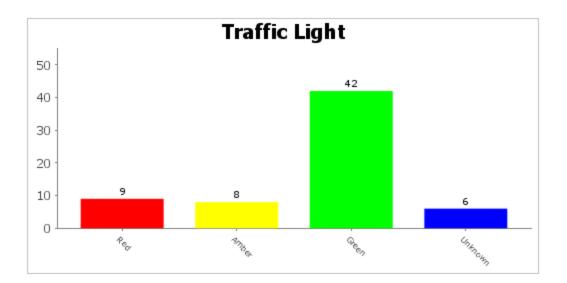
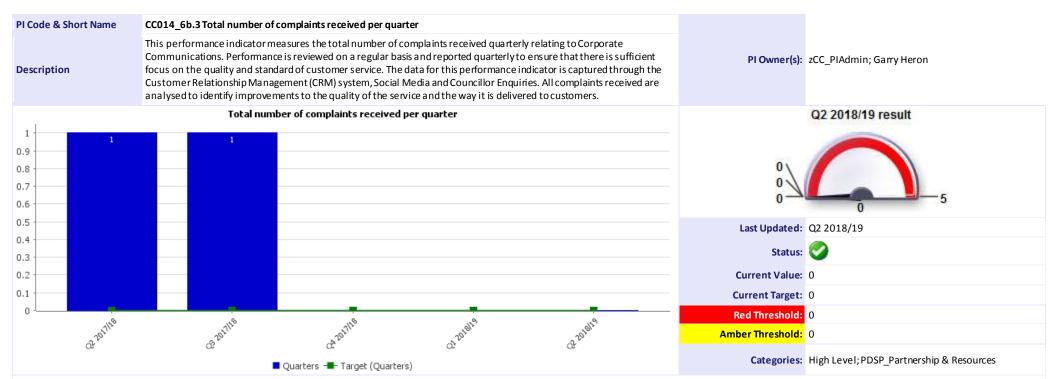
APPENDIX 2

09 PDSP - Partnership and Resources PIs - ALL (Detail)

Generated on: 22 November 2018 16:46



Data Label: OFFICIAL



The service handle complaints made through members of public through social media and councillor enquiries, the service receives a small number of complaints.

2018/19

Q1 2018/19 - the service received no complaints

Q2 2018/19 - the service received no complaints

2017/18

Q1 2017/18 - the service received no complaints

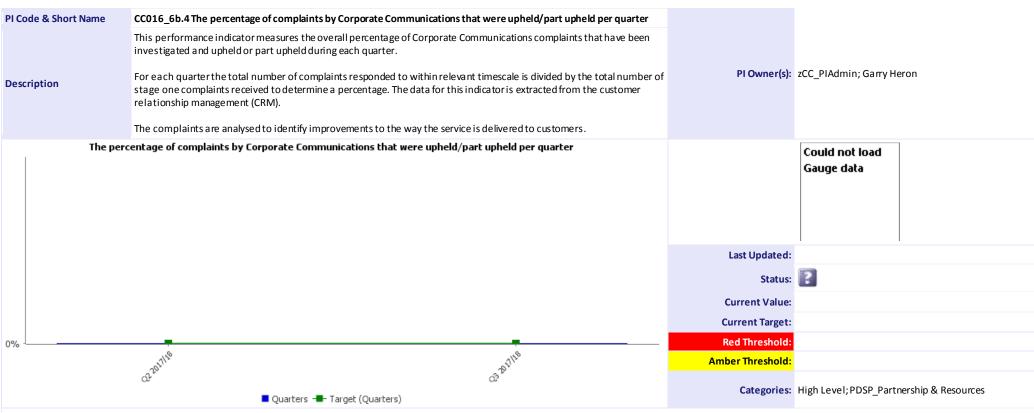
Q2 2017/18 - the service received 1 complaint relating to social media content

Q3 2017/18 - the service received 1 complaint relating to content in Bulletin

Q4 2017/18 - the service received no complaints

Complaints are handled following corporate procedures and analysed to identify trends.

The target for 2018/19 performance will remain at 0 per quarter, this is to reflect the small number of complaints the service received in 2017/18. Targets are reviewed annually.



Q2 2018/19 no complaints were received.

Q1 2018/19 no complaints were received.

Q4 2017/18 no complaints were received.

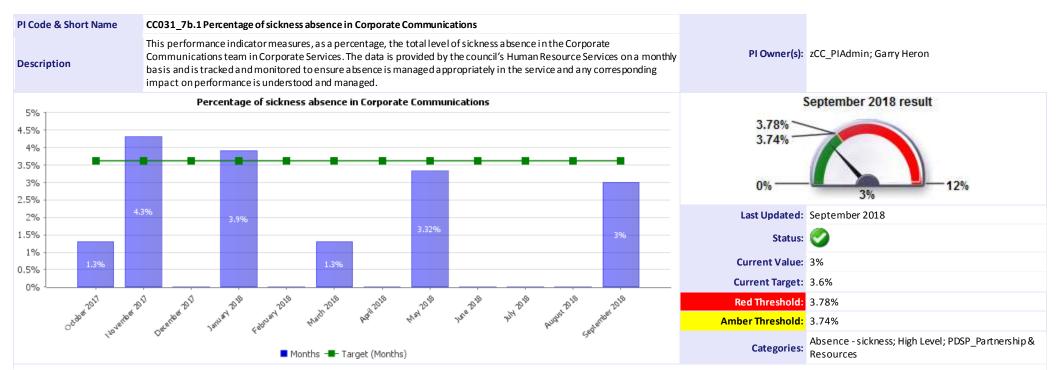
Q3 2017/18 1 complaint was received relating to Bulletin content which was not upheld

Q2 2017/18 1 complaint was received relating to social media content which was not upheld

Q1 2017/18 no complaints were received.

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.

The target for 2018/19 will remain at 0%.

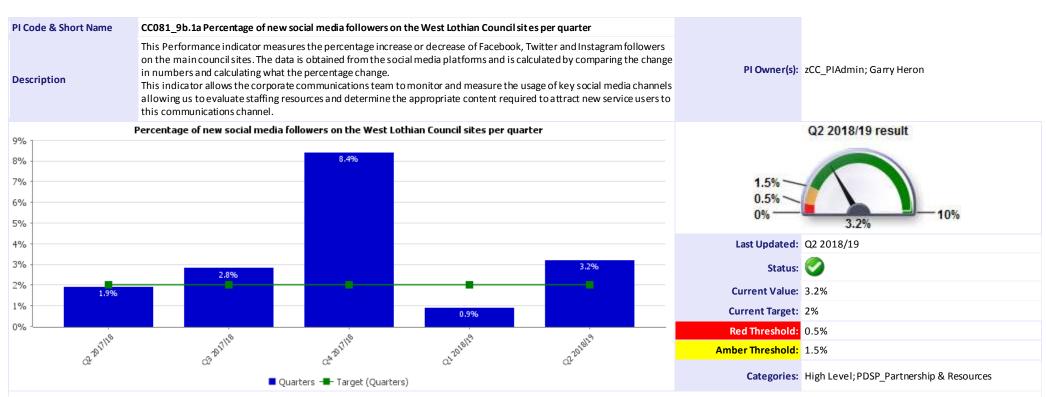


Due to the small size of the team, even short period of absence can have an adverse effect on absence rates and that is reflected in the trend chart.

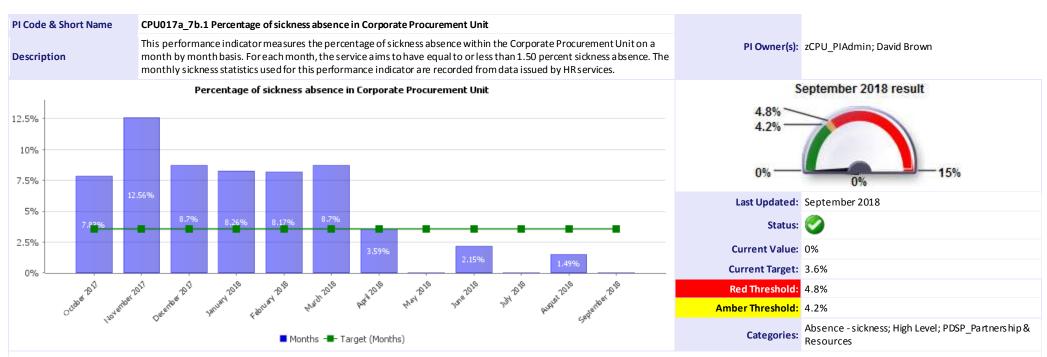
In November 2017 the percentage increased to 4.3% and a bove the target and was a result of one member of staff being absent for several days. However the percentage returned to 0% in December. In January 2018 sickness absence increased to 3.9% due to several short term absences. The percentage decreased 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 absences in Corporate Communications. One member of staff absent for 4 days during the month of September 2018.

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

The corporate target is 3.6%.



The quarterly chart for number of social media likes generally shows a steady increase of around 1% to 3% for each period. This reflects the growing numbers of residents using social media and choosing to follow our channels. Severe weather during Q4 2017/18 led to a substantial increase in followers during this period of over 8%. This was followed by a drop to 0.9% in Q1 2018/19 as the majority of potential new followers were likely to have already subscribed to our channels during the previous quarter. In Q2 2018/19 followers grew from 60,550 to 62,500, an increase of 1,951 or 3.2%. This can be attributed to campaign to name gritters which increased engagement and continued growth of locality social media channels. The target will remain at 2%.



Sickness absence from October 2017 to present has been extremely varied. From October 2017 to April 2018, recorded performance consistently exceeded the target of 3.5%. This was mainly due to periods of long terms ickness absence within the team. From May 2018 to August 2018, the highest recorded absence figure was 2.5% in June 2018, with a total of four days recorded as sickness absence that month. A total of five instances out of the last eleven have been recorded as below the threshold of 3.6%.

All absences are managed in accordance with the Council's sickness absence policy and procedure. Target performance will continue to be set at the Corporate Services standard of 3.6%, with CPU will continuing to monitor performance in this area throughout 2018/19.

PI Code & Short Name CPU019b 9b.1a Percentage of relevant compliant council expenditure per quarter This performance indicator measures the percentage of relevant Supplies, Services and Works expenditure covered by contracts a warded in line with standing orders. Relevant Spend is identified as being spend which is influenceable by the Corporate Procurement Unit, Non influenceable spend is identified and removed from the overall spend to allow for a PI Owner(s): zCPU PIAdmin; David Brown more accurate calculation. Calculated on a quarterly basis, the service identifies the council's contracted suppliers from Description the Corporate Contract Management System (CCMS) and measures their spend against the total council spend within the council's purchase to pay systems. Levels of spend with non-contracted suppliers is monitored by the service on a quarterly basis to ensure that the year-end target performance is a chieved. This performance indicator is related to ensuring that the target savings agreed for the next five years can be achieved through effective procurement activity. Percentage of relevant compliant council expenditure per quarter. Q2 2018/19 result 90% 9296 82.8% 80% 87.4% 70% 60% Last Updated: Q2 2018/19 50% Status: 40% **Current Value: 94%** 30% **Current Target: 92%** 20% Red Threshold: 82.8% Amber Threshold: 87.4%

Trend Chart Commentary

Performance in this indicator has consistently exceeded target since Q1 2016/17 of 90%. The target was raised to 92%Q3 2016/17 due to high performance, which has continued to the current performance of 94% in Q2 2018/19.

Categories: High Level; PDSP_Partnership & Resources

Performance in this quarter will continue to be monitored by the Corporate Procurement Unit and target of 92% remains.

Quarters - Target (Quarters)



The target for 2017/18 was set at 1, but was reduced to 0 (nil) during review in August 2017. No complaints have been received during 2017/18 to date.

The total number of complaints received during 2016/17 was recorded at four. Out of the four complaints recorded, two of which have been recorded as "Upheld". One of the complaints was internal, when a tender was not published by the agreed date. The other complaint was an external complaint in relation to the specification for a tender which was issued by the service area.

There were two complaints received during 2015/16. During Q1 2015/16 there were no complaints received. A complaint was received in Q2 2015/16 and was recorded as a stage one complaint. The complaint was recorded as 'Not Upheld' and was dealt with within the five day target. There were no complaints received during Q3 2015/16. The second complaint was recorded in Q4 2015/16. This complaint was initially recorded as a stage one complaint, however, this was escalated to stage two. The complaint was recorded as Upheld and was dealt with within the 20 target given for Stage two Complaints.

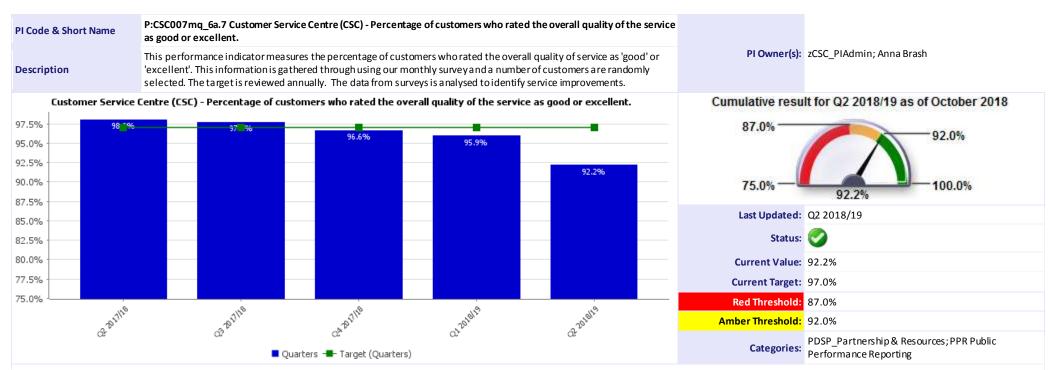
PI Code & Short Name Description	CPU047d_6b.4 The percentage of complaints received by the Corporate Procurement Unit that were upheld / partially upheld against the total complaints closed in full This indicator measures the total number of complaints received by the Corporate Procurement Unit which were upheld or partially upheld, as a percentage of all complaints received.	PI Owner(s):	zCPU_PIAdmin; David Brown
The percentage of complaints received by the Corporate Procurement Unit that were upheld / partially upheld against the total complaints closed in full			Q2 2018/19 result N/A
		Last Updated:	Q2 2018/19
		Status:	2
		Current Value:	N/A
		Current Target:	0%
		Red Threshold:	80%
		Amber Threshold:	77%
		Categories:	High Level; PDSP_Partnership & Resources
	■ Quarters ■ Target (Quarters)		

No complaints were received by the Corporate Procurement Unit during 2017/18.

No complaints have been received by the Corporate Procurement Unit in Q1 and Q2 2018/19.

Where no complaints have been received by the service in a period the chart will appear blank.

The target for 2018/19 has been set at 0.



The chart shows that CSC quarterly performance has decreased throughout the year from 98% to 92.2%. This decrease is due to higher levels of unplanned absences within CSC, priority was given to inbound calls, this meant that fewer outbound call surveys were completed. From customers' comments, there is no clear reason for the decrease in performance.

2018/19

Quarter 2 - 587 customers contacted and 541 customer responses.

Quarter 1 - 710 customers contacted and 681 customer responses.

2017/18

Quarter 4 - 594 customers contacted and 574 customer responses.

Quarter 3 - 567 customers contacted and 554 customer responses.

Quarter 2 - 546 customers contacted and 535 customer responses.

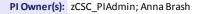
In 2018/19 the target remains at 97% as that is deemed to be an achievable figure given the trend chart results from previous year.

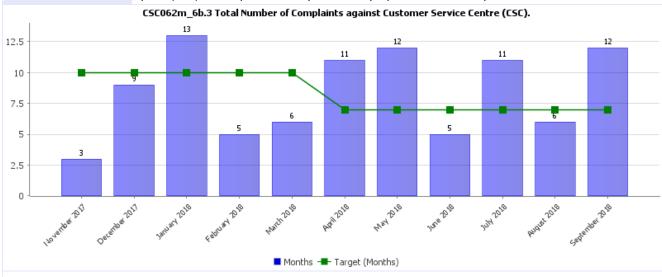
PI Code & Short Name

CSC062m 6b.3 Total Number of Complaints against Customer Service Centre (CSC).

Description

This performance indicator measures the total number of complaints received against Customer Service Centre that have been investigated during each month. 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.







Trent Chart Commentary:

The performance indicator has fluctuated between 3 and 14 complaints received again CSC. In November reduction by 2 to reach 3 complaints. In December 2017, the number of complaints raised by 6 to reach 9 complaints. In January 2018 complaints raised against CSC significantly increased to 14, however there was an increase of 8,000 inbound calls to the service which was due to severe weather and a reduction in staffing caused by vacancies and unplanned absences. From February 2018 complaints against CSC has decreased to 5 and an increase of 1 in March 2018. In April and May 2018 complaints increased to reach 11 and 12 respectively, this increase is 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. A reduction in complaints was received in June 2018. A further increase in July 2018 which was in line with the increase in call volumes. In August complaints reduced by 5 to 6 in total. The number of complaints received increased by 8 to reach 12 in September which is due to increase in call volumes across the full service, and in October reduced to 9 complaints with 3 upheld.

2018/19

October 2018 - 9 complaints received.
September 2018 - 12 complaints received.
August 2018 - 6 complaints received.
July 2018 - 11 complaints received.
June 2018 - 5 complaints received.
May 2018 - 12 complaints received.
April 2018 - 11 complaints received.

2017/18

March 2018 - 6 complaints received. February 2018 - 5 complaints received. January 2018 - 14 complaints received December 2017 - 9 complaints received November 2017 - 3 complaints received.

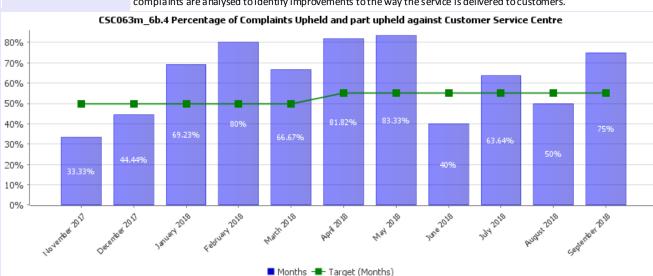
The target for 2018/19 has been reduced to 7 as is deemed an achievable target from the previous performance.

PI Code & Short Name

CSC063m_6b.4 Percentage of Complaints Upheld and part upheld against Customer Service Centre

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.



PI Owner(s): zCSC_PIAdmin; Anna Brash



Trend Chart Commentary:

From November 2017 the performance for Upheld/part upheld. In December 2017 there was an increase in the number of complaints to 9 with 4 upheld/part upheld. 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 pert 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 employee's 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 lealt with the employee's line managers. 2 related to wrong information given by new employees going live on the telephones, which is currently being monitored by CSC Trainer and line manager.

2018/19

October 2018 - 9 complaints received, 3 upheld and 6 not upheld.

September 2018 - 12 complaints received, 7 upheld, 2 part upheld and 3 not upheld.

August 2018 - 6 complaints received. 3 upheld and 3 not upheld.

July 2018 - 11 complaints received, 6 upheld, 1 part upheld and 3 not upheld.

June 2018 - 5 complaints received, 2 part upheld, 3 not upheld.

May 2018 - 12 complaints upheld, 5 upheld, 5 part upheld, 2 not upheld

April 2018 - 11 complaints received, 7 upheld, 2 part upheld, 2 not upheld

2017/18

March 2018 - 6 complaints received, 3 upheld, 2 part upheld.

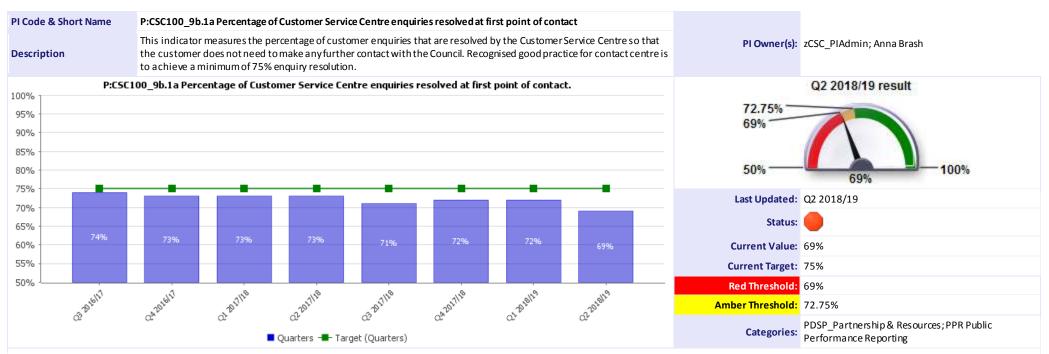
February 2018 - 5 complaints received, 4 upheld

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

December 2017 - 9 complaints received, 4 upheld or part upheld.

November 2017 - 3 complaints received, 1 part upheld.

The target for 2017/18 has increased to 50% to reflect the recent trend in this performance indicator.



Over the last year performance for this indicator has decreased due to an increasing number of customers being able to self serve via a utomated payments and online web forms. This means a larger number of calls being dealt with are more complex and need support from other services.

2018/19

Quarter 2 - 69% first point resolution

Quarter 1 - 72% first point resolution

2017/18

Quarter 4 - 72% first point resolution.

Quarter 3 - 71% first point resolution.

Quarter 2 - 73% first point resolution.

The target for 2018/19 remains at 75% which is the national target to recognise the increase in the number of self service options for customers and a recognition that the calls being dealt with are becoming more complex and often need support from other services

CSC currently working with Link Housing Association to benchmark results for 1st point resolution.



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.

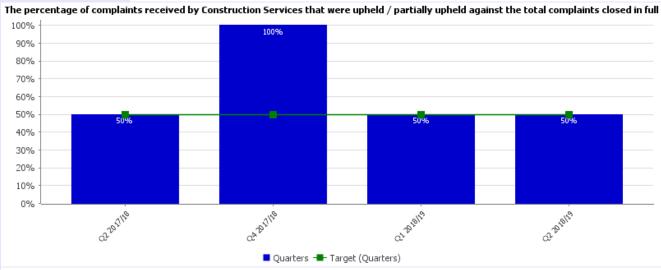
Following review of the number of complaints received by the service in 2017/18, the target for 2018/19 has been set at 3.

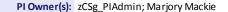
PI Code & Short Name Description The percentage of comp

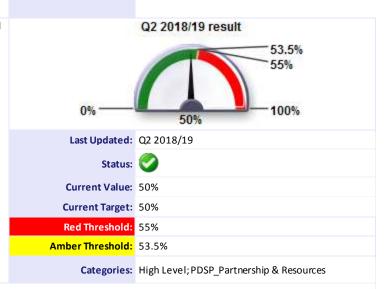
CSg113_6b.4 The percentage of complaints received by Construction Services that were upheld / partially upheld against the total complaints closed in full

This performance indicator measures the total number of stage one and stage two complaints that were upheld and part upheld by Construction Services which is then analysed quarterly to identify service improvements. A target of 50% has been set which will be reviewed annually by the Complaints Steering Board.

This performance indicator is one of a range of indicators developed to monitor the effectiveness of the council's complaint handling procedure (CHP). The model CHP was developed by the Scottish Public Services Ombudsman to simplify and improve complaints handling through a standardised system for complaints across all local authorities.





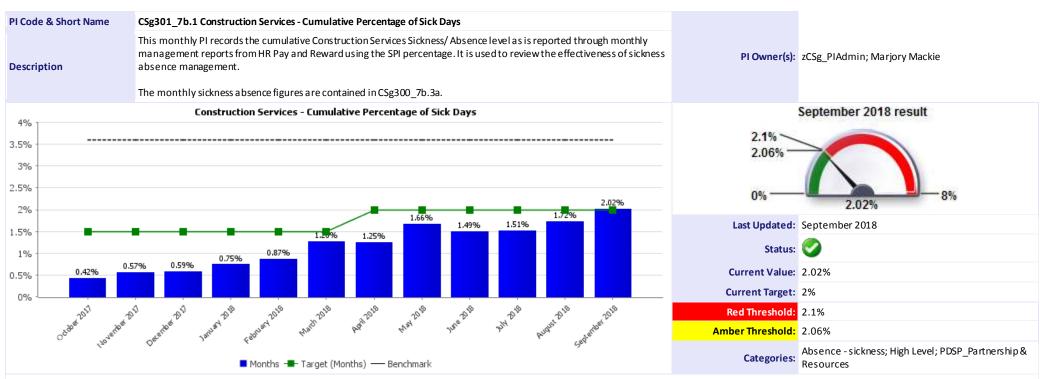


Trend Chart Commentary:

This quarterly PI was introduced in Q1 2014/15. The number of stage 1 and stage 2 complaints which are upheld appears to be high and analysis of the type of complaint is undertaken following the investigation to identify any areas for improvement in service delivery. 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 the target for 2018/19 will remain at 50%.



There is no underlying trend to sickness levels and Construction Services has recorded levels below the corporate target of 3.6% consistently for 13 months. All sickness absence is managed in line with the Sickness Absence Policy.

The target is set at 3.6% corporately, with a Finance & Property Services service target of 2%



This indicator shows the cumulative percentage of capital programme spend against budget a chieved by Construction Services within each quarter.

In Q2 2018/19 the capital expenditure met the target at 39%. It is anticipated that the capital expenditure will meet the targets as work progresses in the new capital investment programme. The trend shows consistently good performance overall in the percentage of capital budget spent over the previous quarters. Following completion of the five year investment programme at the end of 2017/18 a review has been undertaken focussing on a reas of higher spend to ensure provision is sufficient in the new programme and improved project governance a rrangements are also now in place to monitor progress and spend going forward.

In 2018/19 Construction Services are responsible for £9.1 million of capital works (General Services, Housing and Open Space).

The Q3 target for 2018/19 is 75%.

P:CuCS007q 6a.7 Customer and Communities - Percentage of customers who rated the overall quality of service as PI Code & Short Name good or excellent 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 PI Owner(s): .CuCS Service Manager; zCuCS Admin 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. Description 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. Customer and Communities - Percentage of customers who rated the overall quality of service as good or excellent Cumulative result for Q2 2018/19 as of September 2018 100.0% 99.5% 94.1% 96.0% 99.0% 99.3% 99.2% 99.1% 99.1% 98.0% 97.0% 90.0% 100.0% 96.0% 99.5% 95.0% Last Updated: Q2 2018/19 94.0% Status: 93.0% 92.0% Current Value: 99.5% 91.0% **Current Target: 98.0%** 90.0% Red Threshold: 94.1% Amber Threshold: 96.0% PDSP_Partnership & Resources; PPR Public Performance Reporting Quarters - Target (Quarters)

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.

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.

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.

2017/18

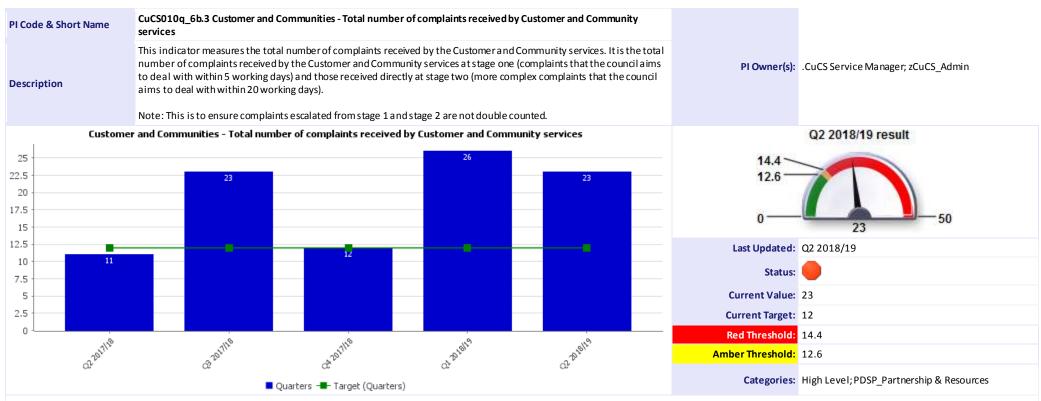
The target for this year was 98%. It remained the same as a small number of negative responses can affect the overall result.

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.

The target for 2019/20 will be increased to 99%, as part of the aim to achieve this by 2022/23.



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.

2018/19

The target for this year is 12 and was set based on a chieving 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.

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

Quarter 1 - 26 complaints were received. CSC received 28.

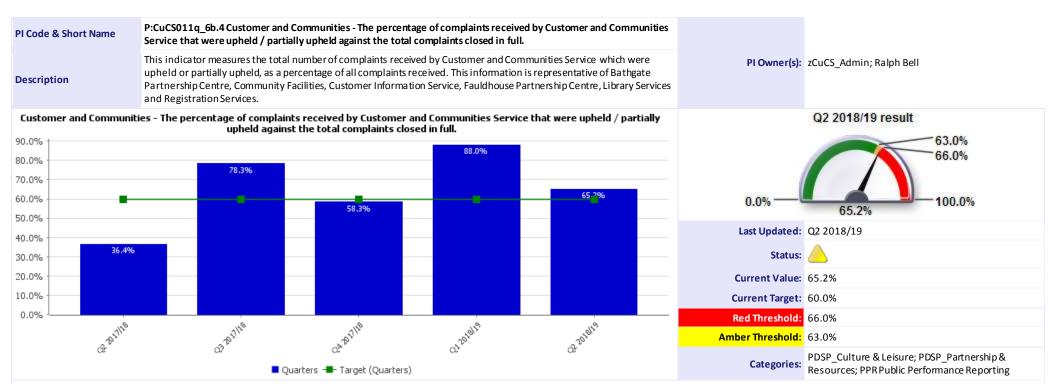
2017/18

The target for this year was 12 and was set based on a chieving 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.

Quarter 4 - 12 complaints were received. CSC received 25.

Quarter 3 - 23 complaints were received. CSC received 17.

Quarter 2 - 11 complaints were received CSC received 16.



2018/19

The target for this year is 60%.

Quarter 2 - 15 out of 23 complaints were upheld or part upheld. There were a number of complaints specifically around technical issues with the cash kiosk introduced at Whitburn Library. This software issue has now been resolved by our systems support provider.

Quarter 1 - 22 out of 25 complaints were upheld or part upheld.

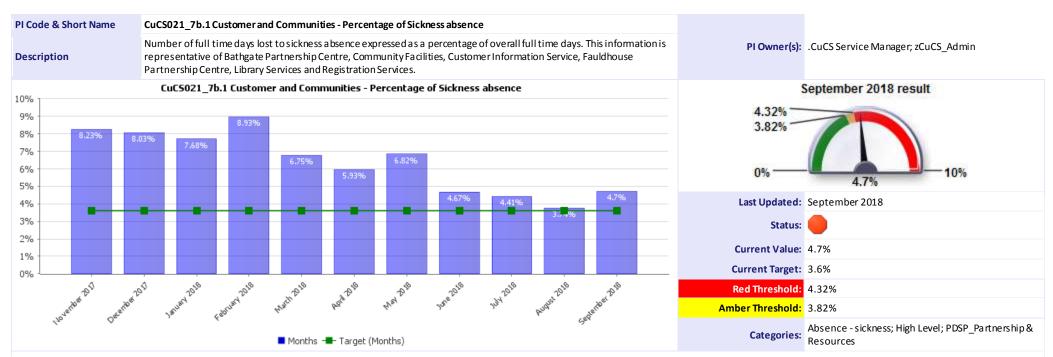
2017/18

The target for this year was 60%.

Quarter 4 - 7 out of 12 complaints were upheld or part upheld.

Quarter 3 - 18 out of 23 complaints were upheld or part upheld. 10 of these complaints were received due to kiosk issues at Strathbrock.

Quarter 2 - 4 out of 11 complaints were upheld or part upheld.



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.

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

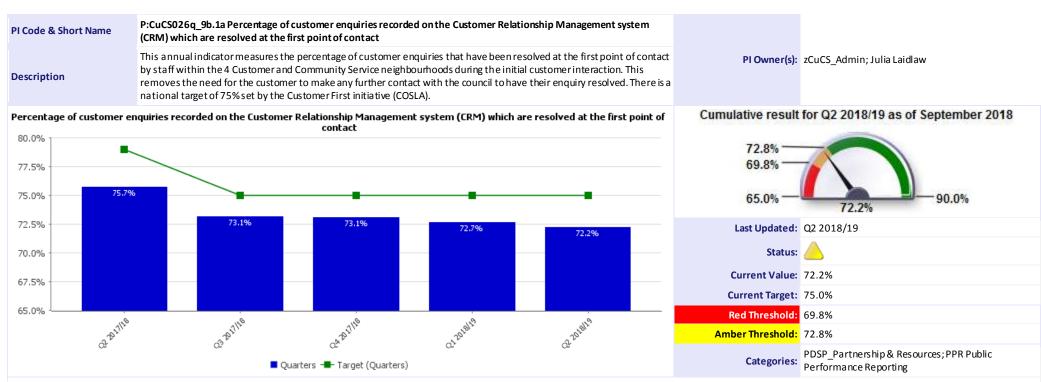
The target for sickness absence was 3.6%, which is the corporate target.

March 2018 - absence recorded at 6.75%.

February 2018 - absence recorded at 8.93%.

January 2018 - absence recorded at 7.68%.

December 2017 - a bsence recorded at 8.03%. November 2017 - A slight increase to 8.23% due to high levels of sickness in Broxburn and Armadale Neighbourhoods and the registration service. The registration service was due to two members of staff being off with planned operations so this should lower again in December.



The target for 2018/19 has been set at 75% and this matches the national target set by COSLA through the Customer First Initiative. In 2016/17 the target was set at 81%, however this was changed to 79% in January 2017 and again to 75% in September 2017 in recognition that there was a clear reduction in the amount of enquiries which are being dealt with at the first point of contact.

From January 2017 the number of advisers included in the indicator increased due to a service restructure. It now includes all CRM enquiries handled throughout the neighbourhood, not just Customer Information Service offices.

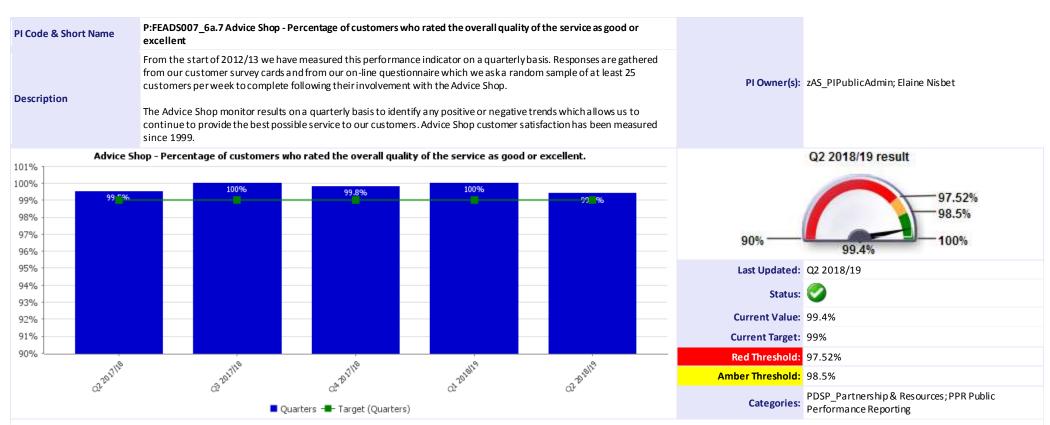
2018/19

Quarter 1 - 11,223 of a total of 15,446 enquiries were resolved at the first point of contact. This equates to 72.7%. This is 2.1% down on the same period in 2017/18 and is linked with an increase in the number of case forms advisers are passing to colleagues in other services relating, in the main, to housing and council tax arrears and debt.

2017/18

Quarter 4 - the service dealt with 22,406 enquiries in this quarter with 16,370 resolved at the first point of contact. This equates to 73.1% and is below our target of 75%. This is due, in the main, to the number of cases our staff have to create where the process requires them to pass an increased amount of information to other departments (mainly Revenues and Housing).

Quarter 3 - the service dealt with 19,277 enquiries in this quarter with 14,100 of them resolved at the first point of contact. This equates to 73.1% and is below our target and below the national target of 75%. Quarter 2 - 17,628 out of a total of 23,275 enquiries were resolved at the first point of contact. This equates to 75.7%. This was down 3% on the same period in 2016/17, however is still above the national target of 75% and above the quarter 1 figure.



Over the last 8 quarters we have exceeded our target. The service actively encourages the sharing of ideas and improvements from 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.

Benchmarking:

The most recent update is slightly a bove 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.

2018/19

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.

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 feedbackforms and closer monitoring through one to one meetings with staff.

2017/18

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. 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 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.

Quarter 2 - In this quarter 99.5% of 351 respondents felt the overall quality of service was good or excellent. One respondent felt that the service delivered was very poor and one customer felt this was a dequate. Following investigation it appears that this customer received some difficult messages regarding their enquiry and situation. The advice supplied was fully accurate and the advisor supported through alternative avenues.

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.



The Advice Shop investigates and manages all complaints by following corporate procedure. We closely monitor and a nalyse complaints to identify any trends and to make improvements in our service.

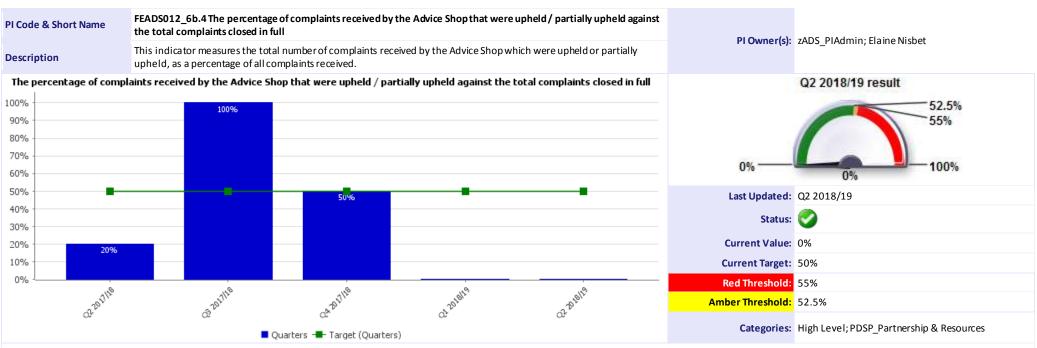
2018/19

- Quarter 2 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.
- Quarter 1 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.

2017/18

- Quarter 4 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.
- Quarter 3 1 complaint was received in this quarter against a target of 4. The complaint was regarding employee attitude and it was part upheld.
- Quarter 2 5 complaints were received in this quarter against a target of 4. Four of the complaints were for standard of service and one for employee attitude. 4 complaints were not upheld and 1 was upheld.
- Quarter 1 6 complaints were received in this quarter against a target of 4. Four of the complaints were for standard of service and 2 for employee attitude. 5 complaints were not upheld and 1 part upheld. This is the same as the previous quarter at 6 complaints and the highest over the past 2 years but 5 complaints were not upheld and 1 was part upheld.

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.



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.

2018/19

Quarter 2 - In this quarter 3 complaints were received. 2 for standard of service and 1 for employee attitude. All complaints were investigated and all were not upheld. This equates to 0% of upheld or partially upheld against the total number of complaints received.

Quarter 1 - In this quarter 2 complaints were received. 1 for standard of service and 1 for employee attitude. Both complaints were investigated and both were not upheld. This equates to 0% of upheld or partially upheld against the total number of complaints received.

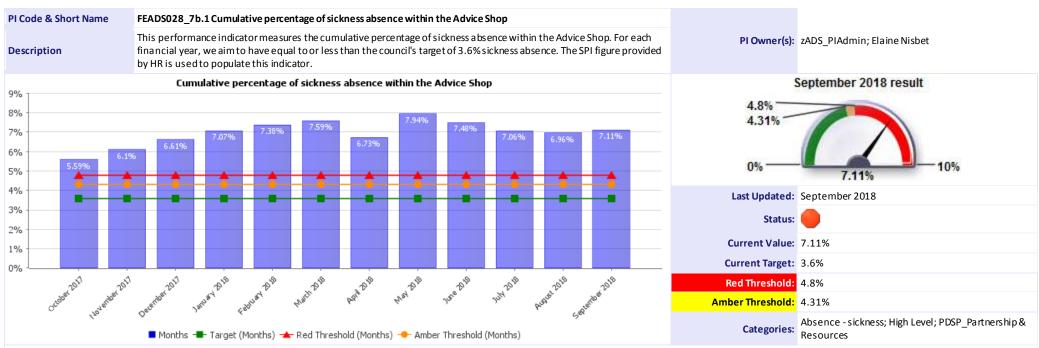
2017/18

Quarter 4 - In this quarter 4 complaints were received. 3 for standard of service and 1 for employee attitude. All complaints were investigated and the outcome was that 2 complaints were upheld and 2 not upheld. This equates to 50.0% of complaints were upheld against the total number of complaints received.

Quarter 3 - In this quarter 1 complaint was received for employee attitude. The complaint was investigated and the outcome was part upheld. This equates to 100% of complaints were upheld or part upheld against the total number of complaints received.

Quarter 2 - In this quarter 5 complaints were received. 4 for standard of service and 1 for employee attitude. All complaints were investigated and the outcome was that 1 complaint was upheld and 4 not upheld. This equates to 20.0% of complaints were upheld against the total number of complaints received.

2018/19 Target will remain at 50% to reflect the low number of complaints we receive.



2018/19

September - Cumulative sickness absence for April to September '18 has increased to 7.11% from 6.96% in August. This has been caused by the increase of September's sickness absence rate.

August - Cumulative sickness absence for April to August has decreased slightly to 6.96%. The monthly sickness absence has increased in August from July so the decrease in the cumulative may be due to a late return for July being recalculated.

July - Cumulative sickness absence for April to July '18 has decreased to 7.06% from 7.48% in June due to the decrease in the number of short term absences.

June - Cumulative sickness absence for April to June '18 has decreased to 7.48% from 7.94% in May due to the decrease in long term absence from 4 people to 1.

May - Cumulative sickness absence for April to May '18 has increased to 7.94% from 6.73% in April due to the increase in long term absence from 3 to 4 people.

April - This is the first month of the new financial year and therefore the sickness absence is the same as the month of April 6.73% against a target of 3.6% which is a decrease on the previous month due to 1 member of staff on long term sick returning and a reduction of short term absences to 22 days. Long term absence is for 3 people and a mounts to 65% of the total absence.

2017/18

March - Cumulative sickness absence to March has increased to 7.59%. Will check why this has increased as the monthly percentage has decreased.

February - Cumulative sickness absence to February has increased to 7.38%. Will check this as the sickness absence for the month of February decreased slightly.

January - Cumulative sickness absence to January has increased to 7.07% due to an increase in January sickness absence

December - Cumulative sickness absence to December has increased to 6.61% due to an increase in December sickness absence caused by an increase in long term absence to four staff members.

November - Cumulative sickness absence to November has increased to 6.10% due to a nincrease from 2 staff to 3 staff on long term absence.

October - Cumulative sickness absence to October has increased to 5.59% due to an increase in October sickness absence caused by two staff being on long term sick and 30 days absence from 7 staff members. One of these becomes a long term sickness in November (longer than 4 weeks).

PI Code & Short Name P:FEADS061 9b.1a Total quarterly amount the Advice Shop has gained in extra benefits for its customers This key performance indicator shows the amount the Advice Shop has gained in extra benefits for its customers during the quarter. This figure includes any successful benefit claims and appeals we help customers with. These figures can vary due to a variety of factors such as the time it takes the Department for Work and Pensions to make decisions and for the Appeals Service to set tribunals but these average out over the year. PI Owner(s): zAS PIPublicAdmin; Elaine Nisbet Description There are two aspects to a benefit or appeal award. Firstly the weekly award, this is multiplied by 52 to reflect the extra income customers receive over a year. This methodology is accepted and used throughout the UK by Welfare Rights services. The second part is the lump sum or backdates. Certain benefits can be a one off payment, these would not be recorded within the weekly award to ensure the correct amount is recorded. Q2 2018/19 result Total quarterly amount the Advice Shop has gained in extra benefits for its customers. £7,671,869 £6,648,750 £7,500,000 £6,480,000 £7,250,000 £6,000,000 £7,800,000 £7.086.453 £7,000,000 £7,059,359 £7.086,453 £7,007,449 Last Updated: Q2 2018/19 £6,750,000 £6,738,406 Status: £6.500.000 **Current Value:** £7,086,453 £6,250,000 Current Target: £6,750,000 £6,000,000 Red Threshold: £6,480,000 Amber Threshold: £6,648,750 PDSP_Partnership & Resources; PPR Public Categories: Performance Reporting Quarters - Target (Quarters)

Trend Chart Commentary

2018/19

Quarter 2 - In this quarter we exceeded our target reaching £7,086,453. This is an increase on the previous quarter and is due to increased processing of outstanding benefit claims. There has also been an increase in the number of Personal Independence Payment awards which has been contributory factor in reaching this target.

Quarter 1 - In this quarter we were just below our set target reaching £6,738,406. Following the introduction of full service Universal Credit on the 16th May in West Lothian, the service had to best manage resources to meet customer demand. We would expect to exceed our target in the next quarter.

2017/18

Quarter 4 - In this quarter we exceeded our target reaching £7,671,869. This is an increase on the previous quarter and is due to increase d processing of outstanding benefit claims and also an increase in appeals. As Welfare Reforms including Universal Credit take affect we expect out figures to be much closer to our set target in the next quarter.

Quarter 3 - In this quarter we exceeded our target reaching £7,059,359. This is similar to the previous quarter as the number of appeals and subsequent decisions have remained at a high level during this period.

Quarter 2 - In this quarter we exceeded our target reaching £7,007,449. This is a substantial increase from the previous quarter and analysis shows that the increased number of successful welfare benefit appeals and subsequent benefits which follow.

2018/19 Target - Our quarterly target will remain at £6,750,000 due to the ongoing challenges with welfare reforms including Universal Credit becoming full service in May 2018.

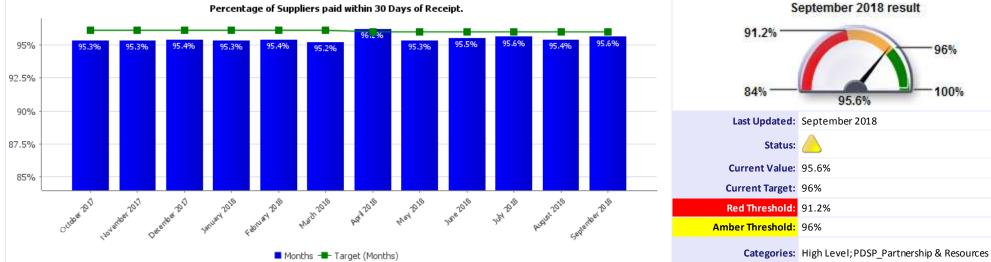
PI Code & Short Name

Description

FM001 6b.5 Percentage of Suppliers paid within 30 Days of Receipt.

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. 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.

Note that the performance indicator records the cumulative performance for the year to date, commencing April.



PI Owner(s): zFM PIAdmin; Patrick Welsh



Trend Chart Commentary:

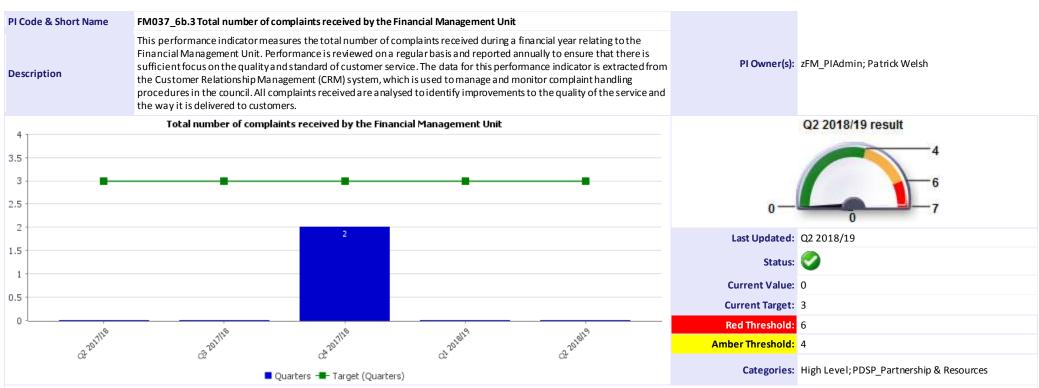
Performance for October 2018 was 95.6 percent which is below the target of 96 percent. Performance for the year ending 2017/18 was 95.2 percent of invoices were paid within 30 days against a target of 96.1 percent.

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 has gradually decreased up to March 2018 with an overall cumulative performance for the year of 95.2 percent.

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 a reas on a monthly basis to highlight performance against target. Further support will be extended to a reas identified as falling below the council's performance indicator targets. The first results for 2018/19 show improvement in this regard.

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.

For 2018/19 target for percentage of suppliers paid within 30 days of receipt is 96 percent with the reduction from 2017/18 target of 96.1 percent as a result of anticipated changes to administrative functions throughout the council.



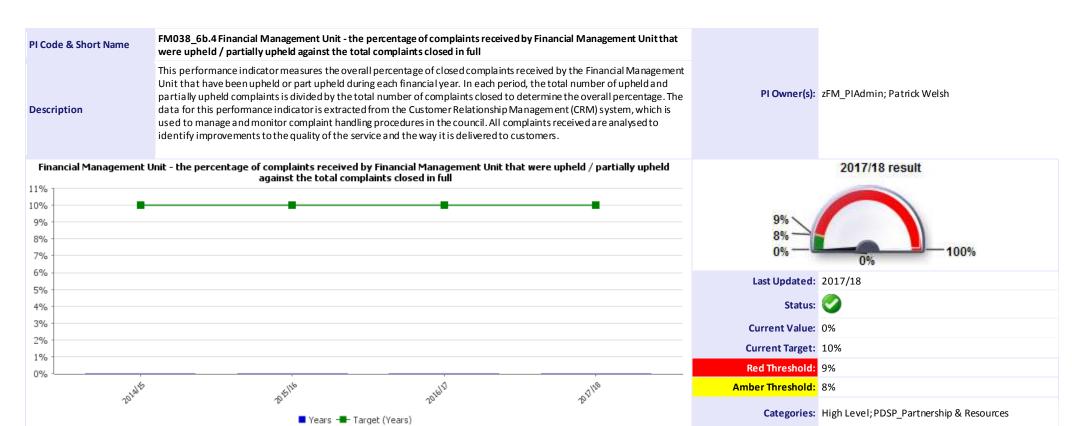
This core indicator monitors complaints received by the Corporate Finance Manager and measures the combined level of stage 1 & 2 complaints received.

Since quarter 2 2014/15, the Financial Management Unit has received 9 complaints, 1 in 2014/15 (Quarter 2), 1 in 2015/16 (Quarter 4), 5 in 2016/17 (1 in Quarter 2 and 4 in Quarter 4) and 2 in 2017/18 (Quarter 4). Of the two complaints received in Quarter 4 2017/18, one was unrelated to the unit and was reassigned to another service. None of the complaints received since 2014/15 were upheld with the majority of these relating to complaints about the length of time or the decision made by the council's insurers.

The Financial Management Unit will continue to aim to minimise all complaints were possible and where they do arise that these are dealt with timeously.

Please note, that on months where there have been no complaints received, there will be no value added, therefore this will show as a blank or missing month on the chart.

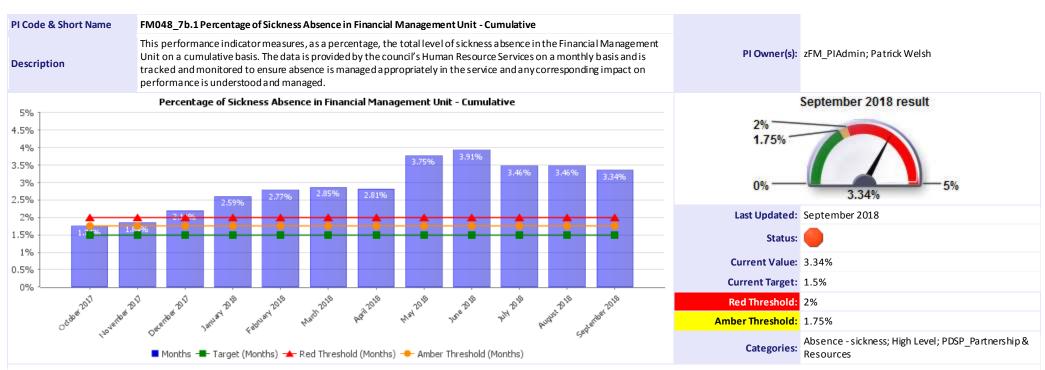
The target for 2018/19 is to receive no more than 3 complaints per quarter which is consistent with the 2017/18 target. There have been no complaints received since Q4 2017/18.



For the most available data period, the Financial Management Unit has not received any complaints that were upheld or partially upheld.

Please note, that for years where there have been no complaints received, there will be no value added, therefore this will show as a blank or missing on the chart.

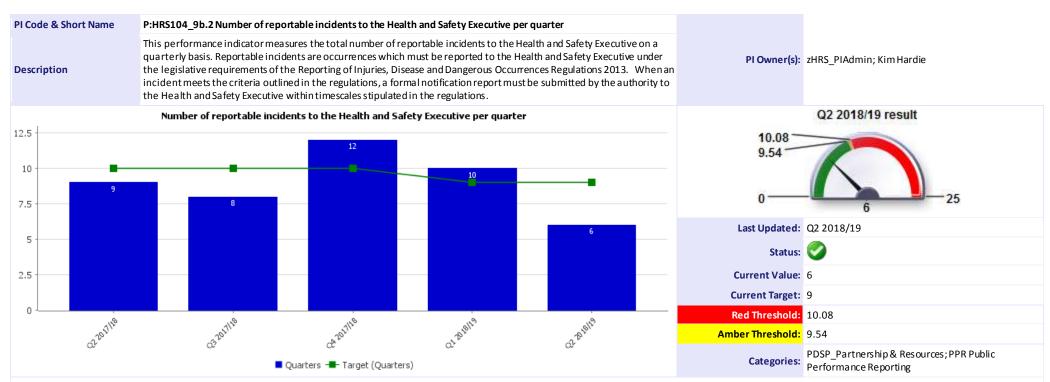
The target for 2018/19 is 10 percent of complaints received which are upheld or partially upheld which is consistent with the 2017/18 target.



Sickness absence has been above the target of 1.5 percent during 2018/19. For the period April 2018 to September 2018, cumulative sickness was 3.44 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 a rising.

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



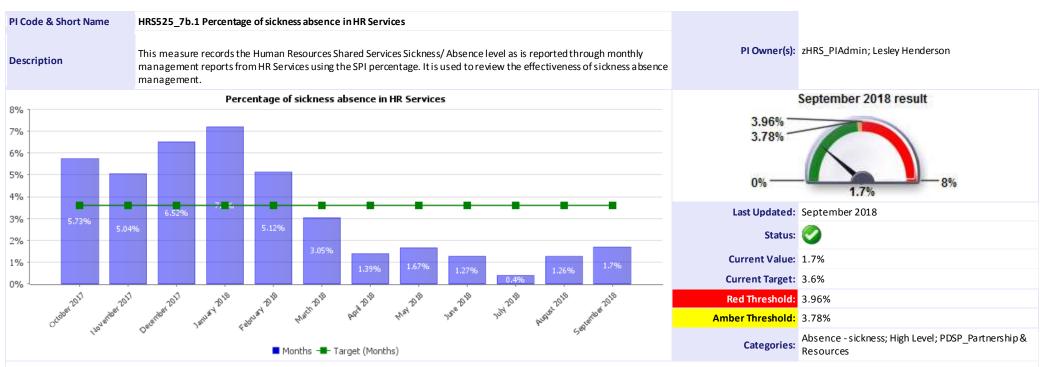
The trend shows an overall decrease of reportable incidents to the Health and Safety Executive over the period. Reportable incidents are occurrences which must be reported to the Health and Safety Executive under the legislative requirements of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013. When an incident meets the criteria outlined in the regulations, a formal notification report must be submitted by the authority to the Health and Safety Executive within timescales stipulated in the regulations. This records the total number of reportable incidents to the Health and Safety Executive.

The overall reduction is in part attributable to a mended regulations which came into force in 2013. One change was only to report specific incidents after an absence of seven days replacing the previous three day threshold, meaning there is a longer time period from the point of an incident occurring and any resulting absence before triggering the need to report criteria. Additional guidance was also produced regarding the criteria for reporting incidents which occurred in schools to pupils. These will only now be reported where there has been a failure identified in the way the activity was managed rather than being automatically reported because a pupil has been taken to hospital from the scene of an incident. Both changes have resulted in a reduction in the number of injuries reported to the HSE.

All RIDDOR reportable incidents are investigated to ensure that corrective and preventative measures are implemented to prevent a recurrence of a similar type of incident as far as reasonably practicable.

Incident statistics are examined to establish potential trends and identify required actions to be incorporated into the service annual health and safety action plans and corporate health and safety work plan for 2018/19.

There will be an aim to decrease the number of reportable incidents by a further five percent in 2018/19.



Absences in HR from October 2017 were reporting above the 3.6% corporate target, however since March 2018 to date it has been consistently below council and corporate targets of 3.6%, reaching the lowest in July 2018 at 0.40% for the month.

All cases of absence are actively managed in accordance with the requirements of the council's Policy for Supporting Attendance at Work.

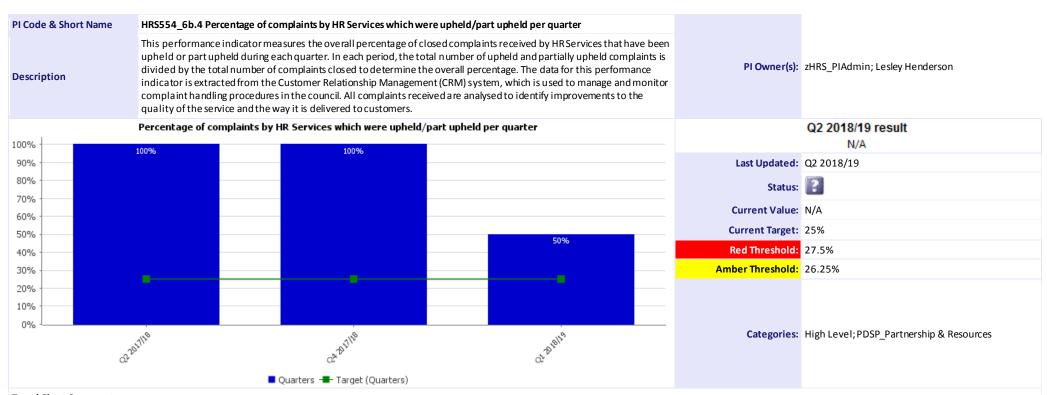
The target remains at the council target of 3.6%



Although the number of complaints into HR and Support Services is low, it has been above the target in 4 of the reporting periods.

Complaints received normally relate to the misapplication of a council policy, failure in administrative process or delays in processing timescales. All complaints trigger reviews of process to reduce the likelihood of similar service failure in the future.

The complaints target of 1 per quarter is based on an the average number received over the reporting period.



As a result of the low complaint numbers, an upheld complaint has a significant impact on the percentage of upheld complaints.

2018/19

Quarter 2 - the service did not receive any complaints.

Quarter 1 - the service received 2 complaints, 1 was upheld and 1 not upheld.

2017/18

Quarter 4 - the service received 4 complaints, 2 upheld & 2 part upheld.

Quarter 3 - the service did not receive any complaints.

Quarter 2 - the service received 1 complaint which was upheld.

Quarter 1 - the service received 4 complaints, 2 upheld $\&\,2$ not upheld.

Complaints received normally relate to the misapplication of a council policy, failure in administrative process or delays in processing timescales. All complaints trigger reviews of process to reduce the likelihood of similar service failure in the future.

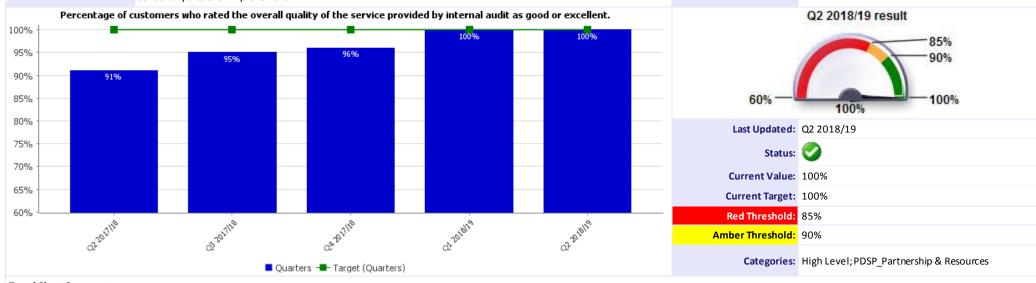
PI Code & Short Name

Description

P:IA008_6a.7 Percentage of customers who rated the overall quality of the service provided by internal audit as good or excellent

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.

PI Owner(s): zIA PIAdmin; Kenneth Ribbons



Trend Chart Commentary:

Performance to Q2 2018/19 was 100% and 13 customer questionnaires were received.

Performance to Q4 2017/18 was 96%. 26 customer questionnaires were received with one response of not applicable and one response of poor.

The target for 2018/19 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 <u>Customer Service Excellence</u> requirements.

PI Code & Short Name P:IA015 9b.1a Average length of time (in weeks) to issue draft audit reports 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 PI Owner(s): zIA PIAdmin; Kenneth Ribbons from the date that the audit commenced to show the number of weeks taken. The date of commencement is agreed with Description 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:IA015 9b.1a Average length of time (in weeks) to issue draft audit reports. Q2 2018/19 result 14 13 12 11 10 Last Updated: Q2 2018/19 9 8 Status: **Current Value: 8.7** 6 **Current Target: 10** Red Threshold: 11 Amber Threshold: 10.5 PDSP_Partnership & Resources; PPR Public Performance Reporting Quarters - Target (Quarters)

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.

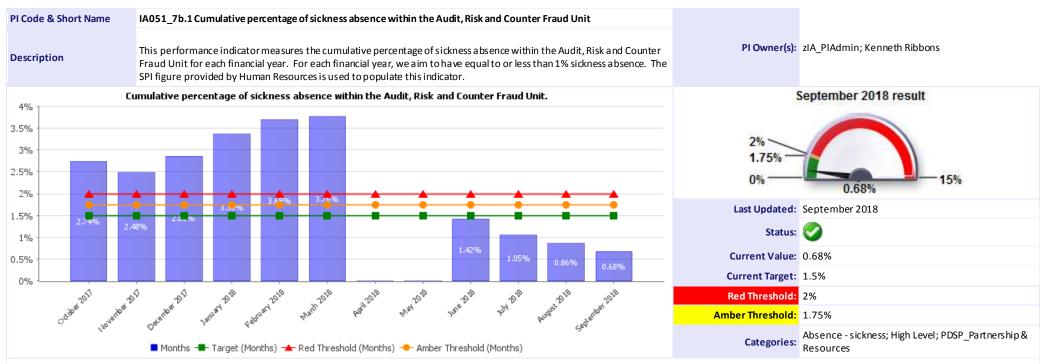
Performance to Quarter 2 2018/19 was 8.7 weeks. Performance to Quarter 4 2017/18 was 8.8 weeks and has been below the revised target of 10 weeks since Quarter 1 2017/18.

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.

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.

The number of draft audit reports issued for each rolling 12 month period reported was 2016/17 - Quarter 3 (35), 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).

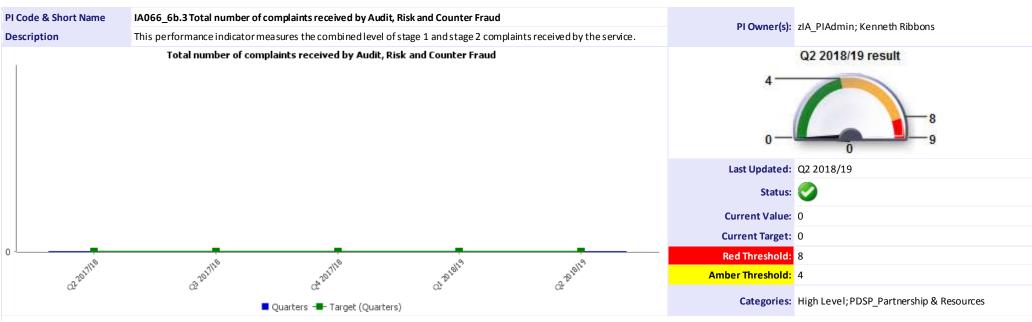
Having considered the audits included in the 2018/19 audit plan the 10 week target continues to be appropriate and will remain in place for 2018/19.



Performance to October 2018 was 0.95% (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.



The service did not receive any complaints in Quarters 1 or 2 of 2018/19.

The service did not receive any complaints in 2017/18.

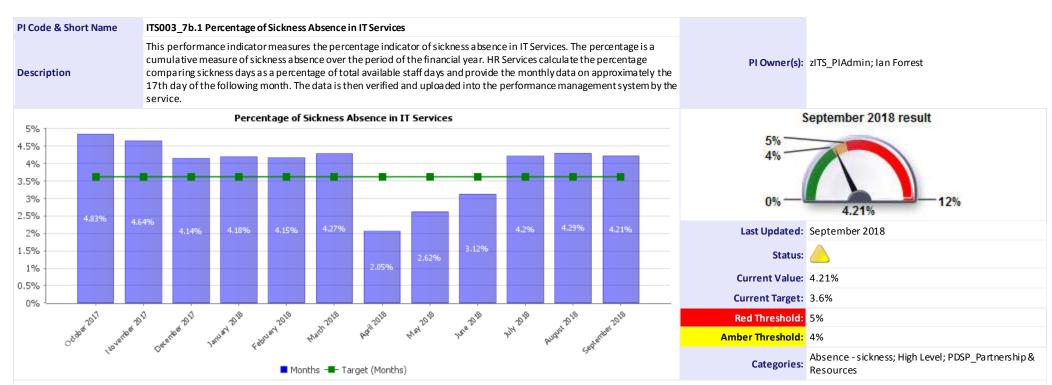
Target per quarter is set at 0 complaints.

PI Code & Short Name Description	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 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.	PI Owner(s):	zIA_PIAdmin; Kenneth Ribbons
The percentage of complaints received by Audit, Risk and Counter Fraud that were upheld or partially upheld against the total complaints closed in full			Q2 2018/19 result N/A
		Last Updated:	Q2 2018/19
		Status:	
		Current Value:	N/A
		Current Target:	42%
		Red Threshold:	46.2%
		Amber Threshold:	42.84%
		Categories:	High Level; PDSP_Partnership & Resources
	■ Quarters -— Target (Quarters)		

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 or Q2 2018/19.

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.

The corporate target for 2018/19 is 42%.



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

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

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

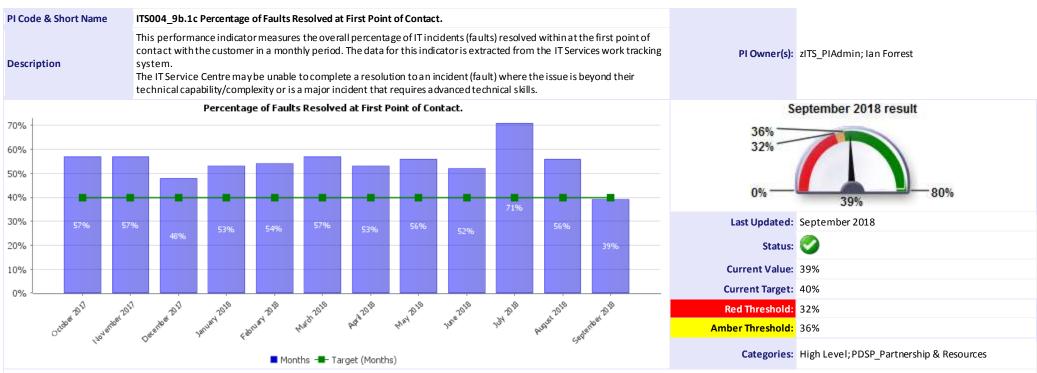
April 2018 - performance improved to below the corporate target, all absences were short term across 2 staff accounting for the 21 days. 1 absence was discounted (19 days).

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

October 2017 to December 2017 - there was performance improvement from was due to a reduction of long and short term absences, including an ill health retirement.

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.



The trend chart demonstrates performance is inconsistent.

2018/19

September 2018 - performance a chieved 39% against a target of 40% The decrease in performance from August 2018 was due to the schools returning from holiday and the logging of 614 Education calls compared to 481 corporate calls that received a first line resolve. The Education calls do not allow first line remote resolutions by the IT Service Desk.

August 2018 - performance achieved 56% against a non-seasonal target of 40% as Education customers returned from holiday. Performance was positive in light of two major incidents that the Service Desk could not resolve. These major incidents related to Intermittent Network Issues on 06/08/2018 and problems accessing Objective on 07/08/2018.

July 2018 - performance achieved 71%. Performance was positive and remained above seasonal target. This is a typical trend when education customers are on summer holiday.

June 2018 - performance achieved 52% against a target of 40%. This decrease in performance of 4% from May can be attributed mainly to the 5 major incidents in the month relating to email issues, slow network, no access to Seemis, PC authentication issues, and issues with CRM that the service desk had to deal with. The performance continues to remain above target by 16%.

May 2018 - performance achieved 56% against a target of 40% This positive increase in performance of 3% from April can be attributed mainly to the increase in calls logged and resolved by the Service Desk in comparison to the previous month.

April 2018 - performance achieved 53% against a target of 45%. This decrease in performance from the previous month was a result of an increased call volume as a result of the schools and corporate customers returning mid-month from holiday. The increased call volume had a positive impact on the Service Desk Grade of Service (see ITS016_6b.5).

March 2018 - performance achieved 57% against a target of 40%. This increase in performance of 3% from last month can be mainly contributed to the high number of Incidents dealt with by first line on the Service Desk for Thursday 1st and Friday 2nd March as a high percentage of customers worked from home due to the adverse snow conditions and were unsure how to use their remote access (see ITS001_6B.5).

Performance in October 2018 achieved 52% against a non seasonal target of 40%. The increase in performance from September 2018 was due to the schools having the October break resulting in the logging of only 495 Education calls compared to 673 corporate calls that receive a first line resolve. The Education calls do not allow first line remote resolutions by the IT Service Desk.

PI Code & Short Name ITS012 6a.7 Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent. 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. The survey asks the customer to answer 9 questions on overall satisfaction & experience. The 9th question allows a free PI Owner(s): zITS PIAdmin; lan Forrest text response. Description 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. Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent. September 2018 result 100% 90% 80% 70% 60% 95% Last Updated: September 2018 40% 30% Status: 20% **Current Value: 99%** 10% **Current Target: 98%** Red Threshold: 91% Amber Threshold: 94% **Categories:** High Level; PDSP_Partnership & Resources Months - Target (Months)

Trend Chart Commentary:

The trend chart demonstrates performance achieves 96 - 99%.

2018/19

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. 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. 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.

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.

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.

Performance decreased from April 2018 to May 2018 by 1% but continues to match target. Issues are being raised and addressed at individual team meetings, one to ones and monthly service centre quality meetings. Performance increased by 1% from March 2018 to April 2018 and is currently 1% above target. Issues are being raised at individual team meetings, one to ones and monthly service centre quality meetings.

The service set a target of 98% for 2018/19.



There were no complaints received by IT Services in Quarters 1 and 2 of 2018/19.

There were no complaints received by IT Services in 2017/18.

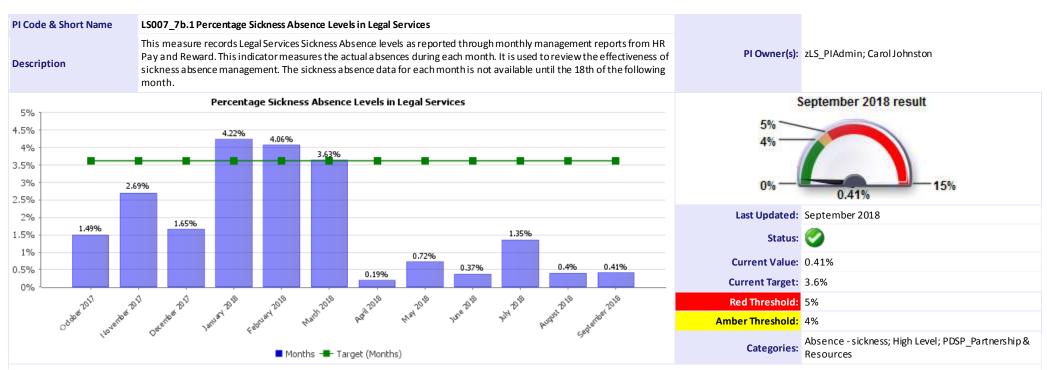
The target for 2018/19 will remain as 0.

PI Code & Short Name	ITS031_6b.4 Percentage of complaints received that were upheld/partially upheld		
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.	PI Owner(s):	zITS_PIAdmin; Ian Forrest
Percentage of complaints received that were upheld/partially upheld			Q2 2018/19 result
			N/A
		Last Updated:	Q2 2018/19
		Status:	
		Current Value:	N/A
		Current Target:	0
		Red Threshold:	0
		Amber Threshold:	0
		Categories:	High Level; PDSP_Partnership & Resources
	■ Quarters - ■- Target (Quarters)		

Trend Chart Commentary:
There were no complaints received by IT Services in Quarters 1 and 2 of 2018/19.

There were no complaints received by IT Services in 2017/18.

The target for 2018/19 will remain as 0.



During January, February and March 2018 the target was not met. This was attributable to periods of short terms ickness 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.

As Legal Services are a relatively small team, a few a bsences can have a significant impact on the sickness absence return. Incidents of short term sickness a bsence 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 a bsence policy.

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

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.	PI Code & Short Name	LS027 6b.4 Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld		
N/A	Description	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. 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,	PI Owner(s):	zLS_PIAdmin; Carol Johnston
Current Value: N/A Current Target: 0% Red Threshold: 75% Amber Threshold: 50% Categories: High Level; PDSP_Partnership & Resources	Perce	ntage of all complaints closed quarterly by Legal Services that were upheld / partially upheld		
Current Value: N/A Current Target: 0% Red Threshold: 75% Amber Threshold: 50% Categories: High Level; PDSP_Partnership & Resources			Last Updated:	Q4 2017/18
Current Target: 0% Red Threshold: 75% Amber Threshold: 50% Categories: High Level; PDSP_Partnership & Resources			Status:	2
Red Threshold: 75% Amber Threshold: 50% Categories: High Level; PDSP_Partnership & Resources			Current Value:	N/A
Amber Threshold: 50% Categories: High Level; PDSP_Partnership & Resources			Current Target:	0%
Categories: High Level; PDSP_Partnership & Resources			Red Threshold:	75%
			Amber Threshold:	50%
■ Quarters -— Target (Quarters)			Categories:	High Level; PDSP_Partnership & Resources
		■ Quarters - Target (Quarters)		

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%

PI Code & Short Name

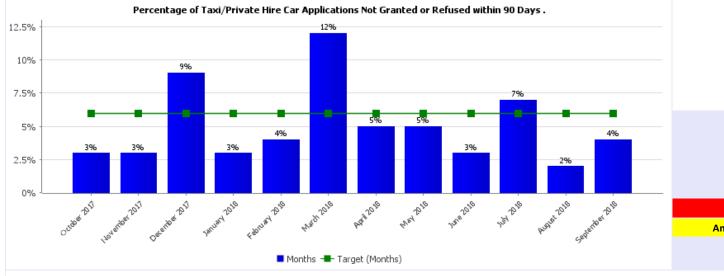
P:LS046 6b.5 Percentage of Taxi/Private Hire Car Applications Not Granted or Refused within 90 Days.

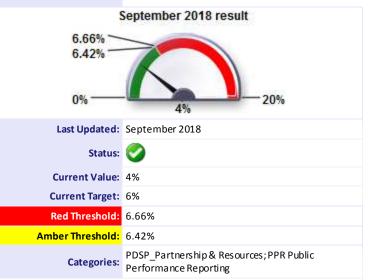
The Civic Government (Scotland) Act 1982 originally set a statutory deadline of 6 months for an application to be granted or refused. That deadline was extended to 9 months for applications received after 1 May 2017. The Licensing Team has set a local target of 90 days for applications to be granted 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.

Description outcomes. This can have an impact on overall customer satisfaction

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.

PI Owner(s): zLS PIAdmin; Audrey Watson





Trend Chart Commentary:

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. Tho se applications which were not determined within 90 days were determined within the statutory timescale.

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.



No complaints have been received during the reporting period.

The target is reviewed quarterly at service performance meetings. The target for 2018/19 remains at 2 having regard to historical performance.



The service received a total of one complaint in Q2 2018/19. The complaint related to the blue badge assessment process and was not upheld.

The service received a total of two complaints in Q1 2018/19. One customer was unhappy with the five day timescale to respond to a stage 1 complaint. This was not upheld as the timescale is a national target set by the Scottish Public Services Ombudsman. The second complaint was linked to the blue badge assessment process. Both complaints were not upheld.

The service received a total of three complaints in Q4 2017/18. Two complaints related to the introduction of the blue badge charge and the other complaint was linked to the mobility assessment process for blue badges. All three complaints were not upheld.

The service did not receive any complaints in Q3 2017/18.

The service received a total of one complaint in Q2 2017/18 and this related to the council's Blue Badge Scheme. The complaint was not upheld.

The service received a total of two complaints in Q1 2017/18 and this related to the council's Blue Badge Scheme. One complaint was not upheld at stage 1 and one was part upheld at stage 2 of the complaint process. The part upheld complaint related to the information that was provided to the customer on why a blue badge application was unsuccessful. Changes have since been made to the letters sent to blue badge applicants to provide greater clarity on the reasons for refusing an application.

The target for 2017/18 was set at two complaints per quarter and this target will be remain the same for each quarter during 2018/19.



The service received a total of two complaints in Quarter 1 2018/19. Both complaints were not upheld.

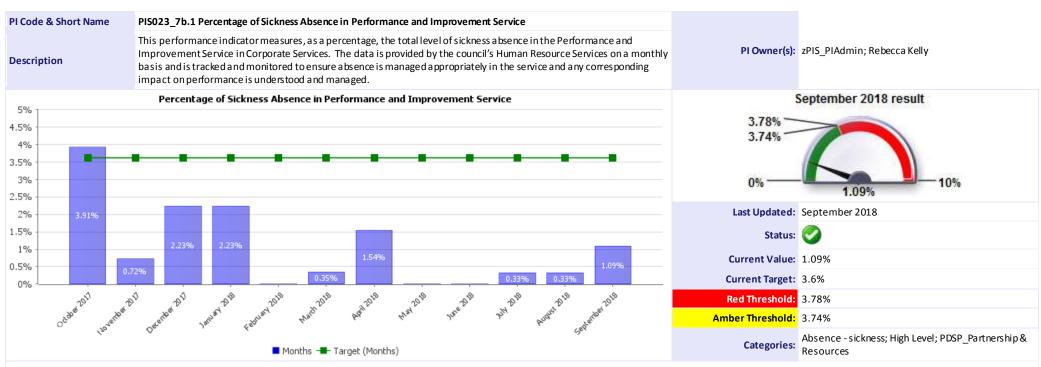
The service received a total of three complaints in Quarter 4 2017/18. Two complaints were related to the introduction of the blue badge charge and the other complaint was linked to the mobility assessment process. All three complaints were not upheld.

The service did not receive any complaints in Quarter 3 2017/18.

The service received a total of one complaint in Quarter 2 2017/18 and this related to the council's Blue Badge Scheme. The complaint was not upheld.

The service received a total of two complaints in Quarter 1 2017/18 and this related to the council's Blue Badge Scheme. One complaint was not upheld at stage 1 and one was part upheld at stage 2 of the complaints process. The part upheld complaint related to information provided to the customer on why his blue badge application was not successful. Changes have been made to blue badge refusal letters to provide further clarity to customers on why their applications are unsuccessful.

The target for 2017/18 was set at 25% per quarter and this target will remain for each quarter in 2018/19.

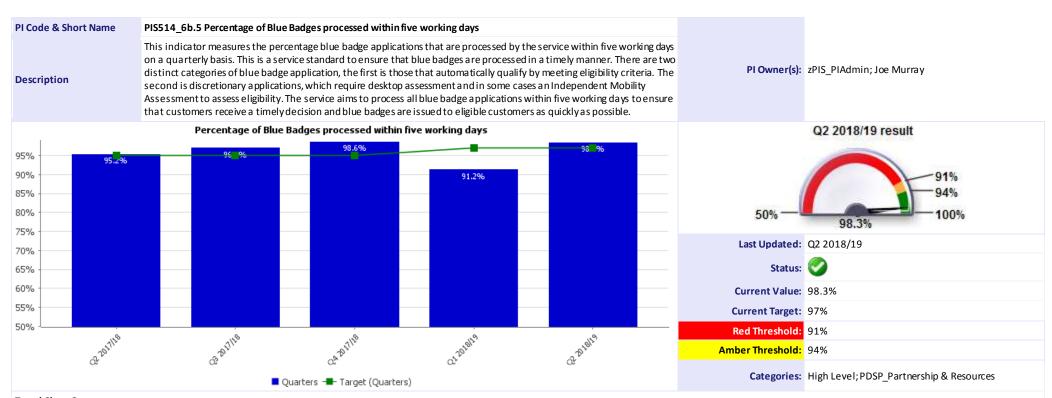


The Performance and Improvement Service comprises 14.3 full time equivalents and due to the size of the service, a small number of staff absent from work can greatly impact the performance in this indicator.

The trend shows that there was one period where the service failed to meet the corporate target of 3.6 percent, with seven periods where performance was 0 or under 1 percent. Absence was almost 4 percent in October 2017 with a total of 12 days of a bsence a ccumulated by the service in this month. During other periods a bsences have been short-term, with one day of a bsence in the service in March, July and August 2018, two days in November 2017, four days in April 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 Sickness Absence 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.



Quarter 2 2018/19 performance improved when compared to the previous quarter. There was a slight reduction in the number of applications required to be processed and the blue badge payment process issues were all resolved in quarter 1.

There was a dip in performance in Q1 2018/19 with the introduction of the blue badge charge. This was due to a technical issue with the online payment system that had to be resolved by the system supplier in the first few weeks of April 2018. The delay impacted upon the ability to take online payments and also the 5 day processing times for blue badge applications in the first part of Quarter 1 2018/19.

Quarters 1, 2, 3 and 4 2017/18 had sustained high levels of performance against target.

The target for 2018/19 has been set at 97 percent.



The pattern of sickness absence for the unit relates to long conditions and circumstances. Over the past year the unit has three members of staff off almost continually with one now completed the final absence process and the other reaching final absence interview stage, the other has now returned to work. 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.

The West Lothian Council target of 3.6% was last hit this month as current performance was 1.25%. which is the lowest score this indicator has seen since October 2016. Target going forward will remain at the Finance & Property Service target of 1.5%.



The service received two complaints in Q1, 2018/19 and nine Complaints in Q2. Of those nine complaints received only five where allocated to Property Management & Development. Four were incorrectly logged. These should have been for Construction Services and Operational Services. These were removed from PM&D and reallocated (out with the reporting period).

Regarding the increase from three (Target) to five (Outcome) for Q2 2018/19 is not related to a specific cause.

Of the five complaints that relate to Property Management and Development, three were 'Not Upheld', one was 'Party Upheld' relating to the failure to send a stage 2 notification email. One was 'Upheld' in relation to a piece of signage accidentally left up on the footpath near West Calder High School by the contractor.

The service received four complaints in Q1, 2017-18. Three complaints in Q2, 2017-18. Two complaints in Q3. 2017-18. Two complaints in Q4. 2017-18.

The target for 2018/19 remains at three complaints per quarter.



The service received two complaints in Q1, 2018/19, of which one was partly upheld. Four of the nine complaints received were upheld or partially upheld in Q2. However four of those nine complaints where incorrectly logged and reallocated accordingly including two that where upheld. Procedures are now in place to ensure this error doesn't re-occurgoing forward.

The service received four complaints in Q1, 2017-18, none were upheld or partly upheld. One of the three complaints received was upheld or partially upheld in Q2. None of the two complaints received was upheld or partially upheld in Q3, 2017-18. Q4 2 complaints received, one was partly upheld.

Investigation shows that these complaints that are upheld or partly upheld are no relation to each other and shown o patterns or trends. As a result of this the figures for this indicator can fluctuate quite drastically depending on the number of complaints received during each quarter.

The quarterly target for 2018-19 will remain at 33% as this target was breached the previous two quarters and the service is working to bring this indicator back to acceptable levels.

PI Code & Short Name P:PMD161 9b.1a Industrial Portfolio - Percentage of Total Units Let. This performance indicator is part of the performance scorecard for the council's asset management strategy and will contribute to outcome 5 utilisation. This is one of three Performance Indicators (PI) that record the occupancy levels of the major parts of the council's Tenanted Non-Residential Property (TNRP) portfolio, i.e. those properties that the council owns but does not occupy itself, and which are leased to third parties. This Plis based on 300 industrial units. The PI Owner(s): zPMD_PIAdmin; Paul Kettrick calculation of the PI was reviewed in April 2010 to ensure it's comparability with PI's produced by our benchmarking Description partners in other local authorities, and again in August 2015 to reflect changes in the portfolio. The base figure primarily consists of properties that are let on short term agreements, where occupancy levels are expected to be more volatile. Targets are reviewed annually in April and take account of the economic climate, the property market, and our rental income target, with the objective of maximising occupancy levels. More details on the council's portfolio can be found on http://www.westlothian.gov.uk/article/2494/Land-and-Property Industrial Portfolio - Percentage of Total Units Let. September 2018 result 95% 81% 92.5% 90% 87.5% 85% 94.92% 82.5% 94,929 94,58% 92.88% 92,8896 92,54% 92,296 92.54% 92.54% Last Updated: September 2018 80% 77.5% Status: 75% Current Value: 94.92% 72.5% **Current Target: 90%** 70%

Trend Chart Commentary:

Occupancy for this month (November 2018) is 94. 24% and is at the top end of the 12 month range 91.86% to 94.94%. Occupancy levels are above target and have been relatively stable over the past 12 months. A number of larger size industrial units have come vacant. These take longer to re let and this is likely to affect the trend over the next six months.

85.5%

PDSP_Development and Transport; PDSP_Partnership

& Resources; PPR Public Performance Reporting

Red Threshold: 81%

Amber Threshold: 85.5%

Categories:

The nature of most of the lease agreements - easy-in, easy-out, month to month - means that the occupancy level is particularly volatile. In previous years the performance has reflected the difficult conditions businesses faced in the economic recession, and occupancy fell regularly as a result of the credit crunch. Capital improvements have been undertaken over the past three years to preserve the income stream from the portfolio. We will continue to work on improving the appeal of our properties.

June 2018/19 target is set at 90% this allows us to maintain currently levels whilst investigating a reas for improvements.

Months - Target (Months)

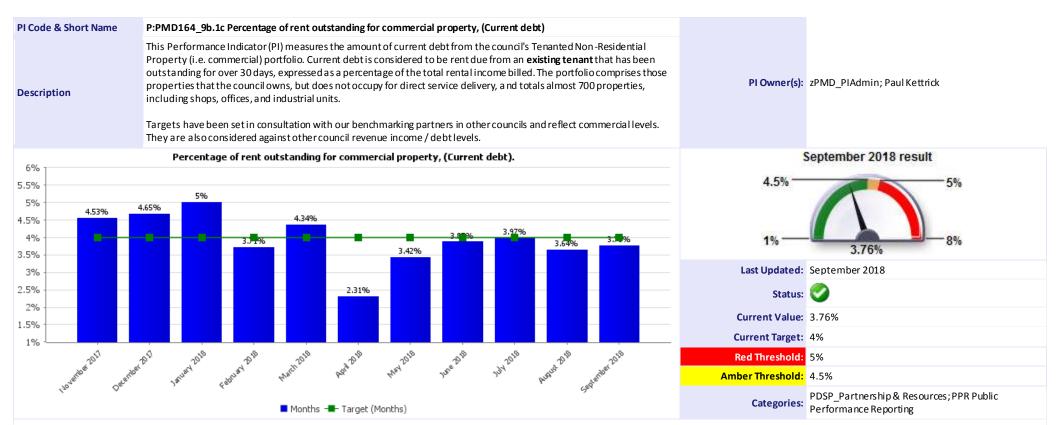
PI Code & Short Name P:PMD163 9b.1a Office Portfolio - Percentage of Office Units Let This performance indicator is part of the performance scorecard for the council's asset management strategy and will contribute to outcome 5 utilisation. This is one of three Performance Indicators that record the occupancy levels of the major parts of the council's Tenanted Non-Residential Property (TNRP) portfolio, i.e. those properties that the council owns but does not occupy itself, and which are leased to third parties. This PI is based on 42 self contained offices, or PI Owner(s): zPMD PIAdmin; Paul Kettrick Description suites in multi-occupancy buildings. The calculation of the PI was reviewed in April 2010 to ensure it's comparability with PI's produced by our benchmarking partners in other local authorities. The total also reflects recent changes in the portfolio (reviewed August 2015). Targets are reviewed annually in April and take account of the economic climate, the property market, and our rental income target, with the objective of maximising occupancy levels. More details on the council's portfolio can be found on http://www.westlothian.gov.uk/article/2494/Land-and-Property Office Portfolio - Percentage of Office Units Let. September 2018 result 95% 85.5% 92.5% 90% 87.5% 85% 100% 82.5% 94.59% 94.59% 94.5996 94.59% 94.59% 94,2996 94,29% 94,29% 91.89% 91.89% Last Updated: September 2018 80% 77.5% Status: 75% Current Value: 91.89% 72.5% **Current Target: 90%** 70% Red Threshold: 81% Amber Threshold: 85.5% PDSP_Partnership & Resources; PPR Public **Categories:** Performance Reporting Months - Target (Months)

Trend Chart Commentary:

The 12 month range has been 91.89% to 95.59% and occupancy has been fairly stable. Where units do become void they are taking longer to relet compared to the shop and industrial properties, which is indicative of the weak office market.

The office market for larger suites in West Lothian continues to be challenging. A local commercial agent is assisting the marketing of the council's largest office void.

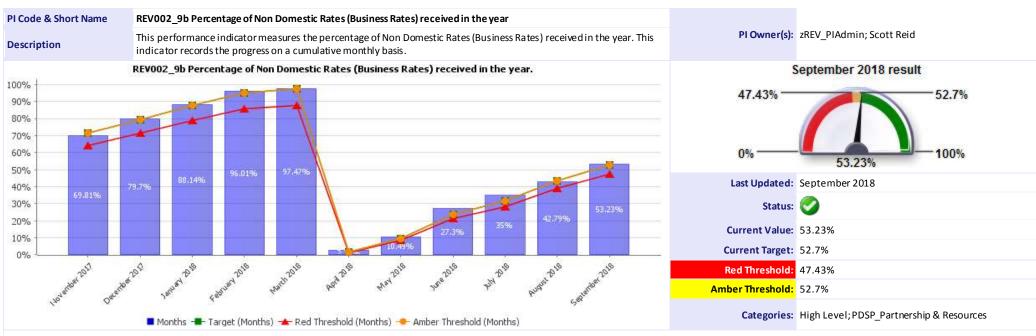
Target will be set at 90% going forward as over the past 12 month range the figures haven't dropped below 90%, by raising the target slightly will assist the team in maintaining currently levels.



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.

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.

The target for October and November 2018/19 is set at 4% and reflects the unit targeting to improve these results in the future.



This indicator shows the percentage of Non Domestic Rates (Business Rates) 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 ongoing impact of the 2017 revaluation has been set at 97.4%. 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.

2018/19

September 2018: In year collection is 0.53% above target. This increase was partly as a result of Final Notices being issued to all closed accounts for 2018 and the number of annual lump sum payments made in September.

August 2018: In year collection is 0.65% below target. Final Notices will be issued early September 2018 for all closed accounts and the annual lump sum payments are due by the end of September 2018. Additional resources will also be allocated to tasks to help improve the comparable monthly collection rate.

July 2018: In year collection has increased by 3.45%. This increase is partly as a result of some council liabilities being paid earlier than in previous years.

June 2018: In year collection has increased by 3.46%. This increase is partly as a result of some council liabilities being paid earlier than in previous years.

May 2018: In year collection is 1.08% above target.

April 2018: Customer payments for their Business Rates liability are not due until May 2018. The low collection for April 2018 is on trend.

2017/18

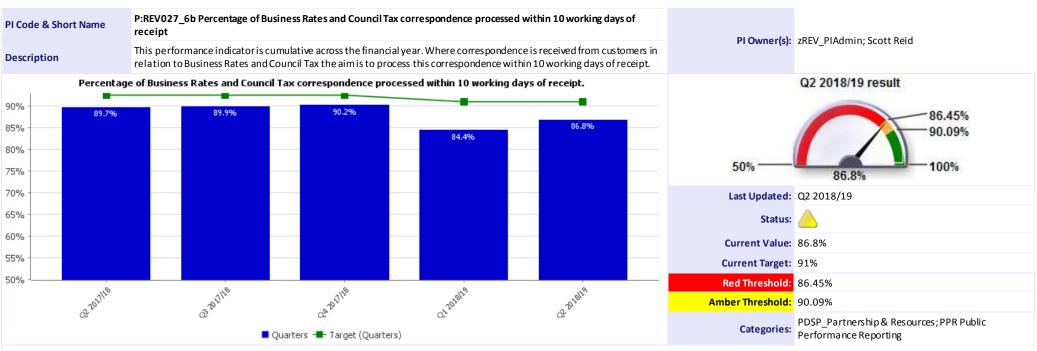
March 2018: In year collection is 0.29% above target. This has been attributed to the increase in intervention income.

February 2018: In year collection is 0.99% above target. A number of large payments were received in February 2018 following our intervention.

January 2018: In year collection is 0.39% above target. A number of large payments were received in January 2018 following our intervention.

December 2017: In year collection is 0.4% above target. The first sheriff officer file for 2017/18 debt was passed and a number of large payments were received in December 2017 following our intervention.

November 2017: In year collection is 1.90% below target. The first sheriff officer file for 2017/18 debt will be passed to them in December 2017 and a small number of large payments are outstanding.



We have reviewed the target for 2018/19 and set it at 91%. This target has been settaking into account the increased number of properties and customer correspondence being received for both Council Tax and Business Rates as well as staffing levels within the Collection's Team.

2018/19

Quarter 2: Performance in quarter 2 was below target of 91% but improved by 2.4% from the previous quarter. 27,822 items of correspondence were processed with 24,163 processed within the target of 10 working days. This is an increase of 1,734 items of correspondence processed in this quarter against the same quarter last year. Although performance has improved from the previous quarter it remains below target due to an increase in correspondence received at a time when available staff resources were reduced due to maternity leave and the summer leave period. The increase in the level of correspondence received is mainly linked to those liable for Council Tax moving home.

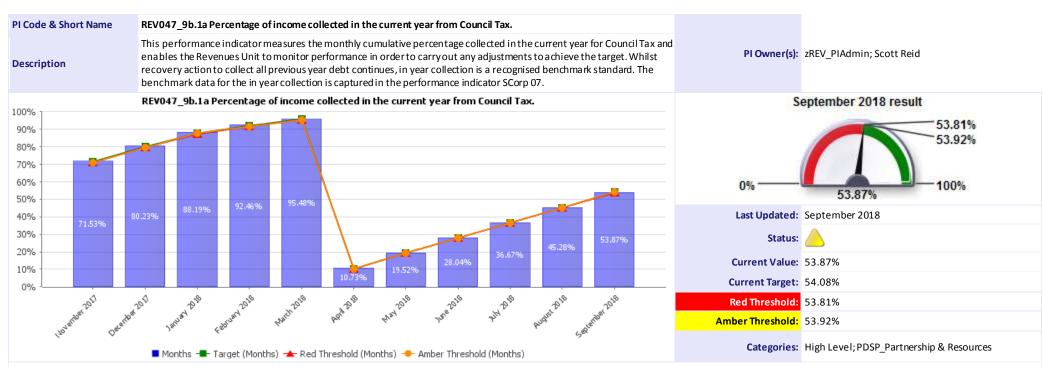
Quarter 1: Performance in quarter 1 was below target of 91%. 13,702 items of correspondence were processed with 11,562 processed within the target of 10 working days. This is an increase of 551 items of correspondence processed in this quarter against the same quarter last year. Performance fell due to an increase in correspondence received at a time when available staff resources were reduced due to a vacancy and maternity leave.

2017/18

Quarter 4: Performance in quarter 4 increased to 90.2% against a target of 92.5%. 53,234 items of correspondence were processed with 48,043 within the target. There were 6,815 more items of correspondence received in quarter 4 2017/18 than in the same quarter in the previous year. Performance has improved from quarter 3 2017/18 but has not recovered fully from the drop in performance in quarter 2 2017/18.

Quarter 3: Performance in quarter 3 increased to 89.9% against a target of 92.5%. 38,990 items of correspondence were processed with 35,049 within the target. There were 6,122 more items of correspondence received in quarter 3 2017/18 than in the same quarter in the previous year. This is partly due to the continued increase in customers reporting a change of address. Performance has improved in quarter 3 2017/18 but has not recovered fully from the drop in performance in quarter 2 2017/18.

Quarter 2: Performance in quarter 2 fell to 89.7% against a target of 92.5%. 26,088 items of correspondence were processed with 23,398 within the target.



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.

2018/19

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 was authorised, payment allocation to the accounts was not processed before the end of September 2018.

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.

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.

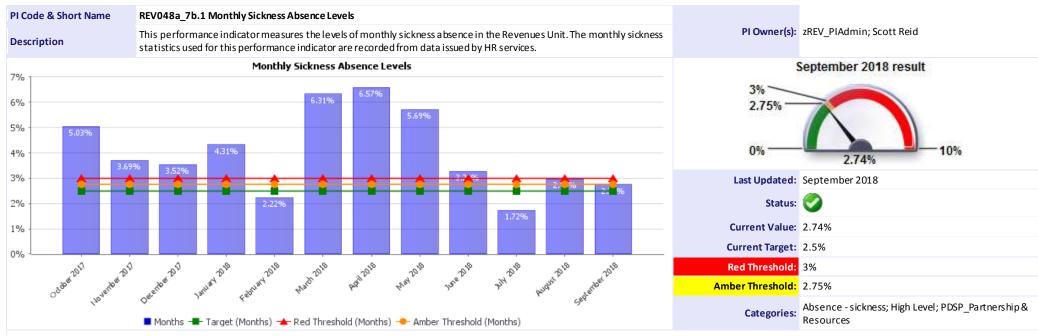
June 2018: In year collection is 0.14% above the target. The increase in collection has been attributed to the increased level of customers paying by direct debit.

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.

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.

2017/18

March 2018: In year collection is up 95.48% and 0.42% above 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. February 2018: In year collection is up 92.46% and 0.67% above 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 January 2018: In year collection is up 88.19% and 0.50% above 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 December 2017: In year collection is up 80.23% and 0.52% above 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 November 2017: In year collection is 0.45% above target. The increase in collection has been attributed to the introduction of Water Direct and the increased level of customers paying by direct debit



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

2018/19

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 August 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 a bsence 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 4.89% (268) 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 at otal 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 sickdays 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 2,130 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

November 2017: Sickness absence levels for November 2017 decreased from the previous month. In November 2017 there were 76 sick days out of a possible 2,062days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

October 2017: Sickness absence levels for October 2017 increased from the previous month. In October 2017 there were 108 sick days out of a possible 2,145days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

PI Code & Short Name

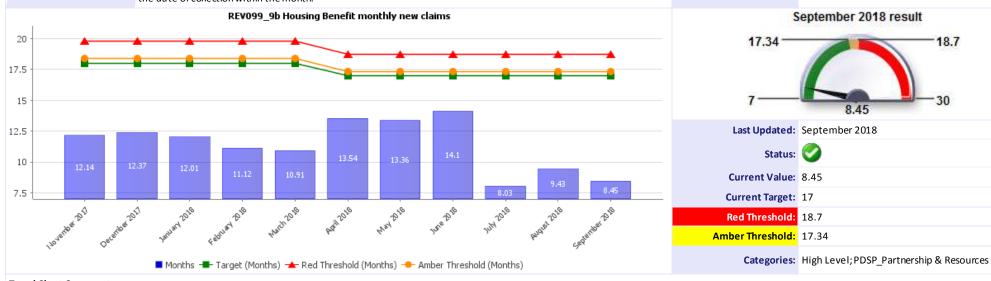
Description

REV099 9b Housing Benefit monthly new claims

This performance indicator measures the average number of days to process Housing Benefit new claims on a monthly basis. The average number of days is calculated from the date of receipt of the application to the date that a decision is made. Receipt of a claim for Housing Benefit at any designated office will be the starting point at which the count for the processing time begins. The count for the processing time stops the day the decision is made. This data is gathered by the Single Housing Benefit Extract tool which reports to the Department for Work and Pensions on all data entered on the Housing Benefit processing system. This information allows management to monitor ongoing performance and to compare performance against other Local Authorities. The date that the SHBE is run differs from month to month and is set by the DWP, with the performance information being recorded against the month the data is gathered, regardless of the date of collection within the month.

PI Owner(s): zREV PIAdmin; Sandra Malloy

18.7



Trend Chart Commentary:

The target for 2018/19 has been set at 17 days. The target has been reviewed and set based on last years performance and factoring in a number of changes that will impact the Benefit Team over the coming year. The main changes include the roll out of Universal Credit full service from May 2018 and the additional work that this will generate in the short term, additional work coming in to the team including the Verification of Earnings and Pensions project which will produce a lerts to advise the team when a customers earnings or pension changes, and reduced staff resource going forward.

2018/19

September 18 - The number of days to process new claims remains well within target at 8.45 days.

August 18 - The number of days to process new claims remains well within target at 9.43 days. This is because we continue to priorities certain claim types due to the vulnerability of the tenants. This has a positive effect on the end to end processing times.

July 18 - Performance this month is significantly under target at 8.03 days, however, this is because we processed 86 housing benefit applications for bed and breakfast accommodation within 1 day which has had a positive impact on the overall end to end processing figures for this month.

June 18 - Performance this month has dipped slightly to 14.10 days. This is a result of the staff training that was delivered in preparation for the roll out of Universal Credit full service on 16 May 2018.

May 18 - Performance remains within target for May 18 at 13.36 days.

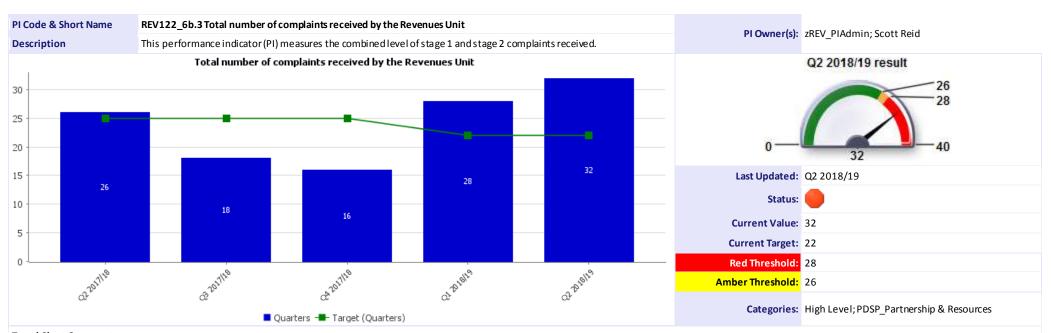
April 18 - Performance remains within target despite the additional work over the year end period; reduction in staffing numbers and staff leave over the Easter holiday period.

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. December 17 - Performance remains within target for November at 12.37 days.



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 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.

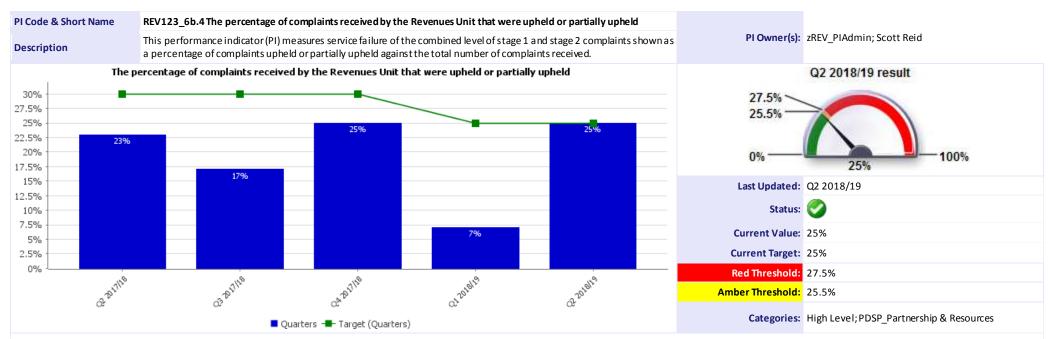
Quarter 1: 28 complaints in total were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information. Although the number of complaints increased in this quarter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

Quarter 2: 26 complaints were received during this quarter, however this PI remains on target overall after the first 2 quarters of this year. 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.



We have reviewed the target for 2018/19 and set it at 25% of complaints received were upheld or partially upheld. This target has been set taking into account performance in the previous year.

2018/19

Quarter 2: 7 of the 32 (22%) complaints received this quarter were upheld and another 1 (3%) was part upheld. 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. We are below the council average for quarter 2 2018/19 which was 51.8% of complaints were upheld or part upheld.

Quarter 1: 2 of the 28 (7%) complaints received this quarter were part upheld. We are below the council average for quarter 1 2018/19 which was 55% of complaints were upheld or part upheld.

2017/18

Quarter 4: 4 of the 16 complaints (25%) received this quarter were upheld or part upheld. 3 were upheld and 1 part upheld. We are below the council average for quarter 4 2017/18 which was 43% of complaints were upheld or part upheld.

Quarter 3: 2 of the 18 complaints received this quarter were upheld. 1 was part upheld.

Quarter 2: 5 of the 26 complaints received this quarter were upheld. 1 was part upheld.