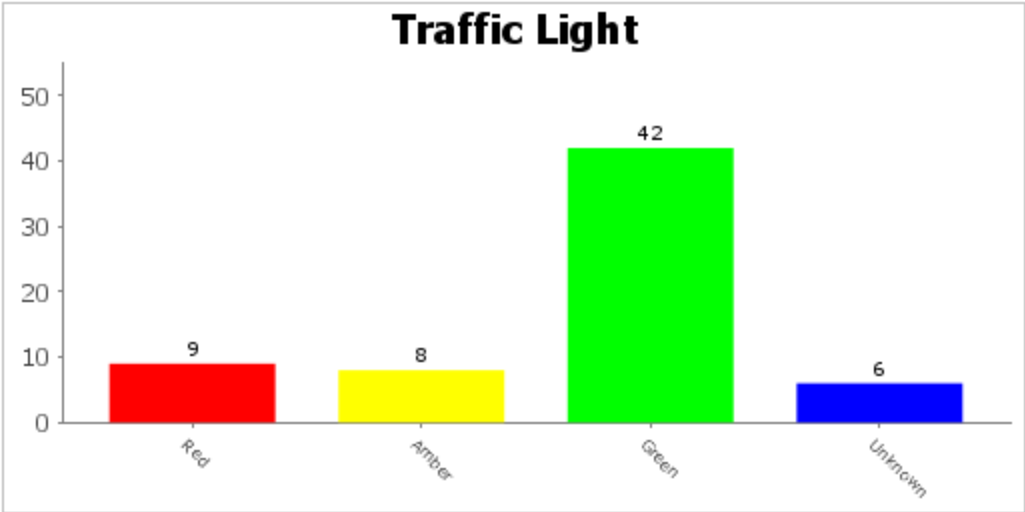
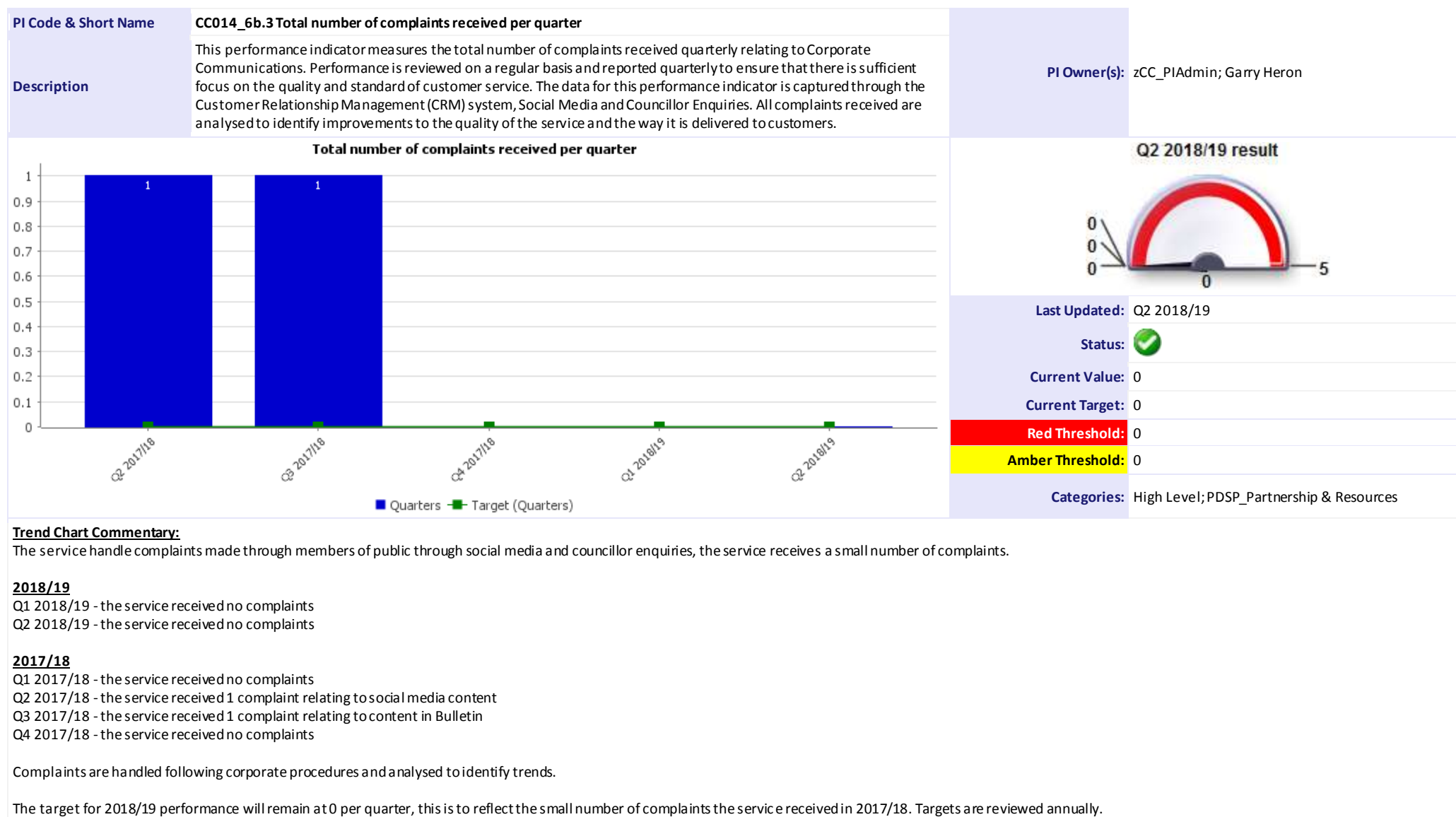


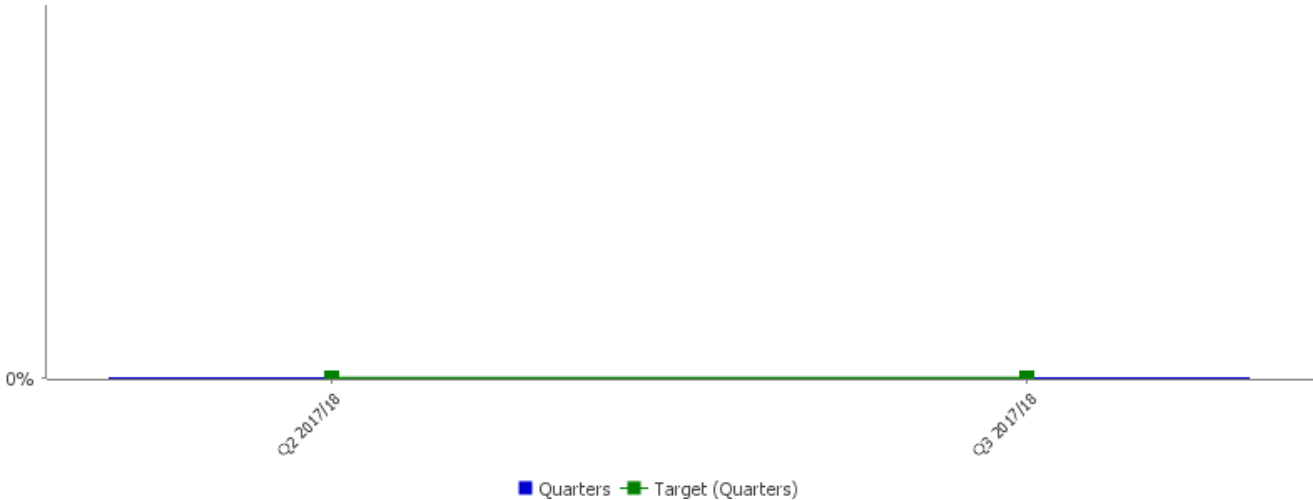
09 PDSP – Partnership and Resources Pls – ALL (Detail)

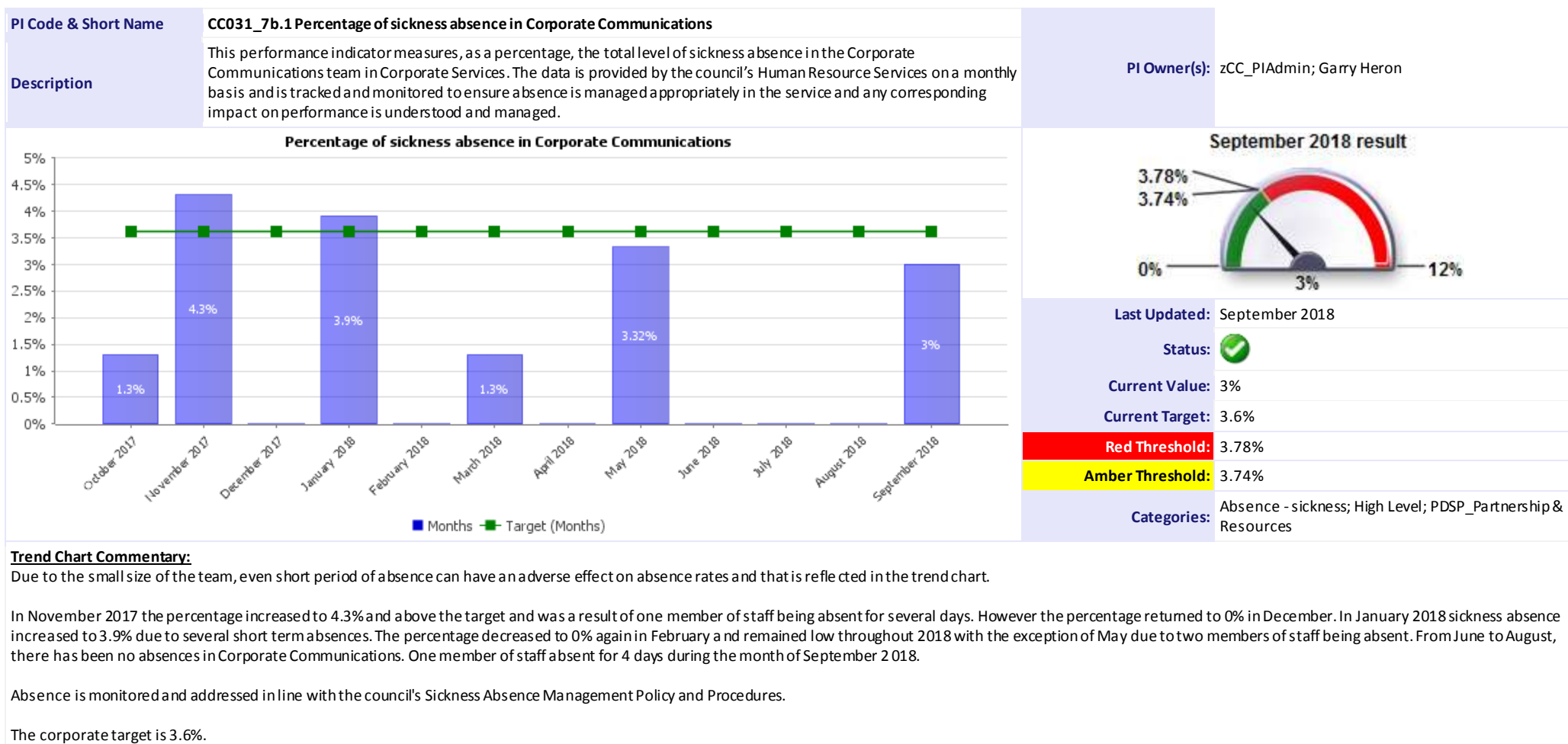
Data Label : OFFICIAL

Generated on: 22 November 2018 16:46





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



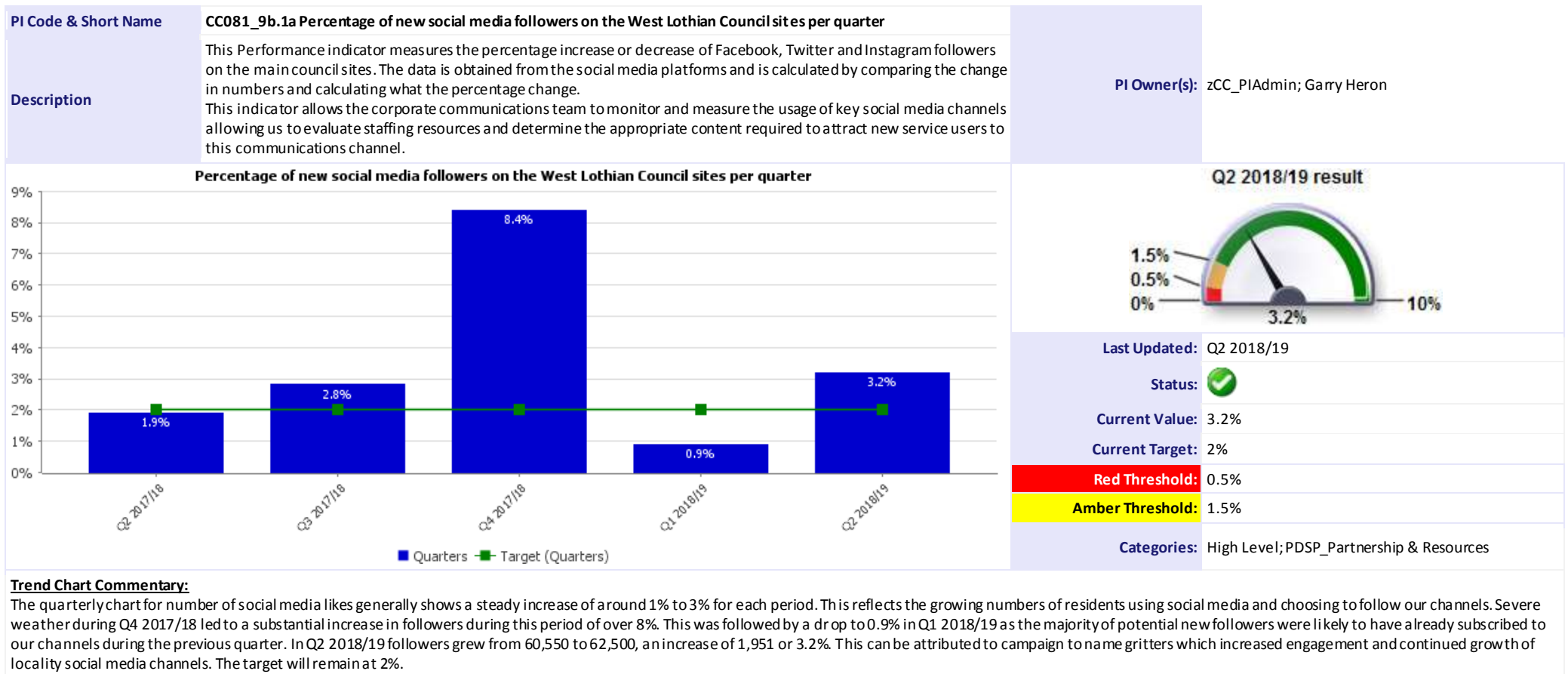
Trend Chart Commentary:

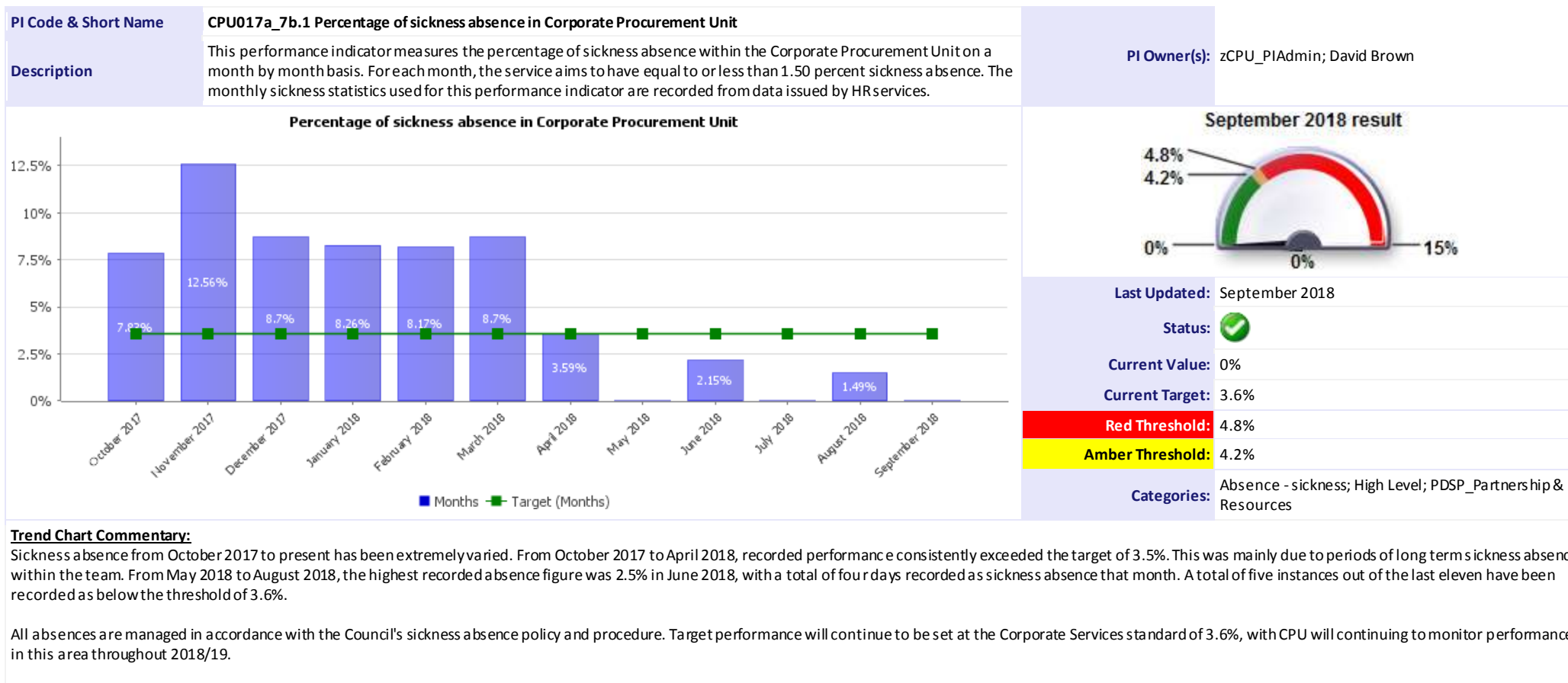
Due to the small size of the team, even short period of absence can have an adverse effect on absence rates and that is reflected in the trend chart.

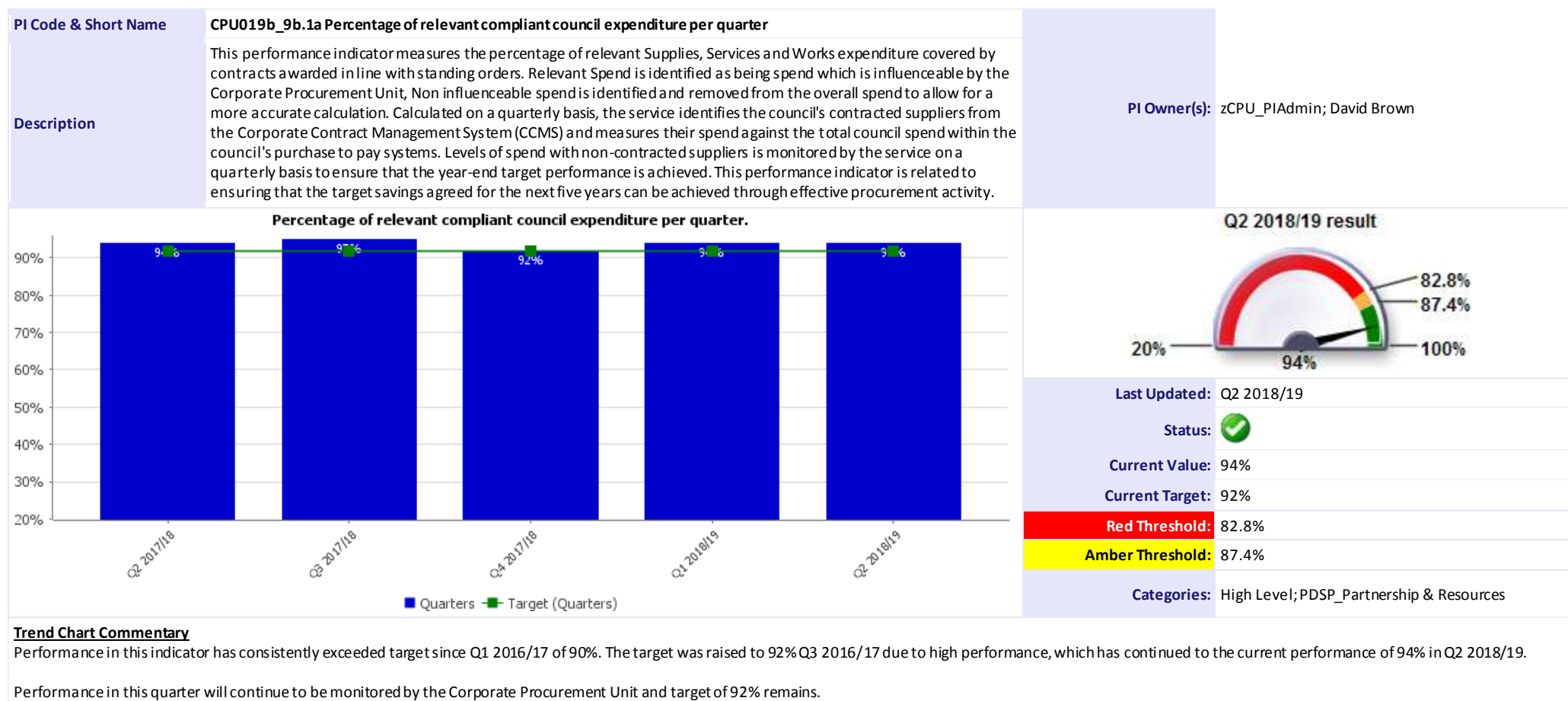
In November 2017 the percentage increased to 4.3% and above the target and was a result of one member of staff being absent for several days. However the percentage returned to 0% in December. In January 2018 sickness absence increased to 3.9% due to several short term absences. The percentage decreased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

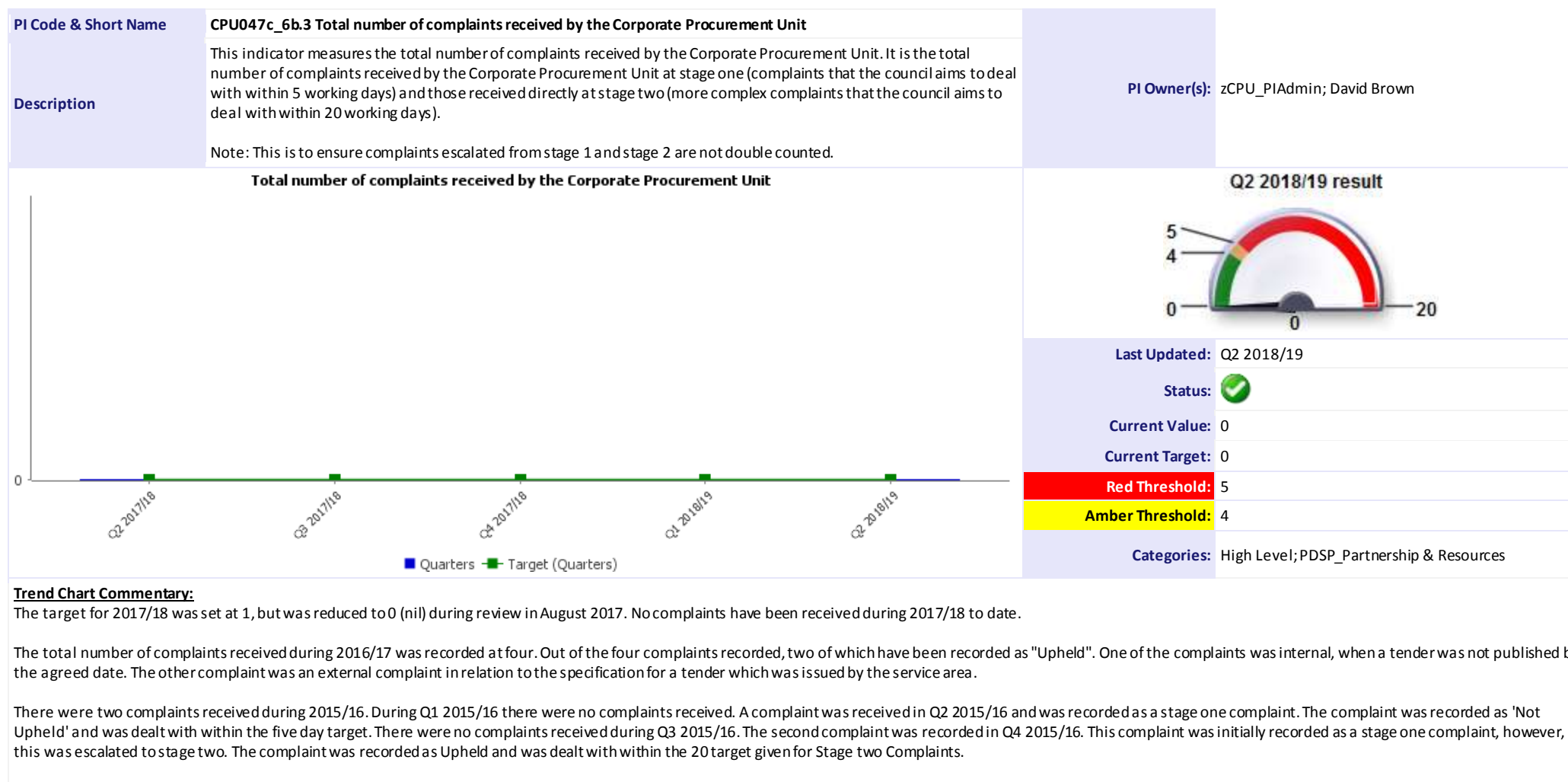
Absence is monitored and addressed in line with the council's Sickness Absence Management Policy and Procedures.



The corporate target is 3.6%.

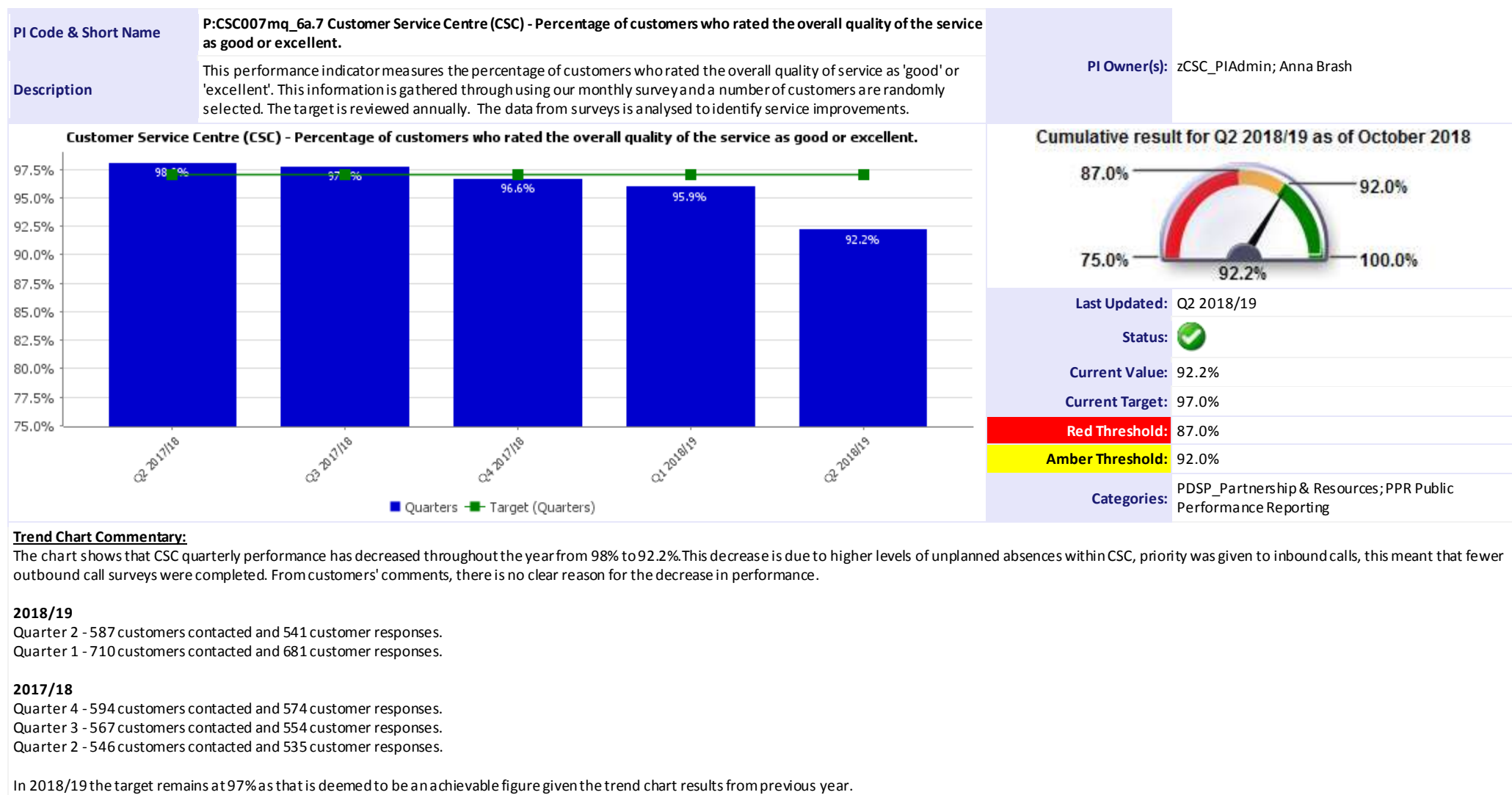


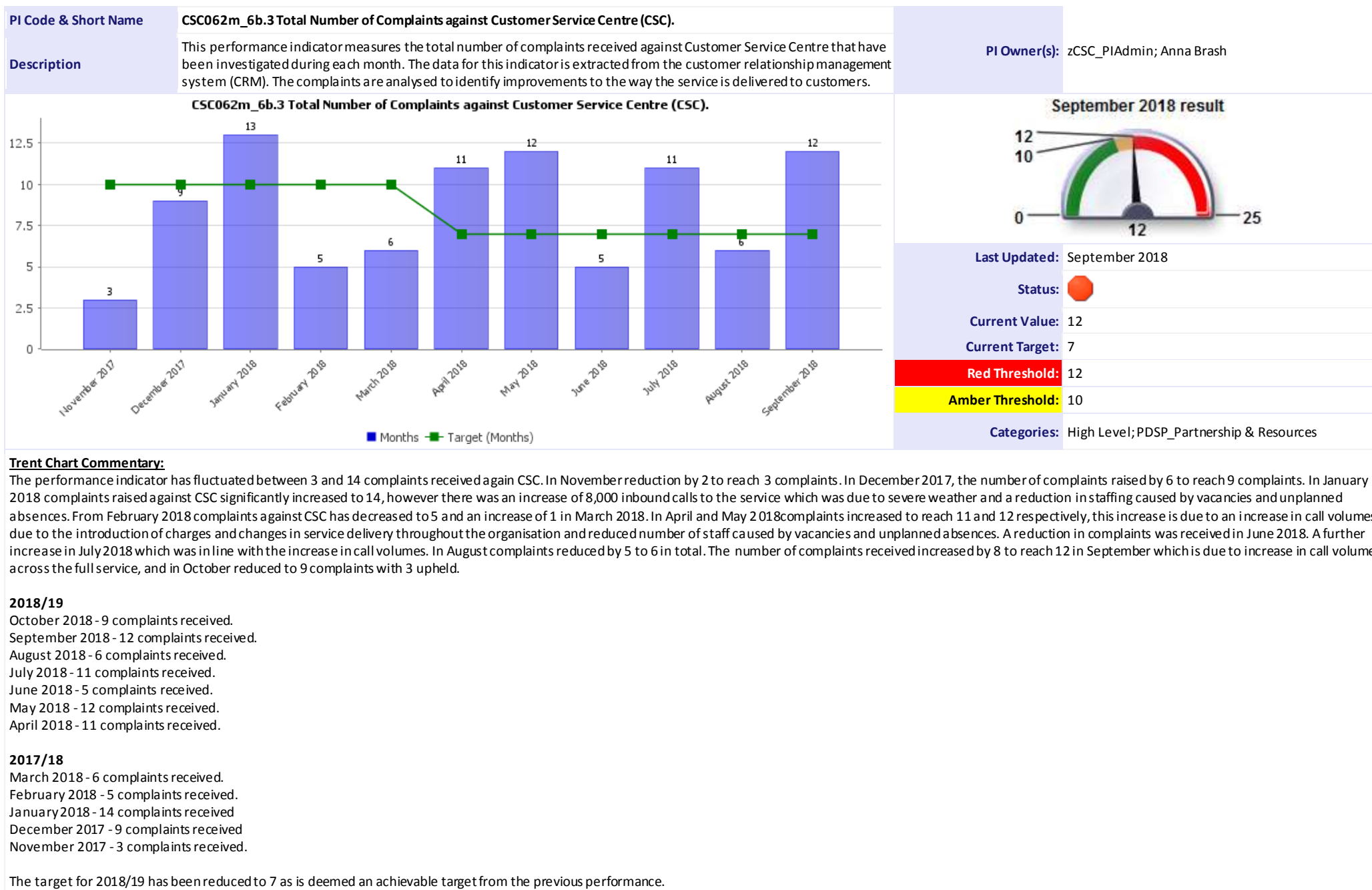






PI Code & Short Name	CPU047d_6b.4 The percentage of complaints received by the Corporate Procurement Unit that were upheld / partially upheld against the total complaints closed in full	PI Owner(s): zCPU_PIAAdmin; David Brown
Description	This indicator measures the total number of complaints received by the Corporate Procurement Unit which were upheld or partially upheld, as a percentage of all complaints received.	
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: 
		Current Value: N/A
		Current Target: 0%
		Red Threshold: 80%
		Amber Threshold: 77%
		Categories: High Level; PDSP_Partnership & Resources
<p>Trend Chart Commentary: 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.</p>		







Trend Chart Commentary:

From November 2017 the performance for Upheld/part upheld complaints has fluctuated over the last year from 33.33% to 83.3%. In November 2017, 3 complaints received and only 1 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 part upheld and then in June to 5 upheld and 2 part upheld was due to an increase in call volumes due to the introduction of charges and changes in service delivery throughout the organisation and reduced number of staff caused by vacancies and unplanned absences. In July performance decrease with CSC receiving 11 complaints which is an increase of 6. Employee attitude concerns were raised and dealt with the 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 inaccurate information were raised and dealt with the employees line managers. A reduction in October 2018 to 9 complaints, 3 upheld and 6 not upheld. 1 for Employee attitude raised and dealt with the 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

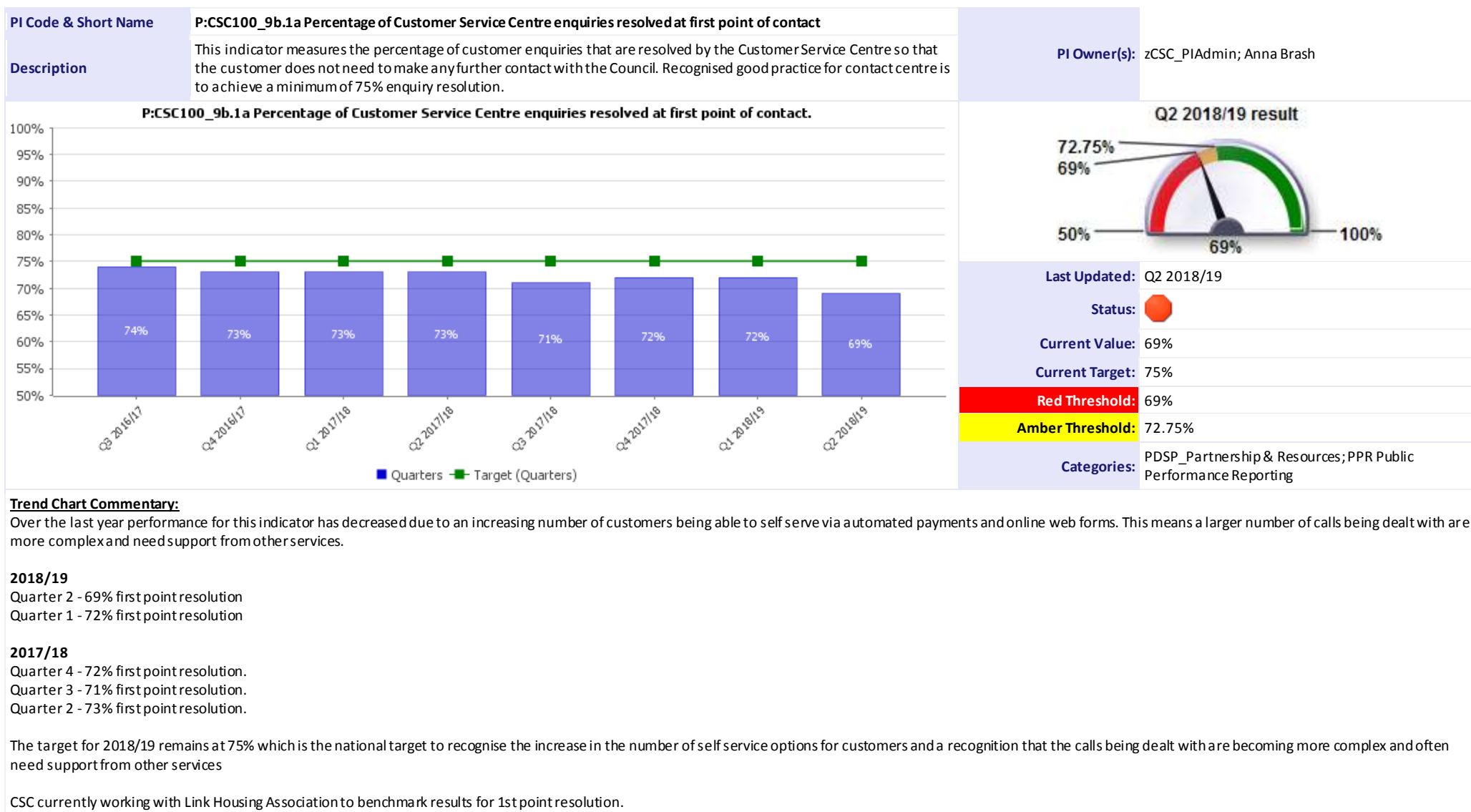
October 2018 - 9 complaints received, 3 upheld and 6 not upheld.
September 2018 - 12 complaints received, 7 upheld, 2 part upheld and 3 not upheld.
August 2018 - 6 complaints received, 3 upheld and 3 not upheld.
July 2018 - 11 complaints received, 6 upheld, 1 part upheld and 3 not upheld.
June 2018 - 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

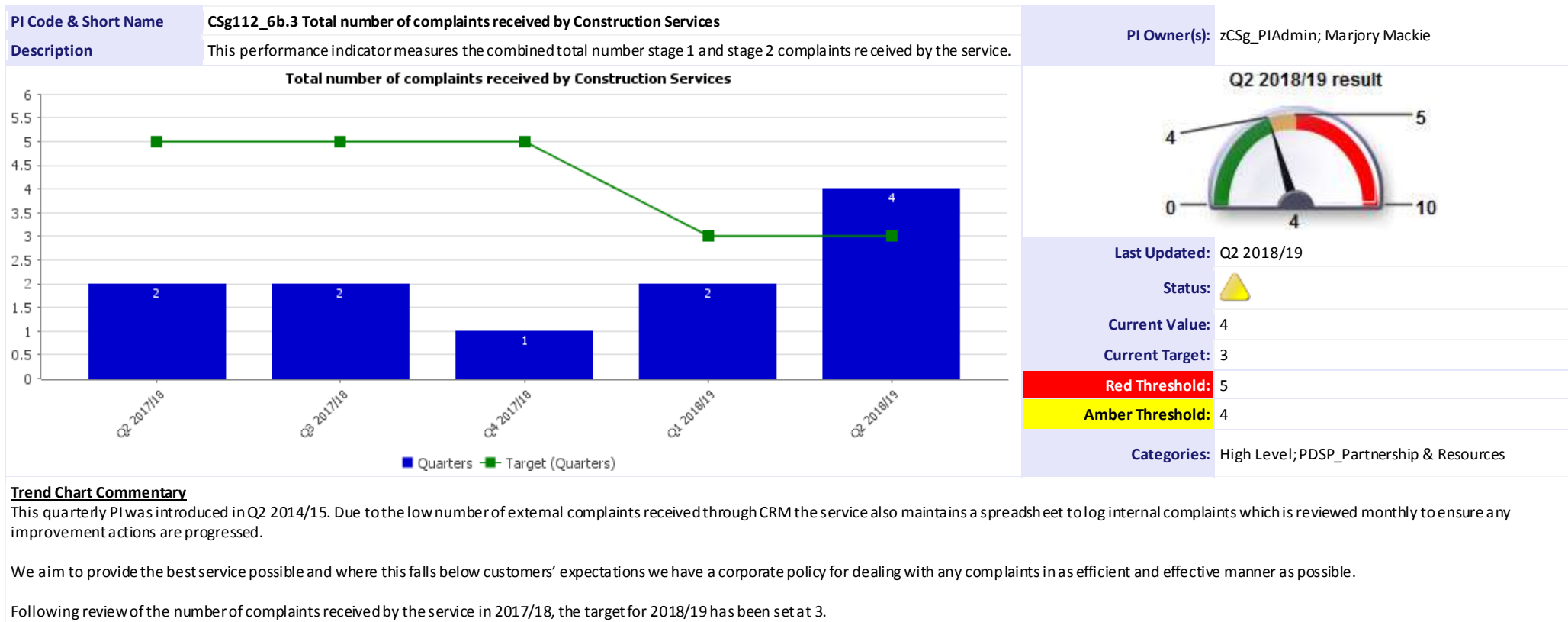
2017/18

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.



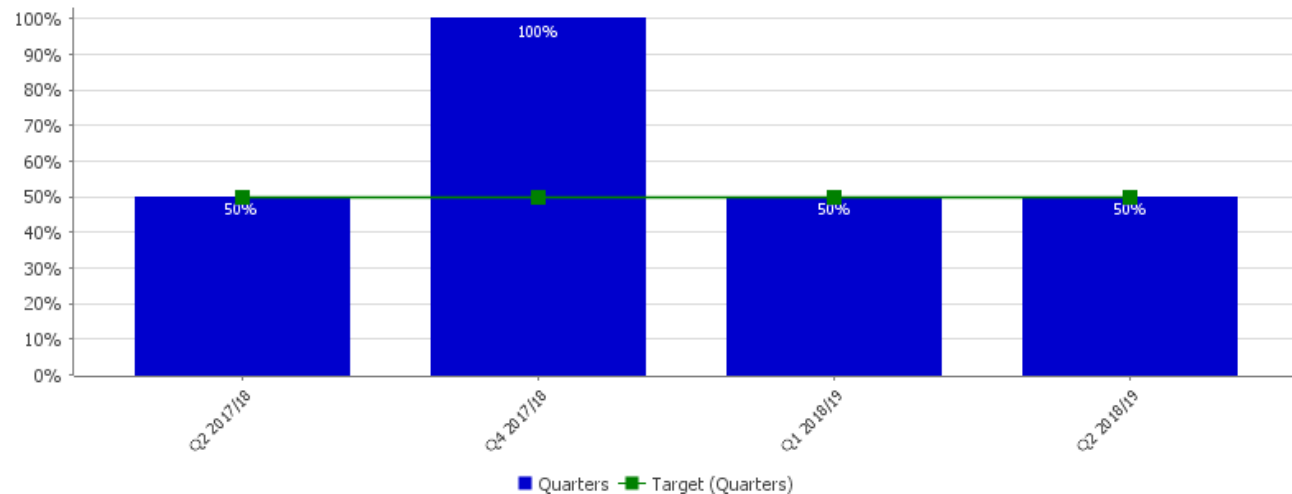



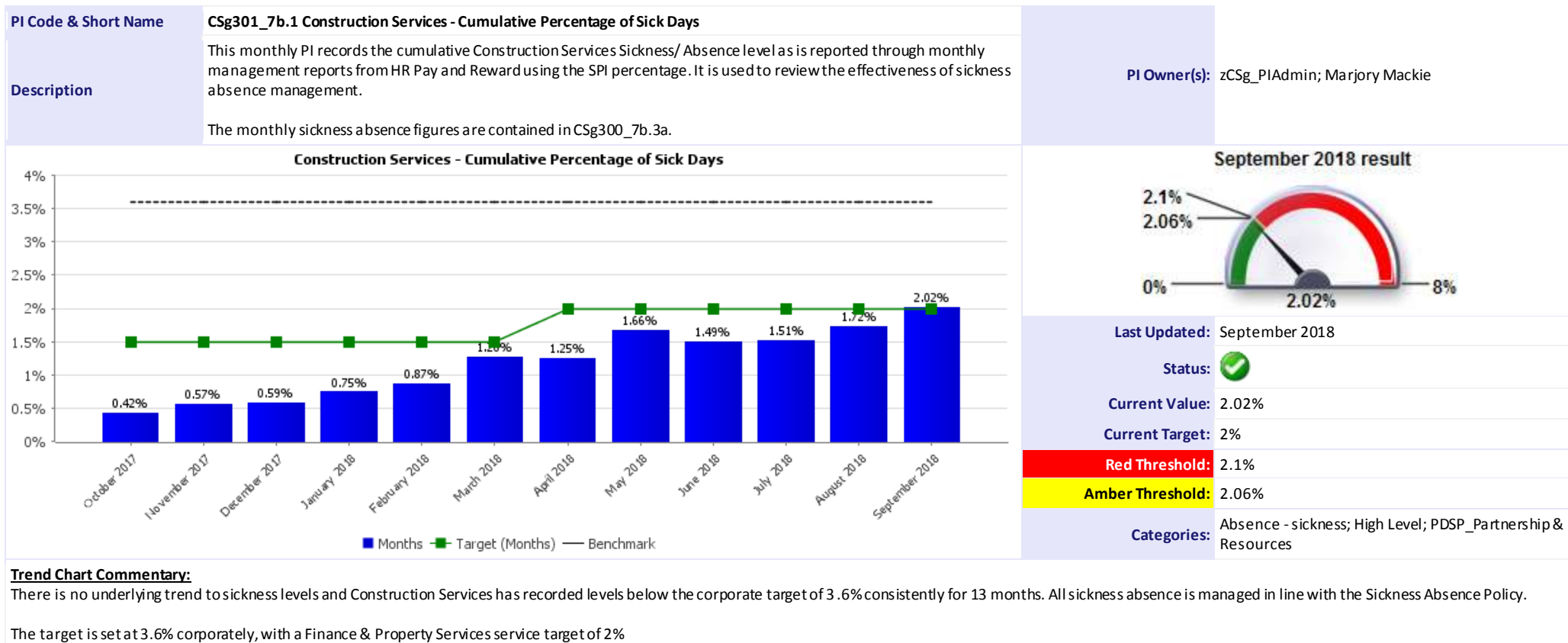
Trend Chart Commentary

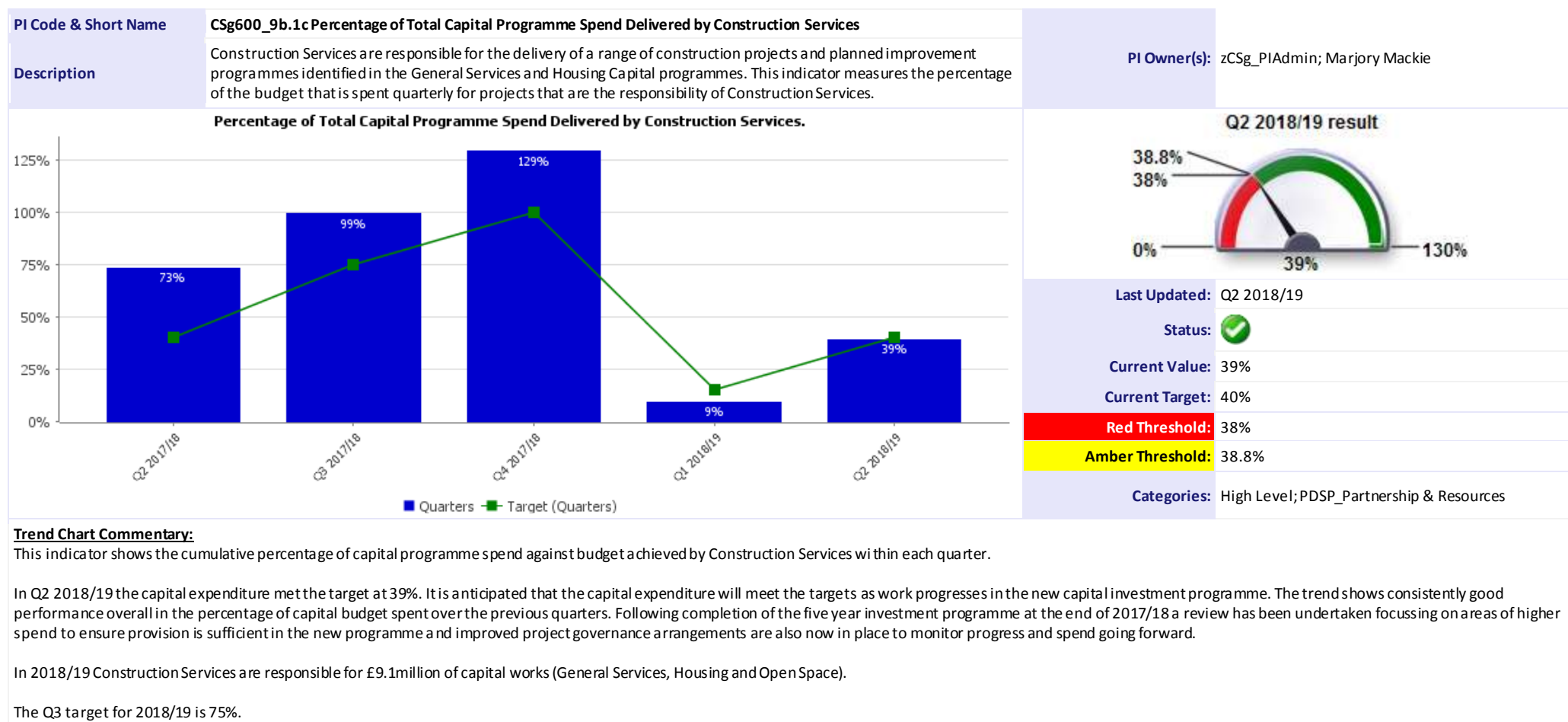
This quarterly PI was introduced in Q2 2014/15. Due to the low number of external complaints received through CRM the service also maintains a spreadsheet to log internal complaints which is reviewed monthly to ensure any improvement actions are progressed.

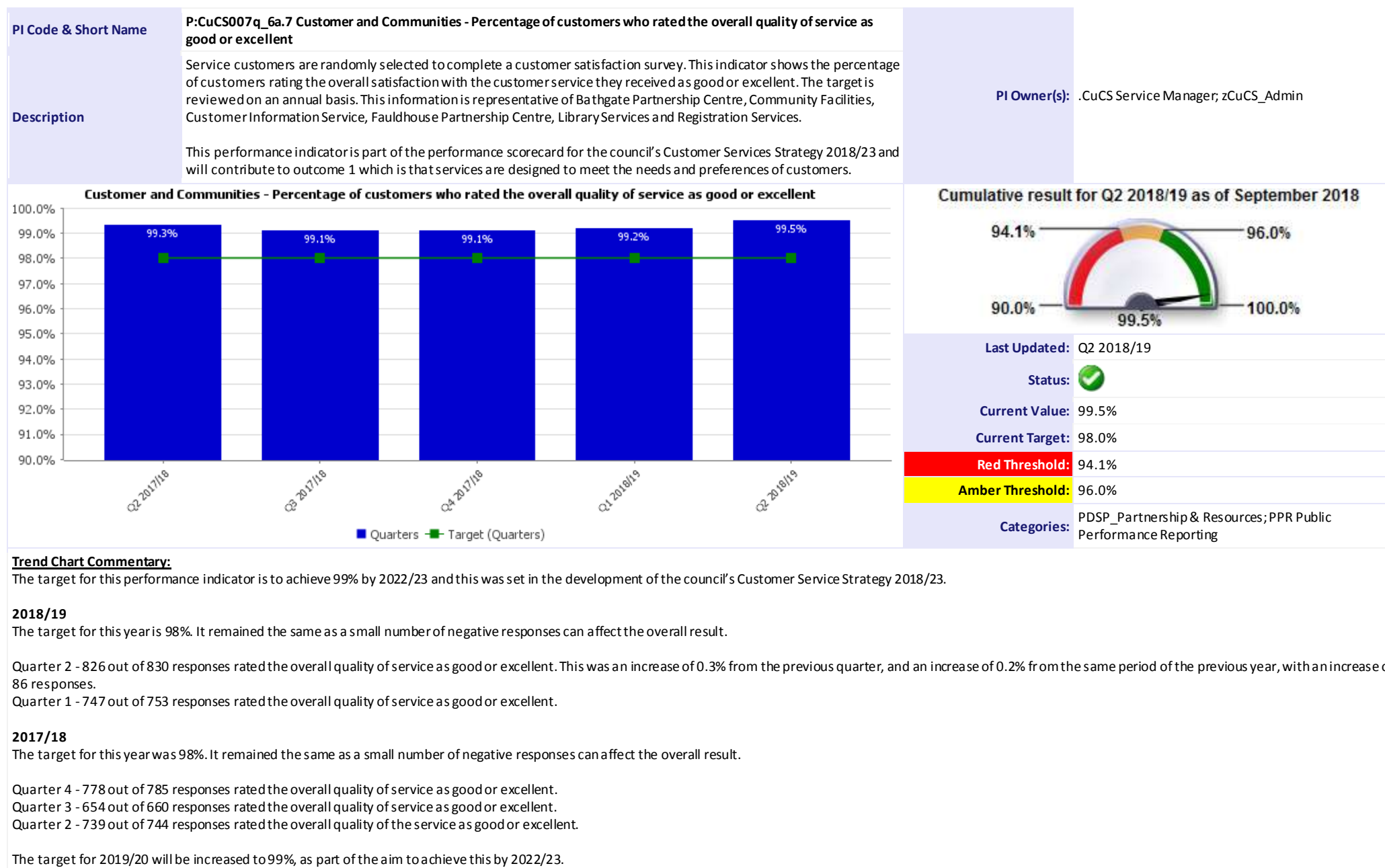
We aim to provide the best service possible and where this falls below customers' expectations we have a corporate policy for dealing with any complaints in as efficient and effective manner as possible.

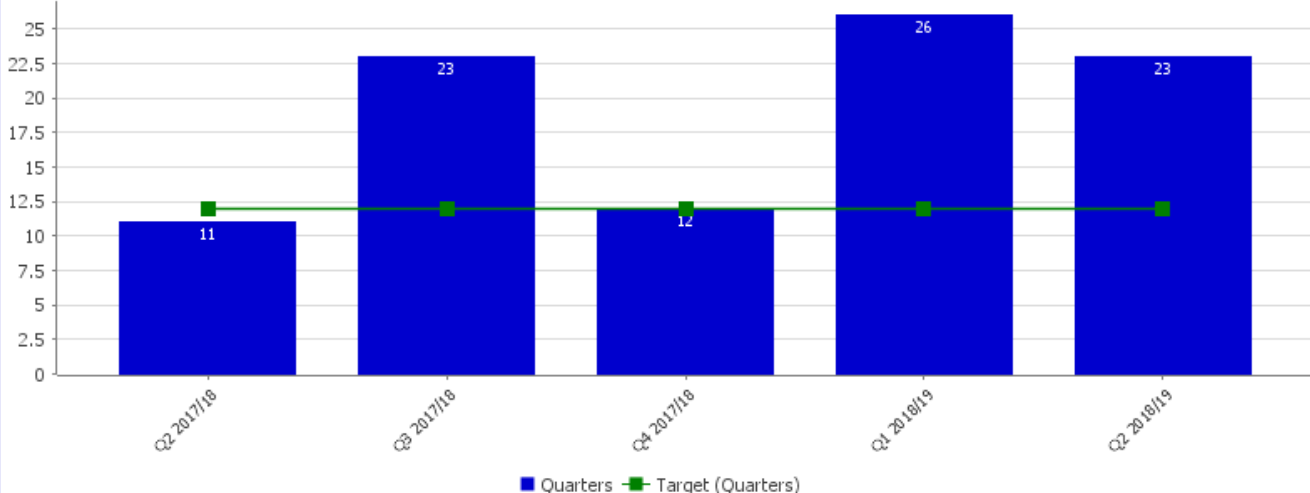

Following review of the number of complaints received by the service in 2017/18, the target for 2018/19 has been set at 3.

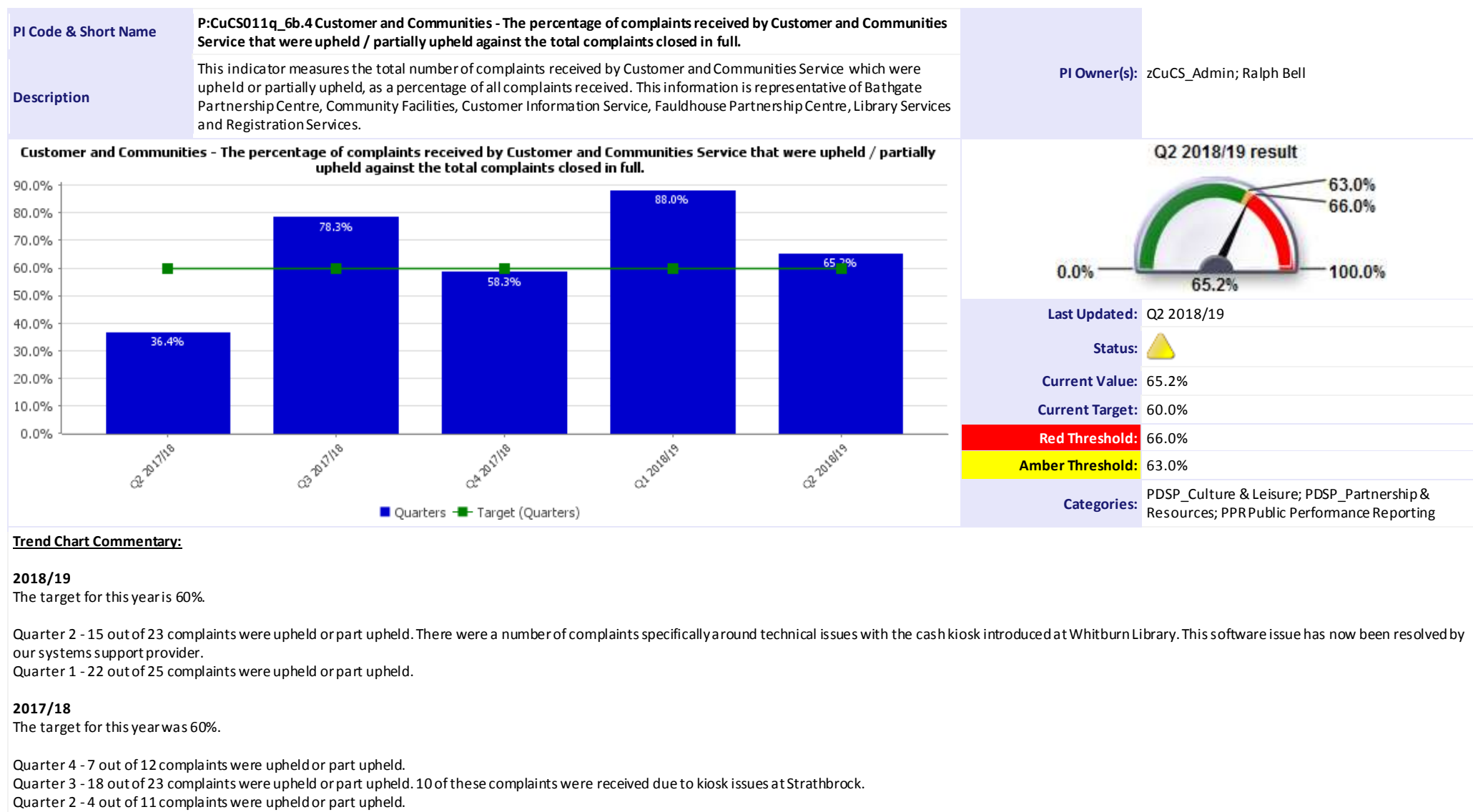
PI Code & Short Name	CSg113_6b.4 The percentage of complaints received by Construction Services that were upheld / partially upheld against the total complaints closed in full	PI Owner(s): zCSg_PIAdmin; Marjory Mackie																													
Description	<p>This performance indicator measures the 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.</p> <p>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.</p>																														
<p>The percentage of complaints received by Construction Services that were upheld / partially upheld against the total complaints closed in full</p>  <table><caption>Quarterly Data for PI CSg113_6b.4</caption><thead><tr><th>Quarter</th><th>Percentage Upheld / Partially Upheld</th><th>Target</th></tr></thead><tbody><tr><td>Q2 2017/18</td><td>50%</td><td>50%</td></tr><tr><td>Q4 2017/18</td><td>100%</td><td>50%</td></tr><tr><td>Q1 2018/19</td><td>50%</td><td>50%</td></tr><tr><td>Q2 2018/19</td><td>50%</td><td>50%</td></tr></tbody></table>		Quarter	Percentage Upheld / Partially Upheld	Target	Q2 2017/18	50%	50%	Q4 2017/18	100%	50%	Q1 2018/19	50%	50%	Q2 2018/19	50%	50%	<p>Q2 2018/19 result</p>  <table><tbody><tr><td>Last Updated:</td><td>Q2 2018/19</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>50%</td></tr><tr><td>Current Target:</td><td>50%</td></tr><tr><td>Red Threshold:</td><td>55%</td></tr><tr><td>Amber Threshold:</td><td>53.5%</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></tbody></table>	Last Updated:	Q2 2018/19	Status:	✓	Current Value:	50%	Current Target:	50%	Red Threshold:	55%	Amber Threshold:	53.5%	Categories:	High Level; PDSP_Partnership & Resources
Quarter	Percentage Upheld / Partially Upheld	Target																													
Q2 2017/18	50%	50%																													
Q4 2017/18	100%	50%																													
Q1 2018/19	50%	50%																													
Q2 2018/19	50%	50%																													
Last Updated:	Q2 2018/19																														
Status:	✓																														
Current Value:	50%																														
Current Target:	50%																														
Red Threshold:	55%																														
Amber Threshold:	53.5%																														
Categories:	High Level; PDSP_Partnership & Resources																														
<p>Trend Chart Commentary:</p> <p>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 an 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.</p> <p>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.</p> <p>Following review the target for 2018/19 will remain at 50%.</p>																															

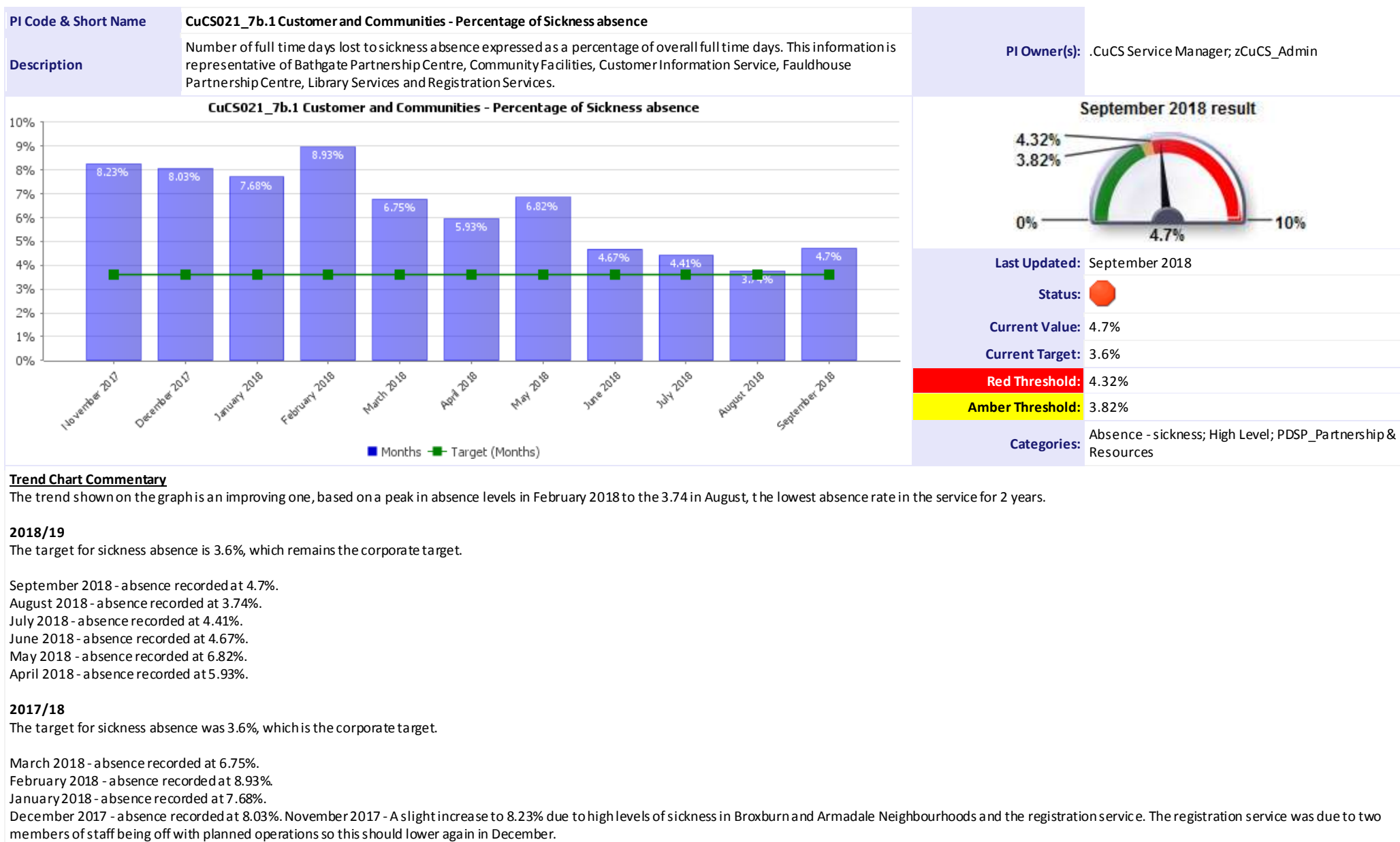






PI Code & Short Name	CuCS010q_6b.3 Customer and Communities - Total number of complaints received by Customer and Community services	PI Owner(s): .CuCS Service Manager; zCuCS_Admin																												
Description	<p>This indicator measures the total number of complaints received by the Customer and Community services. It is the total number of complaints received by the Customer and Community services at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days).</p> <p>Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.</p>																													
<div><div>Customer and Communities - Total number of complaints received by Customer and Community services</div><table><caption>Complaints by Quarter</caption><thead><tr><th>Quarter</th><th>Complaints</th></tr></thead><tbody><tr><td>Q2 2017/18</td><td>11</td></tr><tr><td>Q3 2017/18</td><td>23</td></tr><tr><td>Q4 2017/18</td><td>12</td></tr><tr><td>Q1 2018/19</td><td>26</td></tr><tr><td>Q2 2018/19</td><td>23</td></tr></tbody></table></div>		Quarter	Complaints	Q2 2017/18	11	Q3 2017/18	23	Q4 2017/18	12	Q1 2018/19	26	Q2 2018/19	23	<div><div>Q2 2018/19 result</div><table><thead><tr><th>Metric</th><th>Value</th></tr></thead><tbody><tr><td>Last Updated:</td><td>Q2 2018/19</td></tr><tr><td>Status:</td><td></td></tr><tr><td>Current Value:</td><td>23</td></tr><tr><td>Current Target:</td><td>12</td></tr><tr><td>Red Threshold:</td><td>14.4</td></tr><tr><td>Amber Threshold:</td><td>12.6</td></tr><tr><td>Categories:</td><td>High Level;PDSP_Partnership & Resources</td></tr></tbody></table></div>	Metric	Value	Last Updated:	Q2 2018/19	Status:		Current Value:	23	Current Target:	12	Red Threshold:	14.4	Amber Threshold:	12.6	Categories:	High Level;PDSP_Partnership & Resources
Quarter	Complaints																													
Q2 2017/18	11																													
Q3 2017/18	23																													
Q4 2017/18	12																													
Q1 2018/19	26																													
Q2 2018/19	23																													
Metric	Value																													
Last Updated:	Q2 2018/19																													
Status:																														
Current Value:	23																													
Current Target:	12																													
Red Threshold:	14.4																													
Amber Threshold:	12.6																													
Categories:	High Level;PDSP_Partnership & Resources																													
<div><div>Trend Chart Commentary:</div><p>Overall the number of complaints compared to the number of customers dealt with is very small. Due to the make-up of the service it is challenging to find external benchmarking partners and so the service compares complaint performance with the Customer Service Centre.</p><div><div>2018/19</div><p>The target for this year is 12 and was set based on achieving improvement on the previous year’s performance. A large number of complaints were received during June 2018 as a result of issues with the payment kiosks.</p><p>Quarter 2 - 23 complaints were received. CommunityFacilities received 2. Customer Information Services received 13, Fauldhouse Partnership Centre Centre received 1, LibraryServices received 6 and Registration Services received 1. There was an increase in Customer Information Services complaints due to the ongoing issues with the payment kiosks. CSC received 29</p><p>Quarter 1 - 26 complaints were received. CSC received 28.</p></div><div><div>2017/18</div><p>The target for this year was 12 and was set based on achieving improvement on the previous year’s performance. There was a significant increase in complaints Quarter 3 due ongoing issues with the payment kiosk in Strathbrock Partnership Centre.</p><p>Quarter 4 - 12 complaints were received. CSC received 25.</p><p>Quarter 3 - 23 complaints were received. CSC received 17.</p><p>Quarter 2 - 11 complaints were received CSC received 16.</p></div></div>																														





Trend Chart Commentary

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

2018/19

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

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

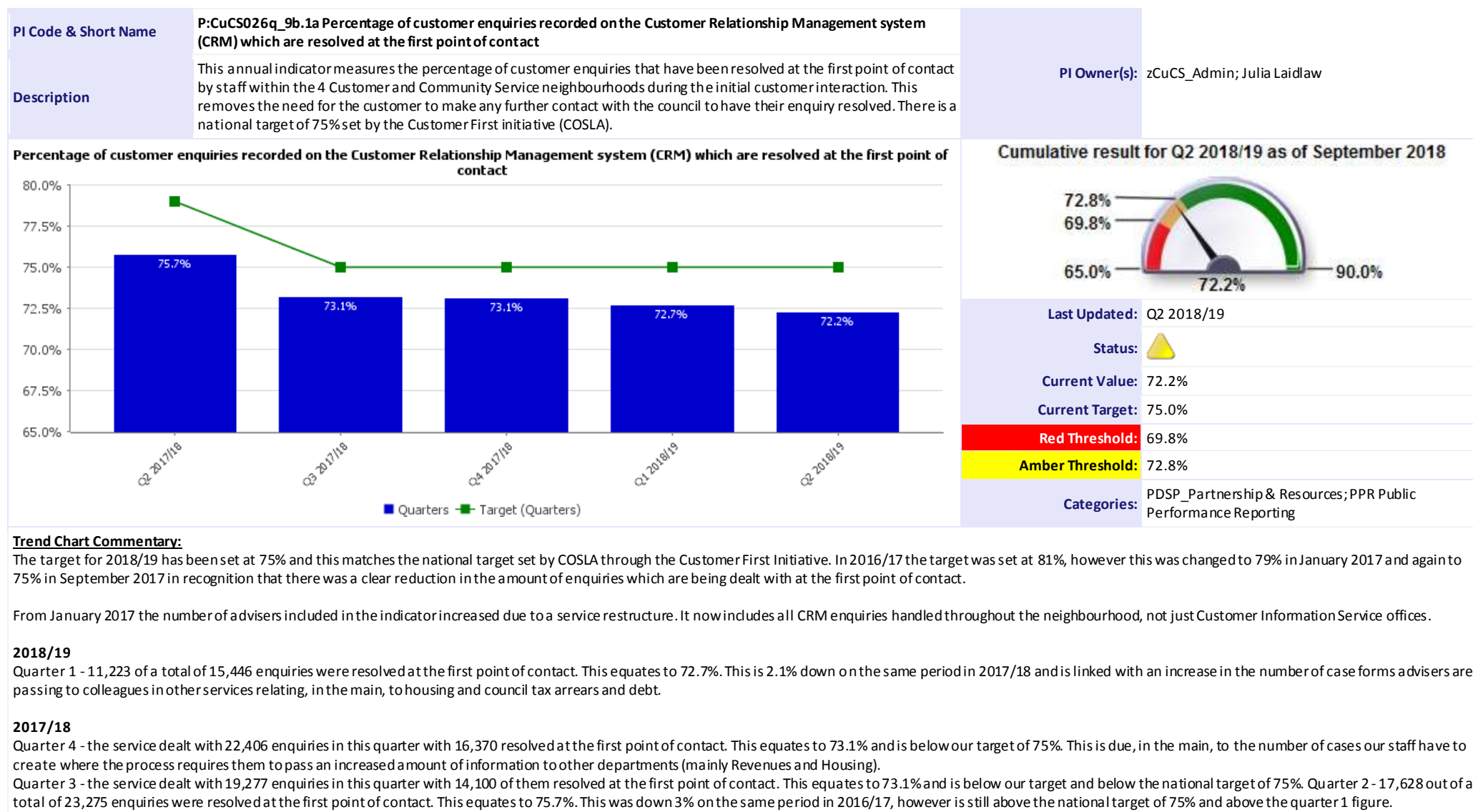
The target for sickness absence was 3.6%, which is the corporate target.

March 2018 - absence recorded at 6.75%.

February 2018 - absence recorded at 8.93%.

January 2018 - absence recorded at 7.68%.

December 2017 - absence 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.

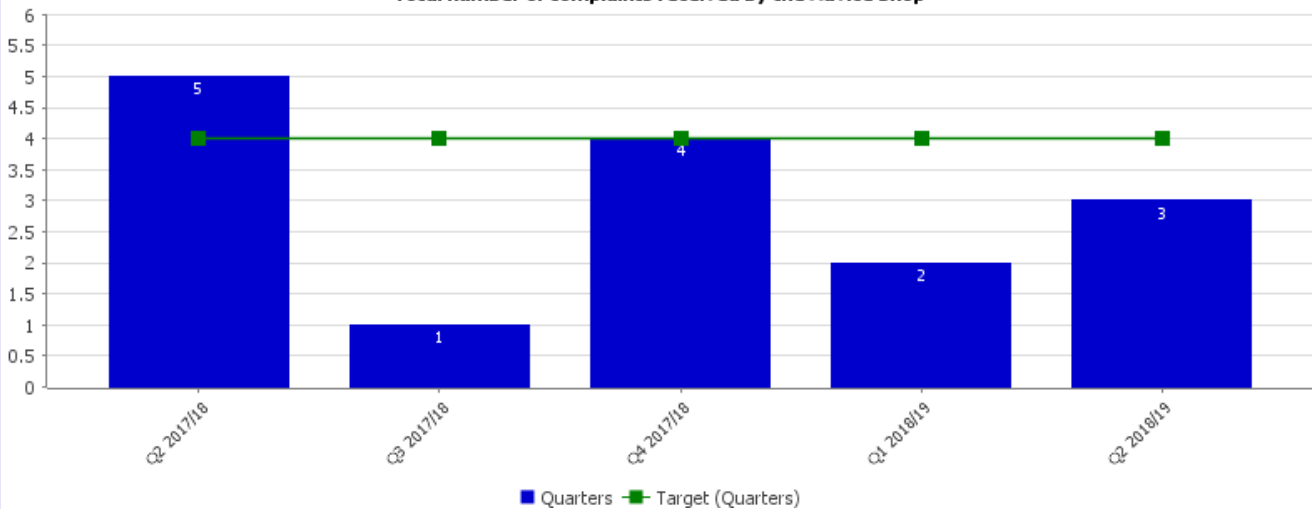



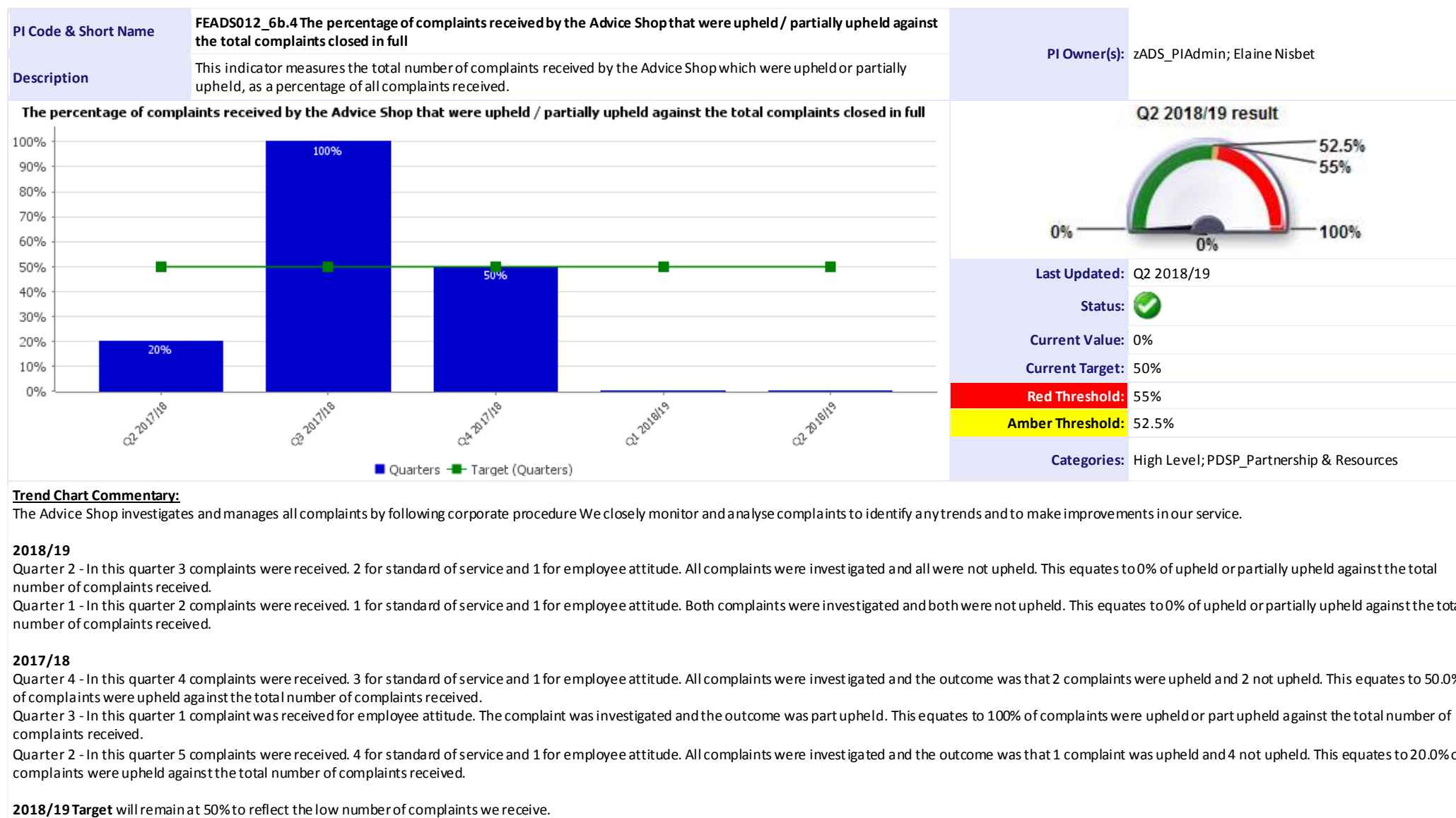
PI Code & Short Name	P:FEADS007_6a.7 Advice Shop - Percentage of customers who rated the overall quality of the service as good or excellent		PI Owner(s): zAS_PIPublicAdmin; Elaine Nisbet																																
Description	From the start of 2012/13 we have measured this performance indicator on a quarterly basis. Responses are gathered from our customer survey cards and from our on-line questionnaire which we ask a random sample of at least 25 customers per week to complete following their involvement with the Advice Shop. The Advice Shop monitor results on a quarterly basis to identify any positive or negative trends which allows us to continue to provide the best possible service to our customers. Advice Shop customer satisfaction has been measured since 1999.																																		
<div>Advice Shop - Percentage of customers who rated the overall quality of the service as good or excellent.</div>  <table><caption>Quarterly Performance Data</caption><thead><tr><th>Quarter</th><th>Value (%)</th><th>Target (%)</th></tr></thead><tbody><tr><td>Q2 2017/18</td><td>99.7%</td><td>99%</td></tr><tr><td>Q3 2017/18</td><td>100%</td><td>99%</td></tr><tr><td>Q4 2017/18</td><td>99.8%</td><td>99%</td></tr><tr><td>Q1 2018/19</td><td>100%</td><td>99%</td></tr><tr><td>Q2 2018/19</td><td>99.4%</td><td>99%</td></tr></tbody></table>			Quarter	Value (%)	Target (%)	Q2 2017/18	99.7%	99%	Q3 2017/18	100%	99%	Q4 2017/18	99.8%	99%	Q1 2018/19	100%	99%	Q2 2018/19	99.4%	99%	<div>Q2 2018/19 result</div>  <table><tr><td>Last Updated:</td><td>Q2 2018/19</td></tr><tr><td>Status:</td><td></td></tr><tr><td>Current Value:</td><td>99.4%</td></tr><tr><td>Current Target:</td><td>99%</td></tr><tr><td>Red Threshold:</td><td>97.52%</td></tr><tr><td>Amber Threshold:</td><td>98.5%</td></tr><tr><td>Categories:</td><td>PDSP_Partnership & Resources; PPR Public Performance Reporting</td></tr></table>	Last Updated:	Q2 2018/19	Status:		Current Value:	99.4%	Current Target:	99%	Red Threshold:	97.52%	Amber Threshold:	98.5%	Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting
Quarter	Value (%)	Target (%)																																	
Q2 2017/18	99.7%	99%																																	
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Red Threshold:	97.52%																																		
Amber Threshold:	98.5%																																		
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting																																		
<div>Trend Chart Commentary</div> <p>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.</p> <div>Benchmarking:</div> <p>The most recent update is slightly above the Council's CSC (Revenues) customers who rated staff overall quality of service as good or excellent at 96.9.6% within the June 2018.</p> <div>2018/19</div> <p>Quarter 2 - In this quarter 99.4% of 498 respondents rated the overall quality of service good or excellent. Two respondents rated this as very poor and one respondent rated this as a 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 re sponses compared to quarter 1 and we would expect the response rated to continue at this level.</p> <p>Quarter 1 - In this quarter 100% of 328 respondents rated the overall quality of service as good or excellent. There has been a reduction in the number or responses compared to the previous quarter and the service is looking to increase responses through improving accessibility of feedback forms and closer monitoring through one to one meetings with staff.</p> <div>2017/18</div> <p>Quarter 4 - In this quarter 99.8% of 375 respondents rated the overall quality of service as good or excellent. 1 cust omer 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 r sponses received.</p> <p>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</p>																																			

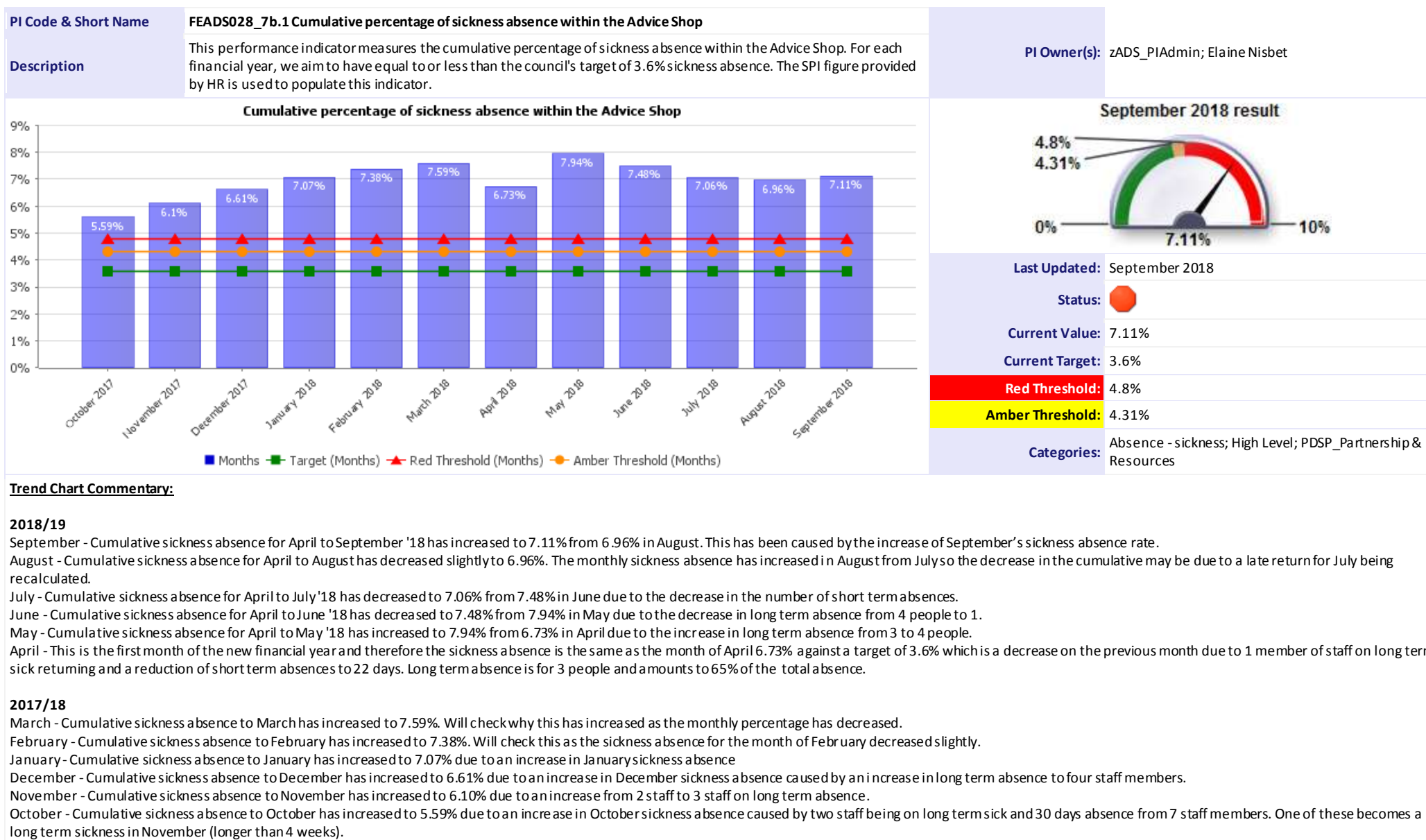
responses through improving accessibility of feedback forms and closer monitoring through one to one meetings with staff.

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 adequate. 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.

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





Trend Chart Commentary:

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 amounts 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.

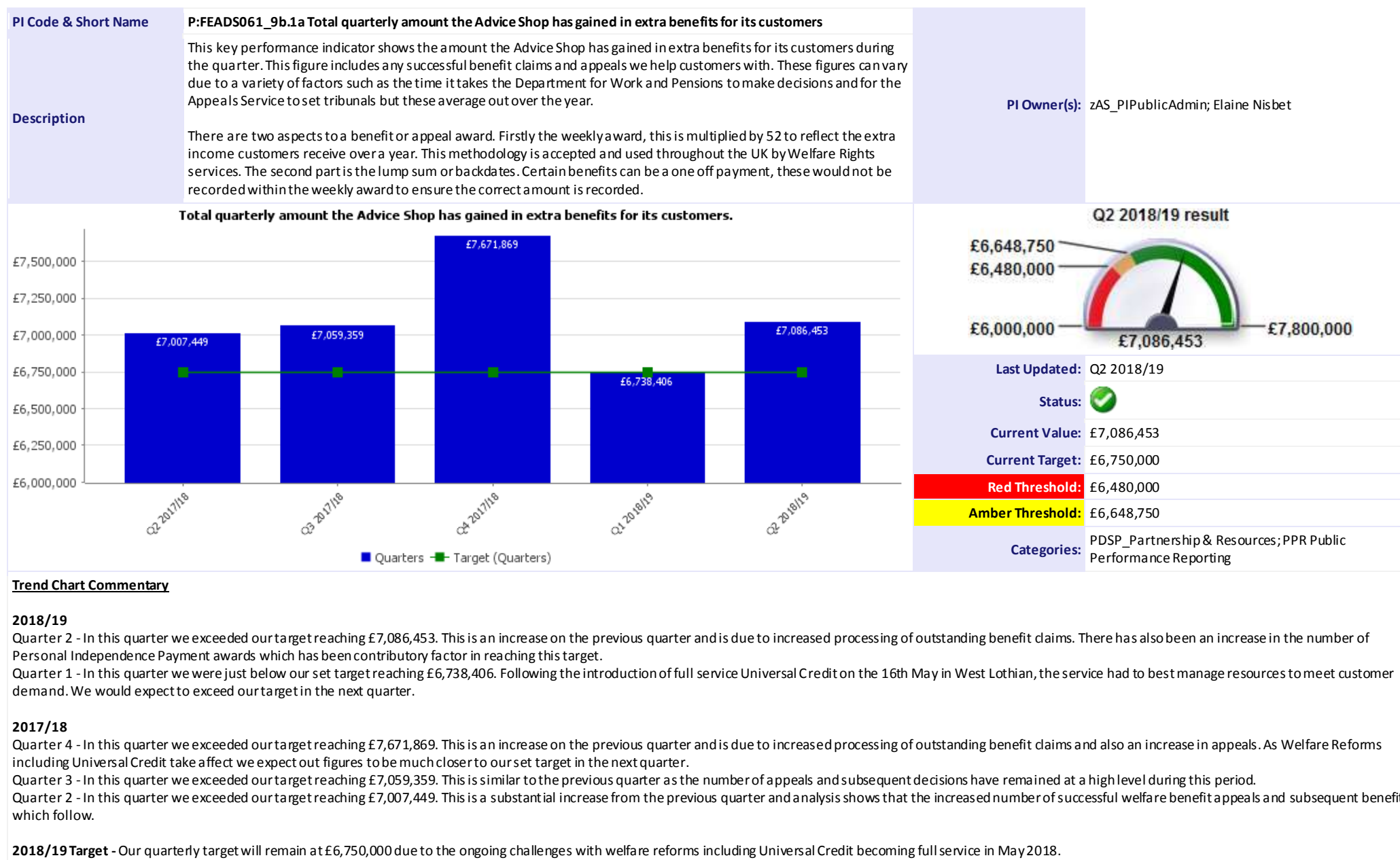
February - Cumulative sickness absence to February has increased to 7.38%. Will check this as the sickness absence for the month of February decreased slightly.

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 an increase 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).



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

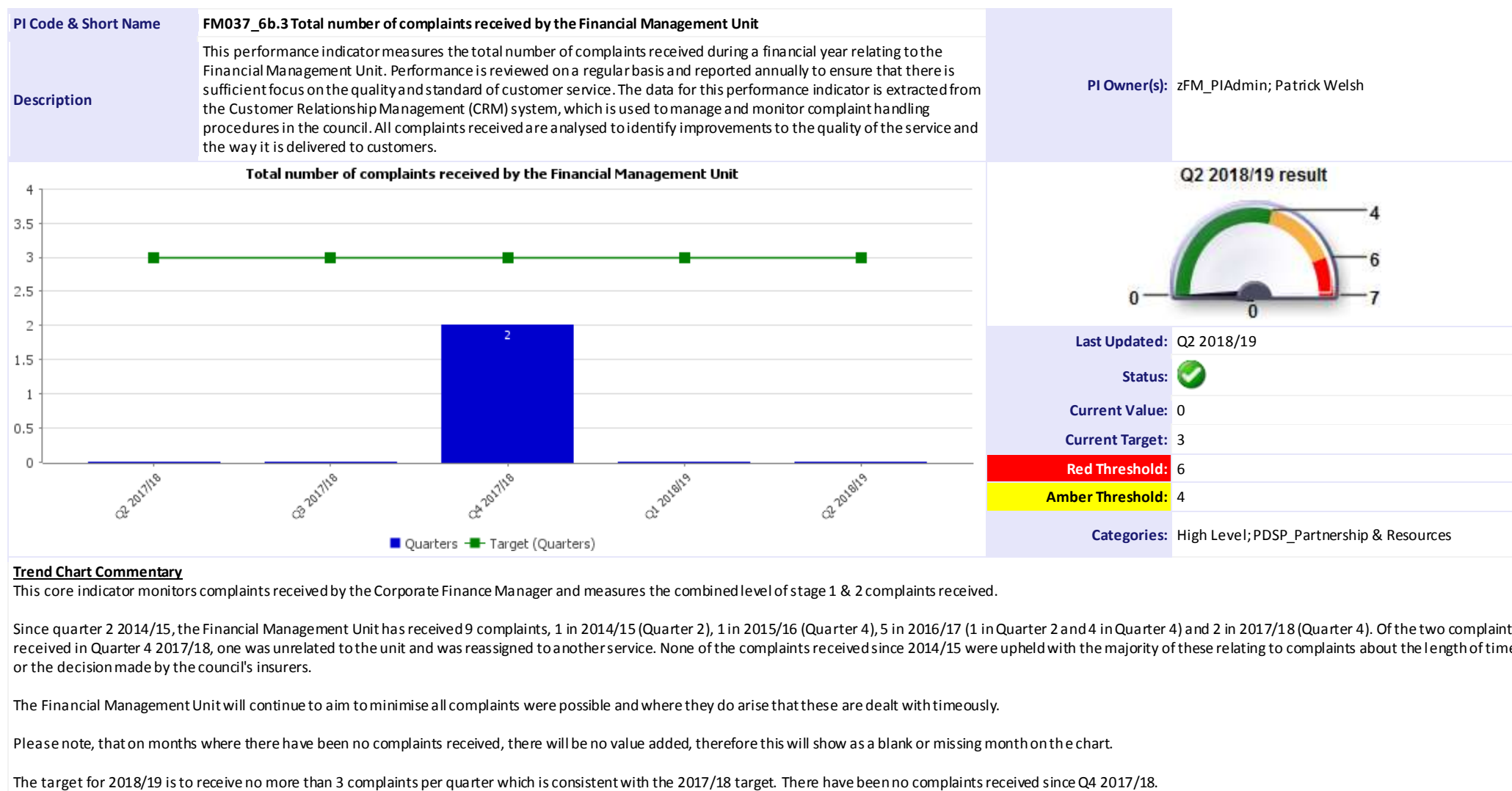
Quarter 4 - In this quarter we exceeded our target reaching £7,671,869. This is an increase on the previous quarter and is due to increased processing of outstanding benefit claims and also an increase in appeals. As Welfare Reforms including Universal Credit take affect we expect our figures to be much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

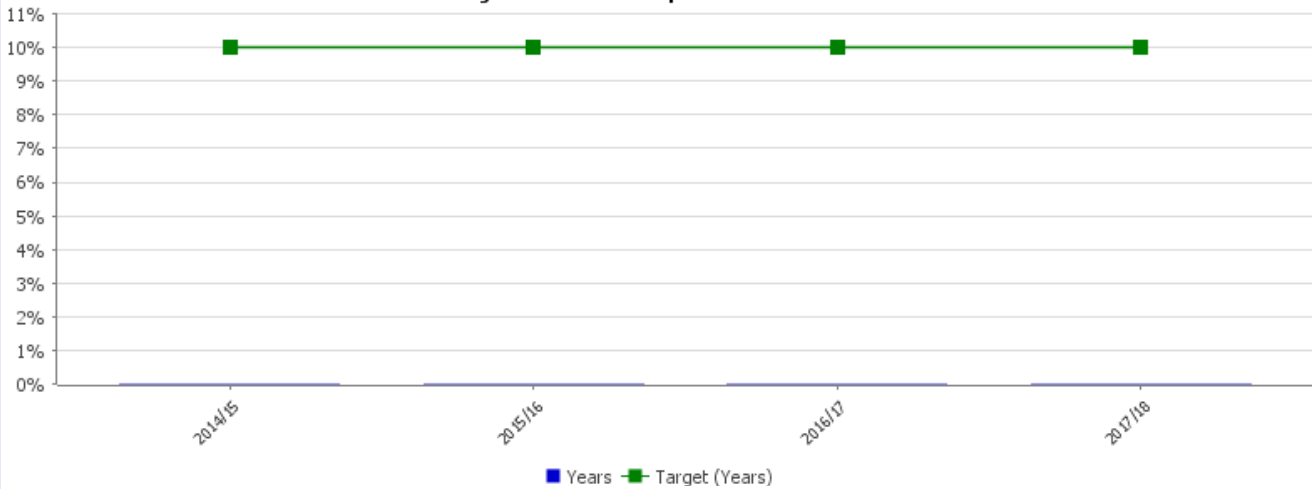


Quarter 3 - In this quarter we exceeded our target reaching £7,059,359. This is similar to the previous quarter as the number of appeals and subsequent decisions have remained at a high level during this period.

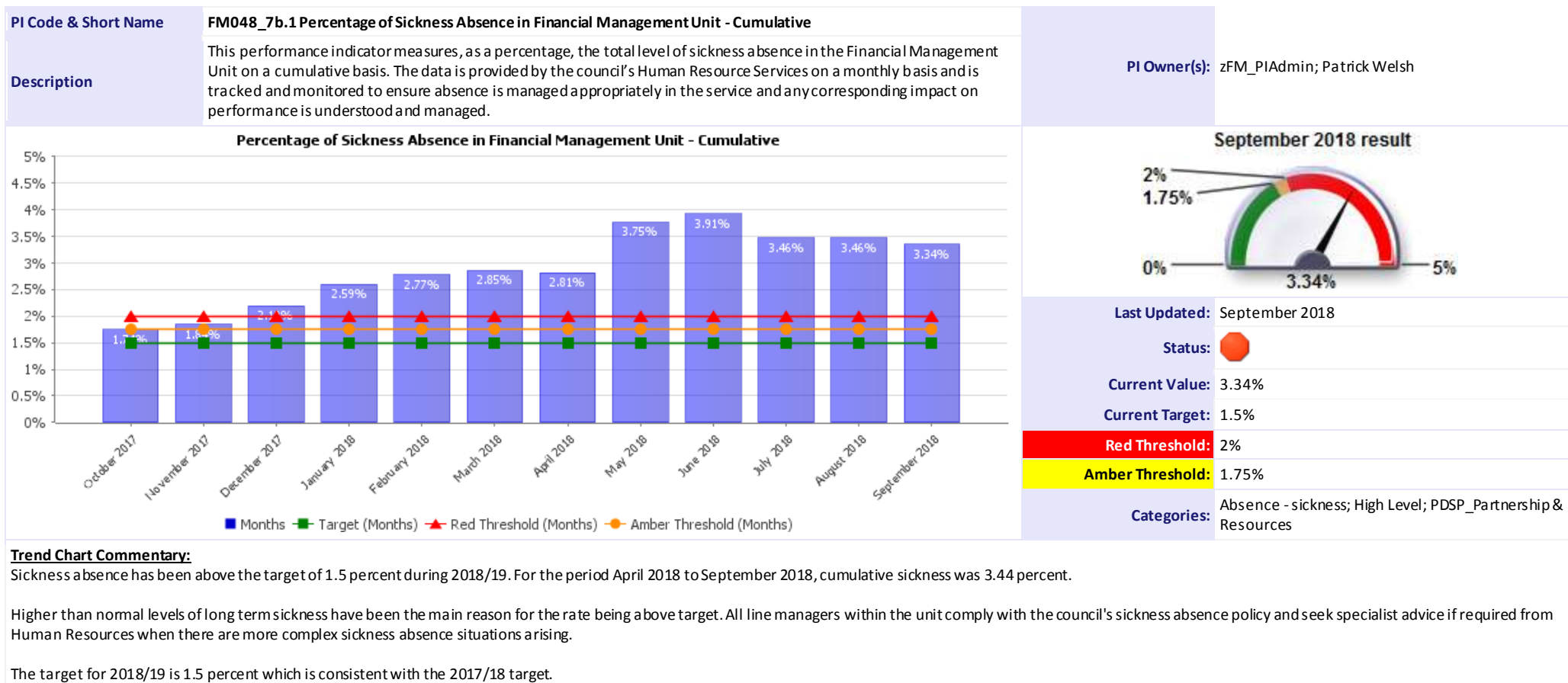
Quarter 2 - In this quarter we exceeded our target reaching £7,007,449. This is a substantial increase from the previous quarter and a analysis shows that the increased number of successful welfare benefit appeals and subsequent benefits which follow.

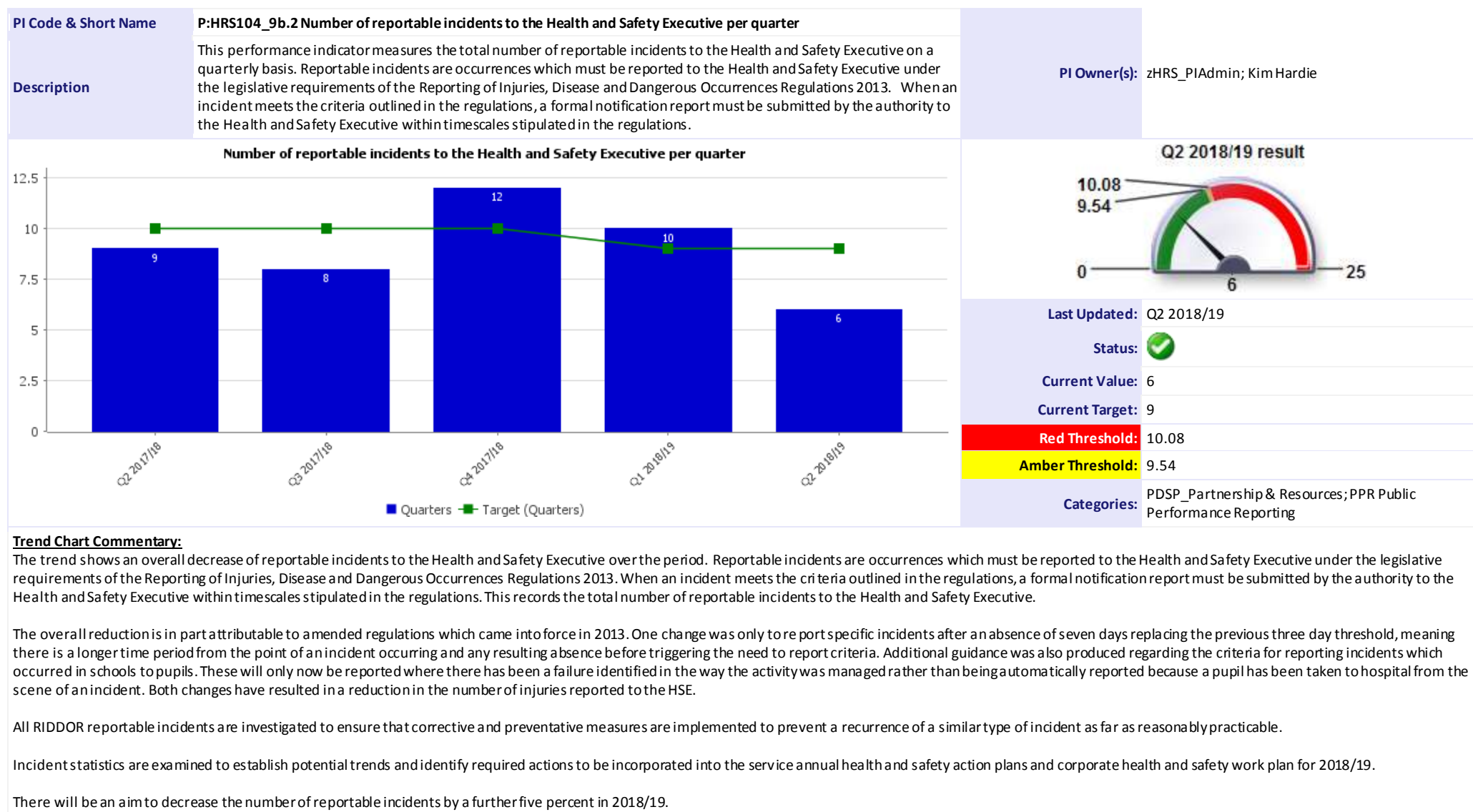
2018/19 Target - Our quarterly target will remain at £6,750,000 due to the ongoing challenges with welfare reforms including Universal Credit becoming full service in May 2018.

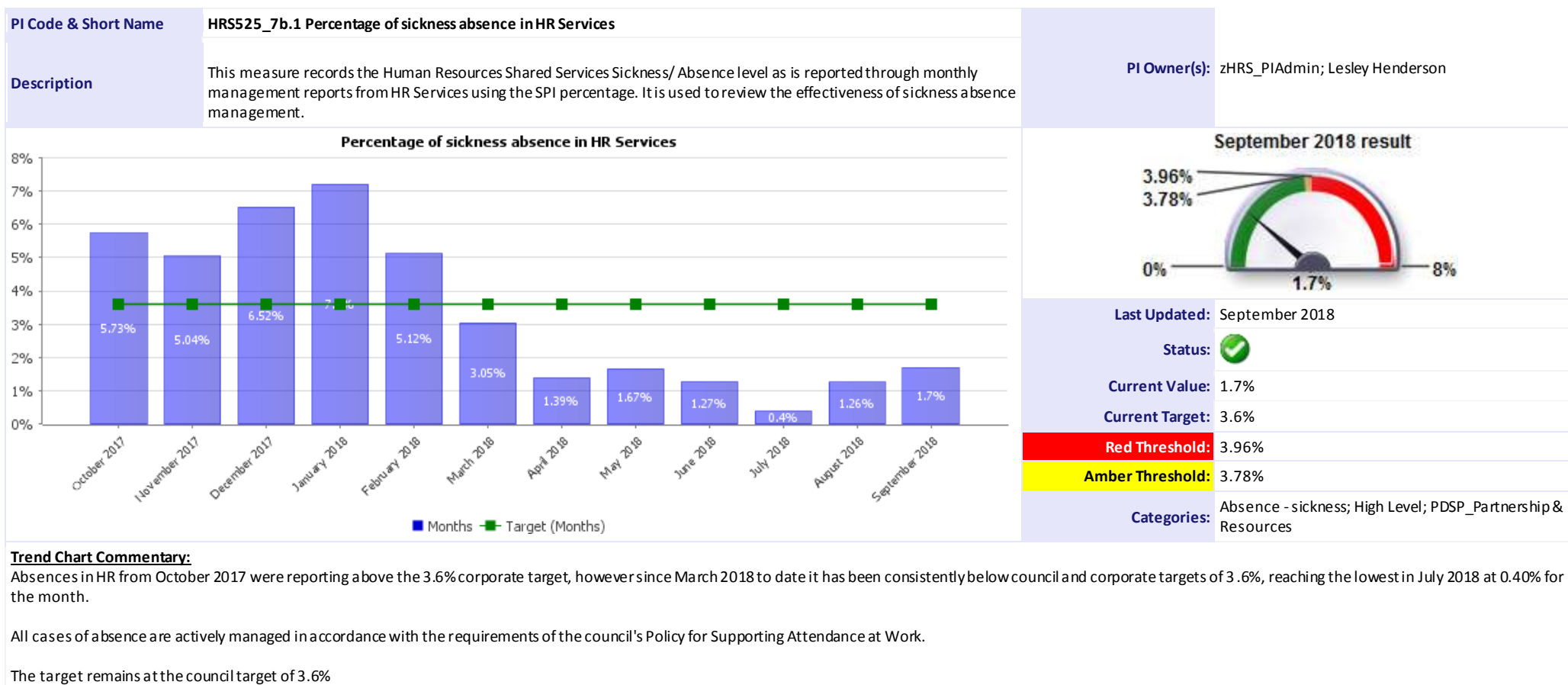
PI Code & Short Name	FM001_6b.5 Percentage of Suppliers paid within 30 Days of Receipt.	PI Owner(s): zFM_PAdmin; Patrick Welsh																																								
Description	<p>This indicator measures the percentage of correctly presented invoices from suppliers paid within 30 calendar days of receipt.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

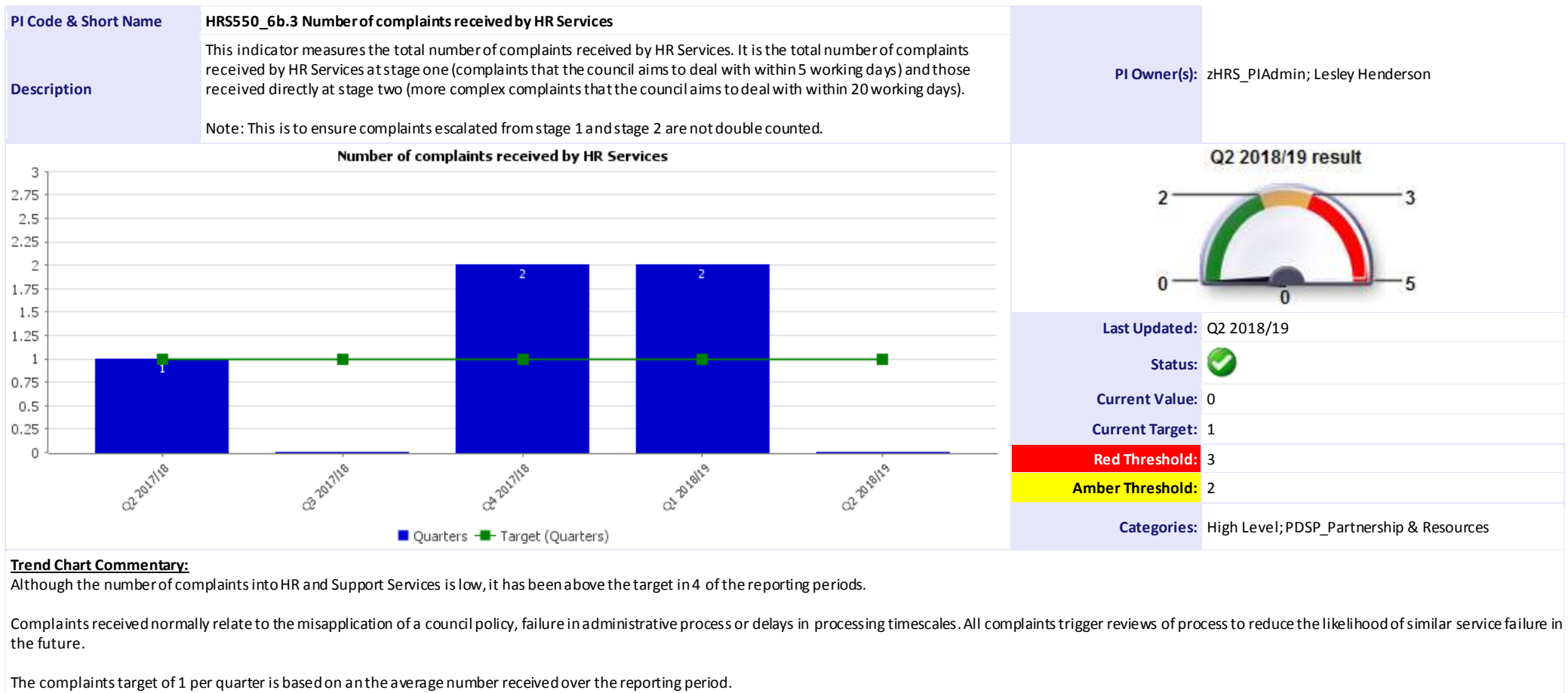


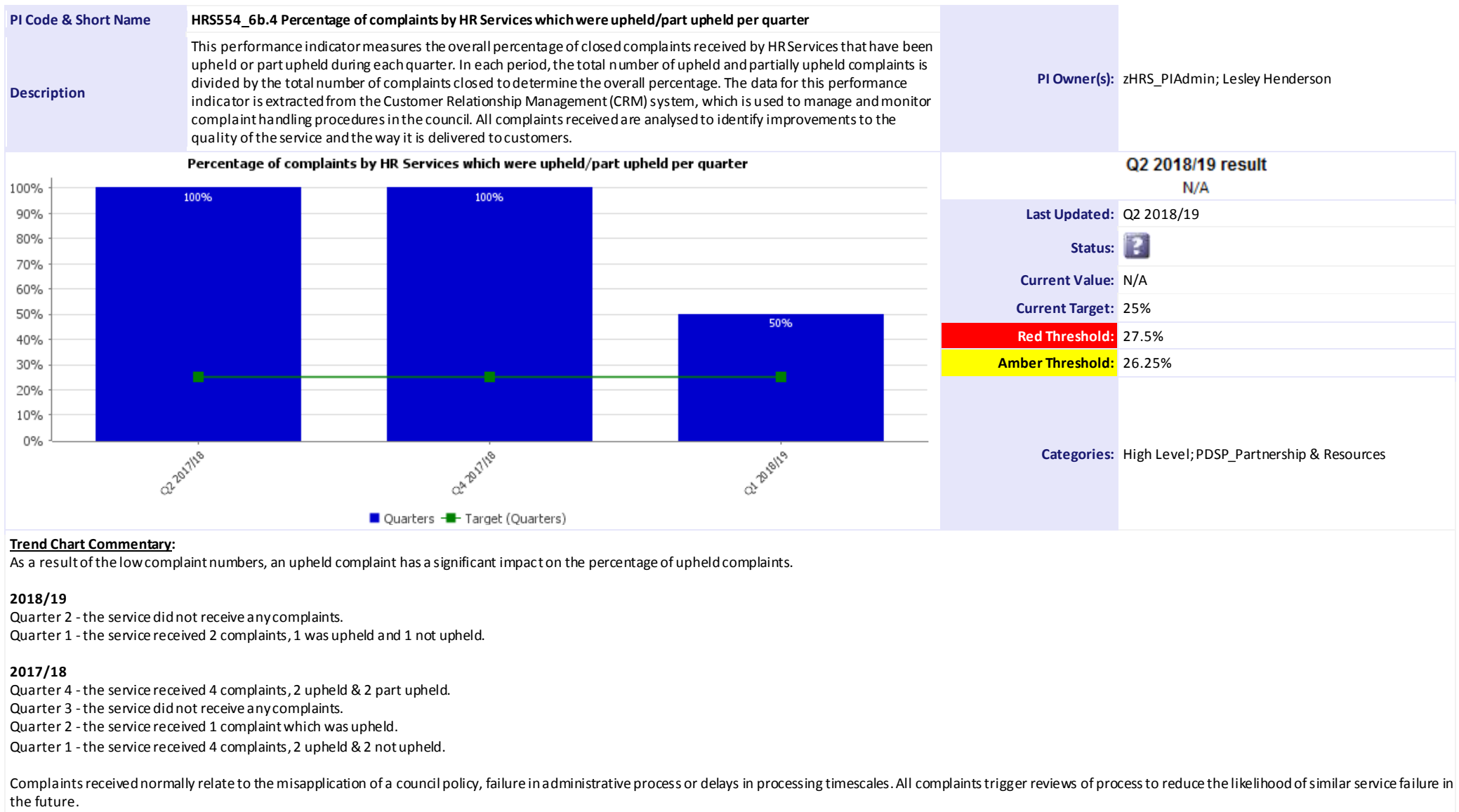
PI Code & Short Name	FM038_6b.4 Financial Management Unit - the percentage of complaints received by Financial Management Unit that were upheld / partially upheld against the total complaints closed in full	PI Owner(s): zFM_PIAAdmin; Patrick Welsh
Description	This performance indicator measures the overall percentage of closed complaints received by the Financial Management Unit that have been upheld or part upheld during each financial year. In each period, the total number of upheld and partially upheld complaints is divided by the total number of complaints closed to determine the overall percentage. The data for this performance indicator is extracted from the Customer Relationship Management (CRM) system, which is used to manage and monitor complaint handling procedures in the council. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers.	
<div>Financial Management Unit - the percentage of complaints received by Financial Management Unit that were upheld / partially upheld against the total complaints closed in full</div>  <p>■ Years ■ Target (Years)</p>		<div>2017/18 result</div> 
		Last Updated: 2017/18
		Status: 
		Current Value: 0%
		Current Target: 10%
		Red Threshold: 9%
		Amber Threshold: 8%
		Categories: High Level; PDSP_Partnership & Resources
<div>Trend Chart Commentary</div> <div>For the most available data period, the Financial Management Unit has not received any complaints that were upheld or partially upheld.</div> <div>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.</div> <div>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.</div>		

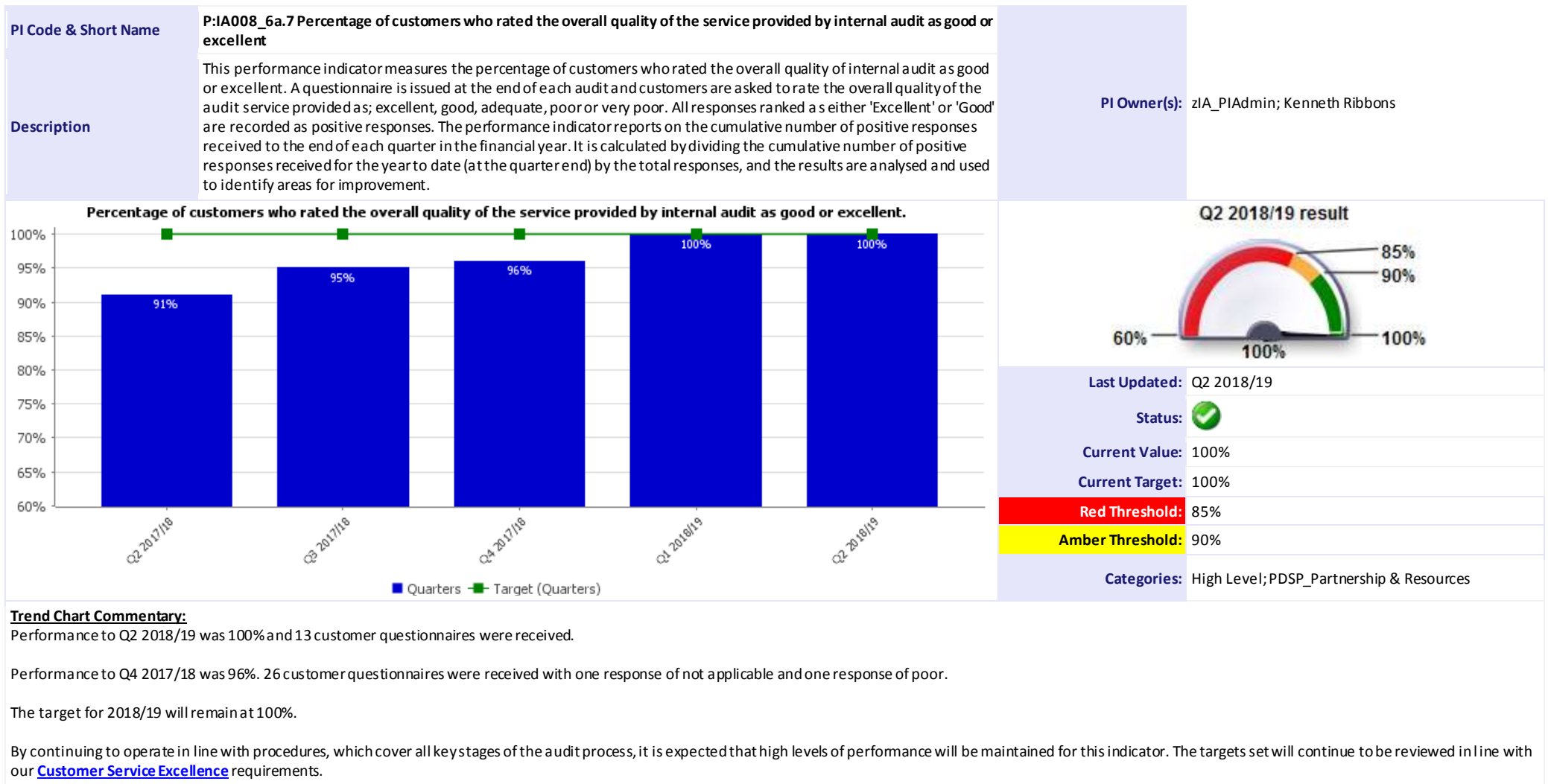


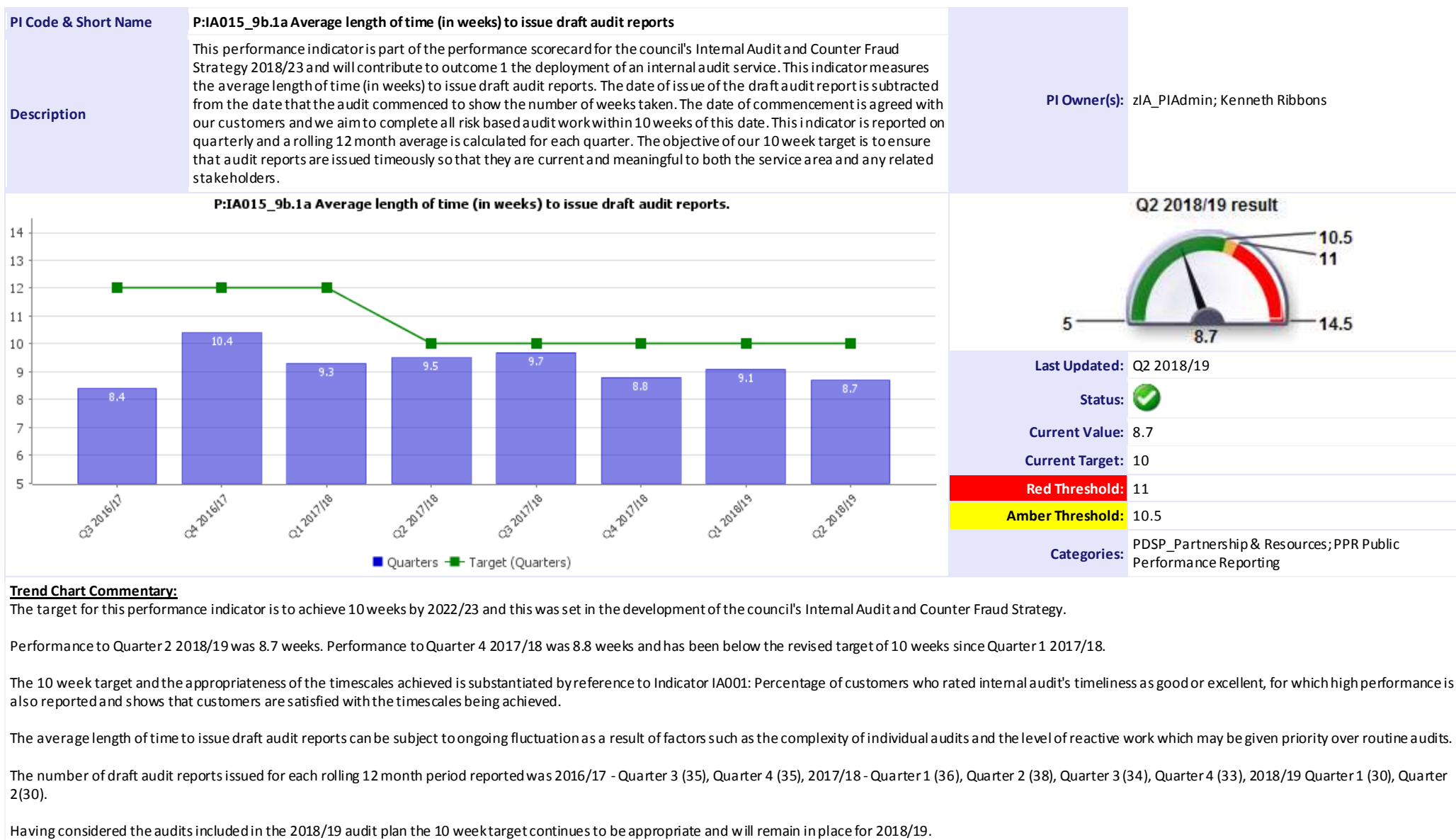


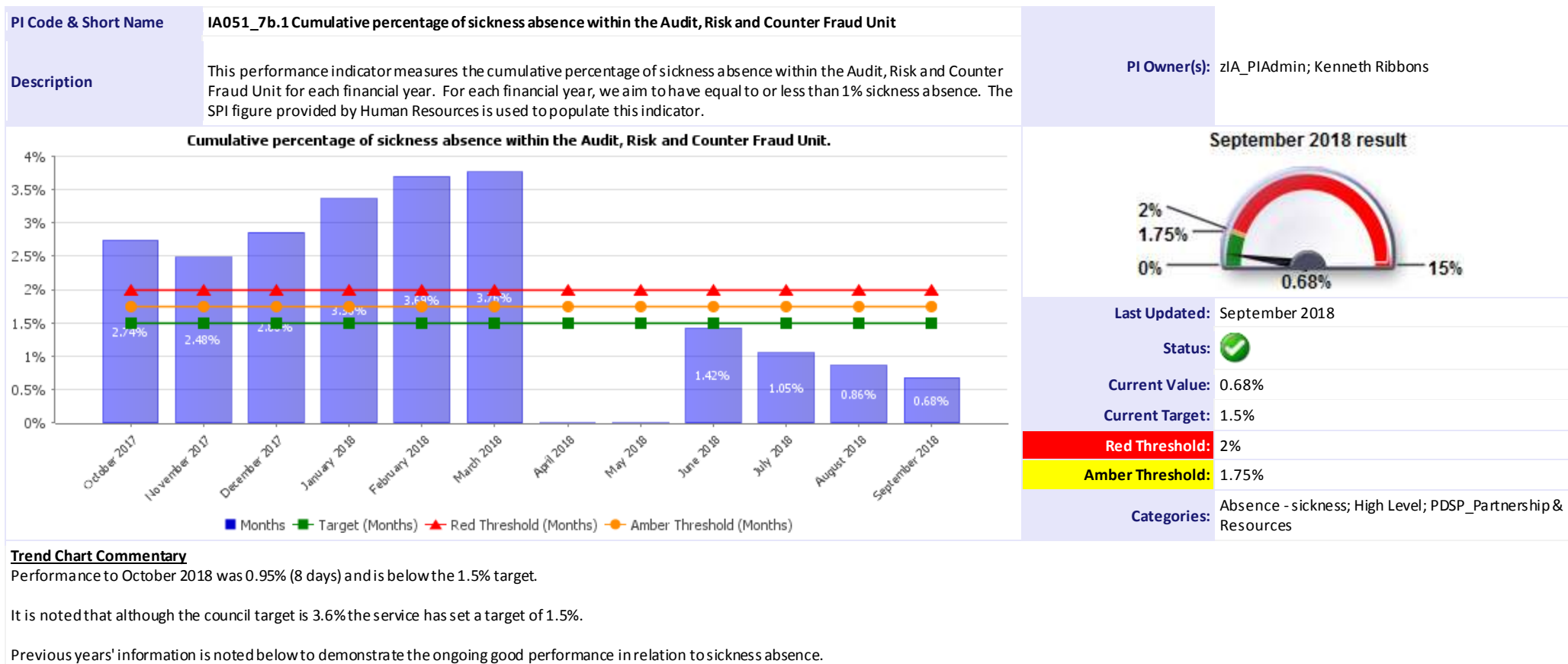










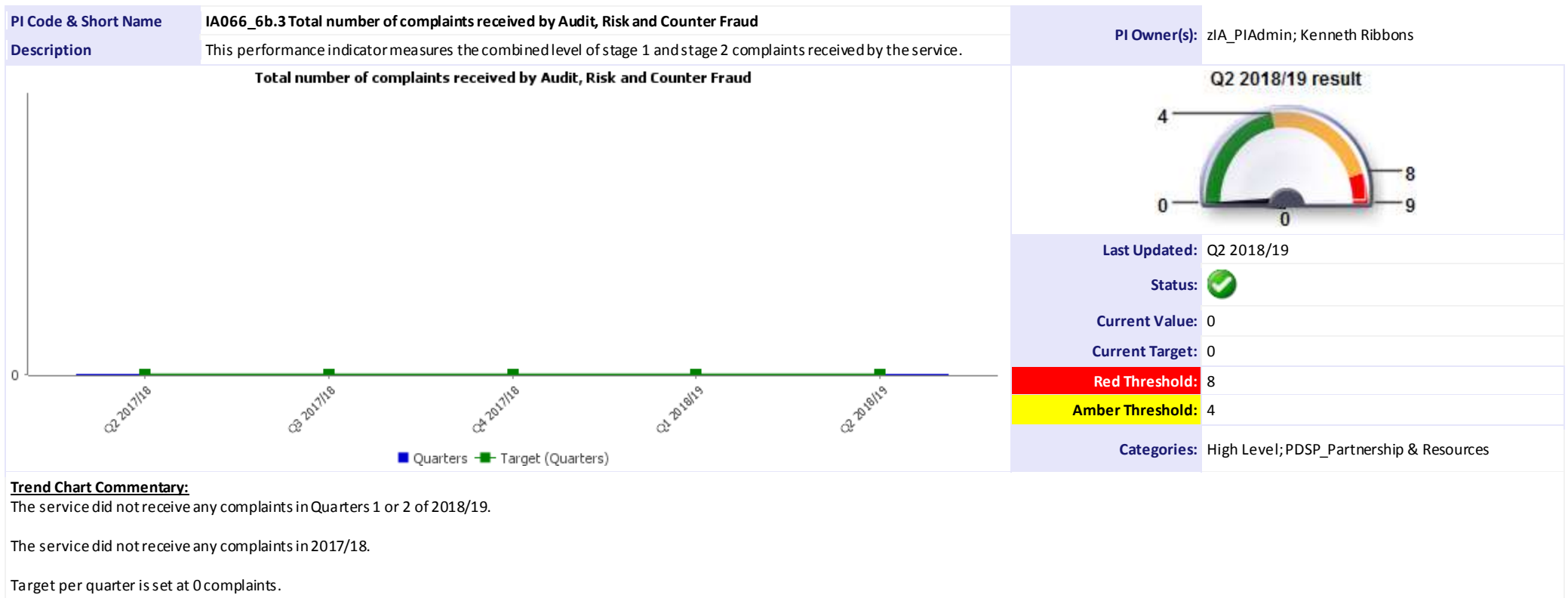




Trend Chart Commentary

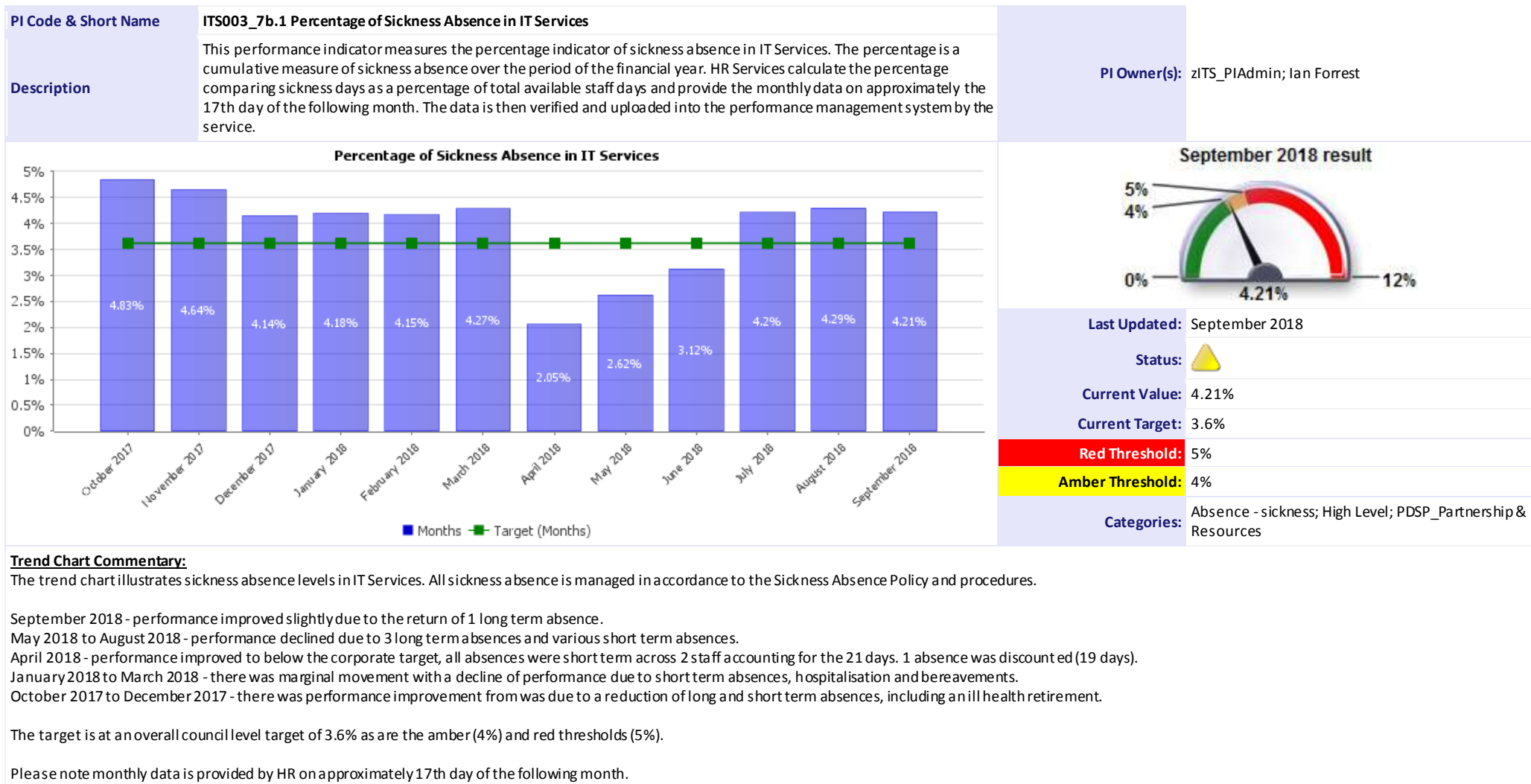
Performance to October 2018 was 0.95% (8 days) and is below the 1.5% target.

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.



PI Code & Short Name	IA067_6b.4 The percentage of complaints received by Audit, Risk and Counter Fraud that were upheld or partially upheld against the total complaints closed in full	PI Owner(s): zIA_PIAAdmin; Kenneth Ribbons
Description	This Performance Indicator measures service failure of the combined level of stage 1 and stage 2 complaints shown as a percentage of complaints upheld or partially upheld against the total number of complaints received.	
The percentage of complaints received by Audit, Risk and Counter Fraud that were upheld or partially upheld against the total complaints closed in full		Q2 2018/19 result N/A
 <p>■ Quarters ■ Target (Quarters)</p>		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
<p>Trend Chart Commentary:</p> <p>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.</p> <p>A service wide complaint improvement action report is prepared on a quarterly basis and is reported to both the Head of Finance and Property Services and the Complaints Steering Board.</p> <p>The corporate target for 2018/19 is 42%.</p>		



Trend Chart Commentary:

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

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.

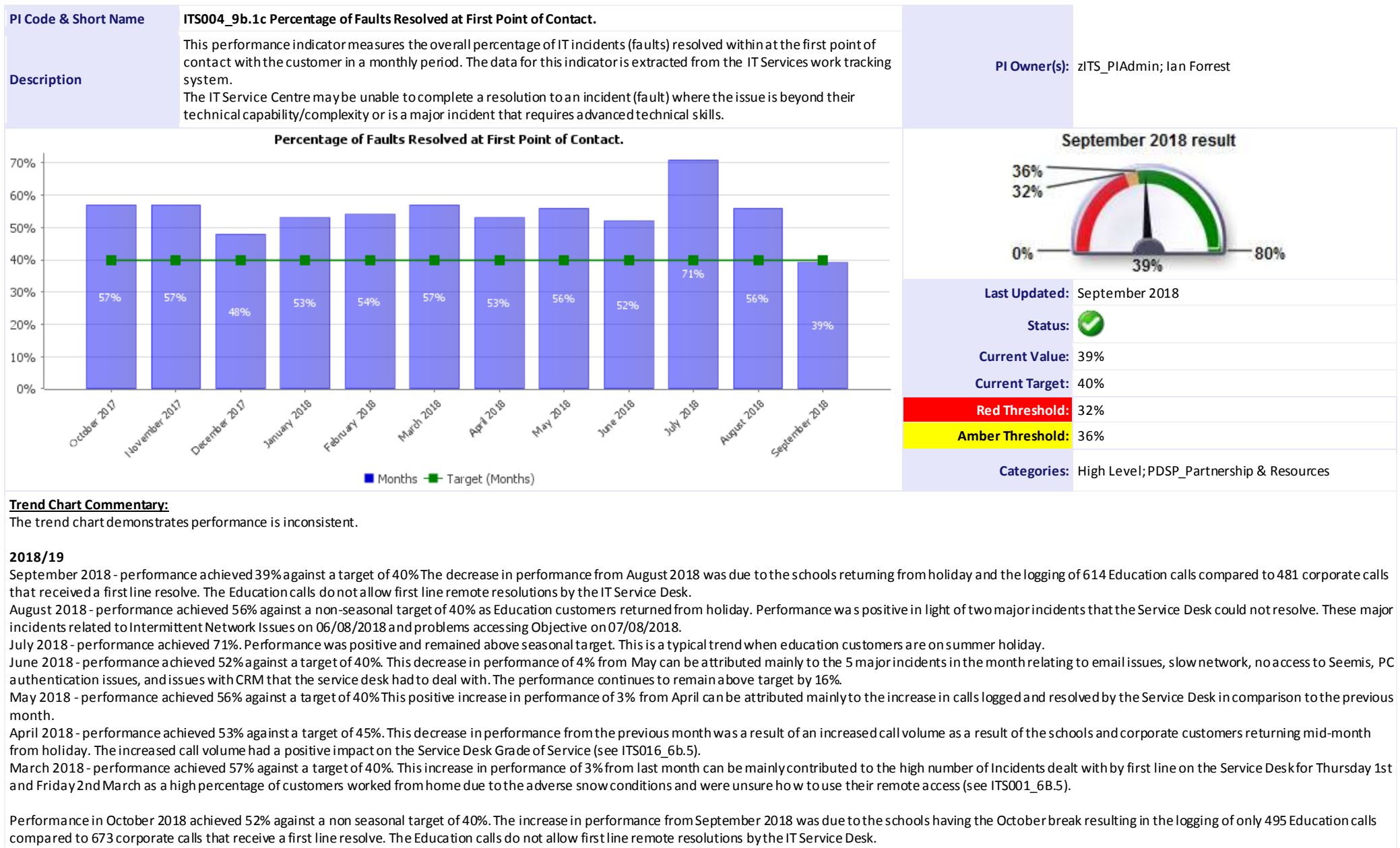
April 2018 - performance improved to below the corporate target, all absences were short term across 2 staff accounting for the 21 days. 1 absence was discounted (19 days).

January 2018 to March 2018 - there was marginal movement with a decline of performance due to short 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%).

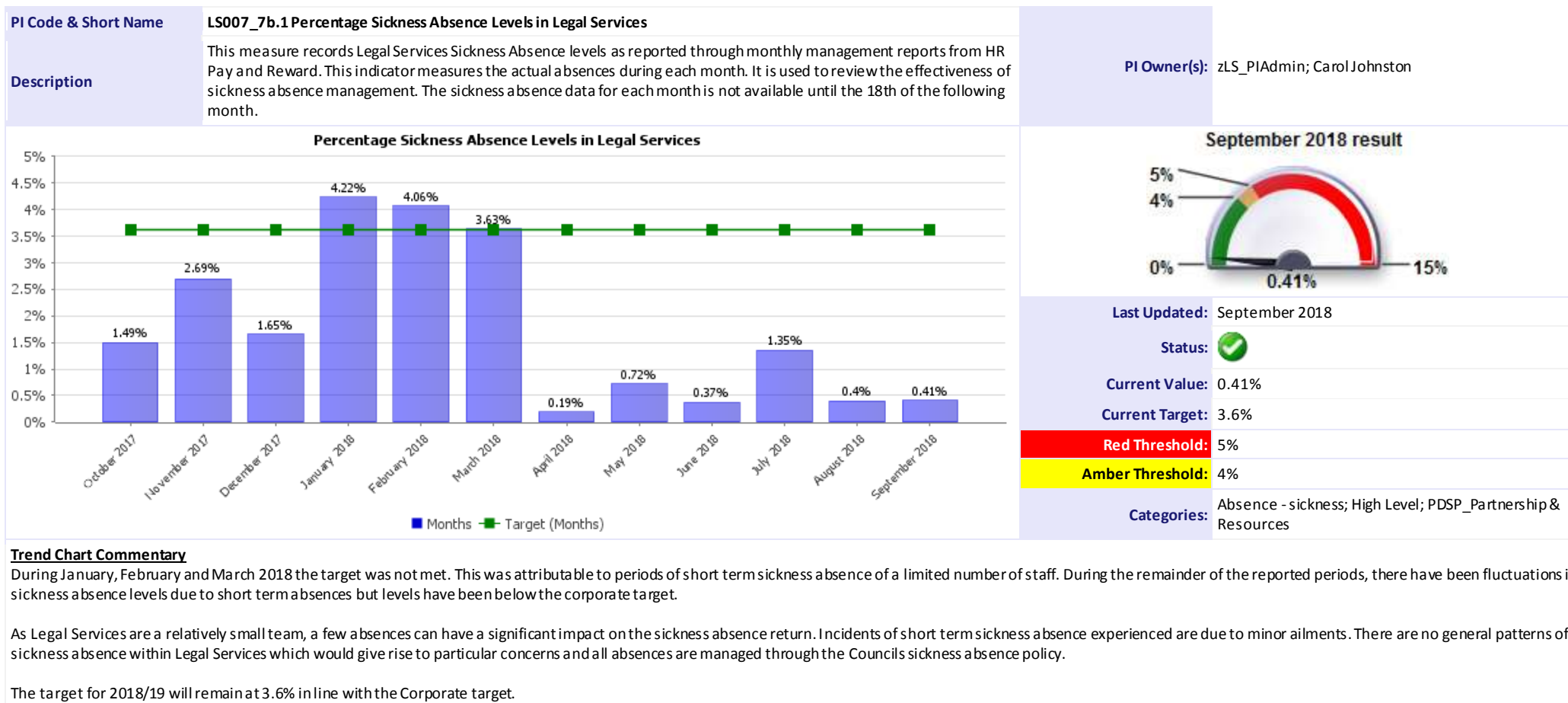
Please note monthly data is provided by HR on approximately 17th day of the following month.



PI Code & Short Name	ITS012_6a.7 Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent.																																																									
Description	The data for this indicator is extracted from the returns that are received from the IT Services monthly survey. This survey is sent out to all customers that have had work completed (either an incident (fault) or a change request (enhancement)) by IT Services within the last full month.		PI Owner(s): zITS_PIAAdmin; Ian Forrest																																																							
	The survey asks the customer to answer 9 questions on overall satisfaction & experience. The 9th question allows a free text response.																																																									
	The return rate is based on the total number of responses to Question 7 on the survey where the response was given as 'Good' or 'Excellent'.																																																									
	Question 7 - Overall quality of the service we provided.																																																									
	The survey is issued on the first working day of the new month and closes on 16th with results available to input to Covalent on 18th day of the month.																																																									
<div>Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent.</div> <table><thead><tr><th>Month</th><th>Percentage</th><th>Target</th></tr></thead><tbody><tr><td>October 2017</td><td>98%</td><td>98%</td></tr><tr><td>November 2017</td><td>97%</td><td>98%</td></tr><tr><td>December 2017</td><td>98%</td><td>98%</td></tr><tr><td>January 2018</td><td>99%</td><td>98%</td></tr><tr><td>February 2018</td><td>95%</td><td>98%</td></tr><tr><td>March 2018</td><td>98%</td><td>98%</td></tr><tr><td>April 2018</td><td>99%</td><td>98%</td></tr><tr><td>May 2018</td><td>98%</td><td>98%</td></tr><tr><td>June 2018</td><td>96%</td><td>98%</td></tr><tr><td>July 2018</td><td>97%</td><td>98%</td></tr><tr><td>August 2018</td><td>97%</td><td>98%</td></tr><tr><td>September 2018</td><td>99%</td><td>98%</td></tr></tbody></table>			Month	Percentage	Target	October 2017	98%	98%	November 2017	97%	98%	December 2017	98%	98%	January 2018	99%	98%	February 2018	95%	98%	March 2018	98%	98%	April 2018	99%	98%	May 2018	98%	98%	June 2018	96%	98%	July 2018	97%	98%	August 2018	97%	98%	September 2018	99%	98%	<div>September 2018 result</div> <table><thead><tr><th>Category</th><th>Value</th></tr></thead><tbody><tr><td>Last Updated:</td><td>September 2018</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>99%</td></tr><tr><td>Current Target:</td><td>98%</td></tr><tr><td>Red Threshold:</td><td>91%</td></tr><tr><td>Amber Threshold:</td><td>94%</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></tbody></table>	Category	Value	Last Updated:	September 2018	Status:	✓	Current Value:	99%	Current Target:	98%	Red Threshold:	91%	Amber Threshold:	94%	Categories:	High Level; PDSP_Partnership & Resources
Month	Percentage	Target																																																								
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<div>Trend Chart Commentary:</div> <p>The trend chart demonstrates performance achieves 96 - 99%.</p>																																																										
<div>2018/19</div> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>																																																										
The service set a target of 98% for 2018/19.																																																										

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

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.	
<div> <div>Percentage of complaints received that were upheld/partially upheld</div>  <div> ■ Quarters ■ Target (Quarters) </div> </div>	PI Owner(s): zITS_PIAAdmin; Ian Forrest	
	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
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.		




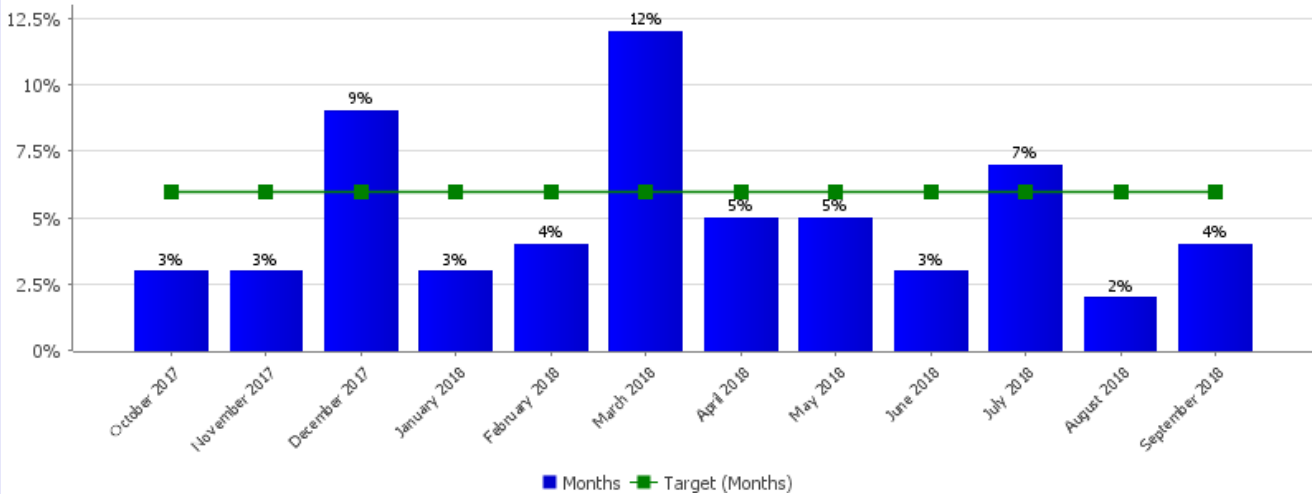

Trend Chart Commentary

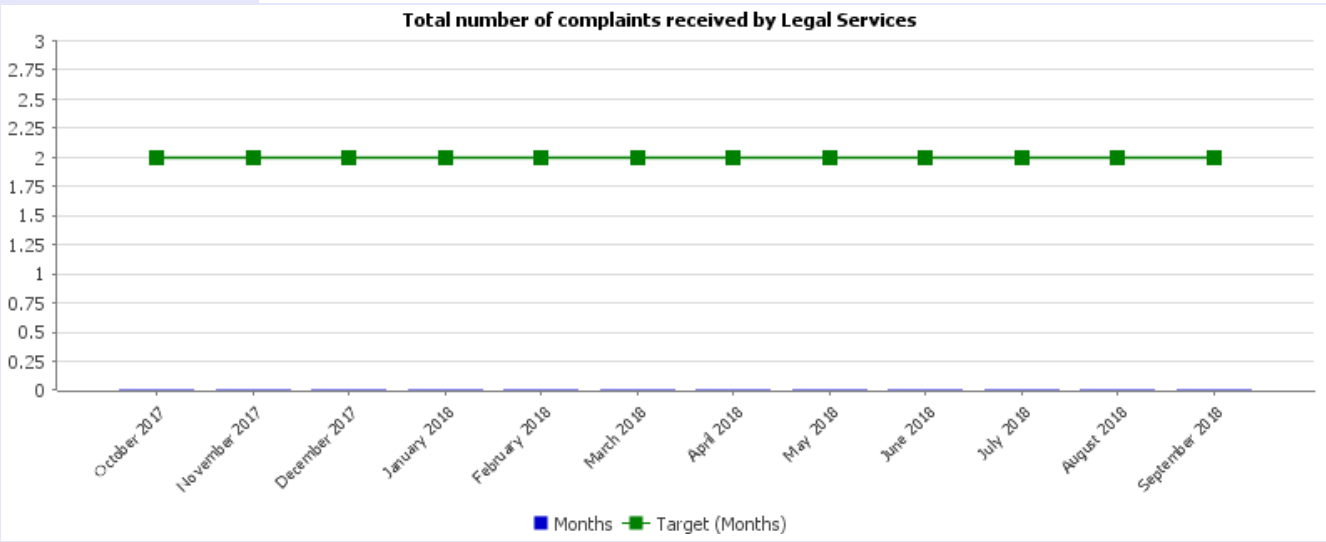

During January, February and March 2018 the target was not met. This was attributable to periods of short term sickness absence of a limited number of staff. During the remainder of the reported periods, there have been fluctuations in sickness absence levels due to short term absences but levels have been below the corporate target.

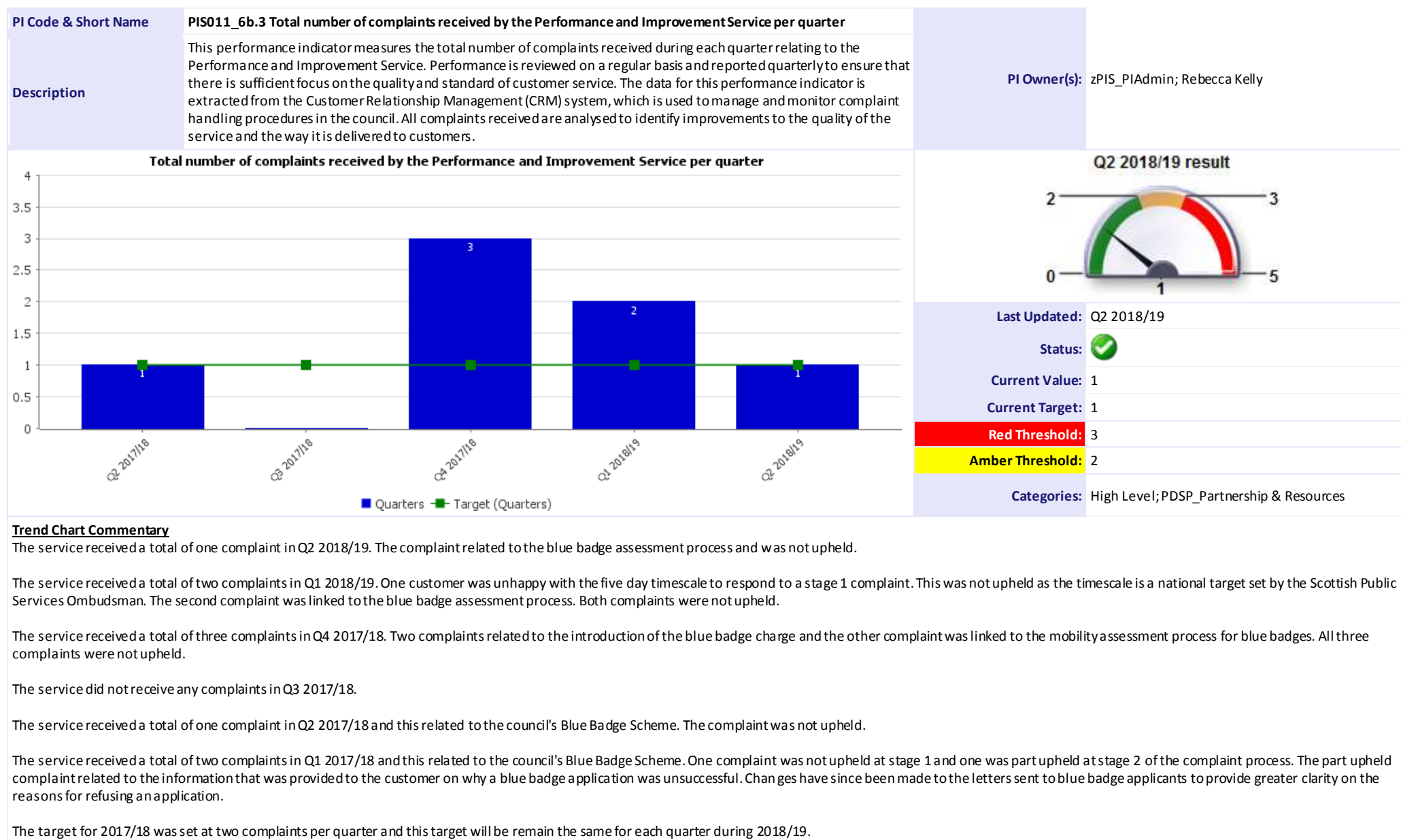
As Legal Services are a relatively small team, a few absences can have a significant impact on the sickness absence return. Incidents of short term sickness absence experienced are due to minor ailments. There are no general patterns of sickness absence within Legal Services which would give rise to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

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

PI Code & Short Name	LS027_6b.4 Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld	
Description	<p>This performance indicator measures the overall percentage of closed complaints received by Legal Services that have been upheld or part upheld during each quarterly period. In each period, the total number of upheld and partially upheld complaints is divided by the total number of complaints closed to determine the overall percentage. The data for this performance indicator is extracted from the Customer Relationship Management (CRM) system, which is used to manage and monitor complaint handling procedures in the council. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers.</p> <p>Legal Services provides legal services to West Lothian Council including conveyancing, litigation, tribunals and inquiries, planning, transportation, social services, education, clerking to the Licensing Board, Committees, Sub-Committees, Committee Services and Civic Government & Miscellaneous Licensing.</p>	PI Owner(s): zLS_PAdmin; Carol Johnston
<div> <div>Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld</div>  <div>■ Quarters ■ Target (Quarters)</div> </div>		Q4 2017/18 result N/A
		Last Updated: Q4 2017/18
		Status: ?
		Current Value: N/A
		Current Target: 0%
		Red Threshold: 75%
		Amber Threshold: 50%
		Categories: High Level; PDSP_Partnership & Resources
<p>Trend Chart Commentary: The trend shows that Legal Services have had no upheld complaint during the reporting period. In periods where no complaints were received the chart will show as a blank.</p> <p>Following review of historical performance, the target for 2018/19 is 0%</p>		

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

PI Code & Short Name	LS087_6b.3 Total number of complaints received by Legal Services		PI Owner(s): zLS_PAdmin; Carol Johnston														
Description	<p>This indicator measures the total number of complaints received by Legal Services. It is the total number of complaints received by Legal Services at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days). Information regarding complaints at Stage 1 and Stage 2 is scrutinised within the service and utilised to assist in identifying improvements to service delivery and support corrective action in respect of any particular trends which may emerge. Information is collated from the councils CRM system</p> <p>Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.</p>																
<div><p>Total number of complaints received by Legal Services</p></div>																	
<p>Trend Chart Commentary: No complaints have been received during the reporting period.</p> <p>The target is reviewed quarterly at service performance meetings. The target for 2018/19 remains at 2 having regard to historical performance.</p>		<div><p>September 2018 result</p></div> <table><tr><td>Last Updated:</td><td>September 2018</td></tr><tr><td>Status:</td><td>✓</td></tr><tr><td>Current Value:</td><td>0</td></tr><tr><td>Current Target:</td><td>2</td></tr><tr><td>Red Threshold:</td><td>5</td></tr><tr><td>Amber Threshold:</td><td>3</td></tr><tr><td>Categories:</td><td>High Level; PDSP_Partnership & Resources</td></tr></table>		Last Updated:	September 2018	Status:	✓	Current Value:	0	Current Target:	2	Red Threshold:	5	Amber Threshold:	3	Categories:	High Level; PDSP_Partnership & Resources
Last Updated:	September 2018																
Status:	✓																
Current Value:	0																
Current Target:	2																
Red Threshold:	5																
Amber Threshold:	3																
Categories:	High Level; PDSP_Partnership & Resources																



Trend Chart Commentary

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.

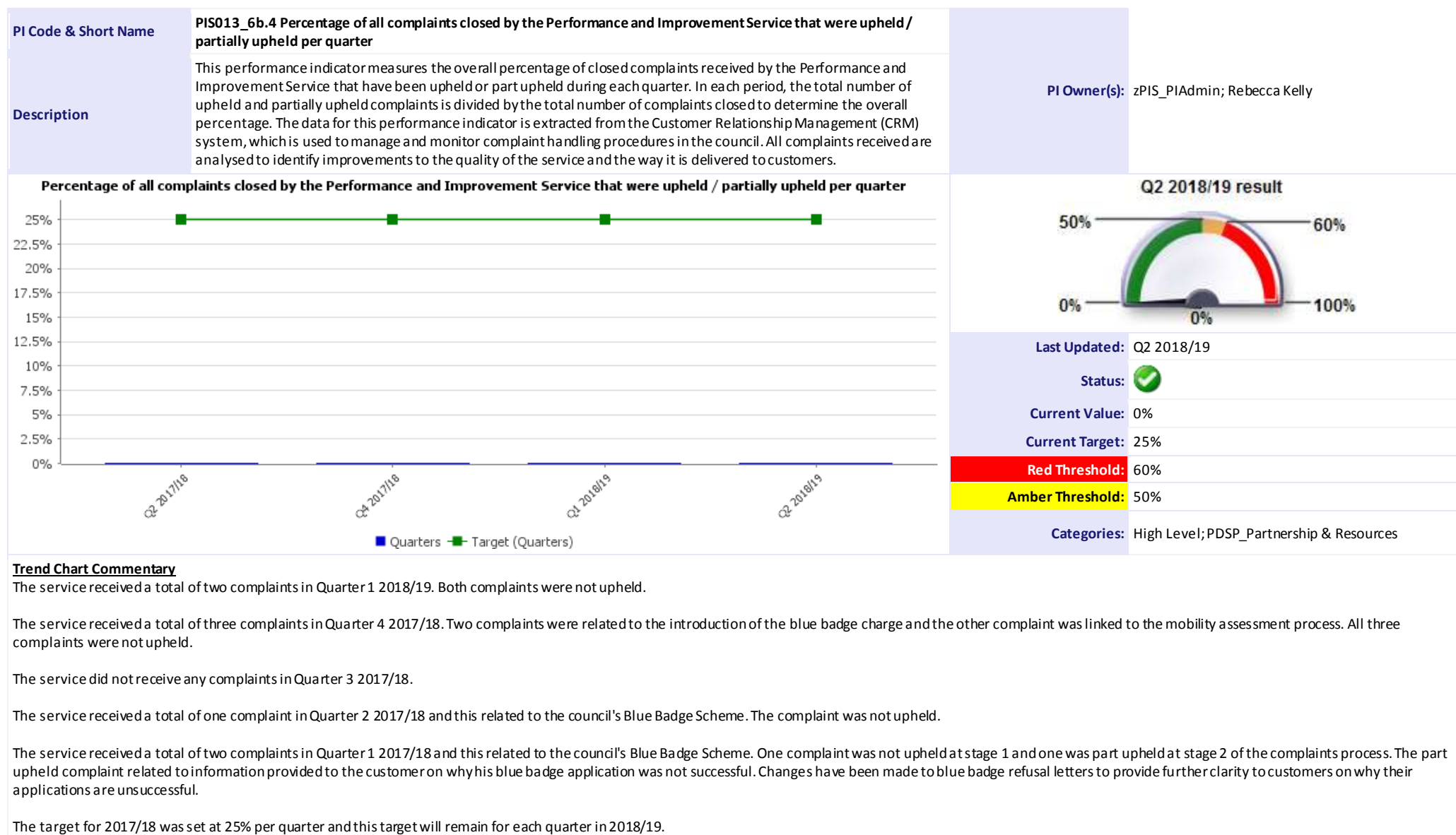
The service received a total of three complaints in Q4 2017/18. Two complaints related to the introduction of the blue badge charge and the other complaint was linked to the mobility assessment process for blue badges. All three complaints were not upheld.

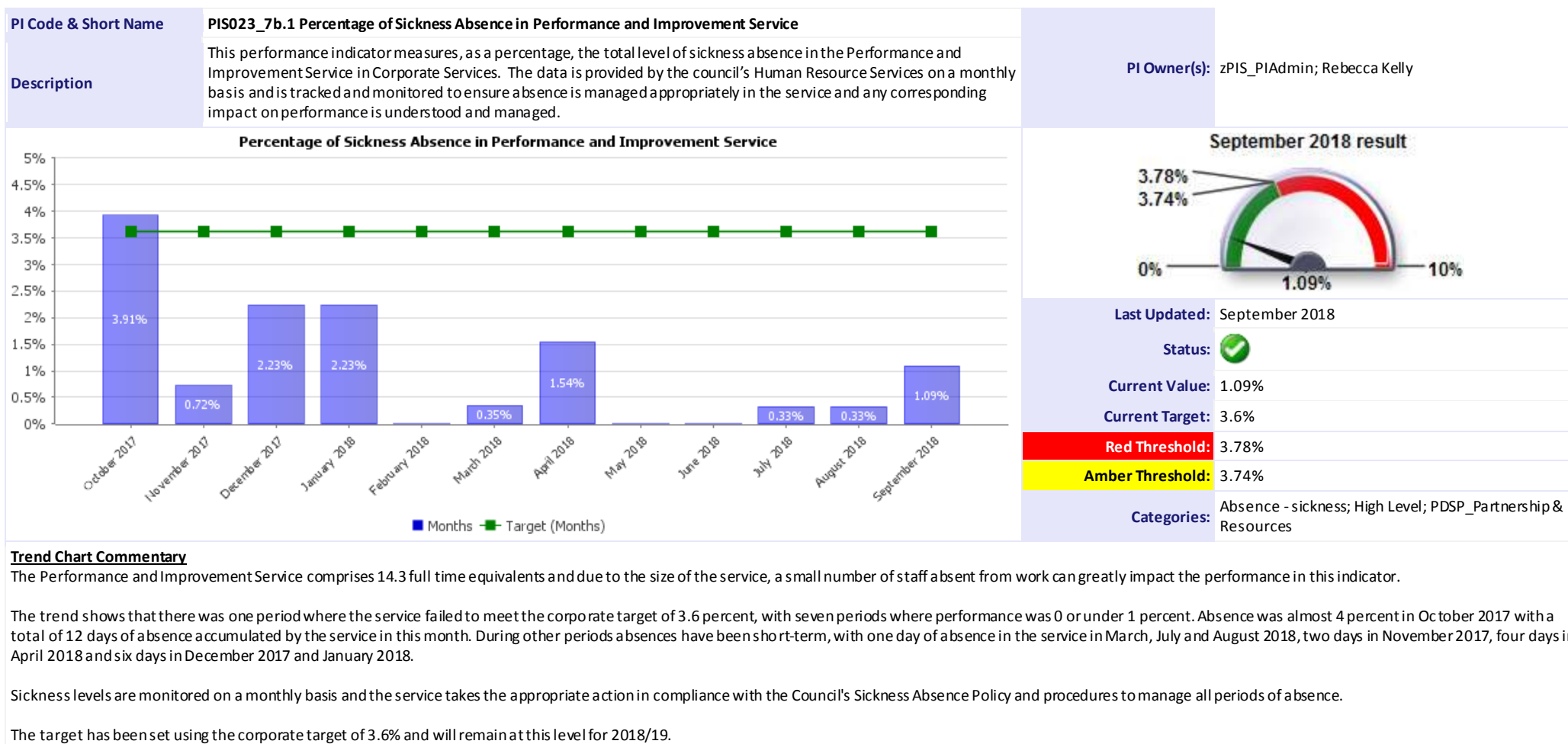
The service did not receive any complaints in Q3 2017/18.

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 remain the same for each quarter during 2018/19.





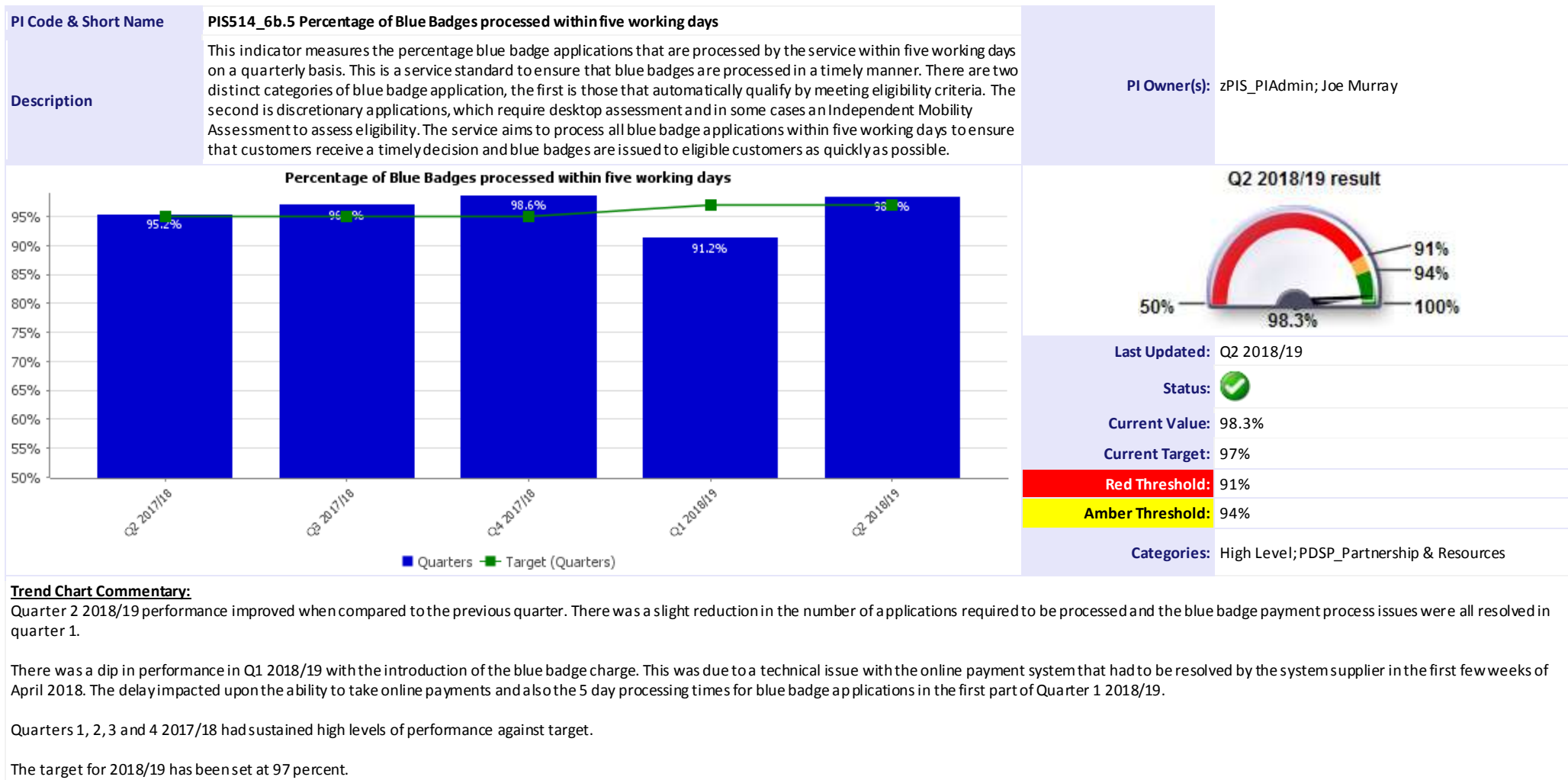
Trend Chart Commentary

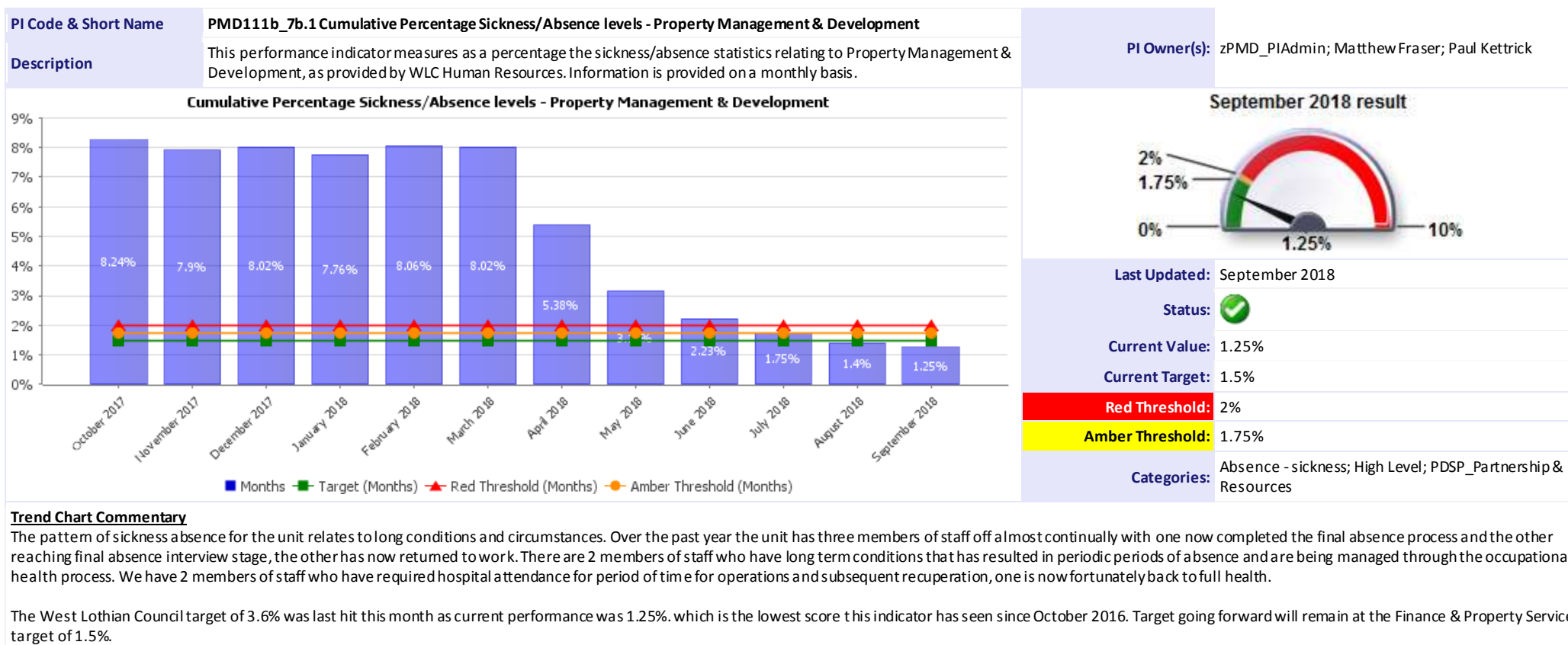
The Performance and Improvement Service comprises 14.3 full time equivalents and due to the size of the service, a small number of staff absent from work can greatly impact the performance in this indicator.

The trend shows that there was 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 absence accumulated by the service in this month. During other periods absences have been short-term, with one day of absence 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.

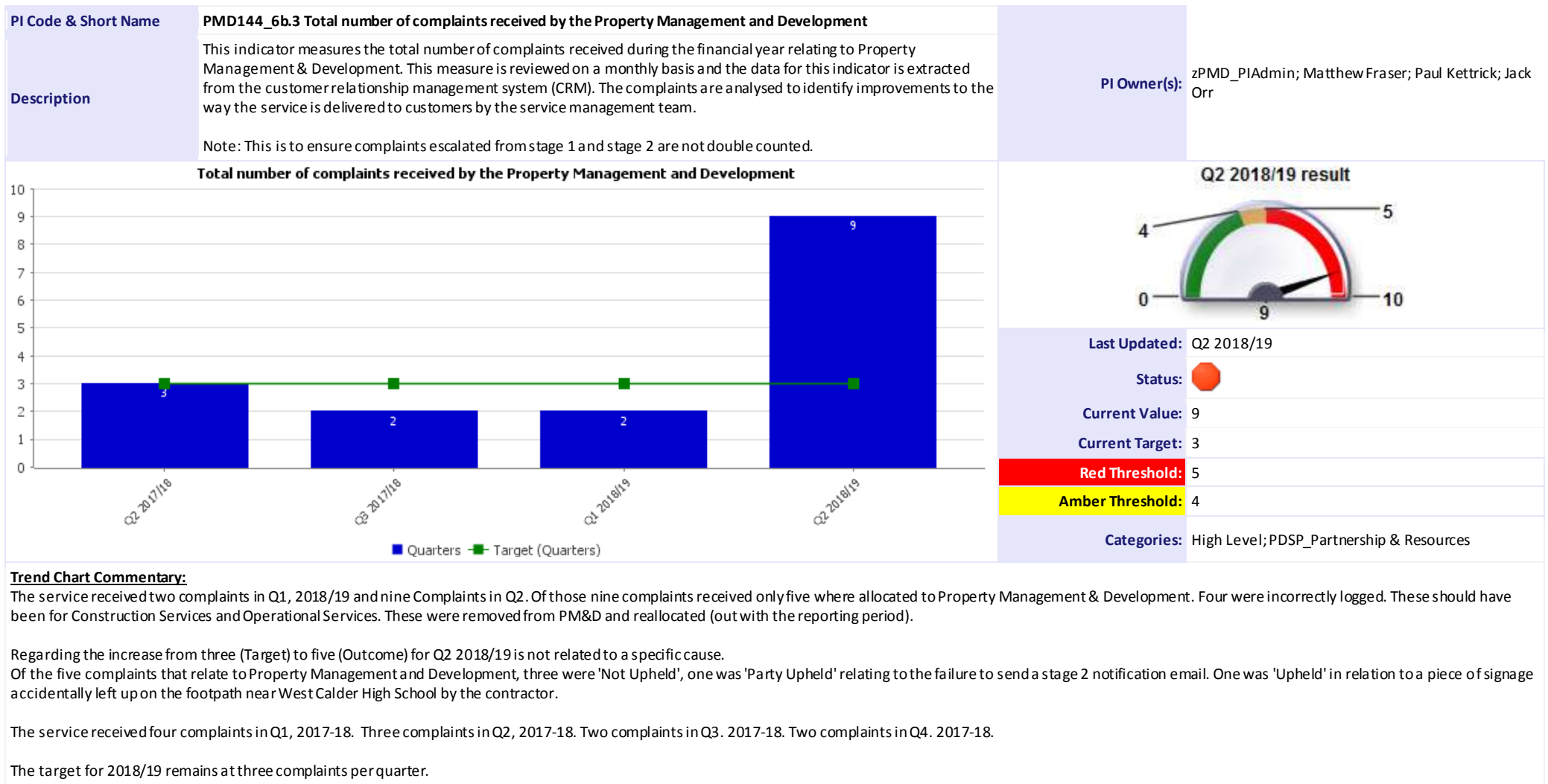


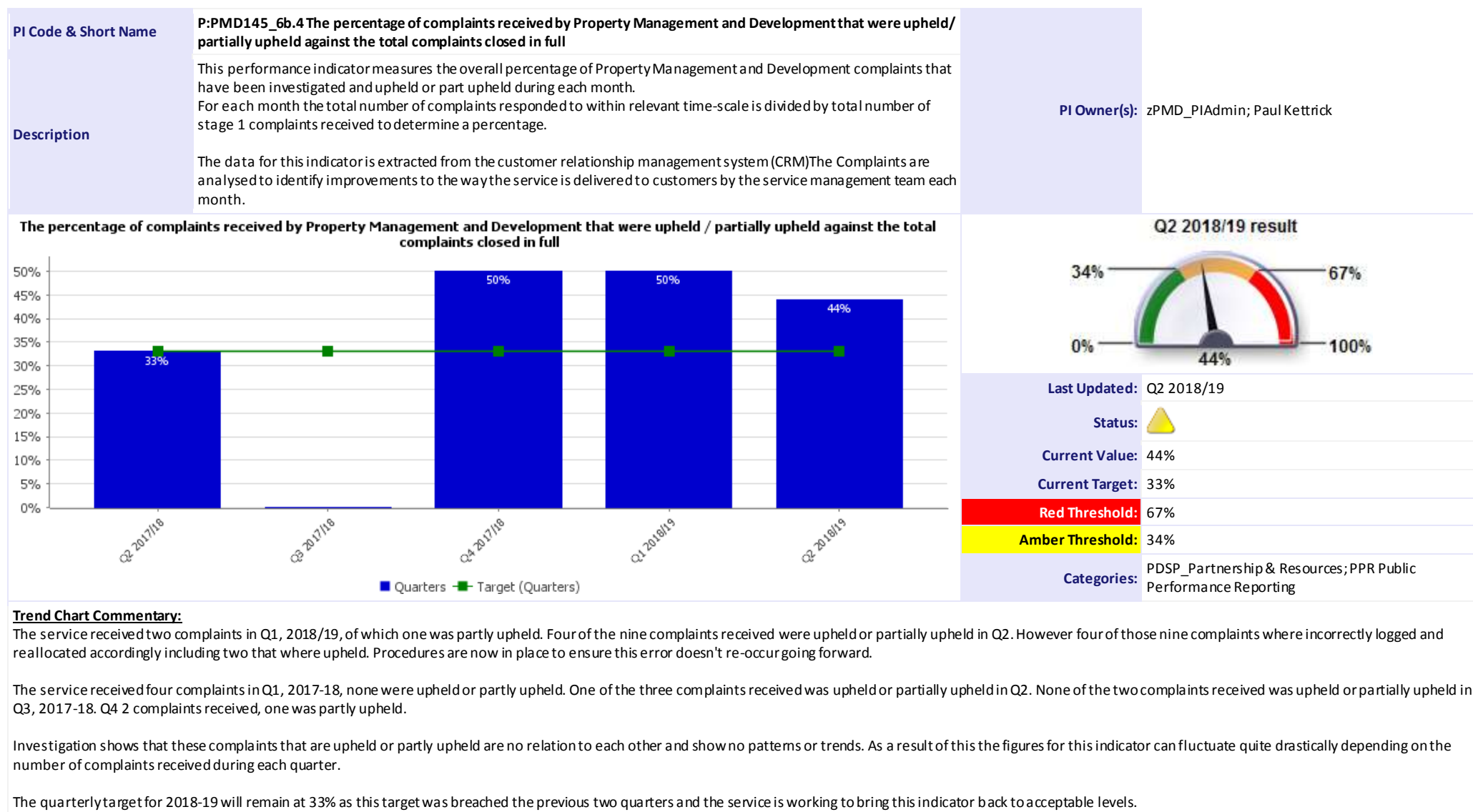


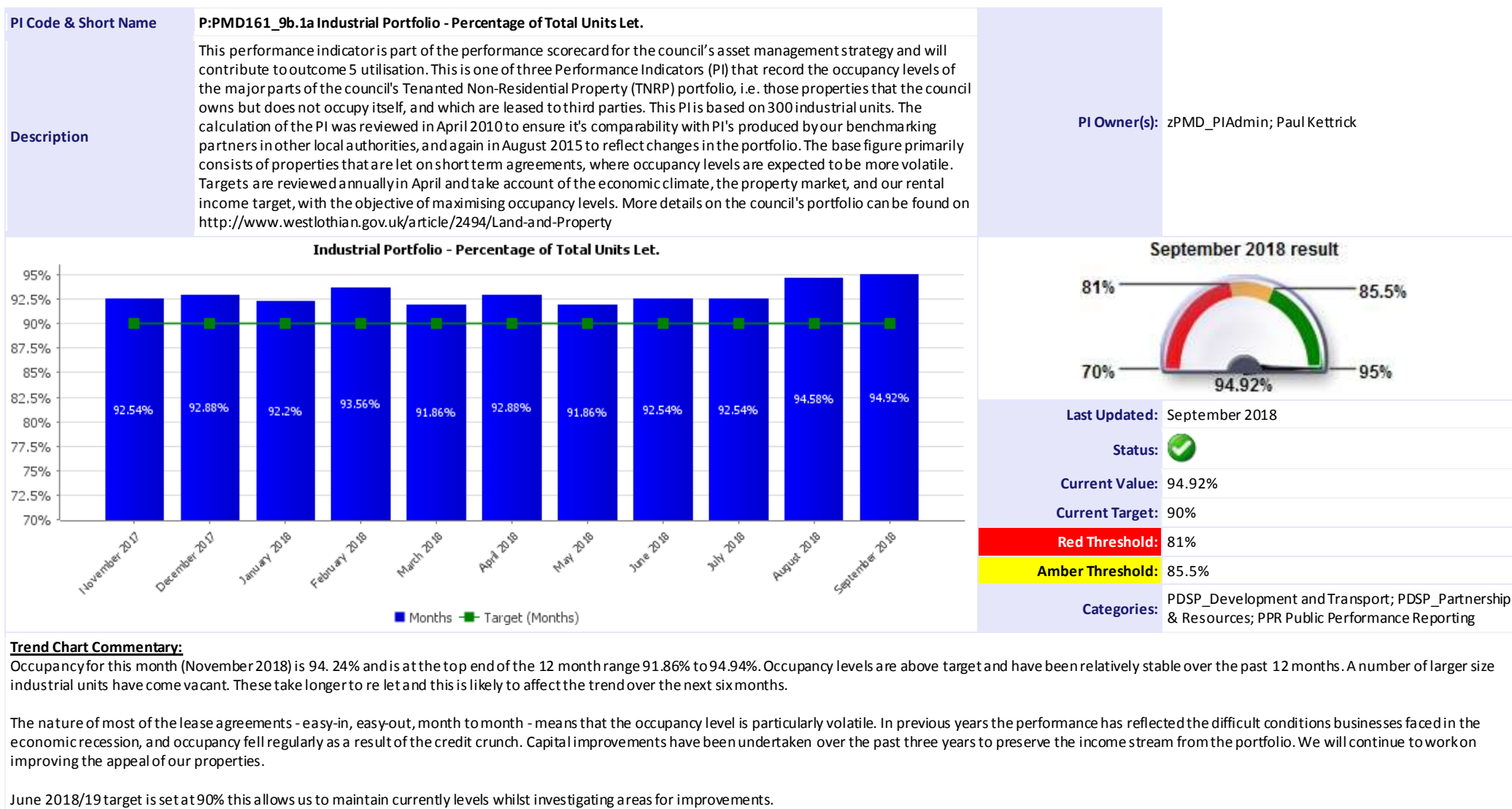
Trend Chart Commentary

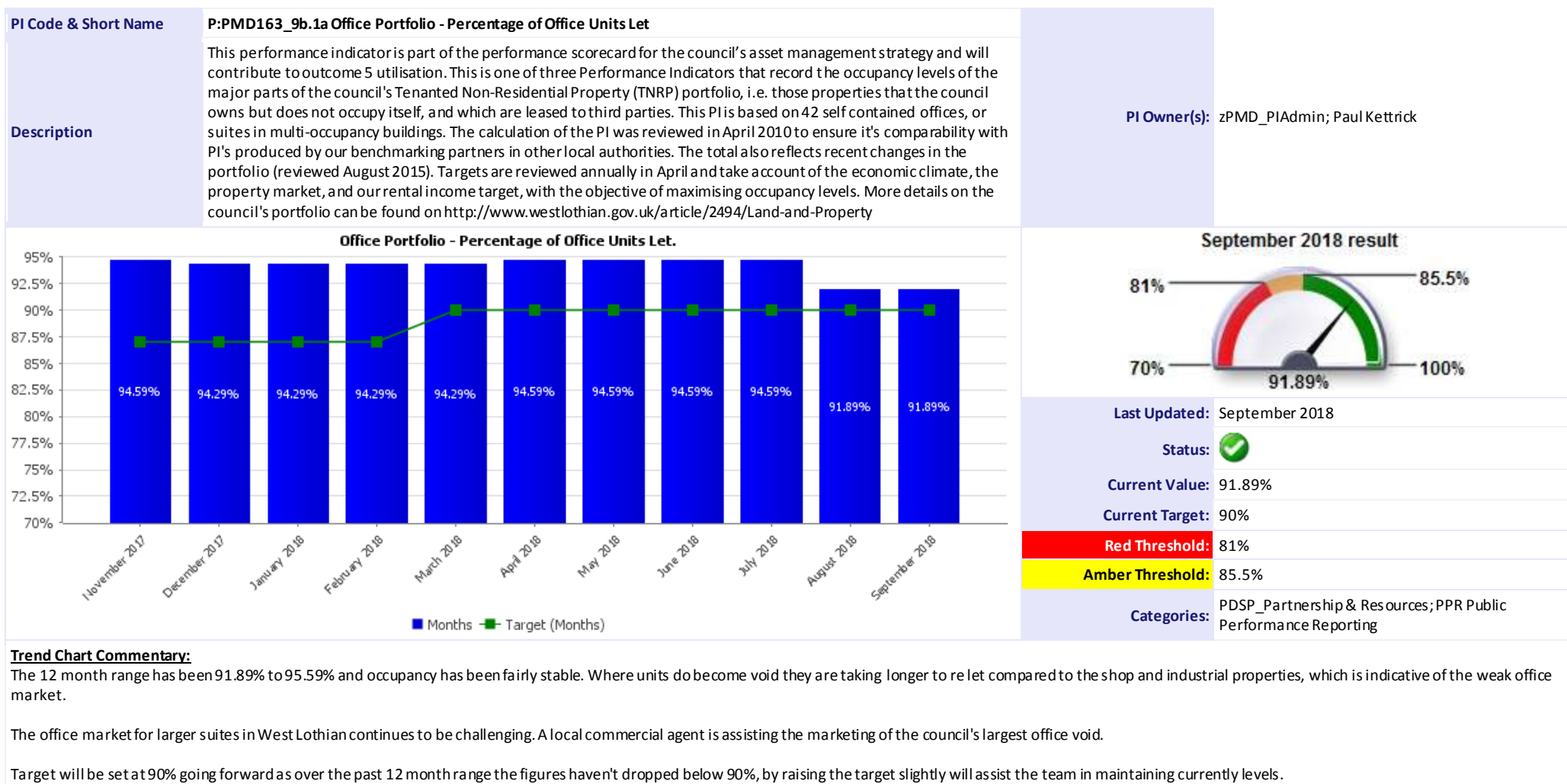
The pattern of sickness absence for the unit relates to long conditions and circumstances. Over the past year the unit has three members of staff off almost continually with one now completed the final absence process and the other reaching final absence interview stage, the other has now returned to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

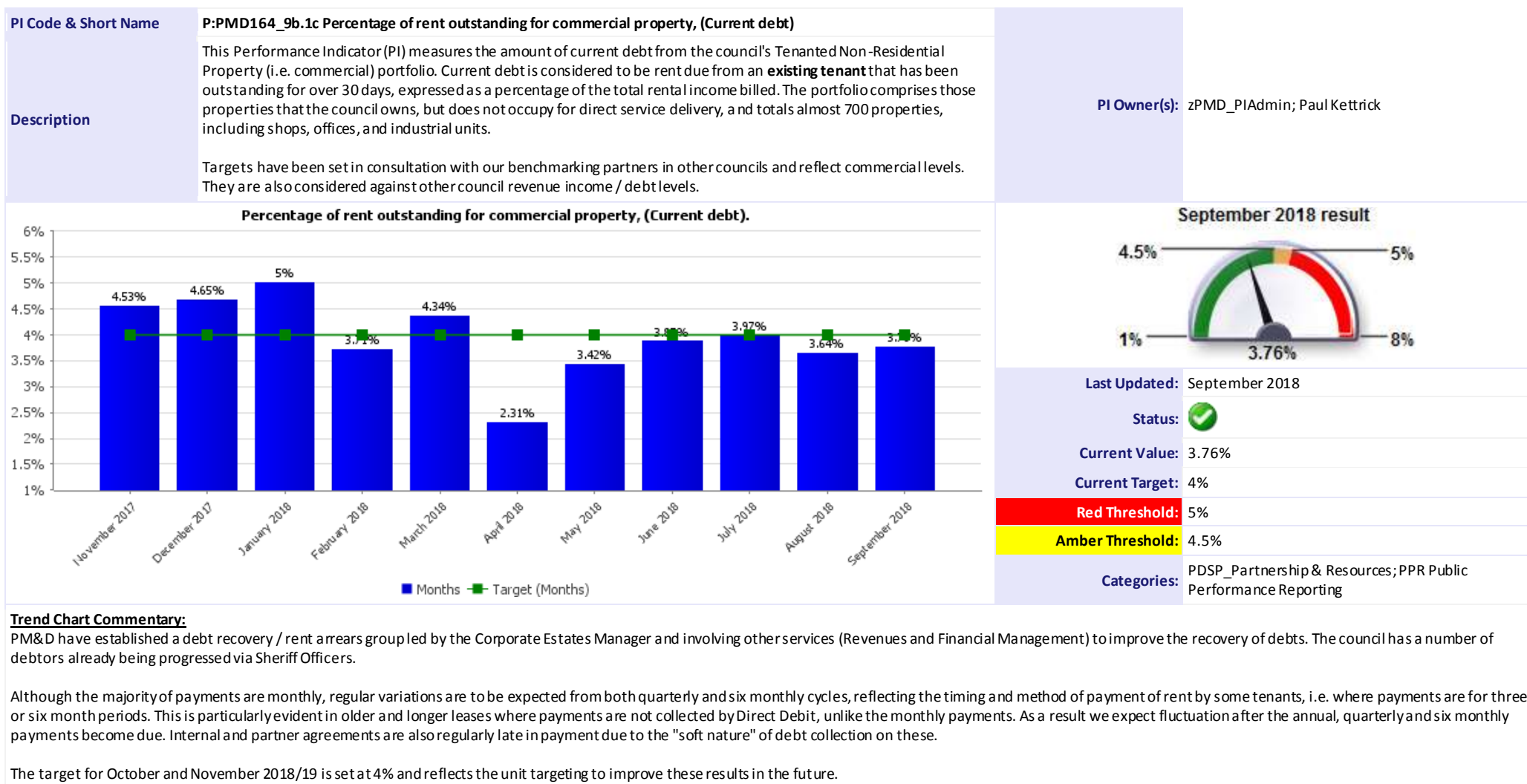
The West Lothian Council target of 3.6% was last hit this month as current performance was 1.25%. which is the lowest score this indicator has seen since October 2016. Target going forward will remain at the Finance & Property Service target of 1.5%.

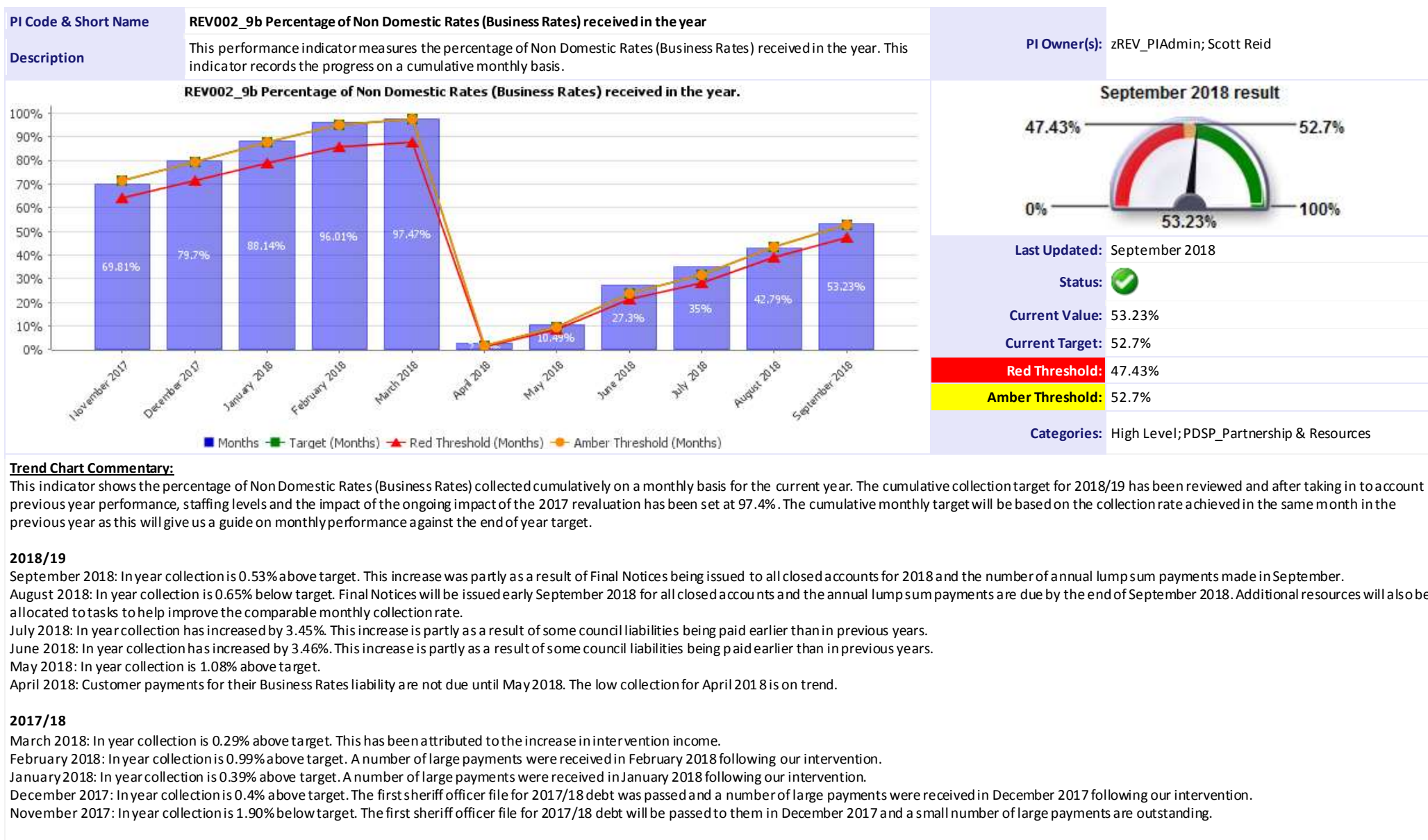


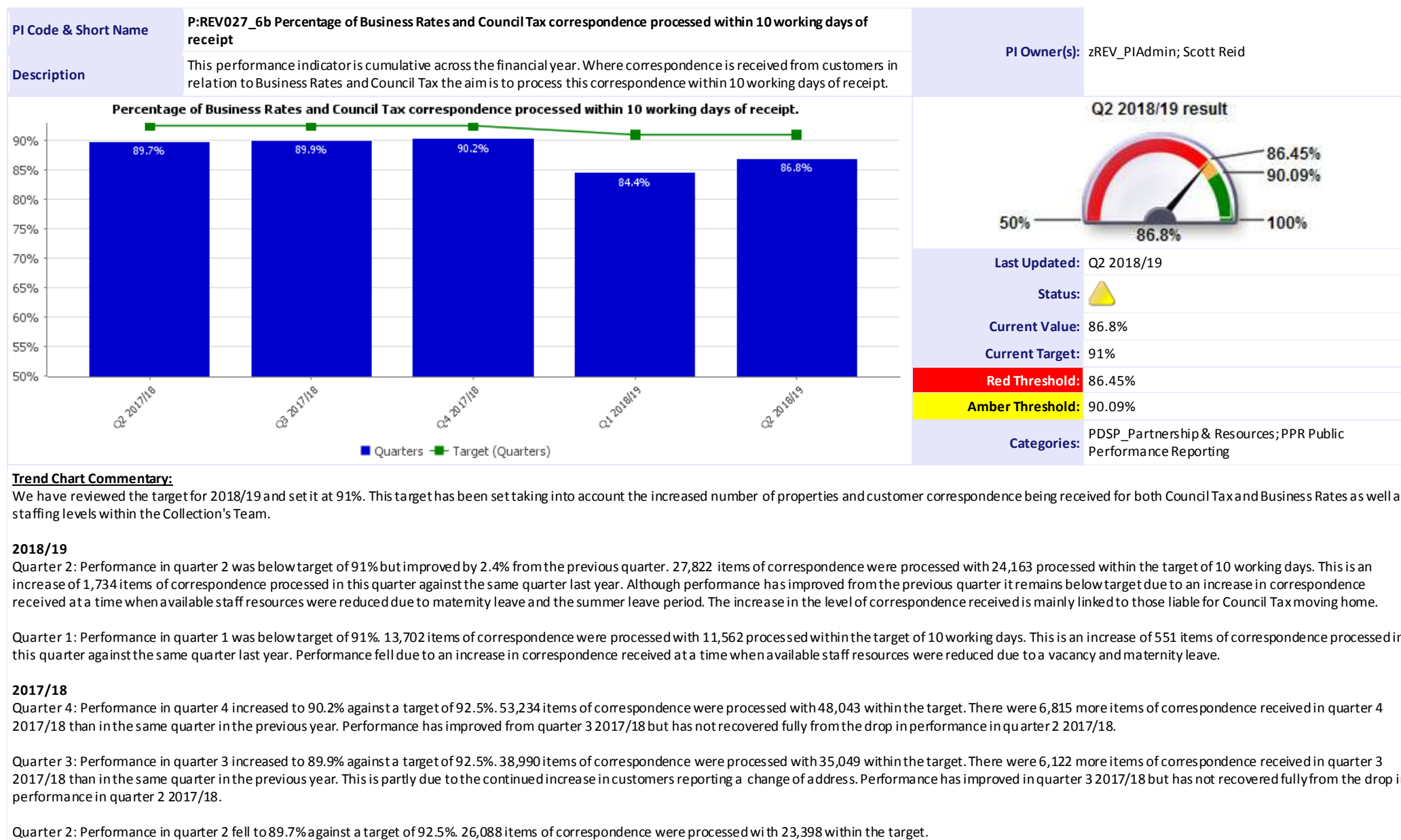


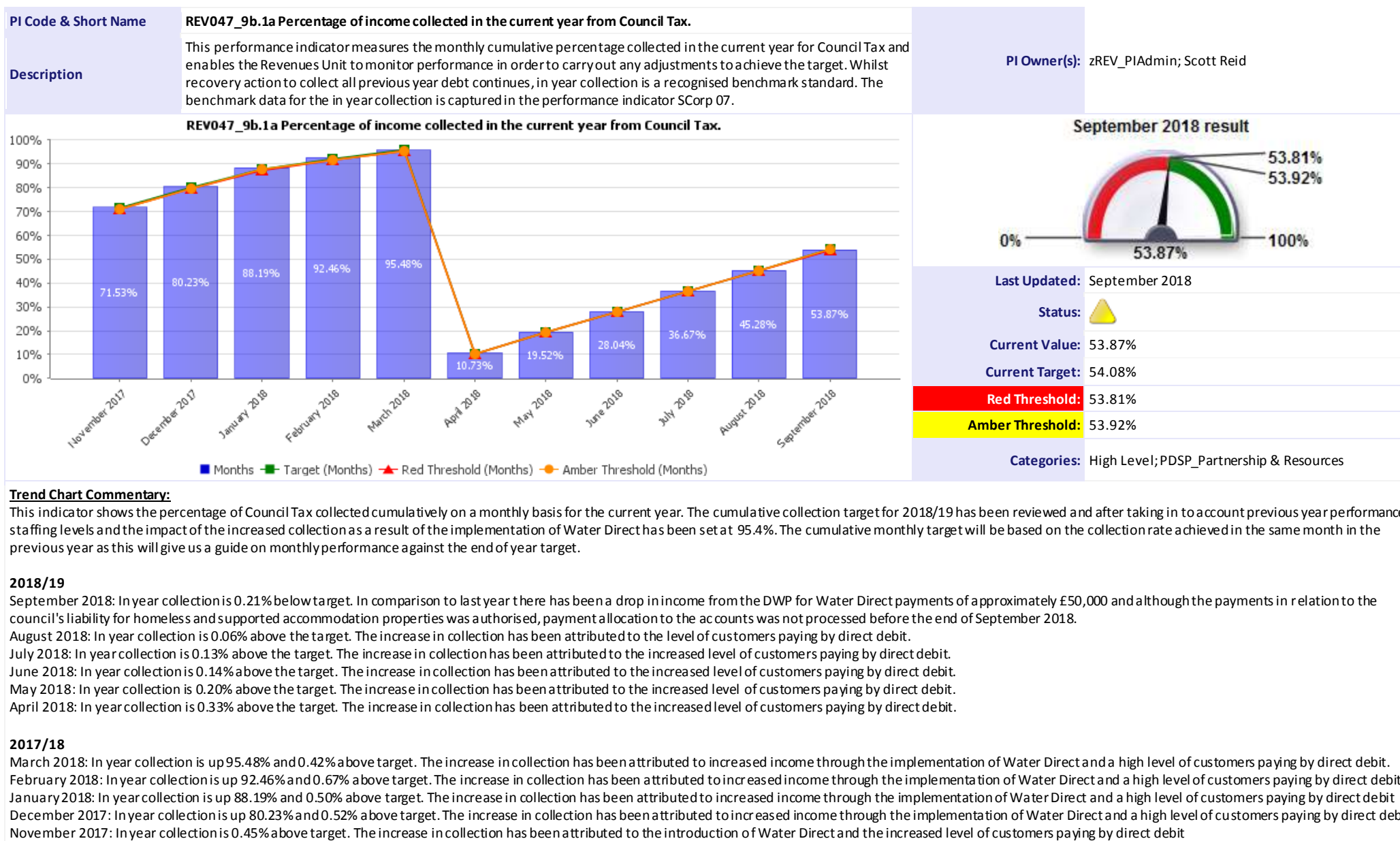












Trend Chart Commentary:

This indicator shows the percentage of Council Tax collected cumulatively on a monthly basis for the current year. The cumulative collection target for 2018/19 has been reviewed and after taking in to account previous year performance, staffing levels and the impact of the increased collection as a result of the implementation of Water Direct has been set at 95.4%. The cumulative monthly target will be based on the collection rate achieved in the same month in the previous year as this will give us a guide on monthly performance against the end of year target.

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

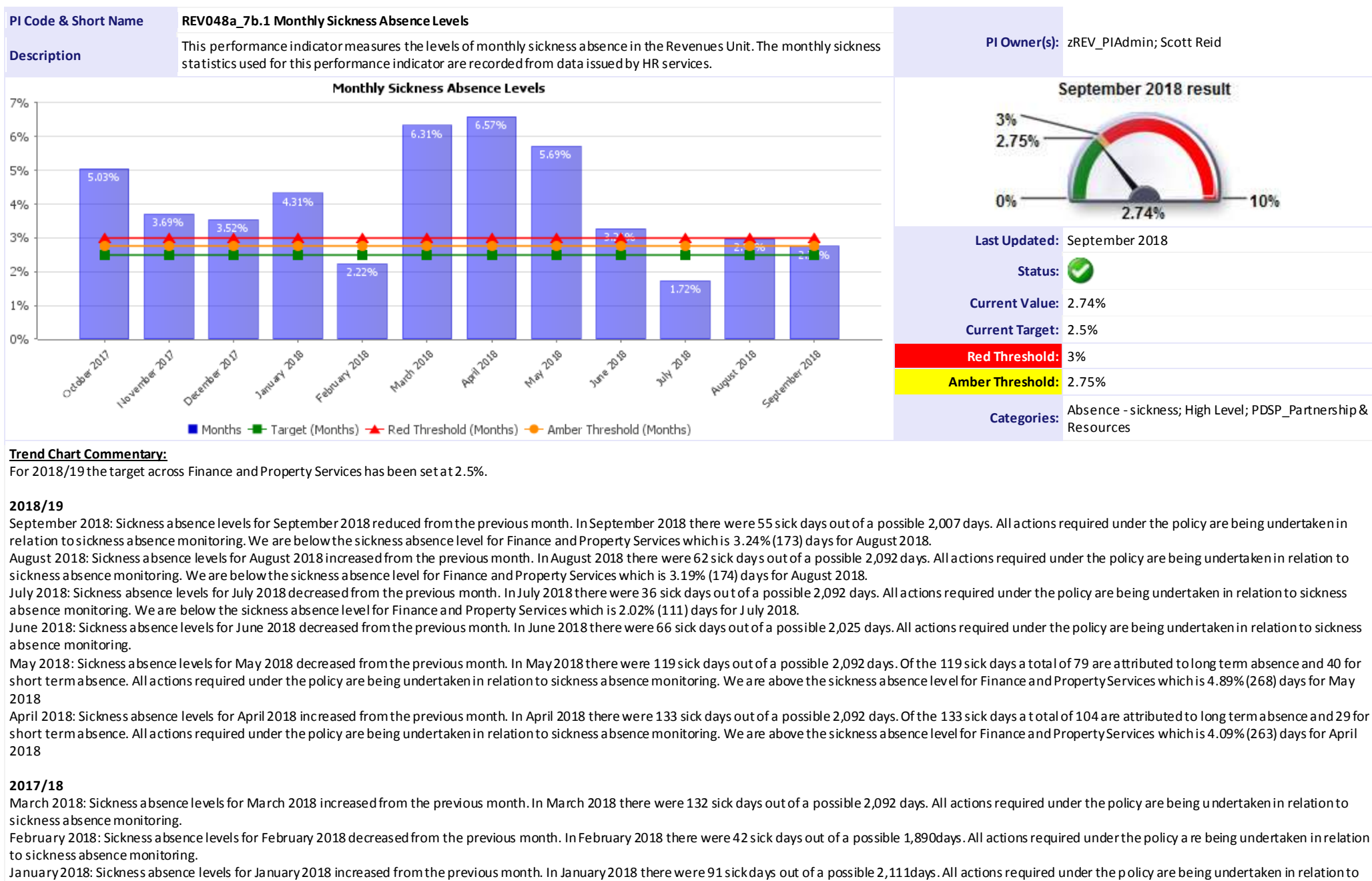
March 2018: In year collection is up 95.48% and 0.42% above target. The increase in collection has been attributed to increased income through the implementation of Water Direct and a high level of customers paying by direct debit.

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



Trend Chart Commentary:

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

May 2018: Sickness absence levels for May 2018 decreased from the previous month. In May 2018 there were 119 sick days out of a possible 2,092 days. Of the 119 sick days a total of 79 are attributed to long term absence and 40 for short term absence. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are above the sickness absence level for Finance and Property Services which is 4.89% (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 a total of 104 are attributed to long term absence and 29 for short term absence. All actions required under the policy are being undertaken in relation to sickness absence monitoring. We are above the sickness absence level for Finance and Property Services which is 4.09% (263) days for April 2018.

2017/18

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

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

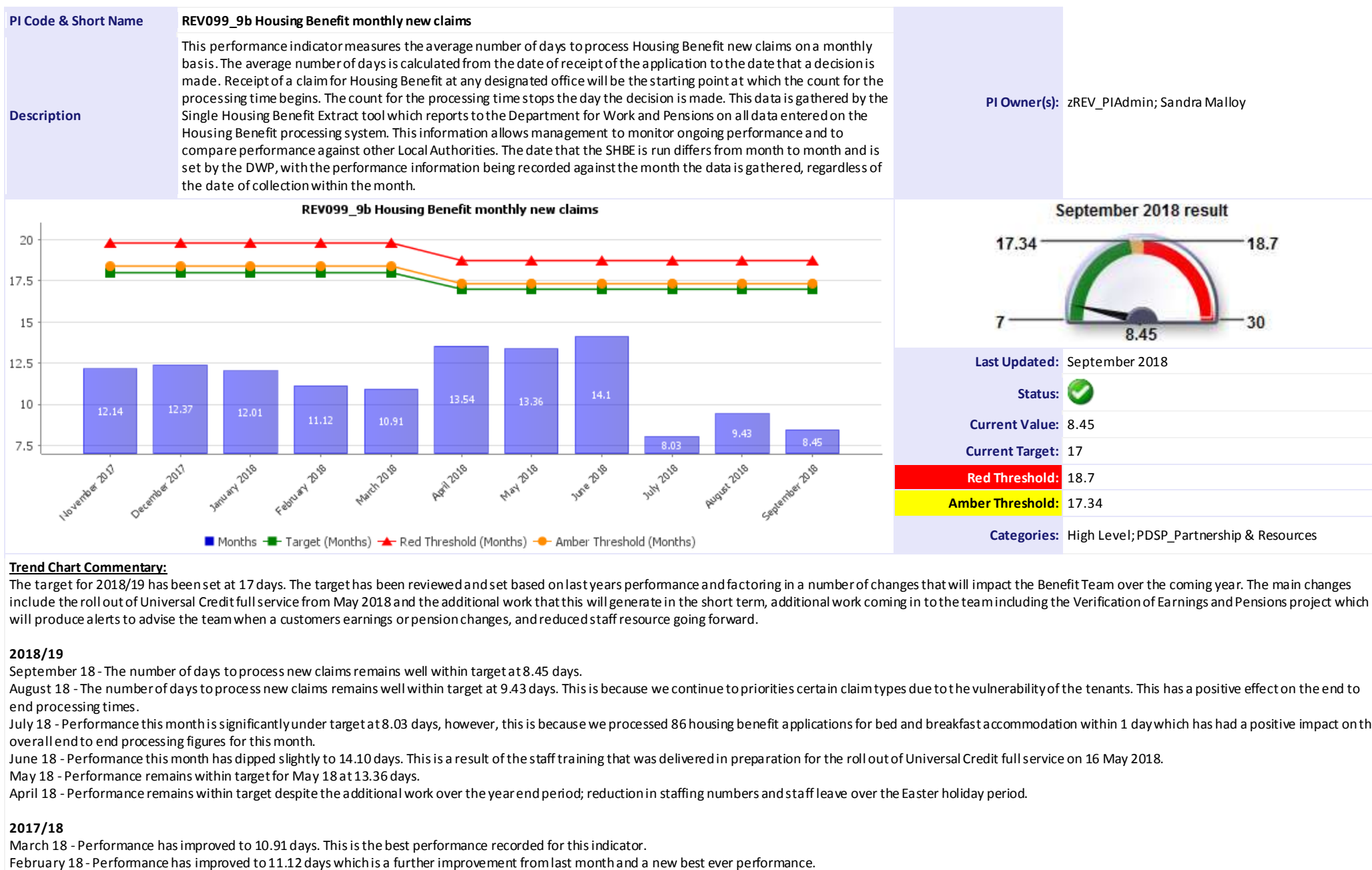
January 2018: Sickness absence levels for January 2018 increased from the previous month. In January 2018 there were 91 sick days out of a possible 2,111 days. All actions required under the policy are being undertaken in relation to

sickness absence monitoring.

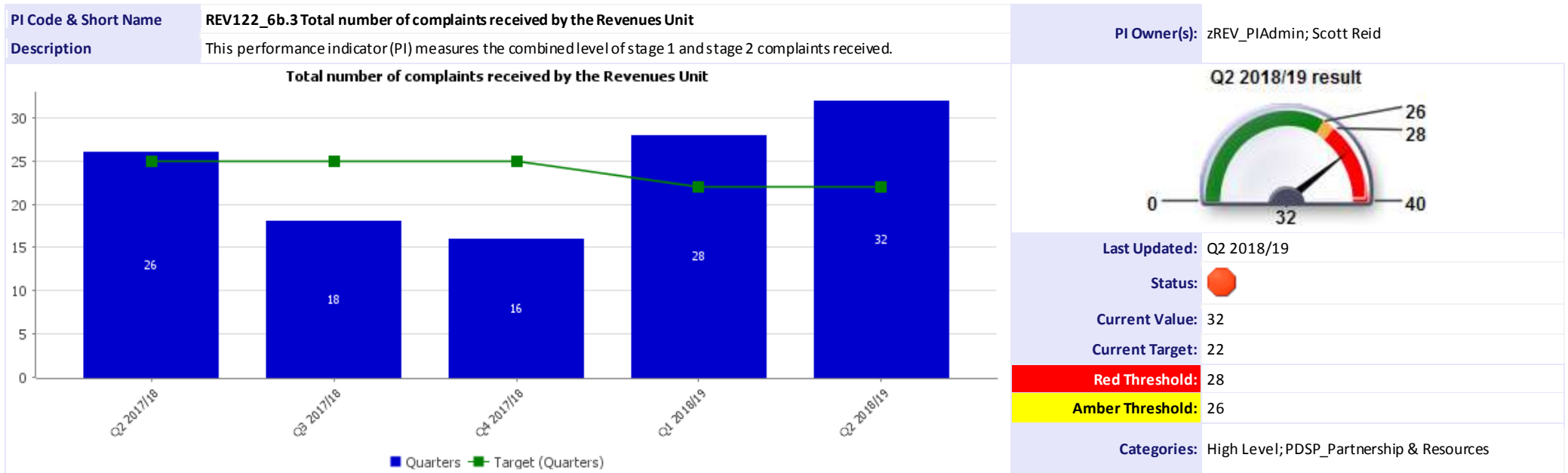
December 2017: Sickness absence levels for December 2017 decreased from the previous month. In December 2017 there were 75 sick days out of a possible 2,130 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.

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 2,062 days. 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 2,145 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring.



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.



Trend Chart Commentary:

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

2018/19

Quarter 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.

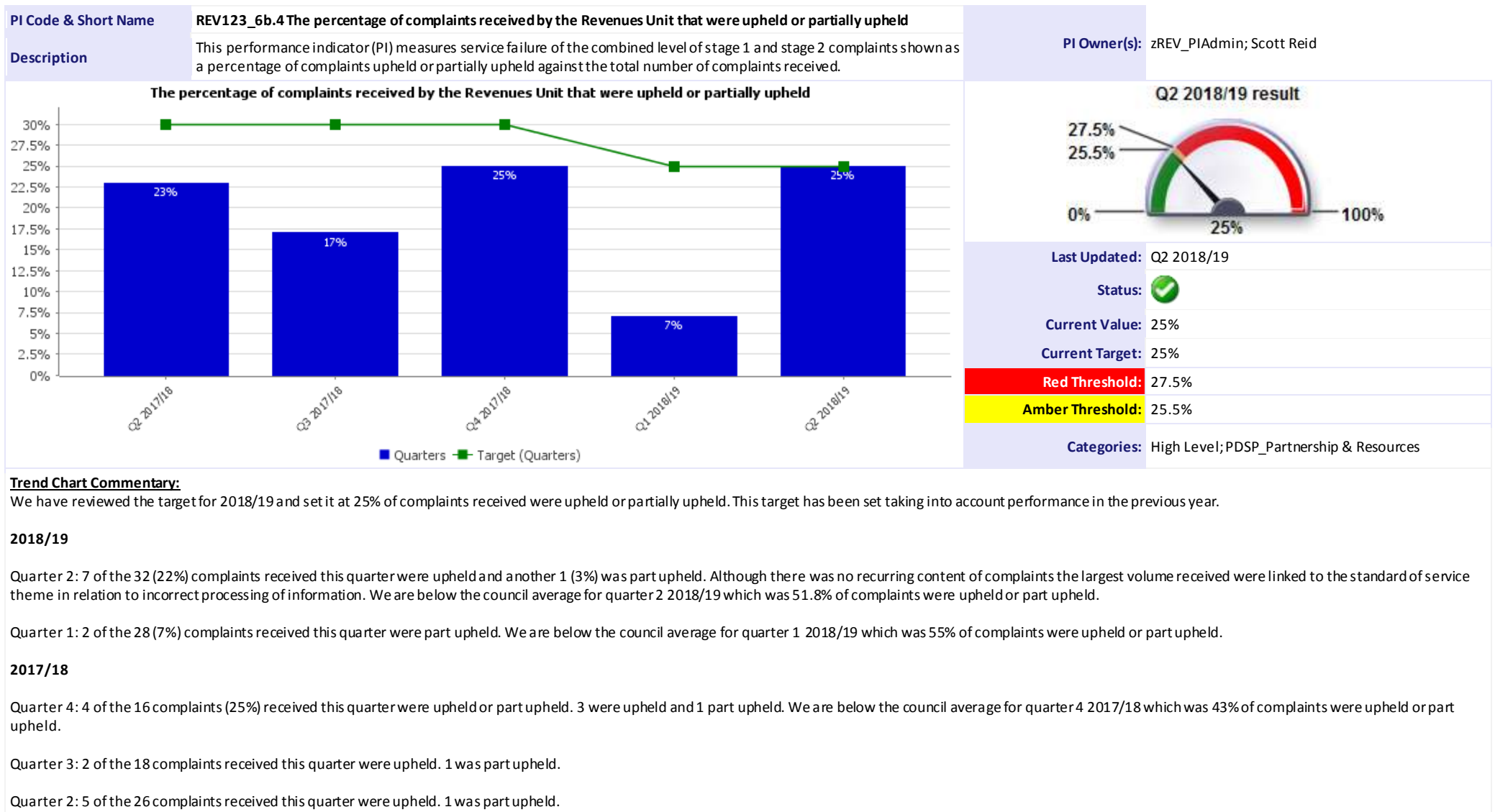
Quarter 1: 28 complaints in total were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme in relation to incorrect processing of information. Although the number of complaints increased in this quarter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



Trend Chart Commentary:

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.