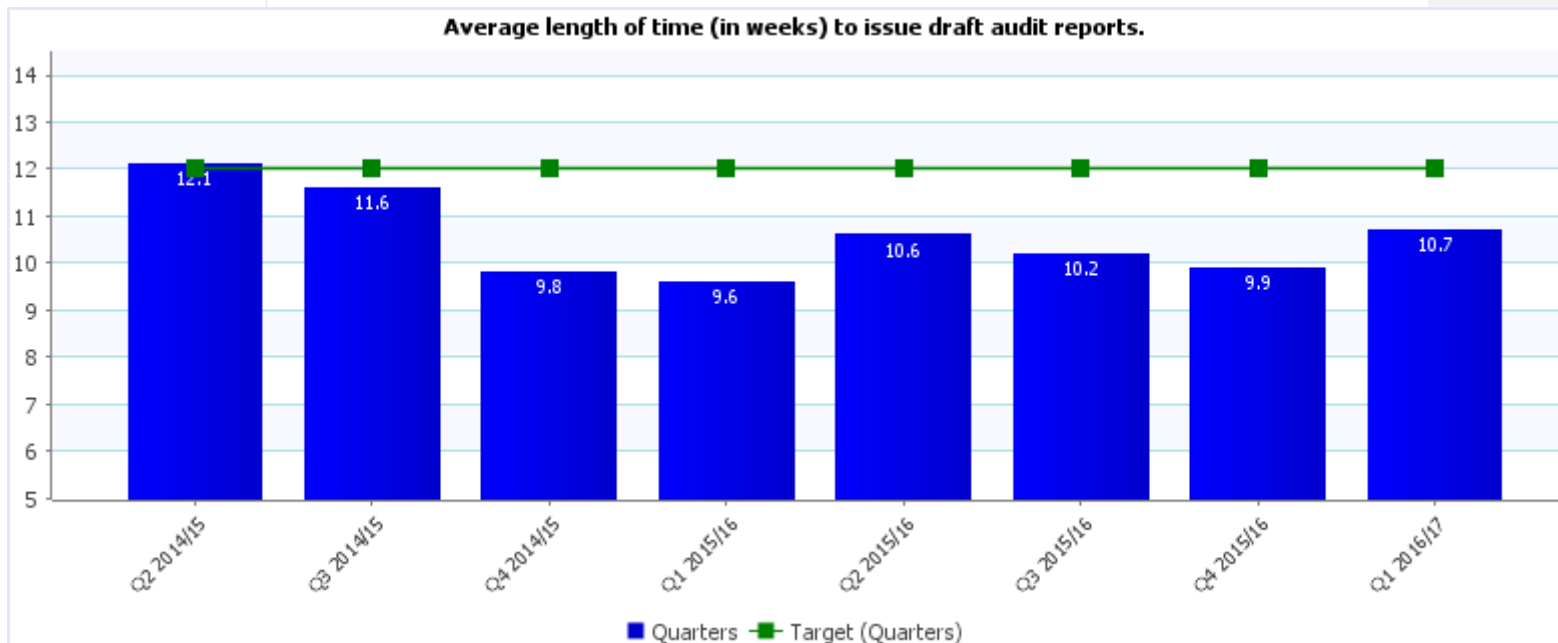
Performance for 2012/13 and 2013/14 was 100%, and for 2011/12 and 2014/15 was below target at 85% and 82% respectively. The below target performance was due to the level of reactive work being greater than planned.

The numbers of audits completed in each year are as follows: 2011/12(17 from 20 audits), 2012/13(25 audits), 2013/14(31 audits), 2014/15(32 from 39 audits) and 2015-16(31 from 36 audits).

Performance is assisted by the internal procedures which cover the key stages of the audit process and ensure the progress of audits is continuously monitored. The number of audits included in the plan each year will vary depending on the nature and complexity of the work.

The target will remain at 100% for 2016/17.

PI Code & Short Name	IA015_9b.1a Average length of time (in weeks) to issue draft audit reports.	PI Owner	zIA_PAdmin; Kenneth Ribbons
Description	This performance indicator measures the average length of time (in weeks) to issue a 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 12 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 12 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.	Traffic Light Icon	
		Current Value	10.7
		Current Target	12



Trend Chart Commentary:

Performance to Q1 2016/17 was 10.7 weeks and has been maintained below the 12 weeks target since Q3 2014/15 when performance was 11.6 weeks i.e. 2015/16 - Q4 9.9 weeks ,Q3 10.2 weeks, Q2 10.6 weeks, Q1 9.6 weeks, 2014/15 - Q4 9.8 weeks, with Q2 2014/15 being marginally above target at 12.1 weeks.

The 12 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 which has been maintained at 100% since Q1 2015/16 i.e. customers are satisfied with the timescales being achieved.

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 which may be given priority over routine audits.


The number of draft audit reports issued in 12 month rolling period reported is:

2016/17 - Q1 (36)

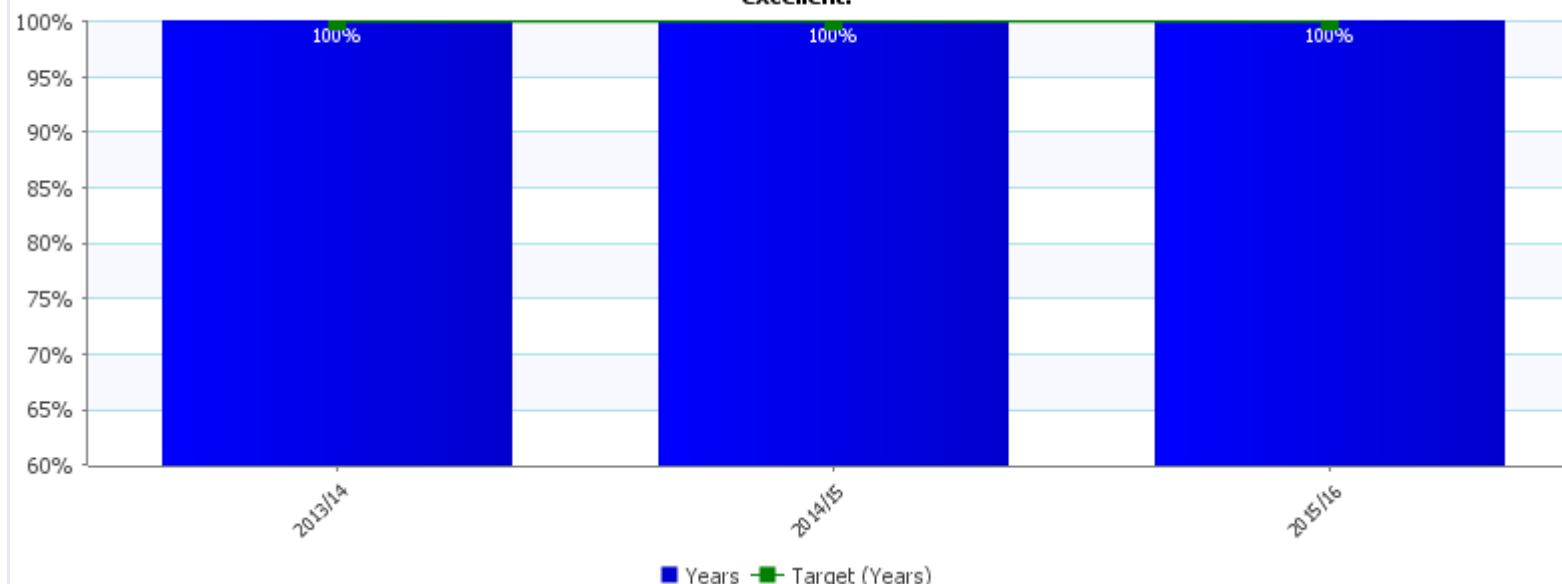
2015/16 - Q4 (34), Q3(36), Q2(36), Q1(32)

2014/15 - Q4(32), Q3(29), Q2(28)

The approach to reporting on this PI has recently been reviewed and amended to a rolling basis and therefore the 12 week target continues to be appropriate and will remain in place for 2016/17.

PI Code & Short Name	IA020_6a.7 ANNUAL Percentage of customers who rated the overall quality of risk management and business continuity advice as good or excellent.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures the percentage of customers who rated the overall quality of risk management and business continuity advice as good or excellent. Annual questionnaire is issued 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. For each year the number of positive responses are divided by the total number of responses to determine a percentage.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%

IA020_6a.7 ANNUAL Percentage of customers who rated the overall quality of risk management and business continuity advice as good or excellent.




Trend Chart Commentary:

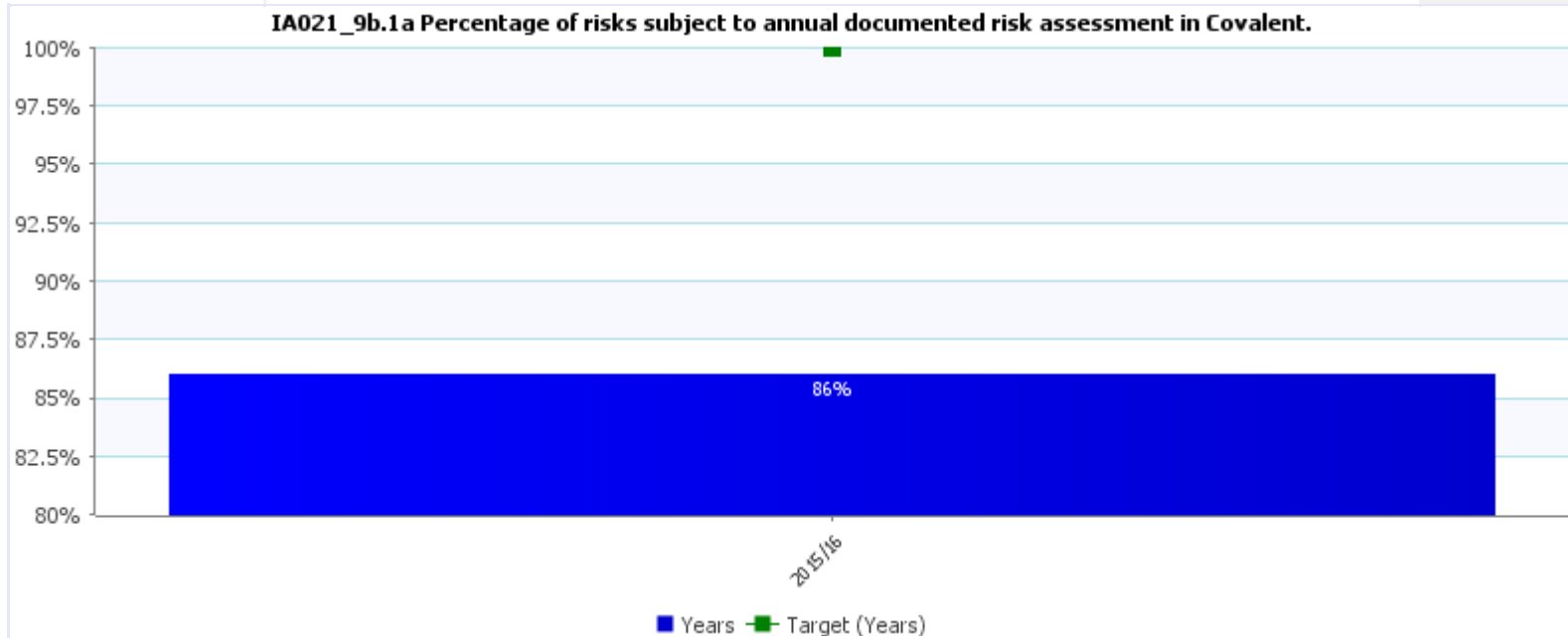
Performance for 2015/16 was 100%.

Performance from 2014/15 and 2013/14 was also high, at 100%, with all customers rating the quality of service as good or excellent.

The quality of risk management and business continuity advice is assessed by the issue of an annual customer survey to the Corporate Management Team members and other selected senior council officers. The numbers of response received are follows: 2013/14(15), 2014/15(15) and 2015/16(10).

The target for 2016/17 will remain at 100%.

PI Code & Short Name	IA021_9b.1a Percentage of risks subject to annual documented risk assessment in Covalent.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures the percentage risks recorded in Covalent which have been subject to an annual documented risk assessment. Annual risk assessments or reviews are recorded in Covalent at the end of each financial year a report is extracted from Covalent to show the last assessment date of each risk. If the last assessment date has fallen in the previous 12 months the the corresponding risks will be counted as having been reviewed. The number of risks reviewed will be divided by the total number of risks to calculate a percentage for this indicator.	Traffic Light Icon	
		Current Value	86%
		Current Target	100%




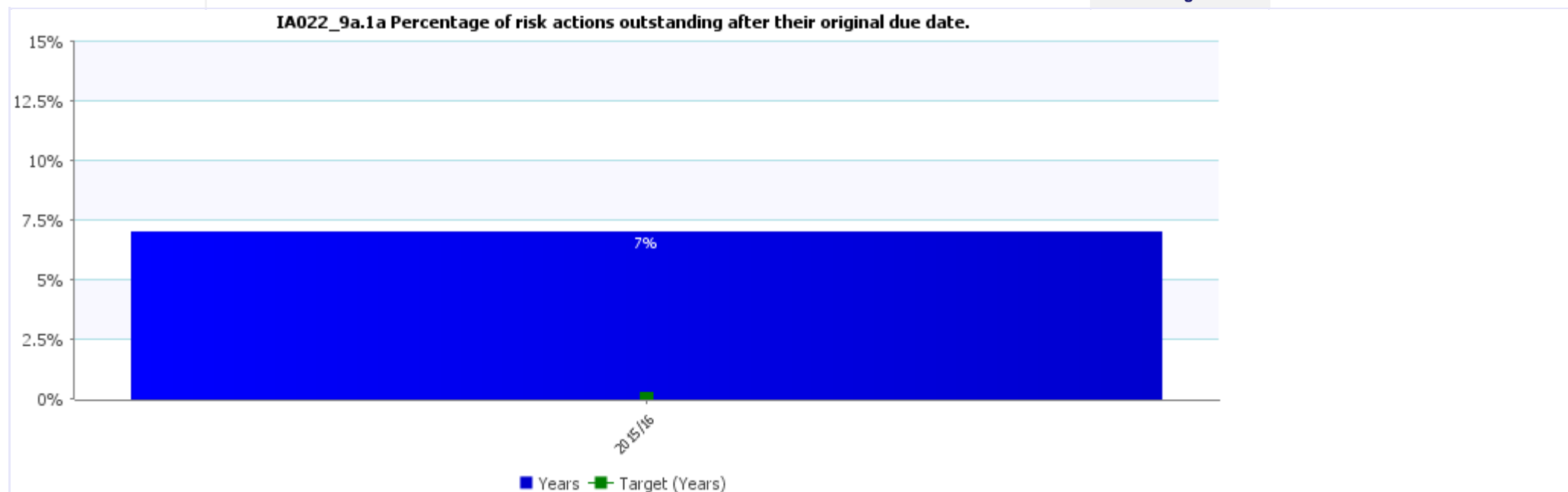
Trend Chart Commentary:

Performance for 2015/16 was 86% (211 from a total of 244 risks were reviewed) and therefore there was no evidence in Covalent that all risks had been subject to an annual review.

This is the first year of reporting this indicator and risk champions have been reminded of the requirement for all risks to be reviewed and the position will be kept under review during 2016/17.

The target for 2016/17 will remain at 100%.

PI Code & Short Name	IA022_9a.1a Percentage of risk actions outstanding after their original due date.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures the percentage of risk actions outstanding after their original review date and will measure this throughout the period of the Audit, Risk and Counter Fraud Strategy.	Traffic Light Icon	
		Current Value	7%
		Current Target	0%




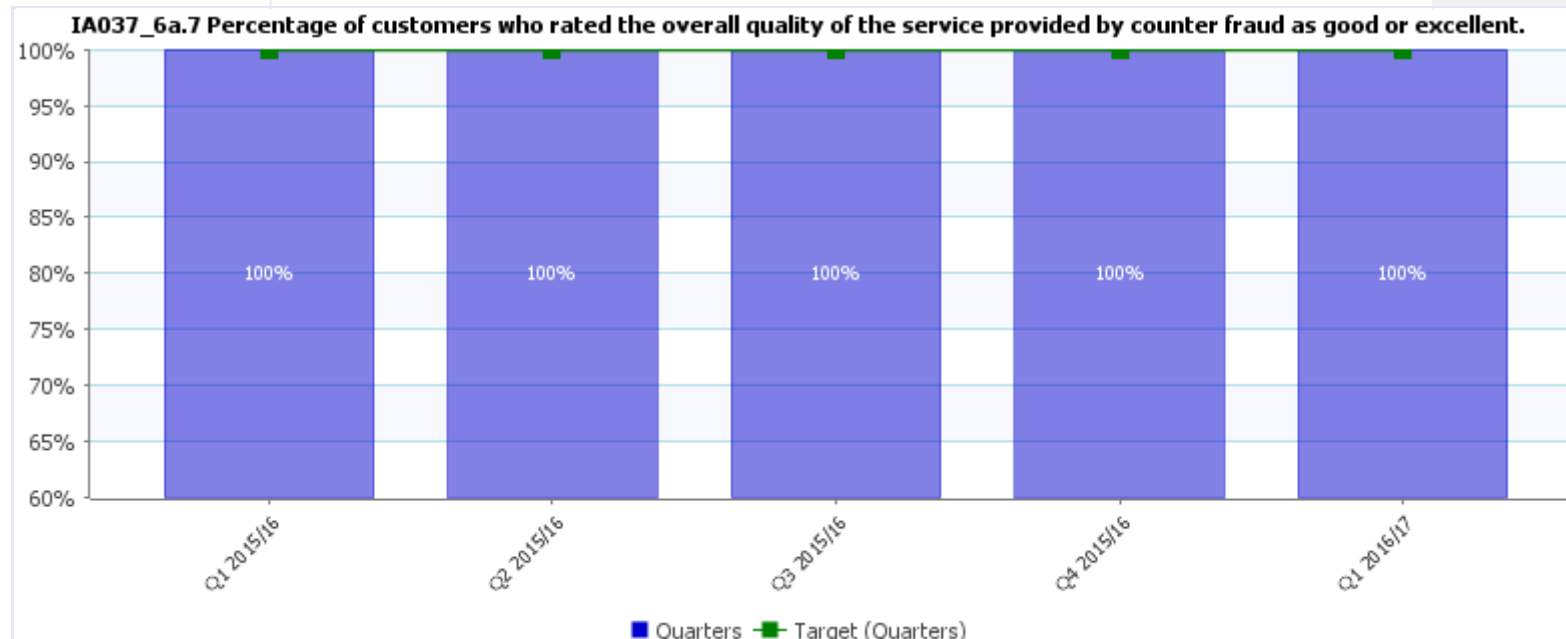
Trend Chart Commentary:

Performance for 2015/16 was 7%, meaning that 7% of risk actions (18 from a total of 246, which had been created from 1 April 2013 to 31 March 2016) were still outstanding after their original due date had passed.

Details of outstanding risk actions not implemented are reported annually to the Governance and Risk Board and Audit and Governance Committee and the target is to have all risk actions implemented by the original due dates agreed with services. The position will continue to be monitored during 2016/17.

The target for 2016/17 will remain at 0% i.e. that all actions are implemented.

PI Code & Short Name	IA037_6a.7 Percentage of customers who rated the overall quality of the service provided by counter fraud as good or excellent.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures the percentage of customers who rated the overall quality of counter fraud 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. For each year, the cumulative number of positive responses is divided by the total number of responses to determine a percentage. The results of customer feedback are analysed on a quarterly basis in order to identify areas for improvement.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%




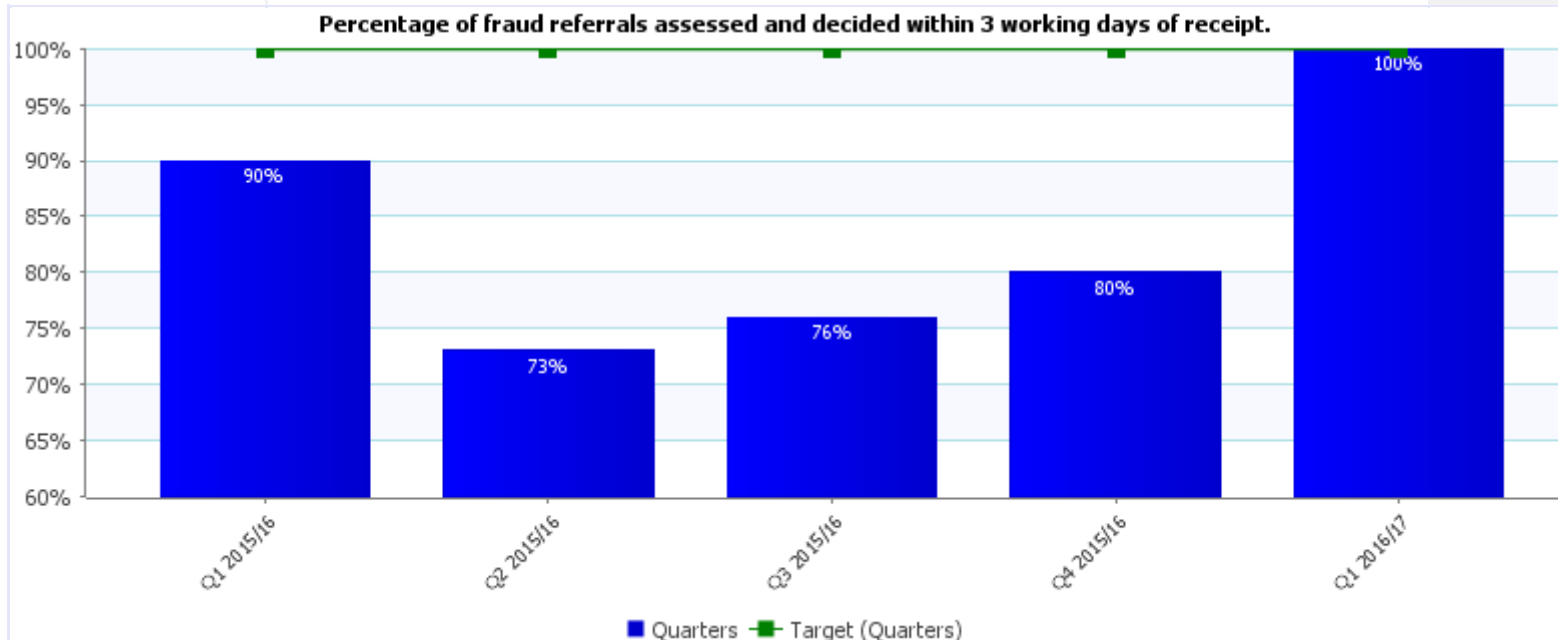
Trend Chart Commentary:

Performance for Q1 2016/17 was 100%. Four customer questionnaires were received and all customers rated the overall quality of the service as good or excellent.

Performance for all quarters of 2015/16 was 100%, with four questionnaires being received in total.

The target for 2016/17 will remain at 100%.

PI Code & Short Name	IA039_6b.5 Percentage of fraud referrals assessed and decided within 3 working days of receipt.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures the percentage of fraud referrals assessed and decided within 3 working days. We aim to assess 100% of referrals within 3 working days. The date the the referral is accepted/rejected is subtracted from the date that the referral is received to show the number of days taken for assessment. This is measured quarterly on a cumulative basis.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%




Trend Chart Commentary:

Performance for Q1 2016/17 was 100%. Eleven referrals were received and dealt with in 3 days.

Performance during 2015/16 was variable, in Q4 80% (47 from 59 assessed), Q3 76% (38 from 50 assessed), Q2 73% (22 from 30 assessed) and Q1 90% (9 from 10 assessed), and the target was not met.

The time taken to assess referrals depends on both the nature and complexity of the referral and the total number of referrals requiring assessment.

The target for 2016/17 will remain at 100%.

PI Code & Short Name	IA051_7b.1 Cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures the cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit for each financial year. For each financial year, we aim to have equal to or less than 1% sickness absence. The SPI figure provided by Human Resources is used to populate this indicator.	Traffic Light Icon	
		Current Value	0%
		Current Target	1.5%



Trend Chart Commentary

Sickness Absence performance to August 2016 was 0%, with no days absence taken by staff.


Sickness Absence performance for the year to March 2016 was 1.84% with 31 days sick leave taken. This is a significant increase from previous years with 15 days being accounted for by one member of staff undergoing a surgical procedure in April 2015. Previous years' information is noted below for information.

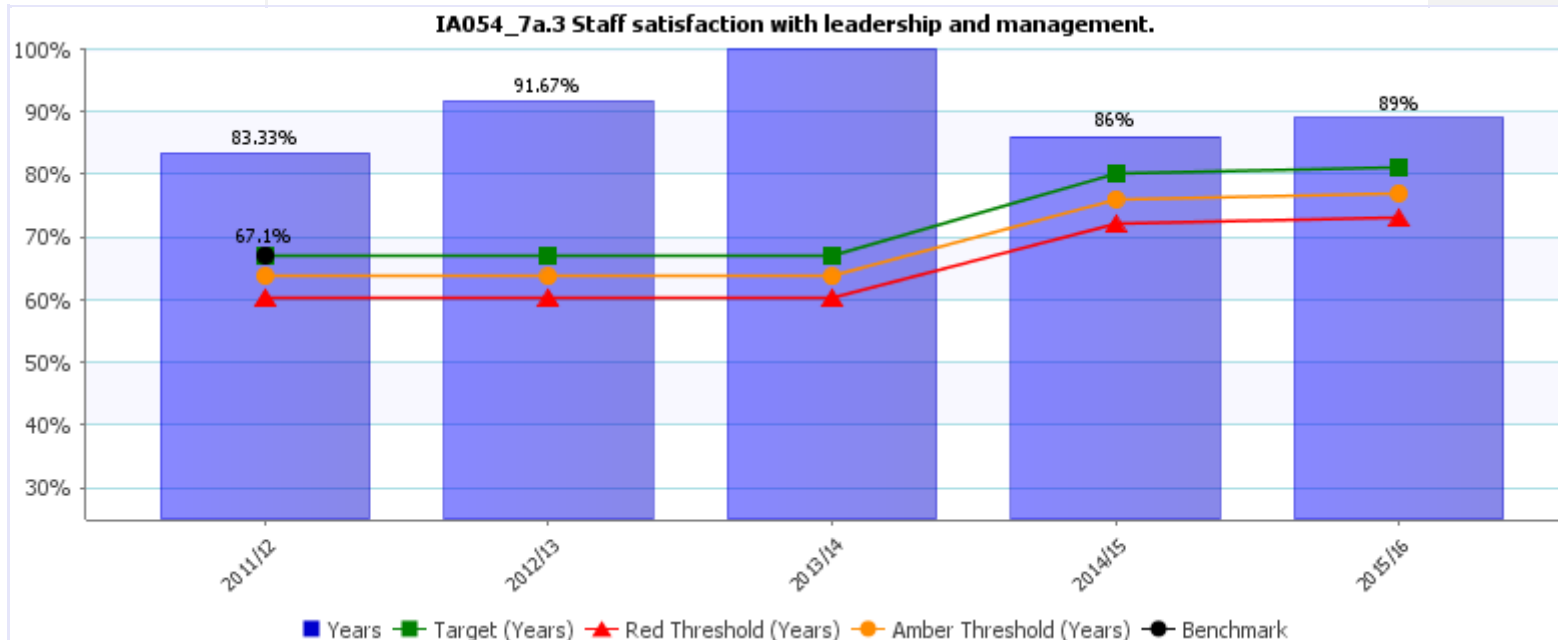
2014/15 - 0.67%, 17 days sick leave (Staffing change in Feb 2014 when Counter Fraud Officers joined the Unit).

2013/14 - 0.76%, 10 days sick leave.

2012/13 - 0.90%, 8 days sick leave.

2011/12 - 0.92%, 8 days sick leave.

PI Code & Short Name	IA054_7a.3 Staff satisfaction with leadership and management.	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This performance indicator measures staff satisfaction with leadership and management from the internal staff survey results. This includes managers giving staff clear feedback on work, encouraging staff to develop skills and abilities, considering personal welfare and clearly outlining tasks and priorities.	Traffic Light Icon	
		Current Value	89%
		Current Target	81%




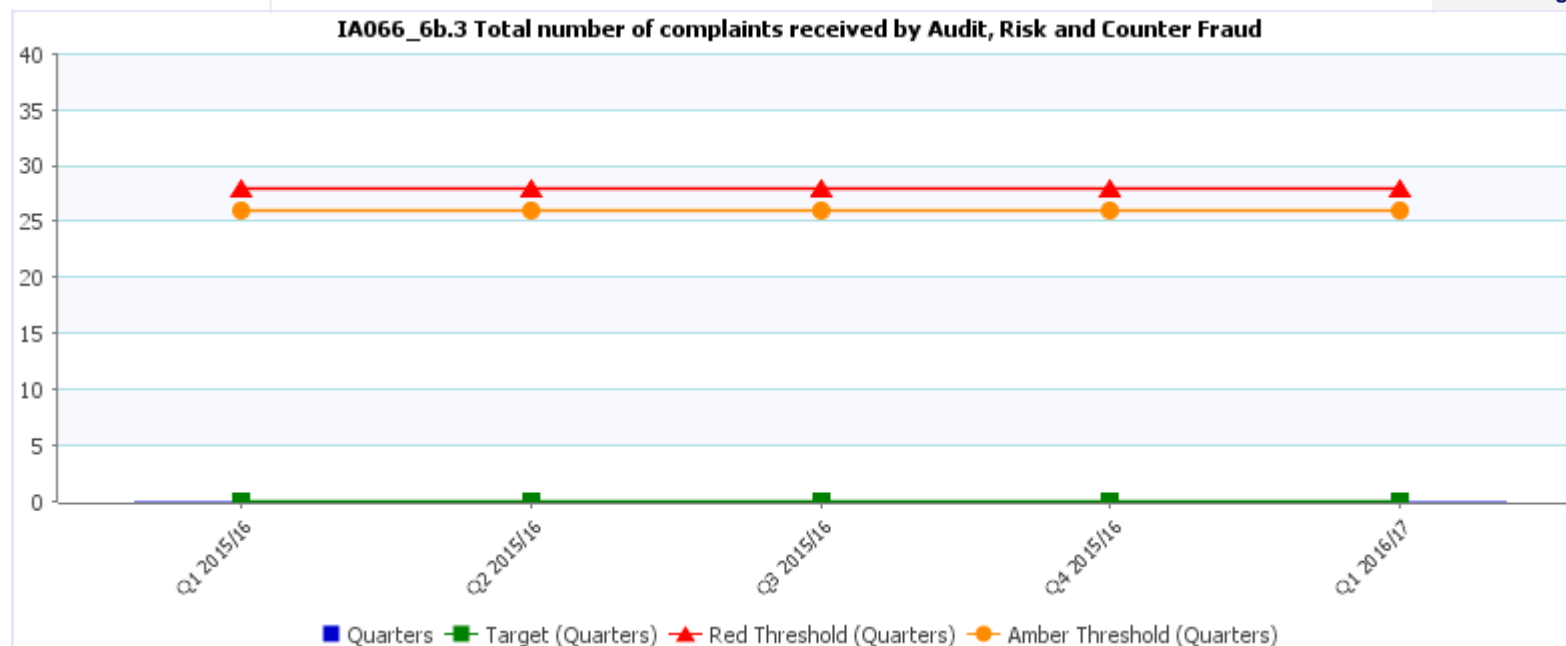
Trend Chart Commentary

The results are taken from the council's corporate survey issued by HR and staff satisfaction with leadership and management has remained high.

Since 2011/12 performance has increased from 83%, to 92% in 2012/13 and 100% in 2013/14, for the responses were either agree or strongly agree for the statements "my line manager gives me clear feedback on my work", "my line manager encourages me to develop my skills and abilities" and "my line manager clearly outlines my tasks and priorities" Improvements are required for the statements "my line manager considers my personal welfare and helps me find a good work-life balance".

For 2014/15 performance fell slightly to 86% (the staff survey included responses provided by the Corporate Fraud Team who transferred to the Audit, Risk and Counter Fraud Team from Revenues and Benefits in April 2014). However for 2015/16 results have increased to 89%.

PI Code & Short Name	IA066_6b.3 Total number of complaints received by Audit, Risk and Counter Fraud	PI Owner	zIA_PIAAdmin; Kenneth Ribbons
Description	This PI measures the combined level of stage 1 and stage 2 complaints received.	Traffic Light Icon	
		Current Value	0
		Current Target	0



There have been no complaints received by the Audit, Risk and Counter Fraud Unit to date.

Target per quarter is set at 0 complaints.



PERFORMANCE COMMITTEE

LEGAL SERVICES PERFORMANCE

REPORT BY HEAD OF CORPORATE SERVICES

A. PURPOSE OF REPORT

To provide the Performance Committee with an overview of Legal Services along with details of service performance

B. RECOMMENDATION

It is recommended that the Performance Committee:

1. Notes the contents of this report and appendix
2. Provides feedback on service performance: and
3. Identifies any recommendations for performance improvement

C. SUMMARY OF IMPLICATIONS

I	Council Values	Focusing on our customers' needs; being honest, open and accountable; developing employees; making best use of our resources; working in partnership
II	Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	None
III	Implications for Scheme of Delegations to Officers	None
IV	Impact on performance and performance Indicators	Appendix 1 details performance indicators and results currently reported for the service
V	Relevance to Single Outcome Agreement	
VI	Resources - (Financial, Staffing and Property)	None
VII	Consideration at PDSP	Not applicable
VIII	Other consultations	None

D. TERMS OF REPORT

D.1 Service Overview

Legal Services provide a broad range of legal services, support, representation and advice to all Council Services. It also has a significant function in supporting the delivery of the Councils modernisation and project related work. Legal Services provide a committee administration service and administers the Civic Government and Hire Car Licensing regimes and provides legal advice and Clerking services to the Licensing Board.

The service has a total complement of staff of 31.8 FTE and an annual net revenue budget of £996,809. The service actively engages with a number of partners, key amongst whom are: Scottish Courts Service, Police Scotland, Scottish Children's Reporters Administration, Licensing Forum, Community Councils and Licensed Trade

D.2 Service Activities

The main activities of the service are:

- Committee Administration
- Community Councils
- Local Government Law Services
- Employment Law and Policies
- Hire Car and Miscellaneous Licensing
- Planning Law Services
- Litigation
- Social Work Law Services
- Education Law Services
- Liquor Licensing
- Procurement and Contract Law Advice
- Property and Conveyancing Services

D.3 Performance and Achievement

During 2015/16, the service delivered a number of key achievements including supporting Social Policy in relation to policy and procedural matters particularly to improve arrangements for looked after children, completing the Gambling Policy review and responded to and gave evidence to Scottish Parliament in relation to Air Weapons and Licensing (Scotland) Bill (now Act 2015), providing continuing support for the new build housing project and securing delivery of key development sites, successfully transferring the new school site at Southdale and completing the agreement for extension to Simpson Primary School, undertaking review of Community Council Scheme and the administration of the shadow Integration Joint Board and Integration Joint Board strategic planning group.

During 2016/17, the service will continue to support delivery of council projects, represent the councils interests in courts and tribunals and ensure that the impact and implication of legislative changes are understood and implemented – e.g. Air Weapons and Licensing (Scotland) Act 2015, Review of a number of significant licensing schemes and licensing policy, New programme of training for community councils, Support work with council services and Police Scotland to develop processes for parades/processions.

D.4 Performance Management

Legal Services performance is regularly measured through a suite of performance indicators in line with the council's performance management framework, using the covalent system. These indicators are representative of a range of activities delivered by the service and include statutory, public performance reporting and management indicators, including measures of customer and staff perception.

Legal Services was subject to WLAM Assessment in November 2013 and placed on a three year cycle. The service is scheduled for WLAM Assessment in February 2017

Appendix 1 provides a sample of the services performance indicators, including trend charts and commentary.

E. CONCLUSION

The report and the attached appendix summarise the activities and the performance of Legal Services. The Performance Committee is asked to note the report, provide feedback on performance and advise of any recommendations on performance improvement.

F. BACKGROUND REFERENCES

None

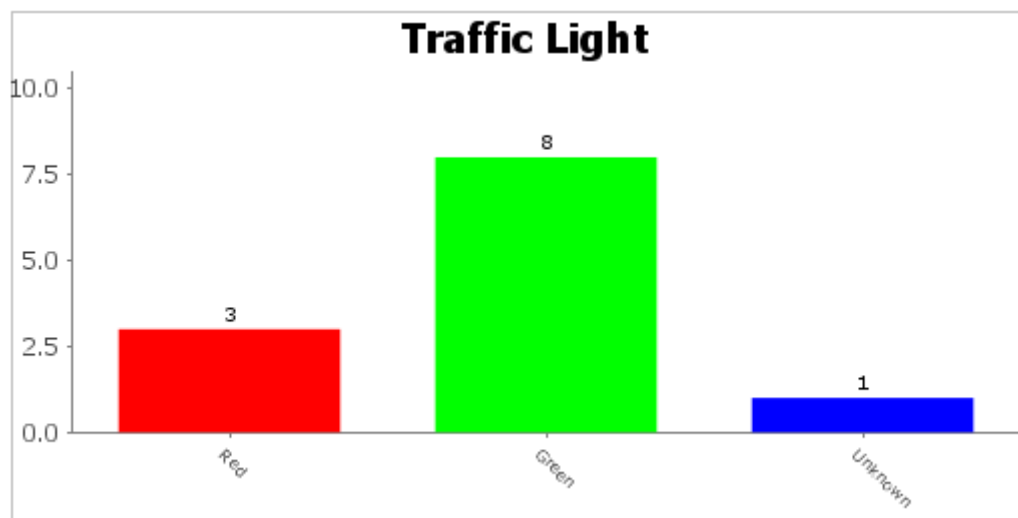
Appendices/Attachments: Appendix 1 – Legal Services Performance Report


Contact Person: Carol Johnston, Legal Services Manager.
Tel 01506 281605; email carol.johnston@westlothian.gov.uk

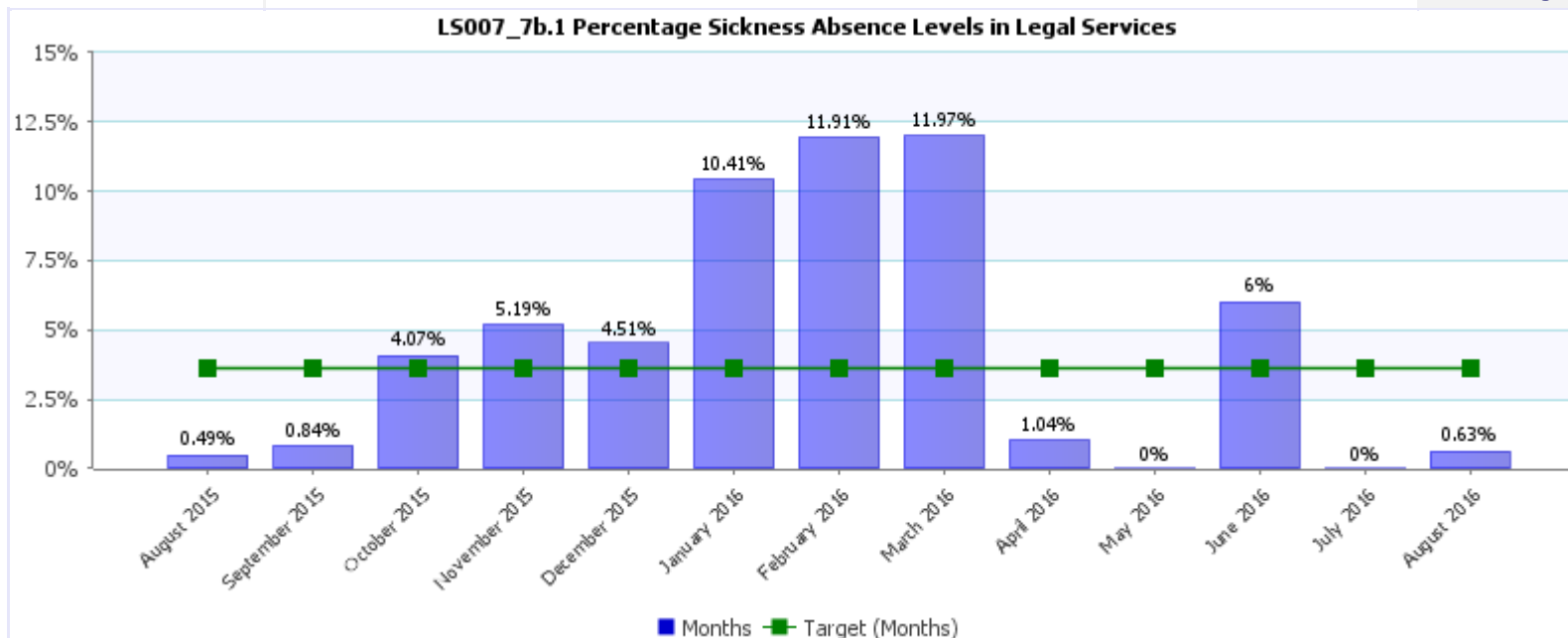
Julie Whitelaw
Head of Corporate Services
10 October 2016

Legal Services - Performance Committee

Generated on: 30 September 2016 11:45



PI Code & Short Name	LS007_7b.1 Percentage Sickness Absence Levels in Legal Services	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	This measure records Legal Services Sickness Absence levels as reported through monthly management reports from HR Pay and Reward. This indicator measures the actual absences during each month. It is used to review the effectiveness of sickness absence management. The sickness absence data for each month is not available until the 18th of the following month.	Traffic Light Icon	
		Current Value	0%
		Current Target	3.6%



Trend Chart Commentary

During August and September 2015, there were fluctuations in sickness absence levels due to a mixture of long and short term absences, but the absence levels were below the corporate 3.6% target level. During October 2015 to March 2016 sickness absence levels increased evidencing a reduction in performance. These periods of sickness absence were attributed to ongoing long term sickness absence of a limited number of employees and increasing numbers of short term sickness absence, particularly during January - March 2016. The increase in short term absence during the latter period was primarily attributable to seasonal illnesses.


There was a reduction in sickness absence in April 2016 and a further reduction in May 2016. These reductions were attributable to a reduction in short term sickness absence during April, and the cessation of long term sickness absence during May.

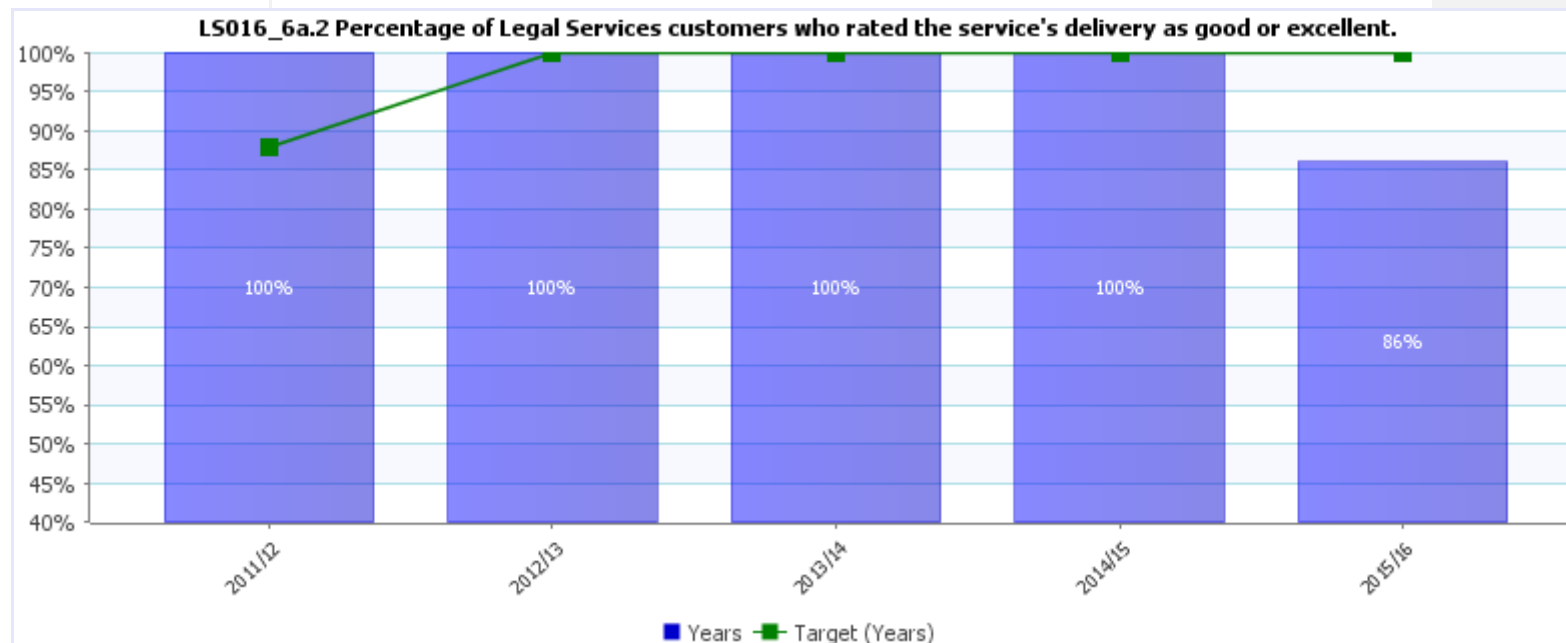
In June 2016 an increase is evidenced and this was primarily attributable to medium term absence of a limited number of staff. These absences were resolved and the trend evidences that there was no sickness absence during July 2016. An increase in sickness absence is evidenced during August 2016, but absence levels remain below the corporate target level of 3.6%.

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 2016/17 will remain at 3.6%

PI Code & Short Name	LS016_6a.2 Percentage of Legal Services customers who rated the service's delivery as good or excellent.	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	<p>Customer satisfaction surveys are issued to all customers by Legal Services at the end of a transaction. This performance indicator measures the percentage of customers who rated the service's delivery as good or excellent from a five-point scale (excellent, good, adequate, poor, very poor). The data from surveys is analysed to identify service improvements and the results are reported at the end of the financial year.</p> <p>A one page survey has been developed by legal services and is being issued to customers on conclusion of a lengthy or major transaction. The success of these methods shall be reviewed regularly. Methods of consultation will continue to be reviewed with a view to maintaining performance and improving response rates.</p>	Traffic Light Icon	
		Current Value	86%
		Current Target	100%




Trend Chart Commentary:

During 2015/16 a reduction in performance is evident. Survey returns have not identified specific reasons for customer dissatisfaction. It is likely that the impact of reduction in performance in relation to sickness absence, and the necessity to prioritise particular areas of business during the year, have affected the ability of the service to meet customer identified timescales, and that customers are reflecting this in their survey responses. The reduction in performance may also reflect customer dissatisfaction with service delivery arising from lack of timeous engagement with the service. This has on a small number of occasions impacted upon customer project delivery. To support improved performance, the service is undertaking a process of reviewing and mapping out key customer projects and timescales to allow improved support and promote timely customer engagement and support appropriate workload and resourcing considerations. 4 out of 28 responses rated the service below Good.

The trend shows that during the period 2011/12 to 2014/15 that the target was consistently met.

The target for the year 2016/17 is 100%.


PI Code & Short Name	LS019_6a.5 Percentage of Legal Services customers who rated the staff's professionalism and knowledge as good or excellent.	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	<p>Customer satisfaction surveys are issued to all customers by Legal Services at the end of a transaction. This performance indicator measures the percentage of customers who rated the staff's professionalism and knowledge as good or excellent from a five-point scale (excellent, good, adequate, poor, very poor). The data from surveys is analysed to identify service improvements and the results are reported at the end of the financial year.</p> <p>A one page survey has been developed by legal services and is being issued to customers on conclusion of a lengthy or major transaction. The success of these methods shall be reviewed regularly.</p>	Traffic Light Icon	
		Current Value	100%
		Current Target	100%



The trend evidences that between 2011/12 and 2015/16 the target was met, with 100% achieved annually. In 2015/16, 28 responses were received.


Surveys are ongoing throughout the year. Methods of consultation will continue to be reviewed with a view to maintaining performance and improving response rates.

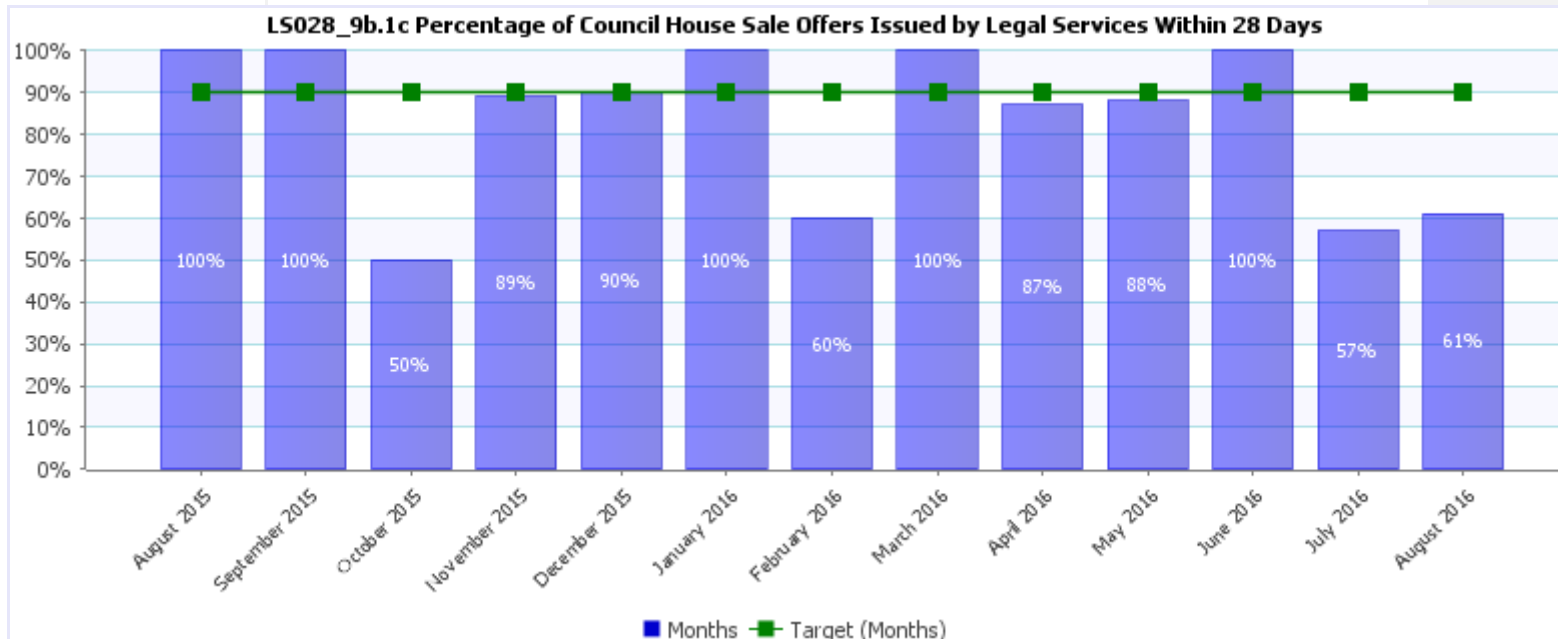
The target for 2016/17 shall remain at 100%

PI Code & Short Name	LS027_6b.4 Percentage of all complaints closed annually by Legal Services that were upheld / partially upheld	PI Owner	zLS_PIAAdmin; Carol Johnston
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>	Traffic Light Icon	
		Current Value	N/A
		Current Target	0%



Trend Chart Commentary: The trend shows that Legal Services have had one upheld complaint during Q4 2015/16. The complaint related to a delay in processing instructions. The delay was caused by the requirement to prioritise other business. The trend shows that with the exception of 1 complaint which was upheld in Q4 2015/16, no complaints have been upheld against Legal Services. In periods where no complaints were received the chart will show as a blank. The target for 2016/17 remains at 0%.

PI Code & Short Name	LS028_9b.1c Percentage of Council House Sale Offers Issued by Legal Services Within 28 Days	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	This indicator measures the percentage of formal offers to sell a Council House to a sitting tenant issued by Legal Services to the sitting tenant or their solicitor within 28 days. Although there is a statutory period of 182 days within which to complete the entire sale process, Legal Services has set an internal service standard of 90% of offers issued within 28 days. The time starts once initial checks have been completed on the application to purchase the council house, the District Valuer has responded and plans are available.	Traffic Light Icon	
		Current Value	57%
		Current Target	90%




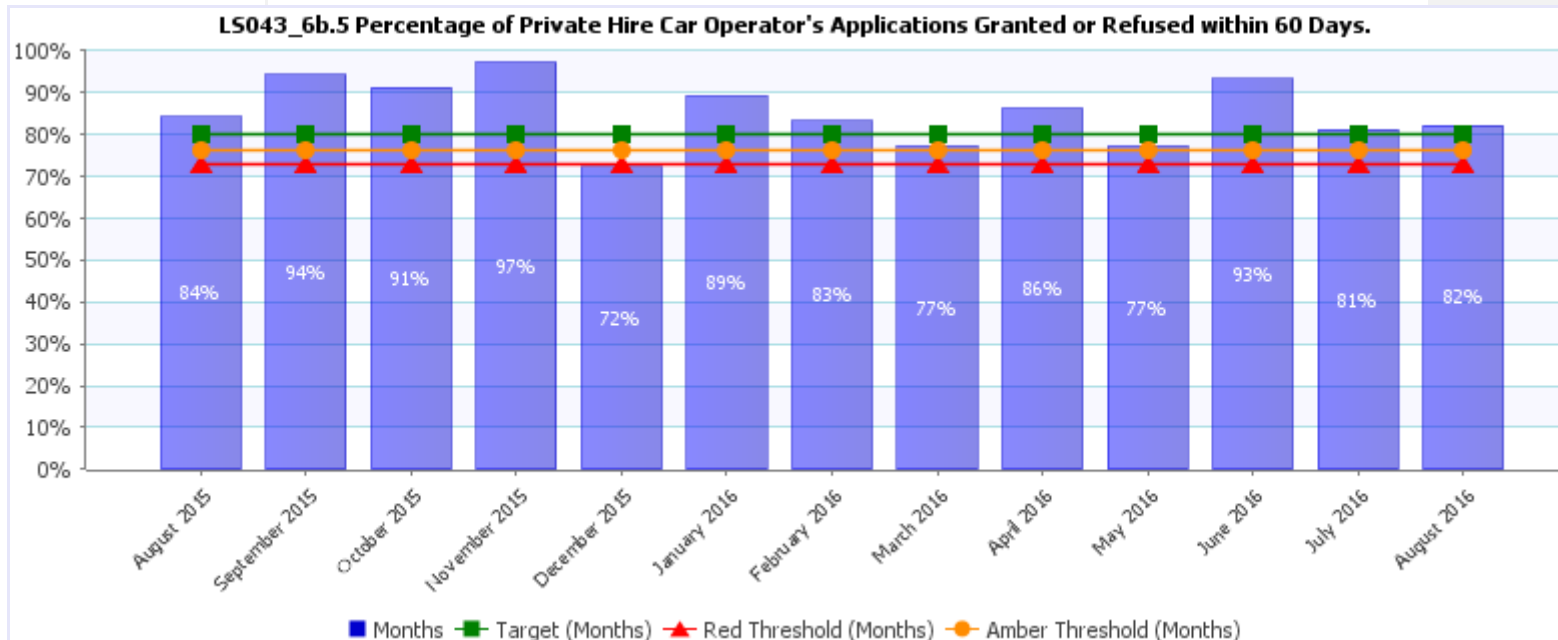
The trend evidences that the performance has fluctuated since August 2015.

There are evident reductions in performance during October, November 2015, and February, April, May, July and August 2016. The reductions in performance are evidence of matters arising which are primarily from factors outwith the control of the service and related to the requirement for corrective conveyancing, issues relating to plans, and tenants and necessity to obtain specialist reports. This was compounded by the necessity to priorities other business and sickness absence which have affected service performance in general. There was also an increase in the number of applications made during the July 2016 when tenants made applications prior to the cessation of the right to buy which was on 31 July 2016.

No further applications will be received in relation to the right to buy council housing stock and from August 2016, the indicator will reflect the processing of offers received prior to the cessation of the right to buy.

The target for 2016/17 remains at 90%

PI Code & Short Name	LS043_6b.5 Percentage of Private Hire Car Operator's Applications Granted or Refused within 60 Days.	PI Owner	zLS_PIAAdmin; Audrey Watson
Description	The Civic Government (Scotland) Act 1982 provides for a statutory deadline of 6 months for an application for a private hire car operator's licence to be granted or refused. The Licensing Team has set a target of 80% of applications granted or refused within 60 days.	Traffic Light Icon	
		Current Value	82%
		Current Target	80%



Trend Chart Commentary:

This indicator reports the total number of private hire car operator's applications granted or refused each month.


Vehicles require to undergo a test at the Taxi Examination Centre (TEC) and vetting must be completed by the Police at the TEC prior to applications being granted. Any objections received result in the application requiring to be considered at a Licensing Committee meeting, leading in most cases to the target being exceeded due to the statutory timescales involved in that process.

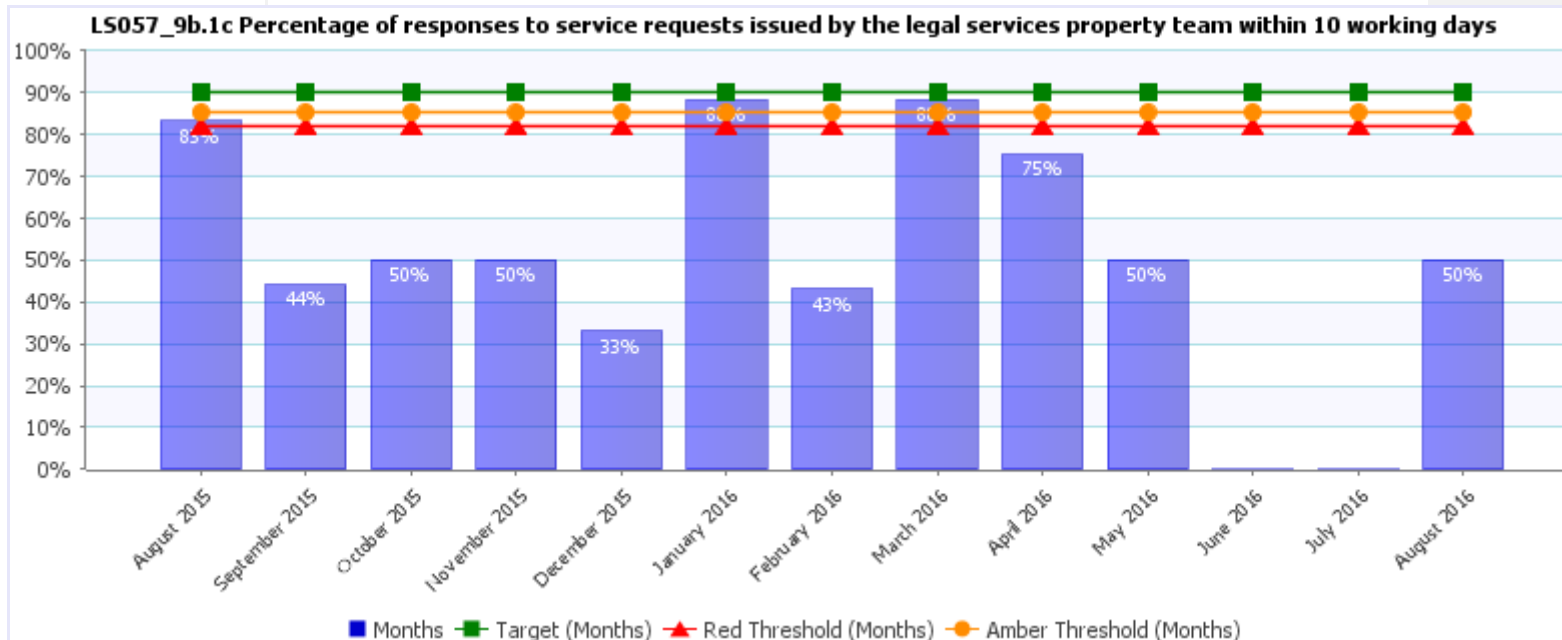
The target has been consistently achieved with the exception of December 2015 and March and May 2016 when a reduction in performance is evidenced. This arose as a result of restrictions on the number of new vehicles which could be tested by the Taxi Examination Centre and accommodated in their annual testing schedules.

To support increased vehicle testing capacity, the TEC are installing an additional ramp and have revised working practices to meet demand. Despite the reduction in performance during the identified periods, the 6 month statutory timescale for determining applications has not been breached. The statutory timescale is to be extended to 9 months in the latter part of 2016. A review of timescales and the target for this indicator will be undertaken with the introduction of the extended statutory timescale.

This indicator should be viewed with LS042_6b.2, LS044_6b.2, LS045_6b.2 and LS046_6b.3.

The target for 2016/17 is set at 80%


PI Code & Short Name	LS057_9b.1c Percentage of responses to service requests issued by the legal services property team within 10 working days	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	Legal Services has agreed a service standard with customers whereby all instructions in relation to property transactions, (for example, sales, purchases, leases) shall be responded to within 10 working days. This indicator measures the percentage of service requests which have been responded to within that timescale.	Traffic Light Icon	
		Current Value	0%
		Current Target	90%

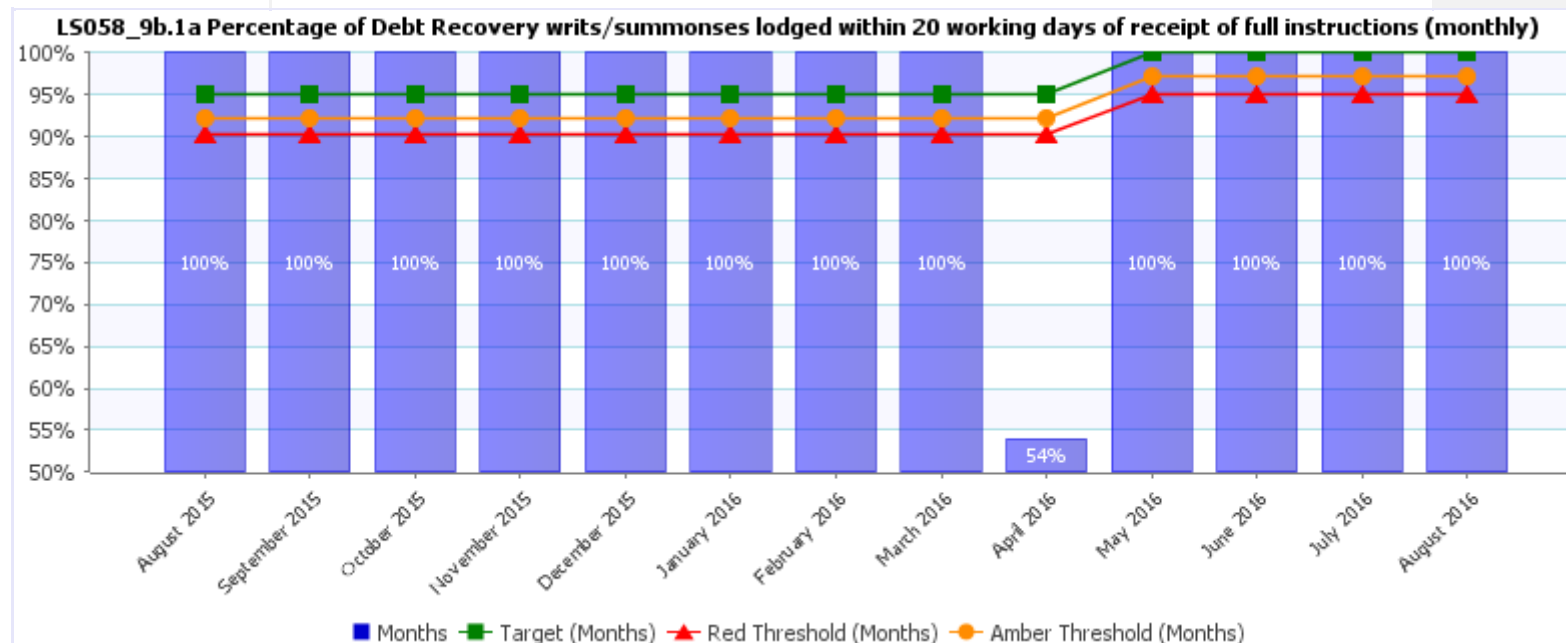


Trend Chart Commentary:

The trend shows fluctuations in performance during August 2015 to August 2016. Although below target, improvement in performance is evidenced during January 2016, March and August 2016. During the period June and July 2016 the trend evidences the greatest reduction in performance and failure to meet target. Performance overall during the period August 2015 to August 2016 has been affected by the impact of sickness absence and the necessity to prioritise other council business.

The target for 2016/17 remains at 90%


PI Code & Short Name	LS058_9b.1a Percentage of Debt Recovery writs/summonses lodged within 20 working days of receipt of full instructions (monthly)	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	Legal Services has agreed a service standard of lodging debt recovery writ/summons in the sheriff court within 20 working days of receipt of full instructions. Instructions can be received at any time during the month. This indicator measures the monthly percentage of debt recovery writs/summonses which have been lodged within timescale. The target set by legal services is to lodge 95% of writs/summonses within timescale.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%

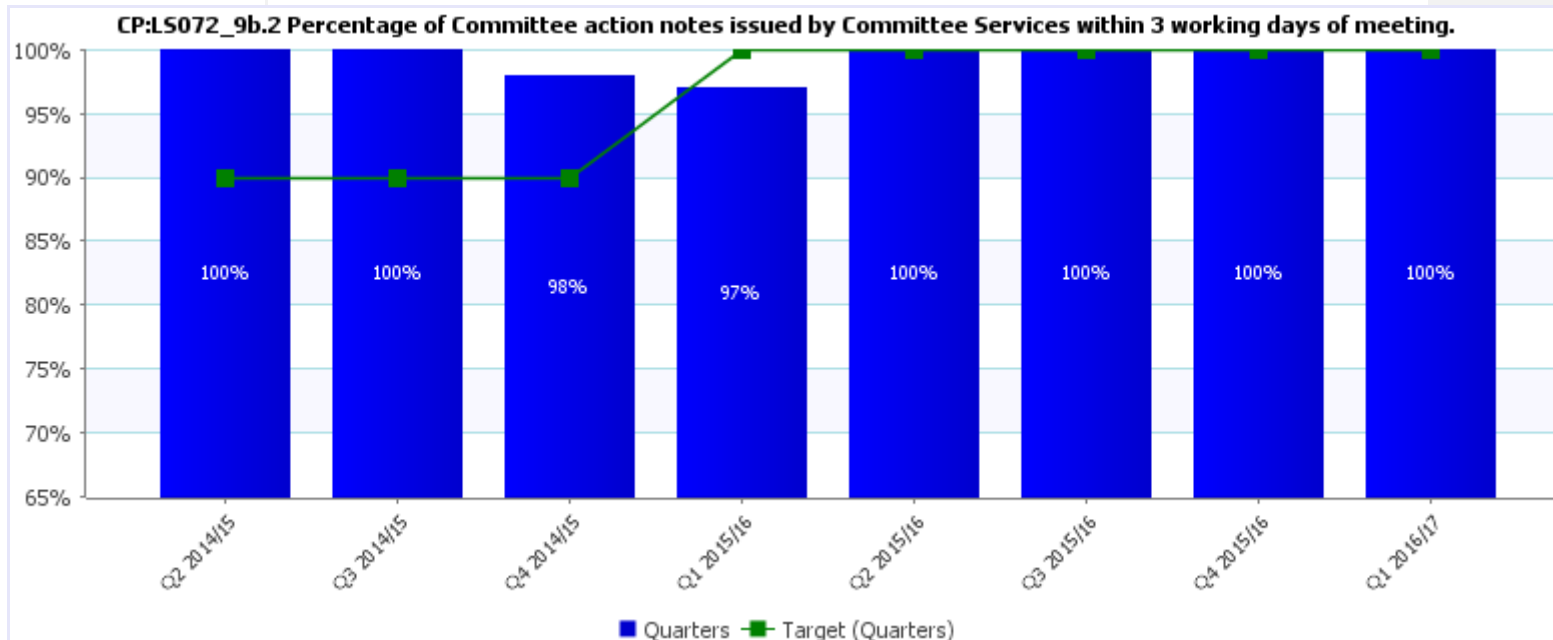


This indicator reports performance in relation to processing of all heritable arrears cases (evictions), service accounts and general debt recovery. Service level has been agreed with services as lodging summons/writ in court within 20 working days of receipt of full instructions.

The trend shows that with the exception of April 2016 when there was a reduction in performance arising from the need to priorities other business, that the target is consistently being achieved.


Legal services have set the target for 2016/17 at 100%

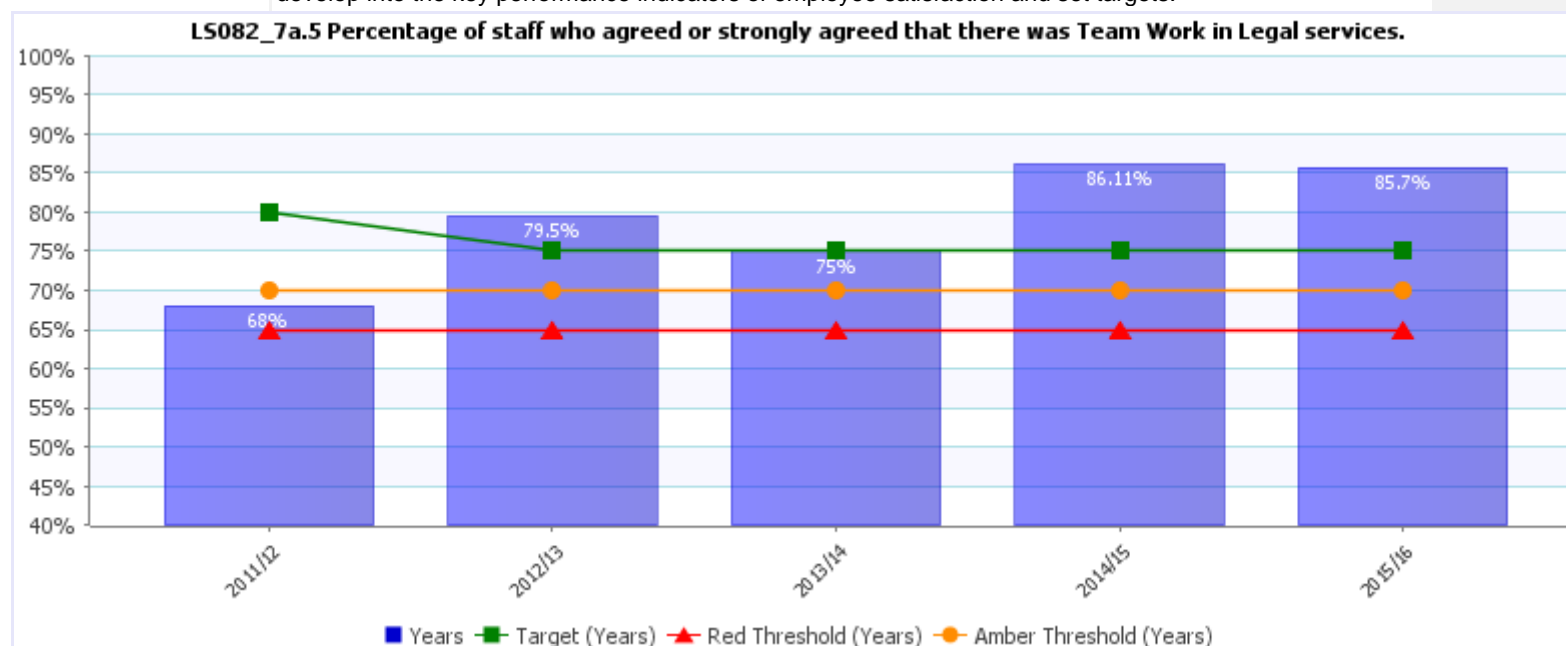
PI Code & Short Name	CP:LS072_9b.2 Percentage of Committee action notes issued by Committee Services within 3 working days of meeting.	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	This indicator measures the number of action notes issues within 3 working ways of a meeting as a percentage of the total number of action notes issued.	Traffic Light Icon	
		Current Value	100%
		Current Target	100%



Trend Chart Commentary:

The trend evidences that target was met during Quarter 2 and Quarter 3 2014/15. A reduction in performance was evidenced in Quarter 4 2014/15, whilst still achieving target. During Quarter 1 2015/16, target was increased to 100% and a reduction in performance during that period is evidenced. Both the periods of reduction in performance during these quarters occurred as a result of the need to prioritise other business. The action notes which were not issued within timescale were issued within a day or two beyond the target date. No prejudice was caused to the council or council officers. The trend shows that since Q2 2015/16, the target has been met. The target for 2016/17 shall remain at 100%.

PI Code & Short Name	LS082_7a.5 Percentage of staff who agreed or strongly agreed that there was Team Work in Legal services.	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	<p>This performance indicator measures employee satisfaction with the effectiveness of teamwork in Legal Services.</p> <p>This is calculated by measuring the percentage of respondents to the council staff survey who strongly agreed or agreed that their:</p> <ul style="list-style-type: none"> - Colleagues are committed to providing a good service (Q14) - Team has regular meetings (Q15) <p>The survey response is collected annually by Human Resource Services however, it is the responsibility of the service to manage, analyse and record the data on Covalent, selecting the most meaningful data to develop into the key performance indicators of employee satisfaction and set targets.</p>	Traffic Light Icon	
		Current Value	85.7%
		Current Target	75%




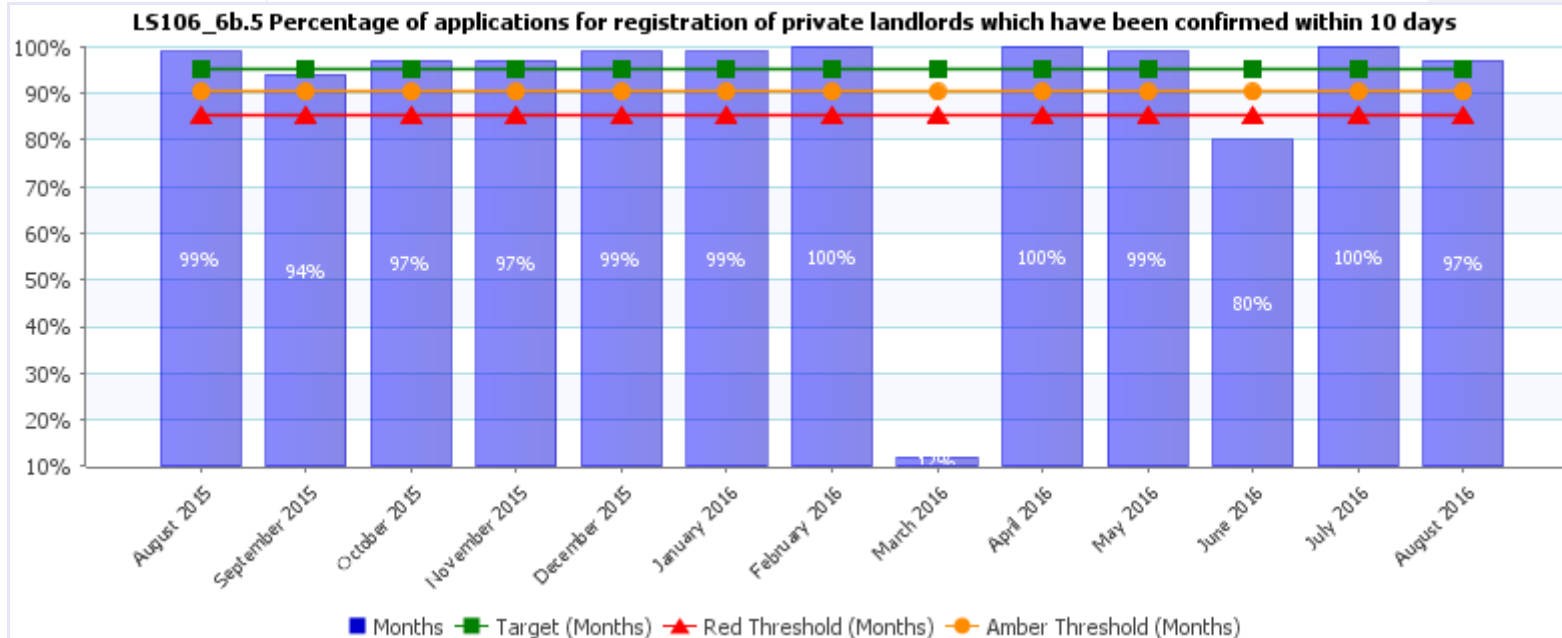
Trend Chart Commentary:

In 2015/16 performance deteriorated slightly to 85.7%. This is likely to reflect resourcing pressures arising from a combination of sickness absence and a number of vacant posts existing within the service compounding resourcing pressures. The response rate to the survey was 84%. Performance is above the council average of 84%. The trend shows an improvement in 2012/13 and reduction in performance during 2013/14 with improved performance in 2014/15.

Improved performance in 2014/15 is likely to reflect the arrangements made and support for cross team working and support to be provided in particularly challenging times for the service. Improvement is also reflective of the arrangements in place to support staff within the employee engagement framework.

The 2016/17 target is 75%


PI Code & Short Name	LS106_6b.5 Percentage of applications for registration of private landlords which have been confirmed within 10 days	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	Applications for Landlord registration can be made online or in paper format and must be confirmed/approved by the Licensing Team. The guidance recommends all applications are dealt with within a maximum of 6 months. The team have set a local indicator of confirming 95% of landlord registrations within 10 days. This indicator measures the percentage of applications which are confirmed within timescale.	Traffic Light Icon	
		Current Value	97%
		Current Target	95%

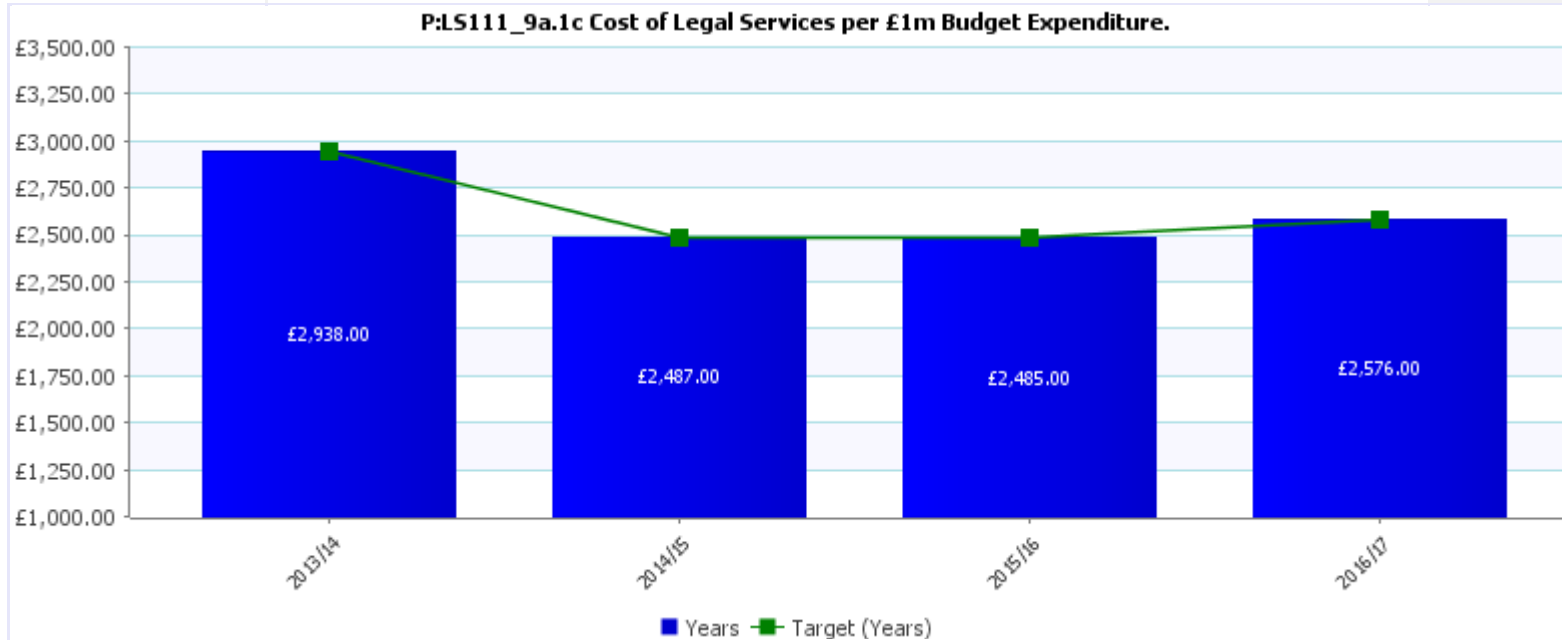


Trend Chart Commentary:

The trend evidences reduction in performance during September 2015, March and June 2016. These related to periods where a combination of incomplete applications being received, which could not be processed, and prioritisation of other business impacted upon service delivery. During those periods, no applicant was prejudiced as they are permitted to rent out their property once they have made their application.

The target for 2016/17 shall remain at 95%.

PI Code & Short Name	P:LS111_9a.1c Cost of Legal Services per £1m Budget Expenditure.	PI Owner	zLS_PIAAdmin; Carol Johnston
Description	<p>This Performance Indicator measures the cost of Legal Services per £1 million of West Lothian Council's budget expenditure. This is calculated by dividing the total cost of Legal Services by West Lothian Council's budget expenditure for the financial year and multiplying by one million.</p> <p>The Performance Indicator provides an understanding of the corporate resource commitment to legal services, support and advice to all Council Services, for the provision of committee administration services and administration of the Civic Government and Hire Car licensing regimes, and administration and provision of legal advice and clerking services to the Licensing Board</p>	Traffic Light Icon	
		Current Value	£2,576.00
		Current Target	£2,576.00



Trend Chart Commentary

The trend shows that the cost of delivering legal services to the Council, its officers and elected members had reduced from £2,938 in 2013/14 to £2,487 in 2014/15 and further reduced to £2,485 in 2015/16. The cost of delivering legal services in 2016/17 has increased to £2,576. This evidences an increase in the cost of delivering Legal Services. This is reflective of the efficiencies achieved by the council in relation to its budget expenditure, and the relatively stable costs of delivering Legal Services.

The target for 2016/17 is £2,576.



PERFORMANCE COMMITTEE

COMPLAINT PERFORMANCE REPORT QUARTER 1 2016/17

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

To report to the Performance Committee the quarterly analysis of closed complaints in Quarter 1: 2016/17.

B. RECOMMENDATIONS

It is recommended that the Performance Committee:

1. Note the corporate and service complaint performance against the standards outlined in the council's complaint handling procedure.
2. Continue to monitor complaint performance and request additional information from services as required.

C. SUMMARY OF IMPLICATIONS

I.	Council Values	<ul style="list-style-type: none">• Focusing on customers' needs• Being honest, open and accountable
II.	Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)	The Public Services Reform (Scotland) Act 2010
III.	Implications for Scheme of Delegations to Officers	None
IV.	Impact on performance and performance indicators	Will provide a robust approach to monitoring complaints performance information covering all council services
V.	Relevance to Single Outcome Agreement	Indicators support various outcomes in the SOA
VI.	Resources (Financial, Staffing and Property)	From existing resources
VII.	Consideration at PDSP	None
VIII.	Other consultations	None

D. TERMS OF REPORT

D.1 Background

The Scottish Public Services Ombudsman (SPSO) developed and published a model Complaint Handling Procedure (CHP) in 28 March 2012. The model CHP was to ensure a standardised approach in dealing with customer complaints across the local authority sector.

All local authorities were required to adopt the model CHP by 31 March 2013. The SPSO expect that local authorities will make the best use of complaint information to inform service improvement activity.

The SPSO outlined four elements of the model CHP that that should not be amended to ensure a standardised approach across all local authorities. These are:

- The definition of a complaint
- The number of stages
- Timescales at each stage
- The requirement to record, report and publicise complaints information

D.2 Corporate Complaint Performance

Table 1 breaks down Quarter 1 complaints by complaint category over a 5 year period.

Table 1 Quarter 1 complaint category covering period 2012/13 - 2016/17					
Complaint Category	Q1 12/13	Q1 13/14	Q1 14/15	Q1 15/16	Q1 16/17
Standard of Service	252	261	227	230	467
Policy Related	120	55	124	78	177
Employee Attitude	109	77	68	91	80
Poor Communication	116	48	60	55	114
Waiting Time	55	25	34	34	152
Missed Appointments	10	5	3	6	5
Not Categorised	-	5	1	-	-
Total Complaints	662	476	517	494	995

The current service level of complaint performance varies across the council and is linked to the complexity and quantity of complaints received. Operational Services and Housing, Customer and Building Services (HCBS) are the main complaint generators by service, accounting for 83.3% (829) of all recorded complaints (995) in Quarter 1: 2016/17.

Further information on the main complaint categories is set out below:

- Standard of Service

The increase in Standard of Service complaints have been generated by Operational Services (285) and HCBS (80) which account for 78.2% (365) of all recorded complaints in the category. The equivalent quarter in 2015/16, Operational Services (68) and HCBS (70) had a combined total of 138 complaints categorised as Standard of Service.

Of the 285 Operational Services Standard of Service complaints, Waste Services

closed a total of 202 complaints. These complaints ranged from: missed container collections, issues relating to the customer container take out service and the provision of replacement containers (all colours).

The increase in complaints for Operational Services over this period is linked to Waste Services route optimisation activity which took place in early April 2016 which included changing the dates of collection. These changes resulted in an increase in complaints relating to perceived missed collections and the crew missing collections due to lack of knowledge of the local area.

During Q1 2016/17, Waste Services also received a significant increase in replacement container requests and delays in delivering these containers impacted on the number of complaints received. Additional service delivery issues within Waste Services also affected the customer container take out service.

- Policy

A total of 177 Policy related complaints were closed by the council. This was an increase of 99 from the equivalent quarter in the previous year. Operational Services (116) and HCBS (39) account for 87.6% of all Policy complaints. Within Operational Services, Public Transport closed 19 complaints which focused on the changes to the bus timetables, and 65 complaints were raised against Waste Services. These complaints were in relation to the 140l containers, change to container collection dates and times, container contamination policy and recycling centre access.

- Waiting Time

The increase in Waiting Time complaints have been generated by Operational Services (87) and HCBS (63) which accounted for 98.7% of all waiting time complaints. A large number of Operational Services waiting time complaints were linked to the time taken to empty missed containers and the waiting time for customers to receive a replacement container.

From April 2016, HCBS now incorporates the Customer Service Centre (CSC) activity which accounts for the increase in complaints when compared to the equivalent quarter in 2015/16. The CSC generated 27 waiting time complaints generally linked to customers being held in a call queue for an extended period.

- Poor Communication

In Q1 2016/17, 75.4% (86) of all Poor Communication complaints were generated by HCBS (51) and Operational Services (35). The equivalent quarter in the previous year, HCBS and Operational Services closed 20 and 7 complaints respectively.

- Employee Attitude

Employee Attitude complaints have been driven by Operational Services (40) and HCBS (28) which account for 85% (68) of all recorded complaints in this category. The equivalent quarter in 2015/16, Operational Services (41) and HCBS (24) had a combined total of 65 complaints categorised as Employee Attitude related.

Waste Services was the main contributor to the rise in complaints in Q1 2016/17, caused by major service process redesign which affected several of their key activities. The service has taken action to reduce the impact of these changes to the customer which will help lower the level of complaints received over the coming months. These actions include carrying out a full review of the approved take out service to ensure it is

up-to-date and accurate, new crew routes now include an individual familiar with the new beat area and a short term realignment of staffing resource to help with the delivery of replacement containers.

Appendix 1 to the report provides the council wide performance against the SPSO defined measures covering the period Quarter 1: 2016/17 (April 2016 to June 2016). All open complaints which are listed as open in Appendix 1 have now been closed by the relevant service.

D.3 Summary of Service Complaint Performance

The Corporate Complaint Steering Board identified four high level indicators that provided a summary of complaint handling performance.

The four indicators are:

1. Total complaints closed
2. Complaints closed within 5 working days
3. Complaints closed within 20 working days
4. Complaints part upheld/upheld

Table 2 provides a summary of service performance against these 4 key indicators.

Table 2 Quarter 1: 2015/16 and 2016/17 service performance summary								
Service¹	Total Complaints		Complaints Closed Within 5 Working Days		Complaints Closed Within 20 Working Days		Complaints Part Upheld/Upheld	
	Q1 2015/16	Q1 2016/17	Q1 2015/16	Q1 2016/17	Q1 2015/16	Q1 2016/17	Q1 2015/16	Q1 2016/17
Area Services	56	-	94%	-	0%	-	63%	-
Corporate Services	2	5	50%	100%	0%	-	0%	40%
Education Service	54	84	78%	81.1%	90%	80.6%	33%	29.8%
Exec Office	19	14	0%	100%	90%	84.6%	16%	21.4%
Finance and Property Services	19	38	90%	93.3%	0%	85.7%	42%	31.6%
HC&BS ²	168	263	66%	88.6%	88%	87.7%	53%	61.6%
Operational Services	148	566	90%	84.1%	92%	95.8%	79%	70.3%
PEDR	25	24	92%	78.9%	0%	0%	33%	33.3%
Social Policy	3	1	33%	100%	0%	-	0%	100%
Total	494	995	83%	85.3%	89%	85.9%	54%	61.4%

¹ Service reorganisation in April 2016 affects comparative complaint trends.

² From Q1 2016/ 17, HCBS are now receiving the majority complaints that would have previously been allocated to Area Services.

Table 3 provides a service trend summary of upheld/ part upheld complaints as a percentage of complaints closed by quarter covering 2015/16 and Q1 2016/17.

Table 3 2015/16 and 2016/17 Service upheld/ part-upheld complaint performance					
Service	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17
Area Services	44.7%	63.1%	75.0%	68.1%	-
Corporate Services	0%	33.3%	0%	30.8%	40%
Education Service	33.3%	41%	46.4%	38.7%	29.8%
Exec Office	15.8%	16.7%	16.7%	15.3%	21.4%
Finance and Property Services	42.1%	40.9%	30.4%	34.7%	31.6%
HC&BS	53.4%	60.1%	50.9%	52.9%	61.6%
Operational Services	79.0%	68.2%	70.6%	71.6%	70.3%
PEDR	33.3%	46.2%	17.6%	30%	33.3%
Social Policy	0%	0%	-	16.7%	100%
Total	54.3%	59%	55.4%	56.1%	61.4%

Across the council, 61.4% of all complaints closed in Q1:2016/17 were upheld/ part upheld. Operational Services and HCBS closed the highest number of complaints and also had amongst the highest percentage of complaints that were upheld/ part upheld.

Table 4 provides indicative ratios for the number of complaints against the specific customer groups for Area Services, Education Services, Housing, Construction and Building Services and Operation Services.

Table 4: Ratio of Complaints to Customer Group (for main generators of complaints)			
Service	Base Unit (Q1 2016/17)	Q1 Complaint Volume	Complaint Ratio
Education Services	30,000 pupils	84	1 complaint for every 357 pupils
HCBS	13,169 council houses	263	1 complaint for every 50 council houses
Operational Services	76,659 households	566	1 complaint for every 135 households

E. CONCLUSION

The level of complaints closed in Q1 2016/17 has shown a substantial increase when compared with Q1 2015/16. The main contributor to this increase was Operational Services and various corrective actions have now been implemented to reduce the number of complaints being received by the service.

Services will continue to monitor complaints on a regular basis and use this information to develop and improve service delivery.

F. BACKGROUND REFERENCES

1. [WLC Complaints Handling Procedure](#)

Appendices/Attachments: 1

Appendix 1 Corporate Complaint Performance Q1 2016-17

Contact Person: Joe Murray

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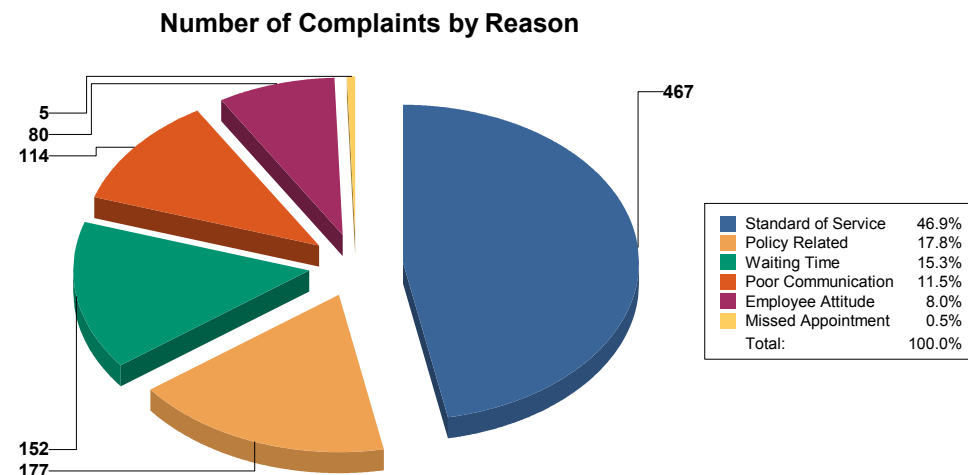
Graeme Struthers

Depute Chief Executive

10 October 2016

This report summarises complaints closed within the period above for all services within Corporate Services. For the purpose of this report all timescales are based on working days and therefore excludes Saturday, Sunday and Public Holidays in the calculations.

SPSO Performance Indicator		Number	%
1	Total number of complaints	995	
2	Complaints closed at Stage 1	844	84.8%
	Complaints closed at Stage 2	142	14.3%
	Complaints closed at Stage 2 after escalation	9	0.9%
3	Complaints UPHELD at Stage 1	359	42.5%
	Complaints NOT UPHELD at Stage 1	297	35.2%
	Complaints PART UPHELD at Stage 1	188	22.3%
	Complaints UPHELD at Stage 2	30	21.1%
	Complaints NOT UPHELD at Stage 2	84	59.2%
	Complaints PART UPHELD at Stage 2	28	19.7%
	Escalated complaints UPHELD at Stage 2	2	22.2%
	Escalated complaints NOT UPHELD at Stage 2	3	33.3%
	Escalated complaints PART UPHELD at Stage 2	4	44.4%
4	Average working days to respond to a Stage 1 complaint	3.8	Days: 3226
	Average working days to respond to a Stage 2 complaint	12.2	Days: 1726
	Average working days to respond to a Stage 2 after escalation	10.7	Days: 96
5	Complaints closed at Stage 1 within 5 working days	720	85.3%
	Complaints closed at Stage 2 within 20 working days	122	85.9%
	Complaints closed at Stage 2 within 20 working days after escalation	9	100.0%
6	Complaints closed at Stage 1 where an extension has been authorised	15	1.8%
	Complaints closed at Stage 2 where an extension has been authorised	4	2.8%



NB: The totals below include complaints resolved at Stage 1 and Stage 2 as well as complaints closed at Stage 1 then re-opened and handled as Stage 2 (escalated).

Percentage of all complaints resolved within timeline: 85.5% (851)

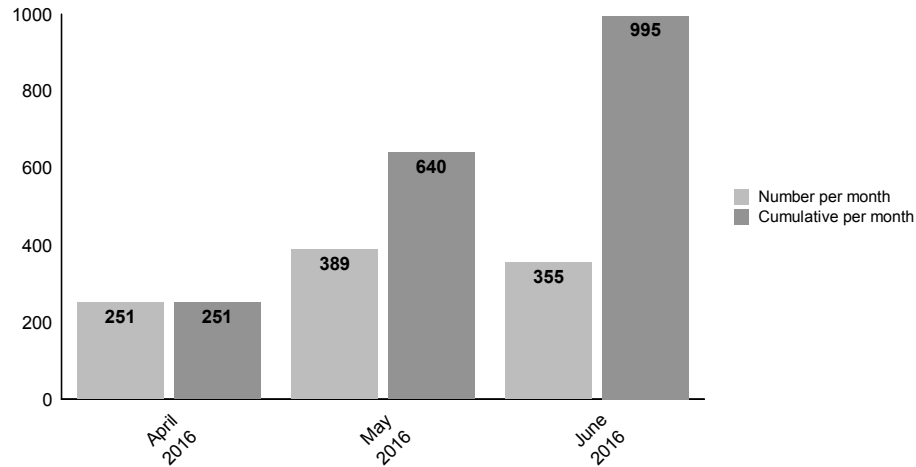
Percentage of all complaints UPHELD: 39.3% (391)

Percentage of all complaints NOT UPHELD: 38.6% (384)

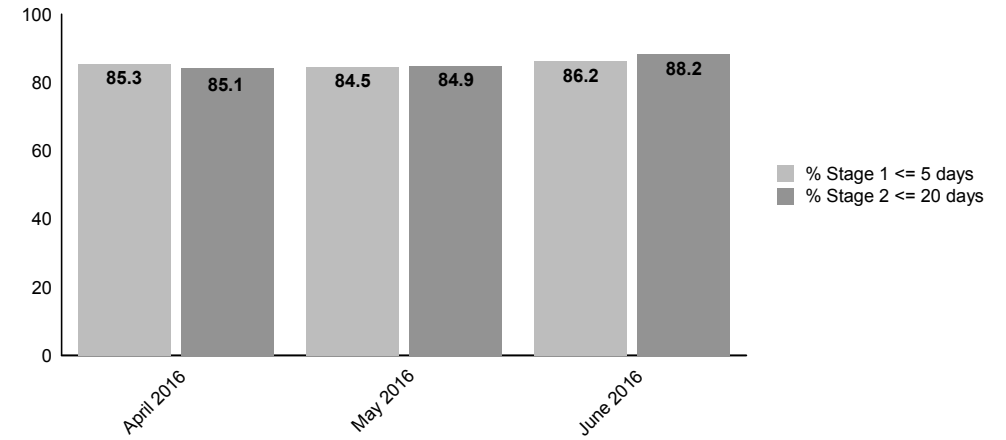
Percentage of all complaints PART UPHELD: 22.1% (220)

Percentage with another or no outcome selected: 0.0% (0)

Complaints Closed 2016/2017
Number and cumulative per month



% Complaints closed within Timeline
% Stage 1 within 5 & Stage 2 within 20 working days by month



Stage 2 figures include complaints escalated from Stage 1 having been closed then re-opened

% of Total complaints Upheld & Part Upheld by month 2016/2017

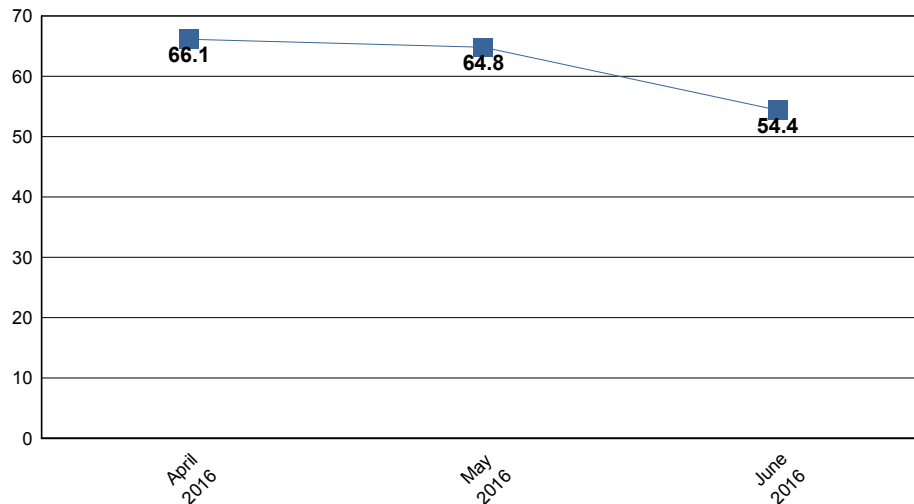


Table showing % of complaints closed within SLA at Stage 1 and Stage 2 cumulative by month

<u>Month/Year</u>	<u>% Stage 1 Closed within 5 Days per month (cumulative)</u>	<u>% Stage 2 Closed within 20 Days per month (cumulative)</u>
April 2016	85.3%	85.1%
May 2016	84.8%	86.0%
June 2016	85.3%	86.8%

NB - the Stage 2 cumulative figure includes escalated complaints (closed at Stage 1 then reopened as Stage 2).

Summary of Secondary Categorisation (Service reason for complaint)

	<u>Total</u>	<u>STAGE 1</u>			<u>STAGE 2</u>			<u>Escalated</u>		
		<u>Upheld</u>	<u>Part Upheld</u>	<u>Not Upheld</u>	<u>Upheld</u>	<u>Part Upheld</u>	<u>Not Upheld</u>	<u>Upheld</u>	<u>Part Upheld</u>	<u>Not Upheld</u>
Corporate Services	5	1	1	3	0	0	0	0	0	0
Blue Badge- standard of service	1	1								
Inaccurate advice/ information	1			1						
Incomplete/ missing website information	1		1							
Standard of service general	2			2						
Education	84	11	7	35	1	6	24	0	0	0
Access/ parking	1			1						
Bullying - Pupil - Pupil	17	4		5		1	7			
Bullying - Pupil - Teacher	1						1			
Catering/ bar service	1	1								
Child Protection	3			2			1			
Curriculum	7	1	1	4		1				
Data Protection	1		1							
Disabled Parking	1	1								
Discipline	4			2			2			
Exclusion	1		1							
Head Teacher	7		1	1		1	4			
Head Teacher & Staff	9			3		2	4			
Health & Safety	3			2	1					
Office Staff	2			2						
Playground Supervisor	1			1						
Pupil Placement	4	1	1				2			
Road Safety	2	1		1						
School Dress	2			2						
School Letting	2	1		1						
Special Needs	6	1	1	2		1	1			
Standard of service general	1			1						
Teacher Attitude	6		1	4			1			
Transport	2			1			1			
Executive Office	14		1	0	2	0	11	0	0	0
Area Services	1						1			

Corporate Services	2				1	1			
Education Services	1					1			
Employee attitude general	1					1			
Inaccurate advice/ information	1	1							
Operational Services	4				1	3			
Policy related general	1					1			
Social Policy	2					2			
Unreasonable delays	1					1			
Finance & Property Ser	38	8	2	20	0	2	5	0	0 1
Claim/information processed incorrectly	11	4	2	5					
Delay in processing claim/information	4			3					1
Employee attitude general	3	1		2					
Inaccurate advice/ information	1			1					
Incorrect or conflicting advice	2	1		1					
Policy related general	1					1			
Poor communication general	9	1		6		2			
Recovery of debt	1			1					
Standard of service general	6	1		1		2	2		
HC&BS	263	84	41	68	19	14	32	1	3 1
Appointment cancelled at short notice	1		1						
Awaiting materials	3	3							
Call not answered	1			1					
Customer call back	1			1					
Customer standards not met	13	4	1	5	1		2		
Damages to property	5	2	2				1		
Discrimination	1						1		
Driving/ parking issues	7	3	3	1					
Eligibility	2						2		
Employee attitude general	15	6	4	3		1	1		
Failed service standard timescales	1	1							
Failed timescales	4	2	1	1					
Failed to reply	5	2			1		2		
Health & Safety	1						1		
Held in queue	17	17							
Inaccurate advice/ information	1	1							
Incorrect or conflicting advice	9	3	2	2	1		1		

Lack of communication	14	1	5	4	2	2	
Missed appointment general	1			1			
No action / Ineffective action taken	17	2	1	5	1	3	4
Policy related general	26	3	4	13	1	1	4
Poor communication general	29	8	5	9	5	1	1
Procedure not followed	1			1			
Refusing customer request	1			1			
Staff conduct/ attitude	5	1	1	1			2
Standard of property/accommodation	10	2		3	2	2	1
Standard of service general	22	6	3	5	3	2	2
Standard of workmanship	2		1		1		
Third party supplier	1		1				
Unreasonable delays	2		1		1		
Unresolved repair after visit	6		3	1	2		
Untidy work	3			1			2
Waiting time general	36	17	2	9	1	1	3
Operational Services	566	250	135	157	7	6	11
Access Issues	10	5	4	1			
Accessibility Issues	19	2	7	9			1
Assisted Bin Collections	32	18	10	4			
Awaiting Bin Stock Delivery	8	5		1	2		
Bin Collection Issues	173	98	54	15	4	2	
Bin Deliveries/ Requests	32	26	2	4			
Bin/ Bulky Pick-Up & Returns	15	11	4				
Bin/ Bulky Presentation Issues	7	3	3	1			
Bulky Uplift Missed	2	2					
Collection Routes	11	8	2		1		
Contamination Issues	7	3	2	2			
Council Policy & Legislation	72	5	9	53			5
Damage to Property	16	8	4	3	1		
Environmental Concerns	10	1	3	6			
Expectations Not Met	12	4	4	4			
External 3rd Party	13			13			
Failed Service SLA Timescales	2	2					
Failed to Reply	5	1	1	2	1		

Food Recycling	2	2						
Grass Left on Paths	8	8						
Grass Not Cut/ Missed	7	5	2					
Health & Safety	6	1	1	4				
Lack of Communication	1	1						
Noise Nuisance	2	1	1					
Parking Issues	5	2	1	1	1			
Poor Customer Service	5	2	3					
Poor or Agressive Driving	8	6	1	1				
Recycling & Calendars	2	1	1					
Road Works	4	2	2					
Road/ Path Defects	10	3	3	3	1			
Service Standards	23	3	4	16				
Staff Conduct / Attitude	21	9	6	2	2	2		
Staff Supervision	1	1						
Standard of Workmanship	6	1	1	3	1			
Street Lighting Faults	2	1	1					
Unreasonable Delays	7	2	3	2				
Planning Econ Dev Reg	24	4	1	14	1	0	1	1
Failure to reply	2			2				
Lack of communication	3			1			1	1
Pest Control- standard of service	2			2				
Planning and Econ. Dev.	1	1						
Policy related general	2			2				
Poor communication general	1				1			
Procedure not followed	1	1						
Standard of service general	10	1		7	1			1
Waiting time general	2	2						
Social Policy	1	1	0	0	0	0	0	0
Lack of communication	1	1						

NB - the categorisation "Z_unknown" relates to cases that were completed prior to the inclusion of the secondary category field.

Open Complaint Cases by Service

Data Label: OFFICIAL

The table below provides the number of complaint cases open by Service and month/year created (to the end of the reporting period). Note that month/year is based on the Stage 1 or Stage 2 task creation date.

	Total	2016		
		April	May	June
Total	14	1	2	11
Education	7	0	1	6
Finance & Property Services	1	1	0	0
Housing Customer & Building Services	3	0	1	2
Operational Services	3	0	0	3

Data Label: OFFICIAL