DATA LABEL: PUBLIC

PARTNERSHIP AND RESOURCES POLICY DEVELOPMENT AND SCRUTINY PANEL

QUARTERLY PERFORMANCE REPORT – QUARTER 4 OF 2020/21

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The purpose is to report the current level of performance for all indicators that support the council's Corporate Plan and are the responsibility of the Partnership and Resources Policy Development and Scrutiny Panel.

B. RECOMMENDATION

It is recommended that the Panel note the performance information and determine if further action or enquiry is necessary for any of the performance indicators in the report.

C. SUMMARY OF IMPLICATIONS

I	**Council Values**	Focusing on our customers' needs; being honest, open and accountable; making best use of our resources; working in partnership.
II	**Policy and Legal (including Strategic Environmental Assessment, Equality Issues, Health or Risk Assessment)**	In compliance with the Code of Corporate Governance
III	**Implications for Scheme of Delegations to Officers**	None
IV	**Impact on performance and performance Indicators**	Challenges current service performance through the evaluation of performance indicators
V	**Relevance to Single Outcome Agreement**	Indicators support various outcomes in the SOA
VI	**Resources - (Financial, Staffing and Property)**	Met from existing budgets
VII	**Consideration at PDSP**	N/A
VIII	**Other consultations**	None

D. TERMS OF REPORT

D.1 Background

Overseeing and challenging council performance is contained within the remit of every Policy Development and Scrutiny Panel (PDSP). Scrutiny of performance by elected members in PDSPs forms a key part of the council's wider scrutiny and public performance reporting arrangements.

To support this, each PDSP is allocated areas of the Corporate Plan, strategic priorities and key council performance, relevant to the focus areas of the Panel, and receives quarterly and annual performance reports.

D.2 Quarterly Performance Report

The quarterly performance scorecard report for the Partnership and Resources PDSP contains a range of relevant service performance information for scrutiny.

A summary position of the status of the 62 performance indicators in the Partnership and Resources PDSP scorecard is contained in Appendix 1, with a more detailed commentary provided in Appendix 2 of this report. The 62 performance indicators are categorised as follows:

Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
Green	41
Amber	3
Red	13
Unknown	5

**Note: the Unknown status occurs when a service does not record performance during the period, for example, if the service did not receive any complaints to process.*

The RAG status is against the performance target that has been set by the service in consultation with the relevant stakeholders. In Appendix 2 a trend chart commentary offers an explanation on the current performance levels (against the target) for each indicator. This information will also highlight to the Panel the measures that services will take to improve performance.

D.3 Red Performance Indicators

The current trend for those indicators that are currently at Red status is summarised.

1. <u>P:APS019 6b.5 Percentage of Blue Badges processed within seven working days (quarterly)</u>

   Current performance: 71%
   Target: 80%

   71% of all Blue Badge applications were processed within an average of 7 days, this was below service performance from the previous period (quarter 3 2020/21) of 88% and the target of 80%. On the 1 January 21, a new software system was introduced to administer Blue Badges. It is expected that performance will improve as staff become more familiar with the operating system.

2. P:CSg600_Percentage of Total Capital Programme Spend Delivered in Year by Construction Services

   Current performance: 79.3%
   Target: 100%

   2020/21 spend figures are lower than target as a result of the impact of COVID-19 lockdown restrictions on construction works early in the financial year. It is estimated that the value projects that have been deferred as a result of COVID-19 account for approximately 20% of the potential spend in 2020/21. This follows good performance in 2019/20 where spend exceeded target due to the completion of a large summer works programme circa £5.2million which included some accelerated project delivery.

3. P:CuCS007q Customer and Communities - Percentage of customers who rated the overall quality of service as good or excellent

   Current performance: 0%
   Target: 99%

   The frontline customer offices remained closed to the public due to COVID-19, so the service did not record any satisfaction for the period.

4. P:CuCS026q Percentage of customer enquiries recorded on the Customer Relationship Management system (CRM) which are resolved at the first point of contact

   Current performance: 17.3%
   Target: 75%

   17.3% of customer enquiries were resolved at the first point of contact during this period. It should be noted that the CIS enquiry service remained closed to the public during this quarter, in line with government guidance. The staff were diverted to carry out work for other services, which involved the creation of cases (e.g. arranging smoke alarm installation appointments with council tenants on behalf of Building Services). The creation of a case means the service is passing work or information to an internal service to allow them to conclude the enquiry.

5. P:ITS017a 9b.1c Percentage of Incidents Resolved at First Point of Contact

   Current performance: 29.1%
   Target: 40%

   Performance ranged from 29.1% to 45.5% during this quarter and was heavily influenced by the number of calls and major incidents logged and both planned and unplanned absence in the service.

6. P:LS091 Percentage of Taxi/Private Hire Car Applications Not Granted or Refused within 90 Days

   Current performance: 8%
   Target: 6%

   Since June 2020, performance in this indicator has been adversely affected by delays in testing vehicles caused by the testing centre being closed from late March until late July. The testing centre provides services to City of Edinburgh, the Council and Mid Lothian in respect licencing of vehicles. The testing centre has planned the priority basis upon which vehicles will be inspected, commencing with those existing licensed vehicles which require MOT certificates and progressing to other licence applications, and is

increasing its testing capacity however, having regard to the volume of vehicles to be inspected and continuing COVID-19 pandemic restrictions, it is anticipated that delays will continue to be experienced. Licence holders are informed of likely timescales for examination dates, and determination of applications to support business planning they may require to undertake.

7. P:PMD164 Percentage of rent outstanding for commercial property (Current debt)

   Current performance: 7.1%
   Target: 4%

   The debt level for December 2020 was to 7.12%, exceeding the target of 4%. The trend from the start of the (financial year) saw outstanding rent levels increase each month, until August when they have started to decrease – but remain above target level. The service has established a debt recovery / rent arrears group led by the Corporate Estates Manager and involving other financial services (Revenues and Financial Management) to improve the recovery of debts.

8. P:REV047 Percentage of income collected in the current year from Council Tax

   Current performance: 95.26%
   Target: 95.9%

   In year collection is 0.64% below target. The improved deficit is due to customers paying over 12 months rather than 10. The below target performance can be attributed to the reduction in Water Direct income and the impact of COVID 19.

9. There were 2 services triggering red for the percentage of sickness absence:

   - Corporate Procurement (P:CPU017a)
   - Property Management and Development (P:PMD111b)

10. There were 3 services with an indicator triggering red for the percentage of complaints upheld / part upheld:

    - Customer Services (P:CuCS011q)
    - Property Management and Development (P:PMD145)
    - Revenues (P:REV123)

D.4 Unknown Performance Indicators

There were 5 performance indicators with an Unknown status that related to the percentage of complaints upheld or partially upheld. This is due to services not receiving complaints within the time period presented and therefore the indicators show blank data.

E. CONCLUSION

The performance scorecard shows that a significant proportion of performance indicators are achieving targeted levels of performance. Where performance is not at the expected level, Appendix 2 of this reports offers details to the Panel of the corrective actions being taken by services to improve performance.

F. BACKGROUND REFERENCES

None

Appendices/Attachments: 2

Appendix 1 – Partnership and Resources PDSP Performance Scorecard Summary Report
Appendix 2 – Partnership and Resources PDSP Performance Scorecard Detailed Report

Contact Person: Rebecca.kelly@westlothian.gov.uk Telephone: 01506 281891

Graeme Struthers
Depute Chief Executive

18 June 2021

Data Label: OFFICIAL

APPENDIX 1

PARTNERSHIP & RESOURCES SCORECARD REPORT

Traffic Light Red

Status	PI Code & Short Name	Head of Service	Value	Target
	P:APS019_6b.5 Percentage of Blue Badges processed within seven working days (quarterly)	Head of Finance and Property Services	71%	80%
	P:CPU017a_7b.1 Percentage of sickness absence in Corporate Procurement Unit	Head of Corporate Services	4.91%	3.6%
	P:CSg600_9b.1c Percentage of Total Capital Programme Spend Delivered in Year by Construction Services	Head of Finance and Property Services	79.3%	100%
	P:CuCS007q_6a.7 Customer and Communities - Percentage of customers who rated the overall quality of service as good or excellent	Head of Housing, Customer and Building Services	0.0%	99.0%
	P:CuCS011q_6b.4 Customer and Communities - The percentage of complaints received by Customer and Communities Service that were upheld / partially upheld against the total complaints closed in full	Head of Housing, Customer and Building Services	100.0%	60.0%
	P:CuCS026q_9b.1a Percentage of customer enquiries recorded on the Customer Relationship Management system (CRM) which are resolved at the first point of contact	Head of Housing, Customer and Building Services	17.3%	75.0%
	P:ITS017a_9b.1c Percentage of Incidents Resolved at First Point of Contact	Head of Corporate Services	29.1%	40%
	P:LS091_6b.5 Percentage of Taxi/Private Hire Car Applications Not Granted or Refused within 90 Days	Head of Corporate Services	8%	6%
	P:PMD111b_7b.1 Cumulative Percentage Sickness/Absence levels - Property Management & Development	Head of Finance and Property Services	4.86%	1.5%
	P:PMD145_6b.4 The percentage of complaints received by Property Management and Development that were upheld / partially upheld against the total complaints closed in full	Head of Finance and Property Services	100%	33%
	P:PMD164_9b.1c Percentage of rent outstanding for commercial property (Current debt).	Head of Finance and Property Services	7.1%	4%
	P:REV047_9b.1a Percentage of income collected in the current year from Council Tax	Head of Finance and Property Services	95.26%	95.9%
	P:REV123_6b.4 The percentage of complaints received by the Revenues Unit that were upheld or partially upheld	Head of Finance and Property Services	29%	25%

Traffic Light Amber

Status	PI Code & Short Name	Head of Service	Value	Target
	P:CuCS021_7b.1 Customer and Communities - Percentage of Sickness absence	Head of Housing, Customer and Building Services	4.1%	3.6%
	P:IA015_9b.1a Average length of time (in weeks) to issue draft audit reports	Head of Finance and Property Services	11.3	10
	P:REV002_9b Percentage of Non Domestic Rates (Business Rates) received in the year	Head of Finance and Property Services	93.34%	98.48%

Traffic Light Green

Status	PI Code & Short Name	Head of Service	Value	Target
	P:APS017_6b.3 Total number of complaints received by the Anti-Poverty Service	Head of Finance and Property Services	13	20
	P:APS018_6b.4 The percentage of complaints received by the Anti-Poverty Service that were upheld / partially upheld against the total complaints closed in full	Head of Finance and Property Services	31%	50%
	P:APS041_7b.1 Cumulative percentage of sickness absence within the Anti-Poverty Service	Head of Finance and Property Services	2.8%	3.6%
	P:APS060_9b.1a Total quarterly amount the Advice Shop has gained in extra benefits for its customers	Head of Finance and Property Services	£7,766,190	£6,750,000
	P:APS077_9b Housing Benefit monthly new claims	Head of Finance and Property Services	9.44	15
	P:CC014_6b.3 Total number of complaints received per quarter	Head of Corporate Services	0	0
	P:CC016_6b.4 The percentage of complaints by Corporate Communications that were upheld/part upheld per quarter	Head of Corporate Services	0%	0%
	P:CC031_7b.1 Percentage of sickness absence in Corporate Communications	Head of Corporate Services	0%	3.6%
	P:CC081_9b.1a Percentage of new social media followers on the West Lothian Council sites per quarter	Head of Corporate Services	2.7%	2%
	P:CPU019b_9b.1a Percentage of relevant compliant council expenditure per quarter	Head of Corporate Services	96%	92%
	P:CPU047c_6b.3 Total number of complaints received by the Corporate Procurement Unit on a Quarterly basis	Head of Corporate Services	0	0
	P:CSC007mq_6a.7 Customer Service Centre (CSC) Generic - Percentage of customers who rated the overall quality of the service as good or excellent	Head of Housing, Customer and Building Services	99.2%	97.0%

Status	PI Code & Short Name	Head of Service	Value	Target
✔	P:CSC062m_6b.3 Total Number of Complaints against Customer Service Centre (CSC)	Head of Housing, Customer and Building Services	3	7
✔	P:CSC063m_6b.4 Percentage of Complaints Upheld and Part Upheld against Customer Service Centre	Head of Housing, Customer and Building Services	33.33%	55%
✔	P:CSC104q_9b.1a Percentage of Customer Service Centre enquiries resolved at first point of contact	Head of Housing, Customer and Building Services	89%	75%
✔	P:CSg112_6b.3 Total number of complaints received by Construction Services	Head of Finance and Property Services	0	3
✔	P:CSg113_6b.4 The percentage of complaints received by Construction Services that were upheld / partially upheld against the total complaints closed in full	Head of Finance and Property Services	0%	50%
✔	P:CSg301_7b.1 Construction Services - Cumulative Percentage of Sick Days	Head of Finance and Property Services	0.25%	2%
✔	P:CuCS010q_6b.3 Customer and Communities - Total number of complaints received by Customer and Community services	Head of Housing, Customer and Building Services	1	27
✔	P:FM001_6b.5 Percentage of Suppliers paid within 30 Days of Receipt	Head of Finance and Property Services	95%	95%
✔	P:FM037_6b.3 Total number of complaints received by the Financial Management Unit	Head of Finance and Property Services	0	3
✔	P:FM048_7b.1 Percentage of Sickness Absence in Financial Management Unit - Cumulative	Head of Finance and Property Services	0.68%	2%
✔	P:HRS104_9b.2 Number of reportable incidents to the Health and Safety Executive per quarter	Head of Corporate Services	8	8
✔	P:HRS525_7b.1 Percentage of sickness absence in HR Services	Head of Corporate Services	2.67%	3.6%
✔	P:HRS550_6b.3 Number of complaints received by HR Services	Head of Corporate Services	1	1
✔	P:IA051_7b.1 Cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit	Head of Finance and Property Services	0.13%	2%
✔	P:IA066_6b.3 Total number of complaints received by Audit, Risk and Counter Fraud	Head of Finance and Property Services	0	0
✔	P:ITS007_6a.7 Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent	Head of Corporate Services	98%	98%
✔	P:ITS011_6b.3 Total number of complaints received by IT Services per quarter	Head of Corporate Services	0	0
✔	P:ITS012_6b.4 Percentage of complaints received that were upheld/partially upheld	Head of Corporate Services	0%	0%
✔	P:ITS051_7b.1 Percentage of Sickness Absence in IT Services (cumulative)	Head of Corporate Services	2.74%	3.6%
✔	P:LS013_6b.3 Total number of complaints received by Legal Services	Head of Corporate Services	1	2
✔	P:LS031_7b.1 Percentage Sickness Absence Levels in Legal Services	Head of Corporate Services	2.71%	3.6%
✔	P:PIS011_6b.3 Total number of complaints received by the Performance and Improvement Service per quarter	Head of Corporate Services	0	1

Status	PI Code & Short Name	Head of Service	Value	Target
	P:PIS023_7b.1 Percentage of Sickness Absence in Performance and Improvement Service	Head of Corporate Services	0%	3.6%
	P:PMD144_6b.3 Total number of complaints received by the Property Management and Development	Head of Finance and Property Services	1	4
	P:PMD161_9b.1a Industrial Portfolio - Percentage of Total Units Let	Head of Finance and Property Services	97.59%	90%
	P:PMD163_9b.1a Office Portfolio - Percentage of Office Units Let	Head of Finance and Property Services	91.67%	90%
	P:REV027_6b Percentage of Business Rates and Council Tax correspondence processed within 10 working days of receipt.	Head of Finance and Property Services	96.4%	96.2%
	P:REV048a_7b.1 Monthly Sickness Absence Levels	Head of Finance and Property Services	1.9%	2.5%
	P:REV122_6b.3 Total number of complaints received by the Revenues Unit	Head of Finance and Property Services	21	25

Traffic Light Unknown

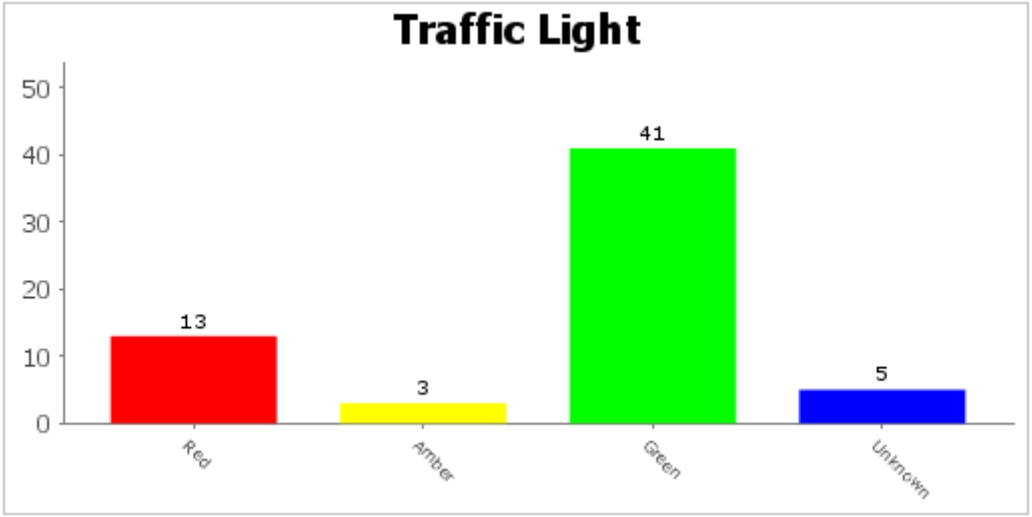
Status	PI Code & Short Name	Head of Service	Value	Target
	P:CPU047d_6b.4 The percentage of complaints received by the Corporate Procurement Unit that were upheld / partially upheld against the total complaints closed in full	Head of Corporate Services	N/A	0%
	P:HRS554_6b.4 Percentage of complaints by HR Services which were upheld/part upheld per quarter	Head of Corporate Services	N/A	25%
	P: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.	Head of Finance and Property Services	N/A	0%
	P:LS014_6b.4 Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld	Head of Corporate Services	N/A	0%
	P:PIS013_6b.4 Percentage of all complaints closed by the Performance and Improvement Service that were upheld / partially upheld per quarter	Head of Corporate Services	N/A	25%

Data Label : OFFICIAL

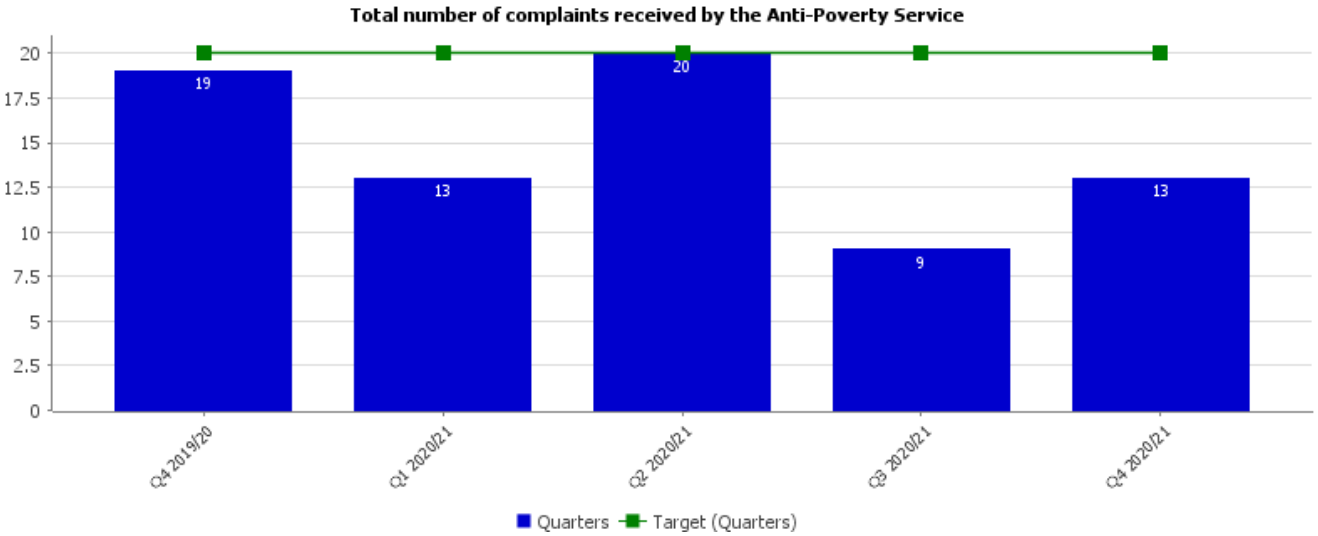
APPENDIX 2

PDSP – PARTNERSHIP AND RESOURCES PIS – ALL (DETAIL)

Generated on: 25 May 2021 11:44



PI Code & Short Name	**P:APS017_6b.3 Total number of complaints received by the Anti-Poverty Service**
Description	This indicator measures the total number of complaints received by the Anti-Poverty Service. It is the total number of complaints received by the service 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. The Anti-Poverty Service 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.
PI Owner(s):	zAPS_PIAdmin; Elaine Nisbet



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	13
Current Target:	20
Red Threshold:	22
Amber Threshold:	21
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

The Anti-Poverty Service 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.

2020/21

Quarter 4 - During this period the Anti-Poverty Service received 13 complaints. This is an increase of 4 from the previous quarter. The complaints were relating to claims being processed incorrectly, delay in processing claim, employee attitude and incorrect or conflicting advice. Nine complaints were not upheld and four complaints were upheld during this period. No complaints were escalated to stage 2 and 92% of complaints were managed within the five day target.

Quarter 3 - During this period the Anti-Poverty Service received 9 complaints. This is a decrease of 11 from the previous quarter. The complaints were relating to claims being processed incorrectly, employee attitude, poor communication, standard of service and general waiting time. One complaint around claim processed incorrectly and 8 complaints were not upheld. 88% of the complaints were successfully managed within the stage one five day target.

Quarter 2 - During this period the Anti-Poverty Service received 20 complaints. This is an increase of seven from the previous quarter. The complaints were relating to claims being processed incorrectly, employee attitude, poor communication, standard of service and general waiting time. Two complaints were upheld, one complaint was partly upheld and 17 complaints were not upheld. 84% of the complaints were successfully managed within the stage one five day target.

Quarter 1 - During this period the Anti-Poverty Service received 13 complaints. This is a reduction of six from the previous quarter. The complaints were relating to claims being processed incorrectly, employee attitude, standard of service, incorrect/conflicting advice and discretionary payments decisions. Three complaints were upheld and ten complaints were not upheld. 100% of the complaints were successfully managed within the stage one five day target.

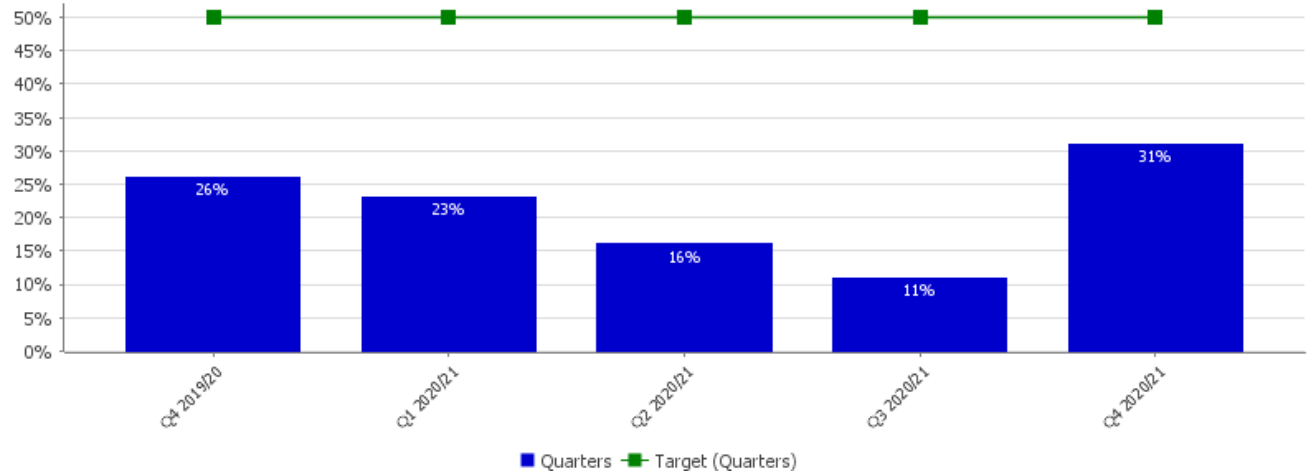
2019/20

Quarter 4 - During this period the Anti-Poverty Service received 19 complaints. This is six more than the previous quarter. The complaints were relating to claims being processed incorrectly, employee attitude, standard of service and incorrect/conflicting advice. Five complaints were upheld and fourteen complaints were not upheld. 100% of 15 stage one complaints were successfully managed within the five day target. Four out of the five stage 2 complaints were managed within the 20 day target

Target 2021/22 - Our target will remain at 15 complaints per quarter. We have set our trigger levels to early identify trends.

PI Code & Short Name	**P:APS018_6b.4 The percentage of complaints received by the Anti-Poverty Service that were upheld / partially upheld against the total complaints closed in full**	**PI Owner(s):**	zAPS_PIAdmin; Elaine Nisbet
Description	This indicator measures the total number of complaints received by the Anti Poverty Service which were upheld or partially upheld, as a percentage of all complaints received.		

The percentage of complaints received by the Anti-Poverty Service that were upheld / partially upheld against the total complaints closed in full



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	31%
Current Target:	50%
Red Threshold:	55%
Amber Threshold:	52.5%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

The Anti Poverty Service 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.

2020/21

Quarter 4 - During this period the Anti-Poverty Service received 13 complaints. This is a increase of 4 from the previous quarter. 69% of our complaints were not Upheld and 31% were upheld. Upheld complaints included claim processed incorrectly, delay in processing claim, employee attitude and poor communication. Several improvement actions have taken place.

Quarter 3 - During this period 11% of the Anti-Poverty Services 9 complaints were partly upheld or upheld. This is a decrease from the previous quarter. The complaints which were partly upheld were around, claim processing.

Quarter 2 - During this period 16% of the Anti-Poverty Services 20 complaints were partly upheld or upheld. This is a decrease from the previous quarter. The complaints which were partly or fully upheld were around, claim processing, incorrect or conflicting advice and poor communication.

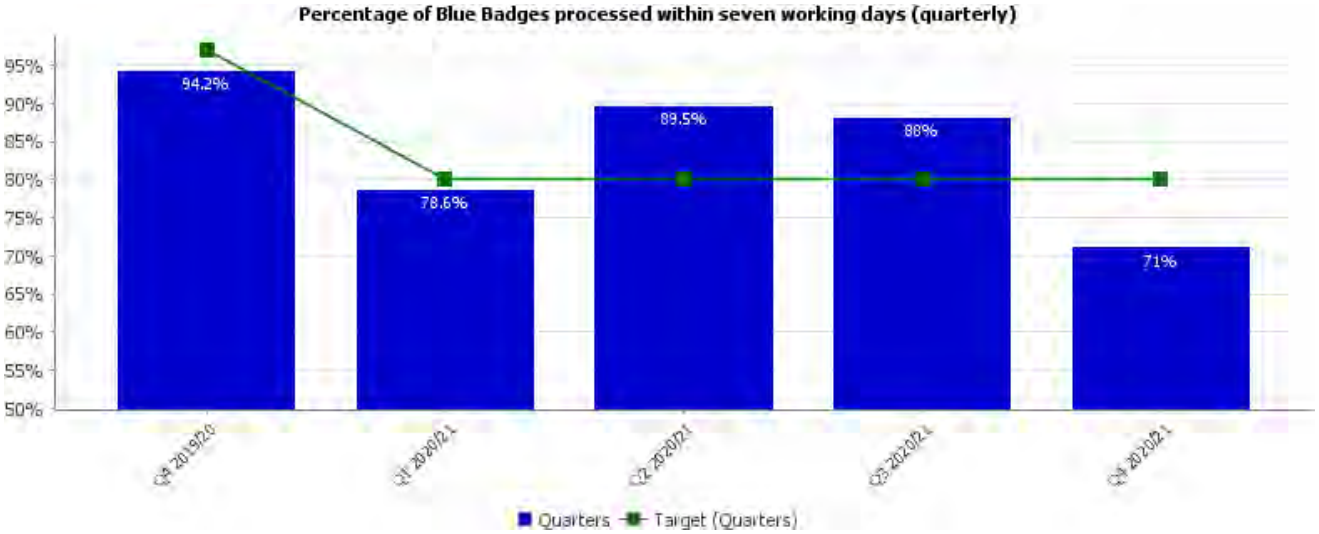
Quarter 1 - During this period 23% of the Anti-Poverty Services 13 complaints were upheld. This is a slight reduction from the previous quarter. All complaints were managed within the 5 day standard.

2019/20

Quarter 4 - During this period 26% of the Anti-Poverty Services 19 complaints were upheld or partly upheld. This is a slight reduction from the previous quarter. Four out of the 19 complaints were upheld all of these were managed within Stage 1 the 5-day standard.

2021/22 Target - Our target will remain at 50% for this period.

PI Code & Short Name	**P:APS019_6b.5 Percentage of Blue Badges processed within seven working days (quarterly)**		
Description	This indicator measures the percentage blue badge applications that are processed by the service within seven working days on a quarterly basis. This is a service standard to ensure that blue badges are processed in a timely manner. There are two distinct categories of blue badge application, the first is those that automatically qualify by meeting eligibility criteria. The second is discretionary applications, which require desktop assessment and, in some cases, an Independent Mobility Assessment to assess eligibility. The service aims to process all blue badge applications within seven working days to ensure that customers receive a timely decision and blue badges are issued to eligible customers as quickly as possible.	**PI Owner(s):**	zAPS_PIAdmin; Elaine Nisbet



Last Updated:	Q4 2020/21
Status:	
Current Value:	71%
Current Target:	80%
Red Threshold:	72%
Amber Threshold:	76%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

The council aims to process blue badge applications within seven working days in 2021/22 to ensure that eligible customers receive their badge timeously. The Department of Transport advises customers that it can take up to six weeks for local authorities in the UK to process badge applications, so this target is stretching. This target has been set taking into consideration the additional pressure on the team due to the Covid-19 pandemic.

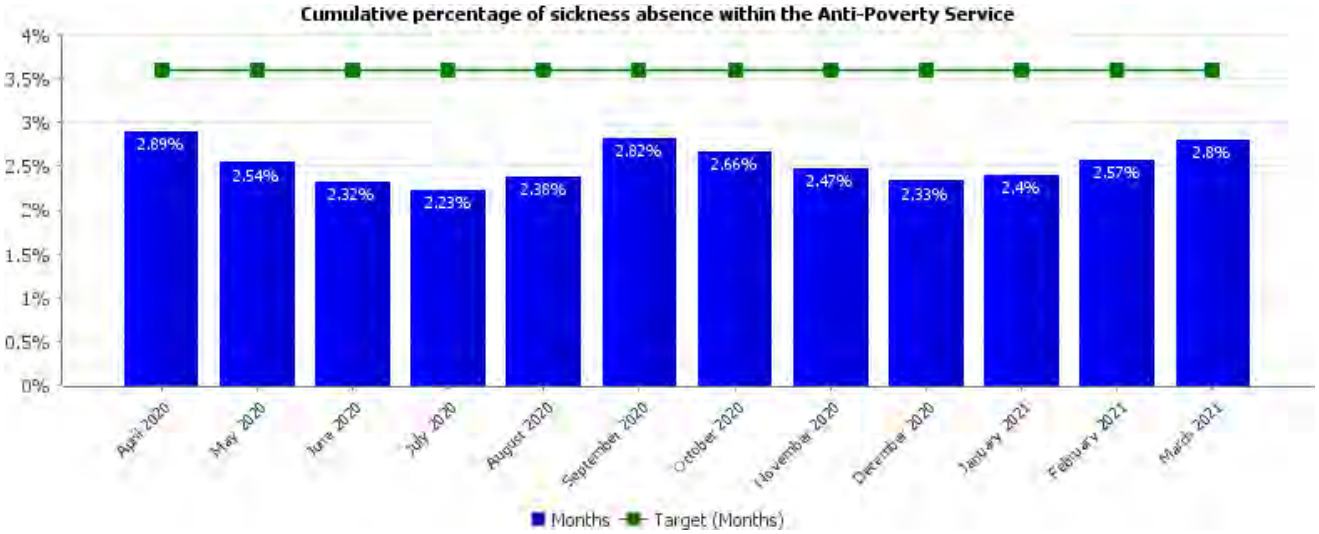
Q4 2020/21 - 71% of all Blue Badge applications were processed within an average of 7 days. This is below the target of 80%. On the 1 January 21, a new software system was introduced to administer Blue Badges. It is expected that performance will improve as staff become more familiar with the operating system.

Q3 2020/21 - 88% of all Blue Badge applications were processed within an average of 7 days. This is within the 80% target.

Q2 2020/21 - 89.5% of all Blue Badge applications were processed within an average of 7 days. This is above target by 9.5%.

Q1 2020/21 - 78.6% of all Blue Badge applications were processed within 7 days. This is below the target of 80% however Covid-19 and the closure of buildings reduced the number of applications and increased the administration time as staff and applicants provided information and evidence in alternative ways. However, given the restrictions this is an excellent performance.

PI Code & Short Name	**P:APS041_7b.1 Cumulative percentage of sickness absence within the Anti-Poverty Service**		
Description	This performance indicator measures the cumulative percentage of sickness absence within the Anti-Poverty Service. For each financial year, we aim to have equal to or less than the council's target of 3.6% sickness absence. The SPI figure provided by HR is used to populate this indicator.	**PI Owner(s):**	zAPS_PIAdmin; Elaine Nisbet



Last Updated:	March 2021
Status:	✔
Current Value:	2.8%
Current Target:	3.6%
Red Threshold:	4.8%
Amber Threshold:	4.31%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

This key performance indicator was introduced for the Anti-Poverty Service which was developed April 2019. Recording of this information commenced in May 2019. Previously, this information was record under the Advice Shop and Revenues and Benefits.

2020/21

March - The reported figure for March is 2.80% which is a increase from the previous month which was 2.57%. In total there were 91 sick days out of a total 1,886 target days available in March. 60% of absences in March were due to long term sickness. The service continues monitor in line with the council's supporting attendance at work policy.

February - The reported figure for February is 2.57% which is a increase from the previous month which was 2.40%. In total there were 78 sick days out of a total 1,697 target days available in February. 58.29% of absences in February were due to long term sickness. The service continues monitor in line with the council's supporting attendance at work policy.

January - The reported figure for February is 2.40% which is a increase from the previous month which was 2.33%. In total there were 32 sick days out of a total 1,841 target days available. 57.86% of absences in February were due to long term sickness. The service continues monitor in line with the council's supporting attendance at work policy.

December - The reported figure for December is 2.33% which is a slight decrease from the previous month which was 2.47%. In total there were 19 sick days out of a total 1,784 target days available. 66% of the absences were long term and the service continues monitor in line with the council's supporting attendance at work policy.

November - The reported figure for November is 2.47% which is a slight decrease from the previous month which was 2.66%. In total there were 19 sick days out of a total 1,784 target days available. 68% of the absences were long term and the service continues monitor in line with the council's supporting attendance at work policy.

October - The reported figure for October is 2.66% which is a slight decrease from the previous month which was 2.82%. In total there were 28 sick days out of a total 1,842 target days available. 67% of the absences were long term and the service continues monitor in line with the council's supporting attendance at work policy.

September- The reported figure for September is 2.82% which is a slight increase from the previous month which was 2.38%. In total there were 81 sick days out of a total 1,784 target days available. 66% of the absences were long term

and the service continues monitor in line with the council's supporting attendance at work policy.

August - The reported figure for August is 2.38% which is a slight increase from the previous month which was 2.23%. In total there were 53 sick days out of a total 1,842 target days available. 60% of the absences were long term and the service continues monitor in line with the council's supporting attendance at work policy.

July - The reported figure for July is 2.23% which is a slight decrease from the previous month which was 2.32%.. In total there were 27 sick days out of a total 1,845 target days available. 67% of the absences were long term and the service continues monitor in line with the council's supporting attendance at work policy.

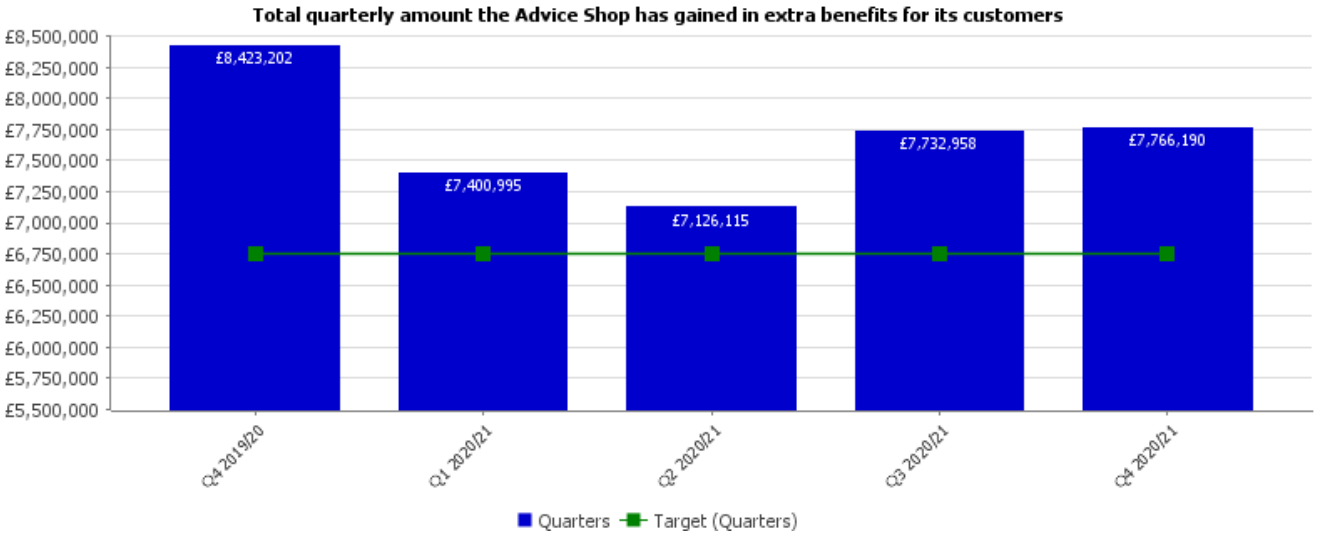
June - The reported figure for June is 2.32% which is a slight decrease from the previous month which was 2.54%.. In total there were 28 sick days out of a total 1,802 target days available. the service continues monitor in line with the council's supporting attendance at work policy.

May - The reported figure for May is 2.54% which is a slight decrease from the previous month which was 2.89%. 72.53% were due to long term absences. In total there were 35 sick days out of a total 1,823 target days available. the service continues monitor in line with the council's supporting attendance at work policy.

April - This performance indicator has changed from red to green. The reported figure for May is 2.89% which is a significant decrease from the previous month which was 7.63%. 78.43% were due to long term absences. In total there were 56 sick days out of a total 1,765 target days available. the service continues monitor in line with the council's supporting attendance at work policy.

Target 2021/22 - Our target will remain at 3.6% in line with the WLC target.

PI Code & Short Name	**P:APS060_9b.1a Total quarterly amount the Advice Shop has gained in extra benefits for its customers**		
Description	This 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):**	zAPS_PIAdmin; Elaine Nisbet



Last Updated:	Q4 2020/21
Status:	
Current Value:	£7,766,190
Current Target:	£6,750,000
Red Threshold:	£6,480,000
Amber Threshold:	£6,648,750
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

The trend shows that in the last five quarters we have managed to exceed our target of £6,750,000. We closely monitor our target on a daily basis and have established partnerships which allow us to target those most in need. Welfare reforms continue to have an impact on this performance indicator and the service has a proactive approach in developing and implementing targeted campaigns and initiatives to meet customer need.

2020/21

Quarter 4 - During this period the service has gained £7,766,190 in extra benefits for customers. This is a slight increase from the previous quarter and is mainly due to a continued targeted approach with benefit outcome decisions. Service delivery has significantly changed over this period due to Covid-19 and the service continues to adapt and develop new initiatives to deliver an excellent service through more digital channels.

Quarter 3 - During this period the service has gained £7,732,958 in extra benefits for customers. This is a increase from the previous quarter and is mainly due to a more targeted approach with benefit outcome decisions. Service delivery has significantly changed over this period due to Covid-19 and the service continues to adapt and develop new initiatives to deliver an excellent service.

Quarter 2 - During this period the service has gained £7,125,115 in extra benefits for customers. This is a slight decrease from the previous quarter but still above our target.
Service delivery has significantly changed over this period due to Covid-19 and the service continues to adapt and develop new initiatives to deliver an excellent service.

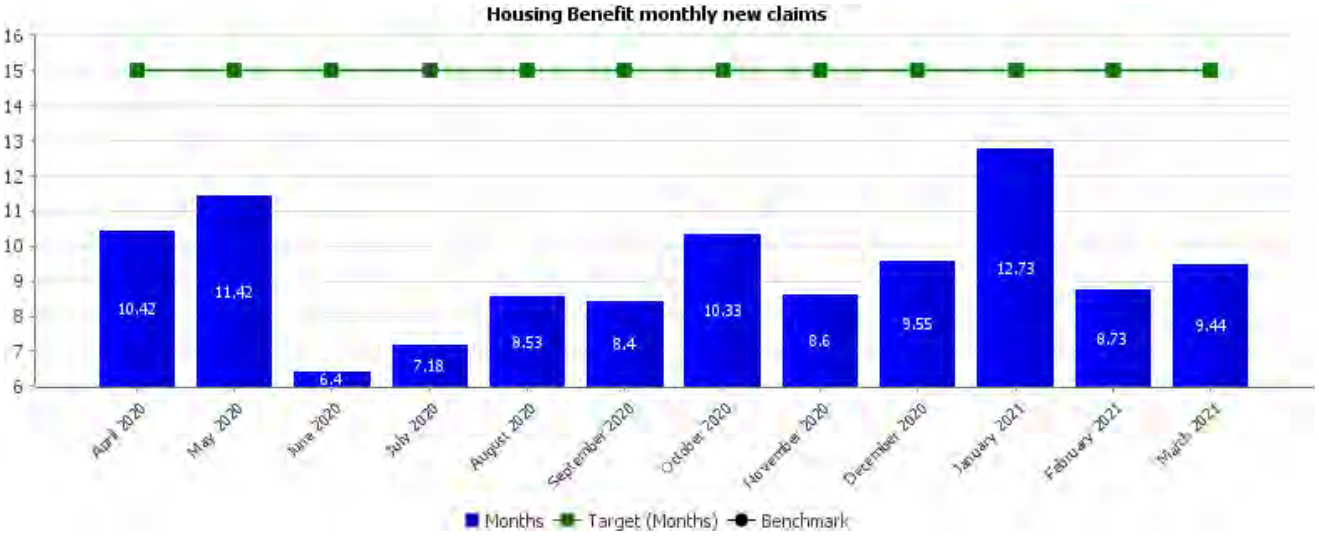
Quarter 1 - During this period the service has gained £7,400,995 in extra benefits for customers. This is lower than the previous quarter but still above our target of £6,750,000.

2019/20

Quarter 4 - During this period the service has gained £8,423,202 in extra benefits for customers. This is a significant increase from both the previous quarter and the figure reached in quarter 4 20/18/19. Supporting those affected by the Non Residential Care Contributions has been the main contributor to the increased figures in this quarter.

2021/22 Target - The service has sustained performance in the last 5 quarters and our quarterly target will increase to £7,000,000.

PI Code & Short Name	**P:APS077_9b Housing Benefit monthly new claims**
Description	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):	zAPS_PIAdmin; Elaine Nisbet



Last Updated:	March 2021
Status:	✔
Current Value:	9.44
Current Target:	15
Red Threshold:	16.5
Amber Threshold:	15.3
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

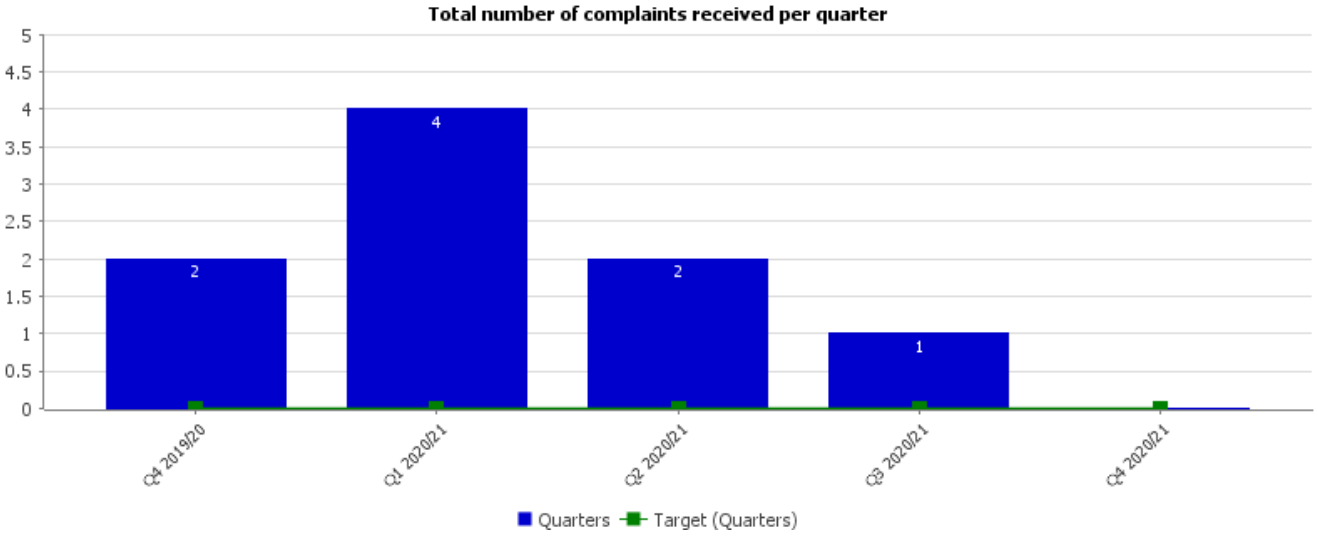
Trend Chart Commentary:

The target for 2020/21 has been set at 14 days. The target has been reviewed and set based on last year's performance and factoring in a number of changes that will impact the Benefit Team over the coming year. The main changes include the additional work load as a result of Covid-19 including Low Income Pandemic payments and the replacement of Risk Based Verification with a revised verification policy.

2020/21

June 20 - Performance in June was 6.4 days, the reduction in new claims for Council Tax Reduction and the Scottish Welfare Fund has allowed more resource to focus on the processing of new claims.
July 20 - Performance maintained with a slight increase to 7.18 days as compared to 6.40 days in June 20.
August 20 - Performance has dipped slightly from previous month with claims being processed within 8.53 days. Performance remains well within target.
September 20 - Excellent performance maintained with claims being processed within 8.40 days.
October 20 - Performance has dipped slightly this month however remains well within target with claims being processed within 10.33 days.
November 20 - Performance has improved this month however remains well within target with claims being processed within 8.60 days.
December 20 - Performance has dipped slightly this month however remains well within target with claims being processed within 9.55 days.
January 21 - Performance has dipped to 12.73 days from 9.55 days in December, but remains within target. The drop in performance is due to an increased demand on the service for Crisis Grants over the festive period and additional leave and public holidays.
February 21 - Performance has improved this month however remains well within target with claims being processed within 8.73 days.
March 21 - Performance dipped slightly this month with claims being processed within 9.44 days.

PI Code & Short Name	**P:CC014_6b.3 Total number of complaints received per quarter**
Description	This performance indicator measures the total number of complaints received quarterly relating to Corporate Communications. Performance is reviewed on a regular basis and reported quarterly to ensure that there is sufficient focus on the quality and standard of customer service. The data for this performance indicator is captured through the Customer Relationship Management (CRM) system, Social Media and Councillor Enquiries. All complaints received are analysed to identify improvements to the quality of the service and the way it is delivered to customers.
PI Owner(s):	zCC_PIAdmin; Garry Heron



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0
Current Target:	0
Red Threshold:	5
Amber Threshold:	2
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

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

2020/21

Q4 2020/21 - the service received 0 complaints.

Q3 2020/21 - the service received 1 complaint - one of the online forms for schools did not refresh and a parent's details were available to view. This was recorded as a data breach. Investigation conducted.

Q2 2020/21 - the service received 2 complaints relating to web content not being available.

Q1 2020/21 - the service received 4 complaints relating to web content and social media. Both in relation to COVID updates not being made quick enough

2019/20

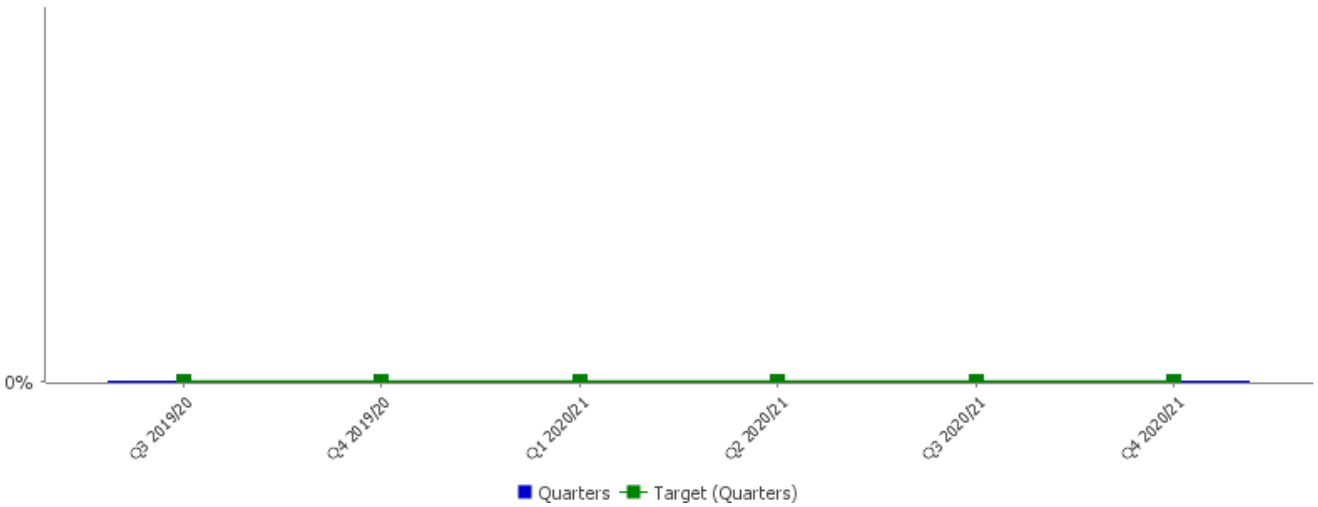
Q4 2019/20 - the service received 2 complaints. One relating to the length of time taken to book in and complete graphic design work. The other related to incomplete information on the website. They were investigated and not upheld. The customer had not booked in work in advance leaving no time to fulfil request within timescales. The other related to information that was out with the scope of the council's remit

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

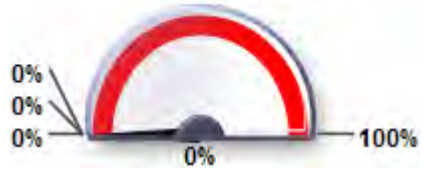
Target: for 2021/22 will remain at 0 per quarter, this is to reflect the small number of complaints the service received in previous quarters. Targets are reviewed annually.

PI Code & Short Name	**P:CC016_6b.4 The percentage of complaints by Corporate Communications that were upheld/part upheld per quarter**		
Description	This performance indicator measures the overall percentage of Corporate Communications complaints that have been investigated and upheld or part upheld during each quarter. 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). The complaints are analysed to identify improvements to the way the service is delivered to customers.	**PI Owner(s):**	zCC_PIAdmin; Garry Heron

The percentage of complaints by Corporate Communications that were upheld/part upheld per quarter



Q4 2020/21 result



Last Updated:	Q4 2020/21
Status:	
Current Value:	0%
Current Target:	0%
Red Threshold:	0%
Amber Threshold:	0%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

2020/21

Q4 2020/21 no complaints were upheld.

Q3 2020/21 no complaints were upheld.

Q2 2020/21 no complaints were upheld.

Q1 2020/21 no complaints were upheld.

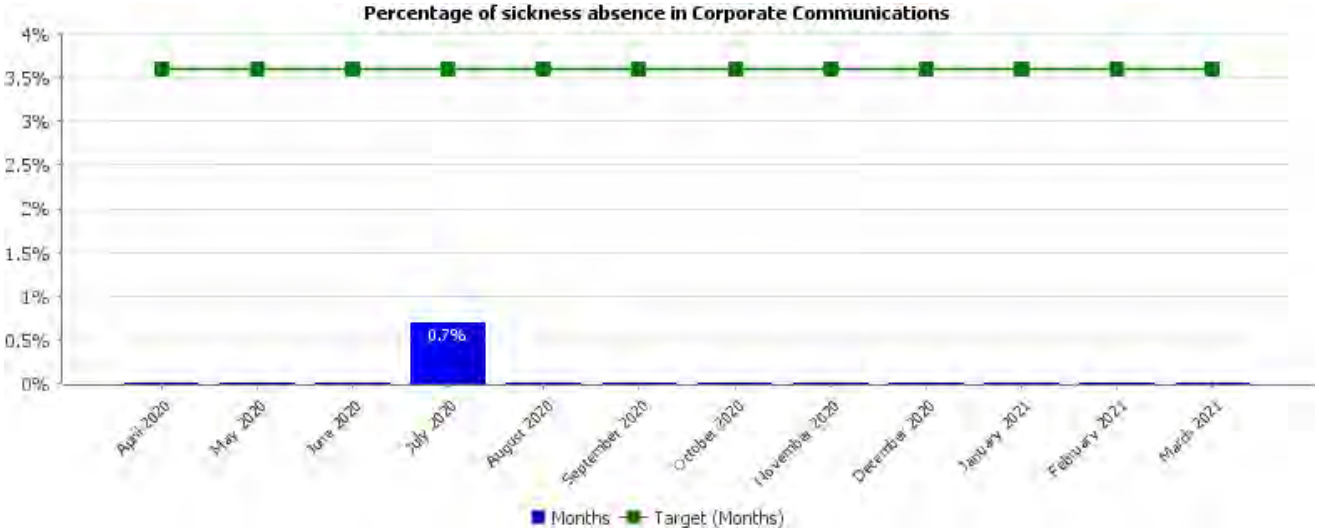
2019/20

Q4 2019/20 no complaints were upheld by the service.

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 2021/22 will remain at 0% based on previous years' results.

PI Code & Short Name	**P:CC031_7b.1 Percentage of sickness absence in Corporate Communications**		
Description	This performance indicator measures, as a percentage, the total level of sickness absence in the Corporate Communications team in Corporate Services. The data is provided by the council's Human Resource Services on a monthly basis and is tracked and monitored to ensure absence is managed appropriately in the service and any corresponding impact on performance is understood and managed.	**PI Owner(s):**	zCC_PIAdmin; Garry Heron



Last Updated:	March 2021
Status:	✔
Current Value:	0%
Current Target:	3.6%
Red Threshold:	3.85%
Amber Threshold:	3.74%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

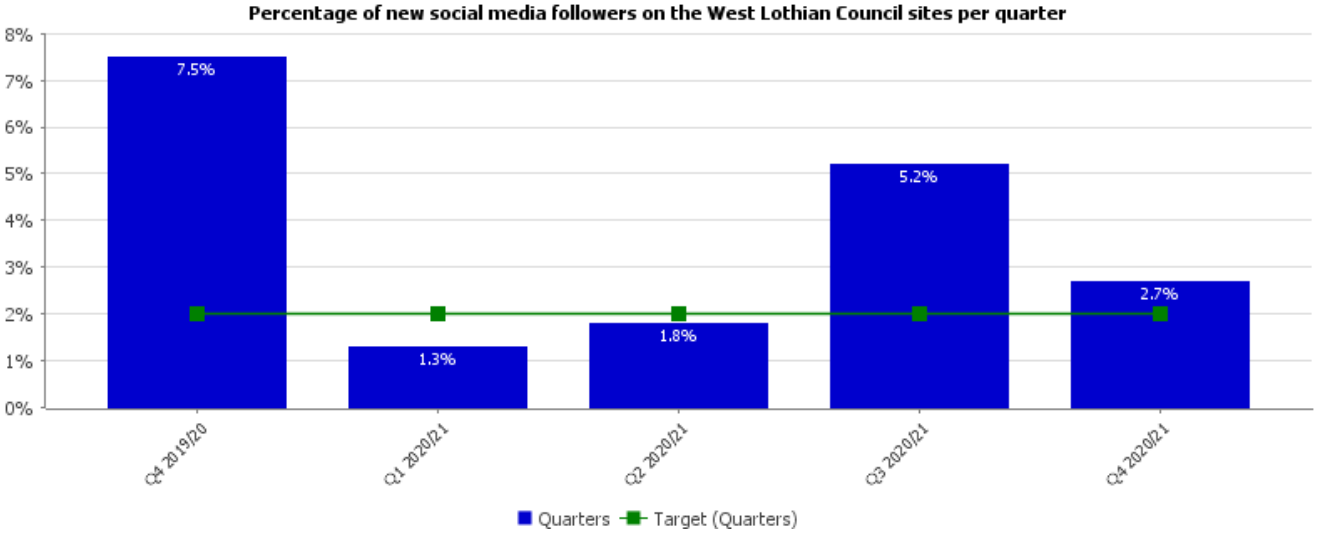
The trend highlights that absence has been below the council target for the entire reporting period. Due to the small size of the team a single absence can have an impact on absence levels.

Since March 2020 to March 2021 there has been no absences with the exception of 1 absence in July 2020.

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	**P:CC081_9b.1a Percentage of new social media followers on the West Lothian Council sites per quarter**		
Description	This Performance indicator measures the percentage increase or decrease of Facebook, Twitter and Instagram followers on the main council sites. The data is obtained from the social media platforms and is calculated by comparing the change in numbers and calculating what the percentage change. This indicator allows the corporate communications team to monitor and measure the usage of key social media channels allowing us to evaluate staffing resources and determine the appropriate content required to attract new service users to this communications channel.	**PI Owner(s):**	zCC_PIAdmin; Garry Heron



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	2.7%
Current Target:	2%
Red Threshold:	0.5%
Amber Threshold:	1.5%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

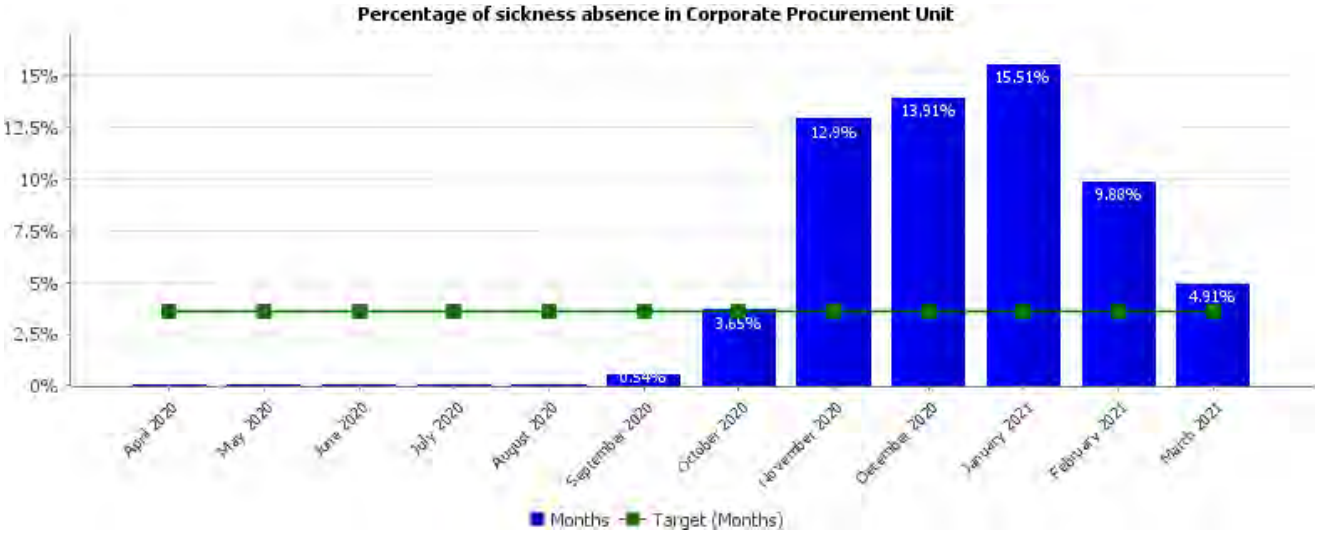
The quarterly chart for number of social media likes generally shows a steady increase of around 1% to 3% for most period. This reflects the growing numbers of residents using social media and choosing to follow our channels. Growth has slowed to a steady increase through 2020/21 as the majority of local residents with social media now follow at least one of our channels.

Q1 and Q2 2020/21 saw steady growth just below target, before Q3 has a substantial jump above target of over 5%. We believe this was due to strong public interest in the COVID related updates provided by us at the time.
Q4 showed an above target, which could be attributed to changing the metric used to follows rather than followers, after Facebook changed the way they report each statistic.

Q4 2019/20 saw a significant rise of 7.5% as we included our eight locality Facebook pages into our figures for the first time, now the pages are established. Part of the reason can be attributed to the Coronavirus updates which attracted a large number of views in terms of reach.

The target will remain at 2% for future quarters as we aim to continue to grow our audience of local residents and ensure they are kept informed regarding important council and community news.

PI Code & Short Name	**P:CPU017a_7b.1 Percentage of sickness absence in Corporate Procurement Unit**		
Description	This performance indicator measures the percentage of sickness absence within the Corporate Procurement Unit on a month by month basis. For each month, the service aims to have equal to or less than 3.6 percent sickness absence. The monthly sickness statistics used for this performance indicator are recorded from data issued by HR services.	**PI Owner(s):**	zCPU_PIAdmin; Angela Gray



Last Updated:	March 2021
Status:	
Current Value:	4.91%
Current Target:	3.6%
Red Threshold:	4.8%
Amber Threshold:	4.2%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

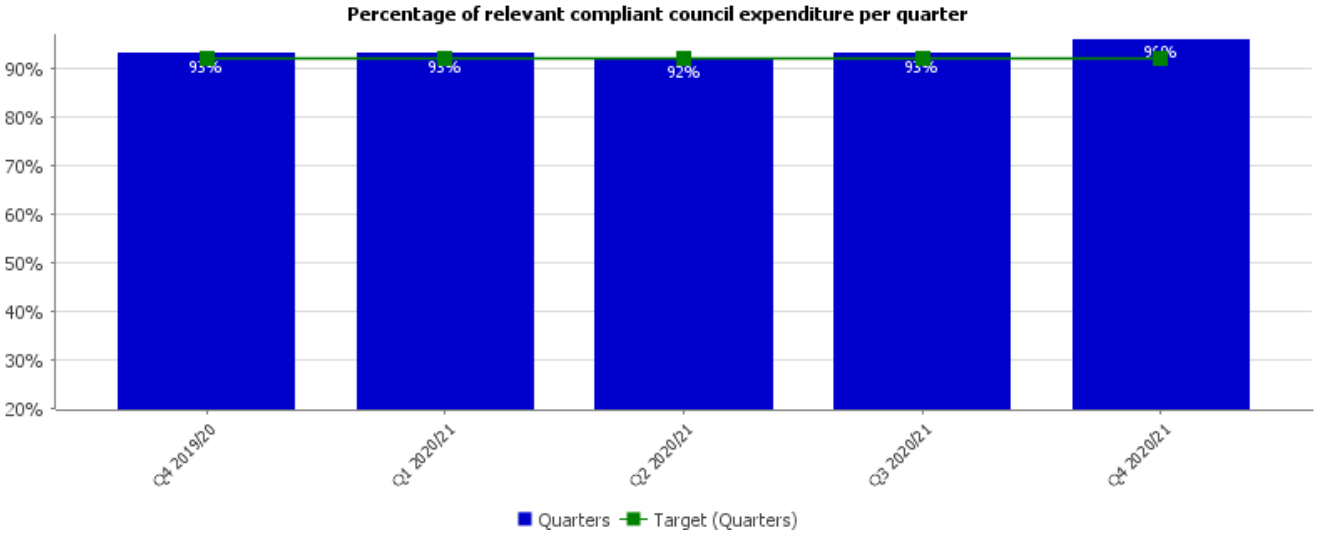
Trend Chart Commentary:

The trend shows that, nine of the periods shown in the chart, absence has been recorded at 0% and, or below the target level of 3.6%. Performance in February 2020 was recorded above target due to short term absences by a single member of staff. The absence rate from October 2020 to December 2020 is above target due to longer term absence of one person. Absence from December 2020 is above target due to longer term absence of 2 people.

All absences are managed in accordance with the Council's sickness absence policy and procedure. Within a small team of 13.5FTE, carrying 4 vacancies during the period, 2 longer term absence adds pressure for remaining staff, and with remaining vacancies only recently filled, this has had an overall impact on service delivery.

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.

PI Code & Short Name	**P:CPU019b_9b.1a Percentage of relevant compliant council expenditure per quarter**
Description	This performance indicator measures the percentage of relevant Supplies, Services and Works expenditure covered by contracts awarded 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 more accurate calculation. Calculated on a quarterly basis, the service identifies the council's contracted suppliers from 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 achieved. This performance indicator is related to ensuring that the target savings agreed for the next five years can be achieved through effective procurement activity.
PI Owner(s):	zCPU_PIAdmin; Angela Gray



Last Updated:	Q4 2020/21
Status:	
Current Value:	96%
Current Target:	92%
Red Threshold:	82.8%
Amber Threshold:	87.4%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

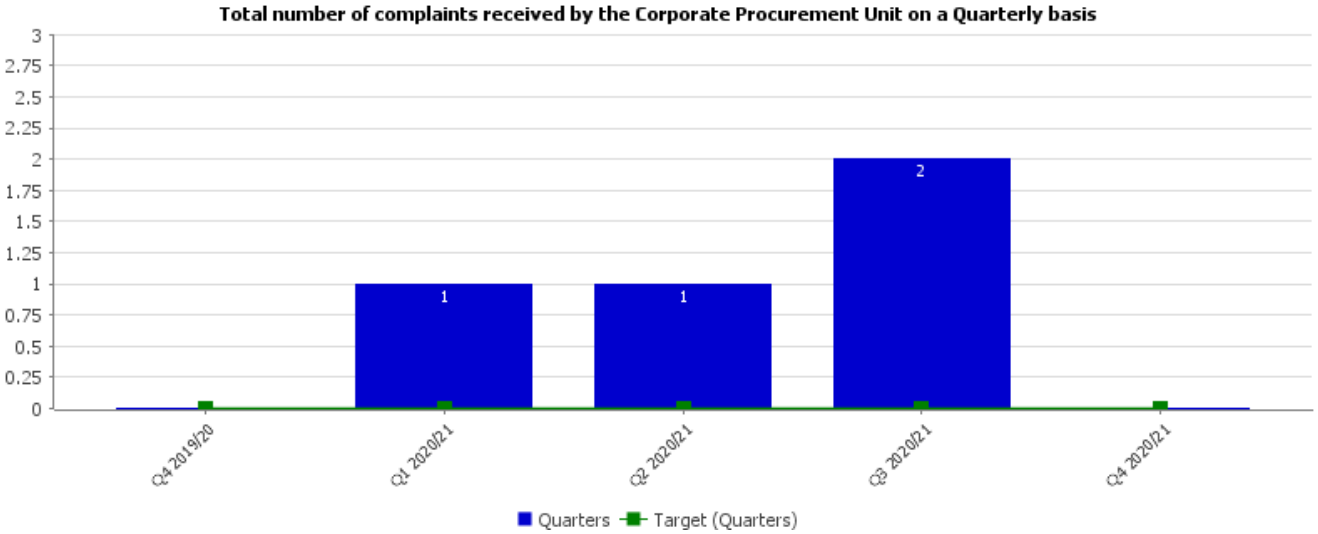
Performance in this indicator has consistently met or slightly exceeded target of 92% since Q2 2019/20.

The performance is predominantly as a result of the Procurement Thresholds introduced in 2015/16 which introduced new lighter touch procedures for requirements that fell between £0 - £999 and £1,000 to £5,000.

CPU will continue to enforce compliant spend to ensure performance is maintained at or above target levels.

The target for performance for 2021/22 remains at 92% in line with previous year's performance.

PI Code & Short Name	**P:CPU047c_6b.3 Total number of complaints received by the Corporate Procurement Unit on a Quarterly basis**		
Description	This indicator measures the total number of complaints received by the Corporate Procurement Unit. It is the total number of complaints received by the Corporate Procurement Unit at stage one (complaints that the council aims to deal with within 5 working days) and those received directly at stage two (more complex complaints that the council aims to deal with within 20 working days). Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.	**PI Owner(s):**	zCPU_PIAdmin; Angela Gray



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0
Current Target:	0
Red Threshold:	3
Amber Threshold:	1
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

A total of five complaints have been received to date in 2020/21.

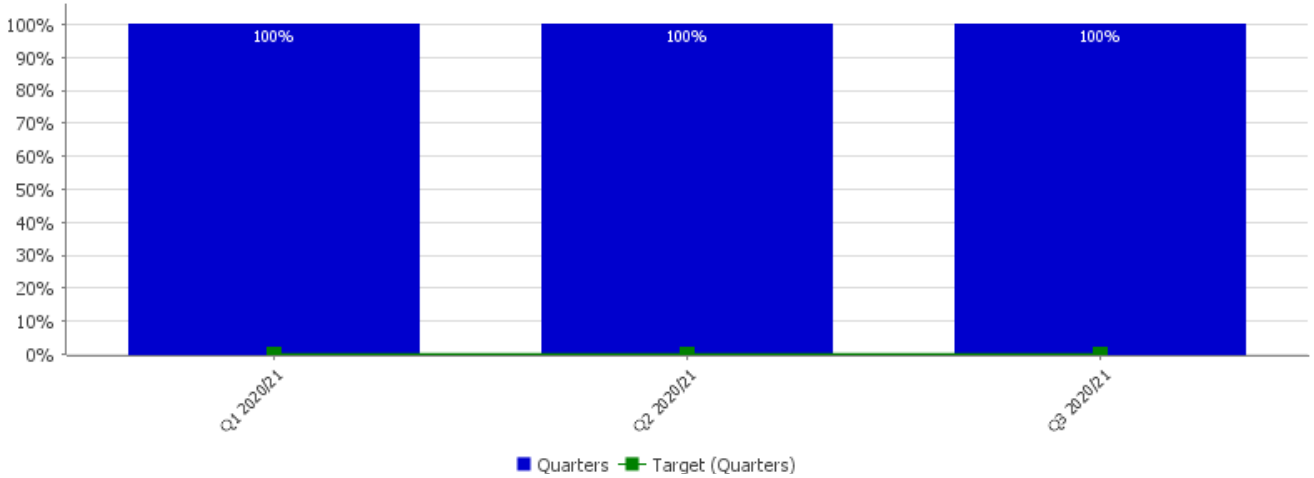
External customers are advised on the Corporate Complaint Procedure from the CPU internet pages. They can also raise questions of clarification through formal tendering and contract notices also provide information on Procedures for review.

Customers are also surveyed following completion of tender exercises.

The target for 2021/22 will remain at 0.

PI Code & Short Name	**P: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_PIAdmin; Angela Gray
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. It is the total number of complaints received by the Corporate Procurement Unit 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).		

The percentage of complaints received by the Corporate Procurement Unit that were upheld / partially upheld against the total complaints closed in full



Q4 2020/21 result
N/A

Last Updated:	Q4 2020/21
Status:	?
Current Value:	N/A
Current Target:	0%
Red Threshold:	10%
Amber Threshold:	5%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

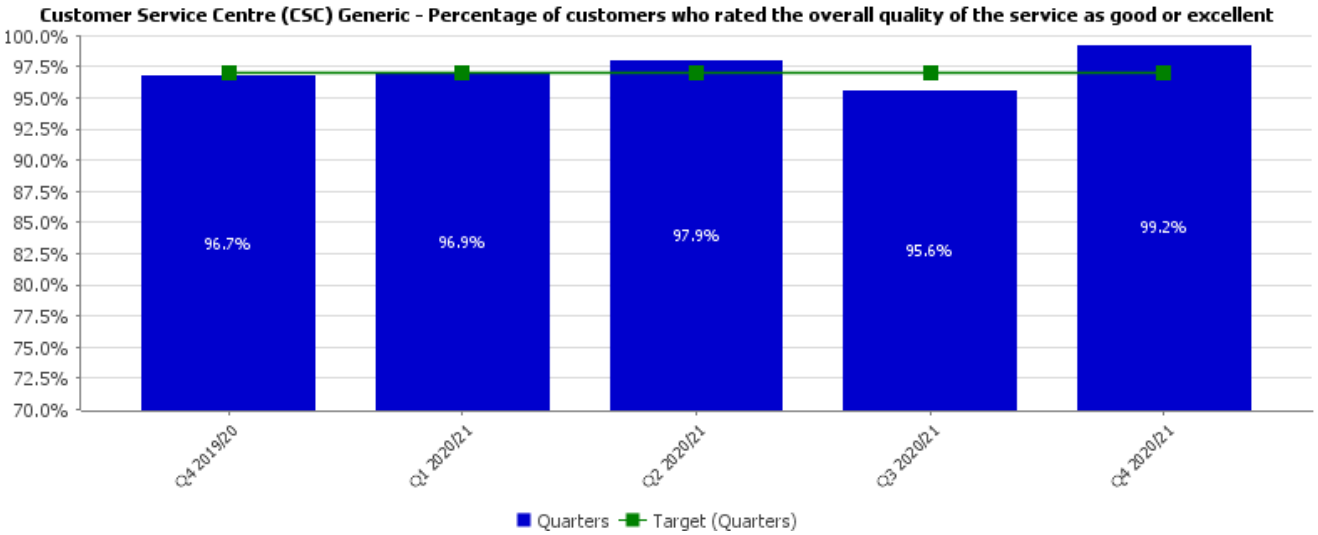
A total of five complaints have been received to date in 2020/21.

External customers are advised on the Corporate Complaints Procedure from the CPU internet pages. They can also raise questions of clarification through formal tendering and contract notices also provide information on Procedures for review.

In lieu of Internal customer complaints procedure, customers are surveyed following completion of tender exercises.

The target for 2020/21 has been set at 0 in line with previous year's performance.

PI Code & Short Name	**P:CSC007mq_6a.7 Customer Service Centre (CSC) Generic - Percentage of customers who rated the overall quality of the service as good or excellent**		
Description	This performance indicator measures the percentage of customers who rated the overall quality of service as 'good' or 'excellent'. This information is gathered through using our monthly survey and a number of customers are randomly selected. The target is reviewed annually. The data from surveys is analysed to identify service improvements.	**PI Owner(s):**	zCSC_PIAdmin; Anna Brash



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	99.2%
Current Target:	97.0%
Red Threshold:	87.0%
Amber Threshold:	92.0%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

For the period shown performance has fluctuated between a high of 99.3% in Quarter 4 2020/21 and a low of 95.6 in Quarter 3 2020/21. These fluctuations in the overall performance are largely influenced by a number of factors, such as the staffing resourcing levels in the CSC, length of time that customers are waiting to have calls answered, changes and disruption in service delivery throughout the organisation, but many surveys are returned with little or no comment on the cause of customers level of satisfaction. We encourage the CSC team to promote and request customer feedback whenever appropriate to do so, which enables CSC to improve service delivery and customer satisfaction.

2020/21

Quarter 4 - 99.3% based on 505 customers rating the overall performance as excellent or good from 4,708 surveys completed. This is an increase in performance from Quarter 3 2020/21.

Quarter 3 - 95.6% based on 325 customers rating the overall performance as excellent or good from 3,268 surveys completed. This is a decrease in performance from Quarter 2 2020/21. There is no clear reason from customer comments for the changes in their perception of the overall service delivery during this period and average call waiting times for calls to be answered have improved and reduced during this quarter.

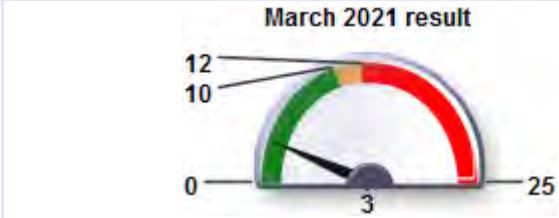
Quarter 2 -97.9% based on 466 customers rating the overall performance as excellent or good from 3979 surveys completed. Increased levels of planned and unplanned absence during this holiday period as well as a number of vacant positions resulted in longer wait times for calls to be answered, this trend continued, Generally, surveys are returned with little comment on the cause of dissatisfaction, however we do review this in line with other measures, for example calls answered/abandoned and number of calls offered to the service.

Quarter 1 - 97.5% based on 465 customers rating the overall performance as excellent or good from 3207 surveys completed. This is an increase in performance from Quarter 4 2019/20 due to a decrease in calls being offered or answered from the COVID-19 situation. The overall quality is rated higher as call waiting times are less.

2019/20
Quarter 4 - 96.7% based on 244 customers rating the overall performance as excellent or good from 2152 surveys completed. This is a slight increase in performance to Quarter 3 2019/20 results. There is no clear reason from customer comments for the changes in their perception of the overall service quality delivered.

In 2020/21 - following a review of this target it has remained at 97% as this is deemed to be an achievable target based on the previous 12 months performance.

PI Code & Short Name	**P: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.
PI Owner(s):	zCSC_PIAdmin; Anna Brash



Last Updated:	March 2021
Status:	✔
Current Value:	3
Current Target:	7
Red Threshold:	12
Amber Threshold:	10
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

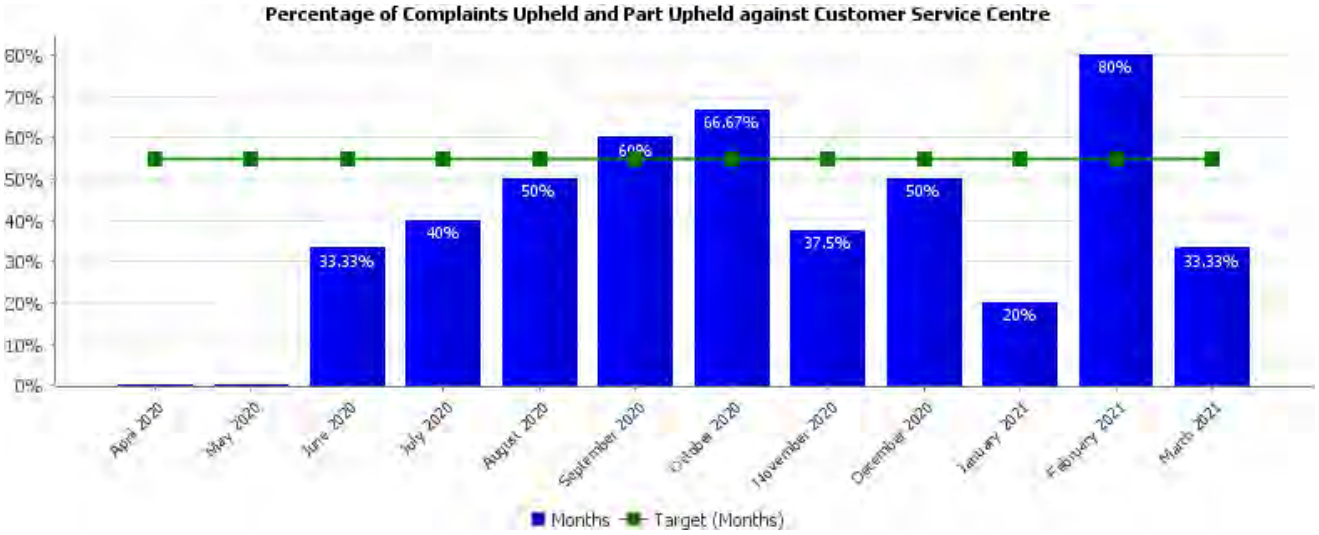
Throughout the period the number of complaints received by the service within a month has ranged between 2 complaints for the months of April and August 2020 to a peak of 8 complaints in November 2020. Generally, rises in complaints can be attributed to periods when the call volumes are high, and/or waiting times have increased. Periods, when the number of complaints have increased correspond with changes to service delivery throughout the organisation required to meet changes in lockdown restrictions. Customers express dissatisfaction with employees attitude when they are unable to deliver the service the customer expects which are due to the constant changes in service provision throughout the organisation. Throughout the lockdown period changes have been implemented very quickly often before CSC have been updated, this also leads to frustrations from both the customer and employee, and complaints being made.

Complaints are analysed by the CSC management team in order to identify service improvements and ways to improve the overall customer experience. For example, complaint information has influenced the development of service training and call standards and is being used to inform investment in new technologies for the CSC.

2020/21
March 2021 - 3 complaints were received, customers dissatisfaction related to employee attitude and conflicting advice.
February 2021 - 6 complaints were received, customers dissatisfaction related to employee attitude.
January 2021 - 6 complaints were received, customers dissatisfaction related to accuracy of advice and customer standards not met.
December 2020 - 4 complaints were received, customers dissatisfaction related to employee attitude and accuracy of information.
November 2020, -8 complaints were received, customers dissatisfaction related to employee attitude, standard of service, and accuracy of information.
October 2020 - 6 complaints were received, customer dissatisfaction related to employee attitude.
September 2020 -5 complaints were received and customer dissatisfaction related to employee attitude and failure to meet customers standards due to a telephony issue.
August 2020 - 2 complaints were received and customer dissatisfaction related to employee attitude.
July 2020 - 5 complaints were received and customer dissatisfaction related to employee attitude and poor communication.
June 2020 - 4 complaints were received and customer dissatisfaction related to employee attitude, process not followed and waiting time.
May 2020 - 3 complaints were received and customer dissatisfaction related to waiting time and employee attitude.
April 2020 - 2 complaints were received and customer dissatisfaction related to waiting time and employee attitude.

In 2020/21, after review the target remains at 7 complaints per month as this was deemed as a challenging but achievable target on the basis of past performance.

PI Code & Short Name	**P: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



Last Updated:	March 2021
Status:	✔
Current Value:	33.33%
Current Target:	55%
Red Threshold:	65%
Amber Threshold:	60%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Throughout the period the number of complaints upheld or part upheld by the service within a month has ranged between 0% in both April and May 2020 and peaked at 80% in February 2021.

The peaks in upheld / part upheld complaints can coincide with periods when the service is receiving higher call volumes, which can lead to longer wait time. The CSC uses complaint categorisations to analyse trends in customer dissatisfaction and identify opportunities to improve the standard of service received by customers. Complaints in relation to employee attitude or communication for example, are addressed by the relevant line manager through call evaluations using call recording technology, the CSC trainer may then be required to deliver additional training for individuals and teams or performance management processes, as appropriate. Volumes of calls decreased significantly from April 2020 until July 2020 due to process changes relating to Covid-19 pandemic, calls offered to the service increased between July and October 2020 as lockdown measures eased and service delivery throughout the organisation started to return to pre COVID levels. In November 2020 the number of calls offered decreased as stricter lockdown measures were reintroduced and some service delivery was again reduced, there was an increase in the number of complaints logged during this period. Customers express dissatisfaction with employees' attitude when they are unable to deliver the service the customer expects which are due to the constant changes in service provision throughout the organisation.

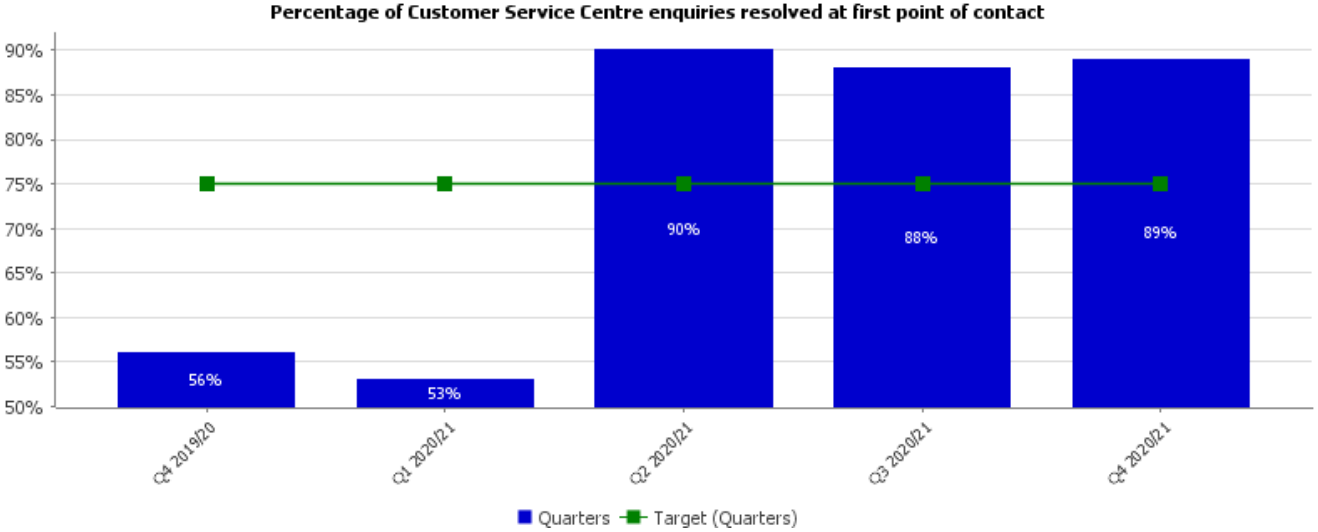
Throughout the lockdown period changes have been implemented very quickly often before CSC have been updated, this also leads to frustrations from both the customer and employee, and complaints being made.

2020/21
March 2021- 3 complaints received with; 1 upheld; and 2 escalated to stage 2 was not upheld.
February 2021 - 5 complaints received with; 3 upheld; 1 part upheld; 1 not upheld and 1 escalated to stage 2 was not upheld.
January 2021 - 5 complaints received with; 1 upheld and 4 part upheld.
December 2020 - 8 complaints received with 2 upheld, 2 part upheld and 4 not upheld.
November 2020- 8 complaints received with 3 upheld and 5 not upheld.
October 2020- 6 complaints received with 3 part upheld, 1 upheld and 2 not upheld.
September 2020- 5 complaints received with 2 upheld, 2 not upheld and 1 part upheld.
August 2020- 2 complaints received with 1 upheld and 1 not upheld.
July 2020- 5 complaints received with 2 upheld, 2 not upheld and 1 escalated to stage 2 which was not upheld.

June 2020 - 4 complaints received with 1 upheld, 2 not upheld and 1 escalated to stage 2 which was not upheld.
May 2020 - 3 complaints received with all not upheld.
April 2020 - 2 complaints received with all not upheld.

Target: remains at 55% in 2020/21 after a review of the performance in the previous year. This is a challenging target and it will be reviewed as part of annual management planning and performance review.

PI Code & Short Name	**P:CSC104q_9b.1a Percentage of Customer Service Centre enquiries resolved at first point of contact**		
Description	This indicator measures the percentage of customer enquiries that are resolved by the Customer Service Centre so that the customer does not need to make any further contact with the Council. Recognised good practice for contact centre is to achieve a minimum of 75% enquiry resolution.	**PI Owner(s):**	zCSC_PIAdmin; Anna Brash



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	89%
Current Target:	75%
Red Threshold:	69%
Amber Threshold:	72.75%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Over the last year performance for this indicator has decreased to reach 53% in Quarter 1 2020-21 and then increasing to reach 90% in Quarter 2 2020/21. The initial decrease in performance is due to an increasing number of customers being able to self-serve via automated payments and online web forms. This means a larger number of calls being dealt with are more complex and need support from other services before a resolution can be confirmed. The decrease in Quarter 1 2020/21 is due to the changes following COVID-19 pandemic and the council dealing with emergency situations only.

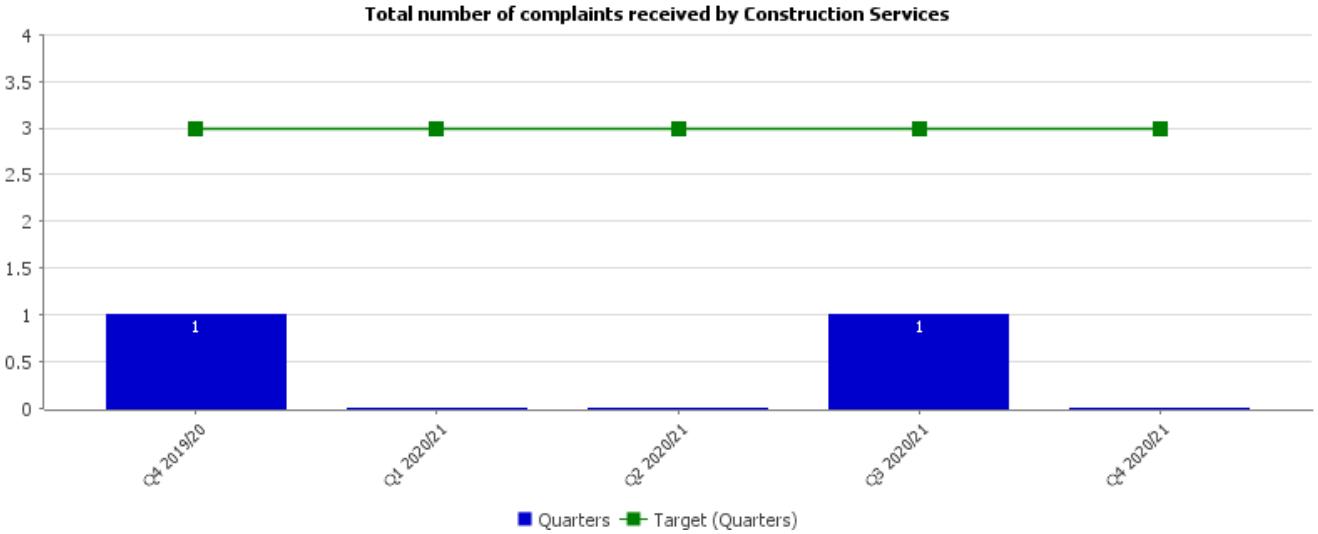
From Quarter 2 2020/21 the content of this report was reviewed and updated to give a truer and more accurate reflection of the percentage of contacts that were handled in line with first point resolution within CSC.

2020/21
Quarter 4 - 89% first point resolution.
Quarter 3 - 88% first point resolution, a decrease from previous quarter, this decrease is due to changes in service delivery across the organisation during a tighter pandemic lockdown.
Quarter 2 - 90% first point resolution, an increase from previous quarter due to a reviewed in reporting calculations.
Quarter 1 - 53% first point resolution, a decreased to reach 53% due to changes in service provision during pandemic Covid-19 processes.

2019/20
Quarter 4 - 56% first point resolution.

The 2020/21 target remains at 75% in line with the Customer Service Strategy.

PI Code & Short Name	**P:CSg112_6b.3 Total number of complaints received by Construction Services**		
Description	This performance indicator measures the combined total number stage 1 and stage 2 complaints received during a financial year relating to the Construction Services Unit. 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.	**PI Owner(s):**	zCSg_PIAdmin; Ross Macdonald



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0
Current Target:	3
Red Threshold:	5
Amber Threshold:	4
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

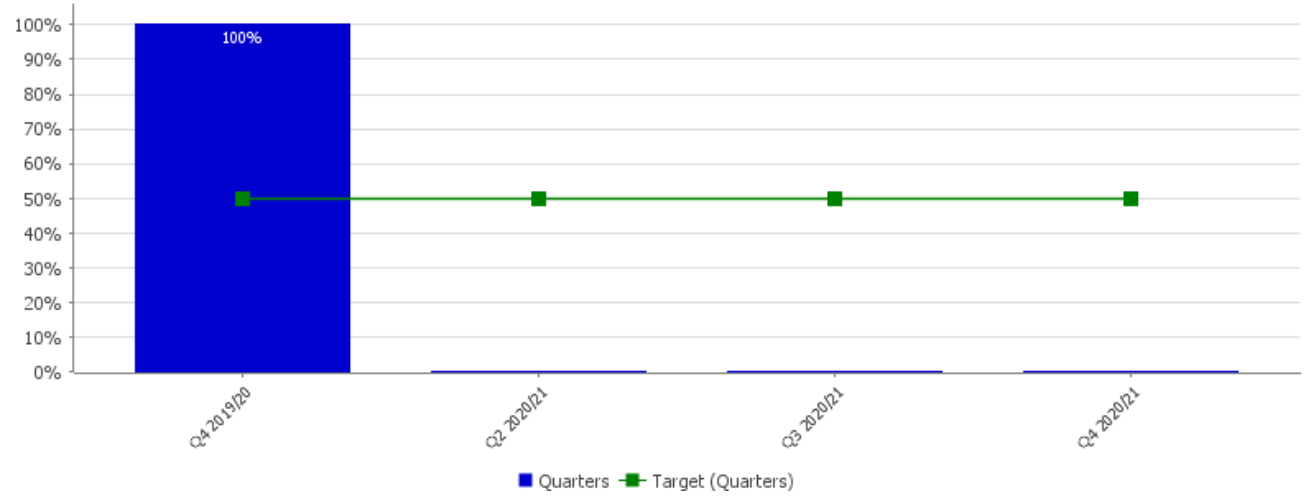
This quarterly PI was introduced in Q2 2014/15. Due to the low number of external complaints received through CRM the service also maintains a spreadsheet to log internal complaints which is reviewed monthly to ensure any improvement actions are progressed.

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.

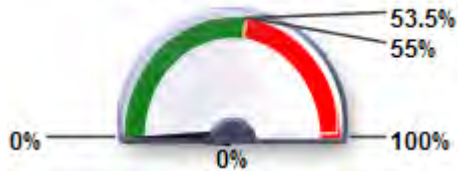
Following review of the number of complaints received by the service in 2018/19, the target for 2019/20 will remain at 3.

PI Code & Short Name	**P:CSg113_6b.4 The percentage of complaints received by Construction Services that were upheld / partially upheld against the total complaints closed in full**
Description	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.
PI Owner(s):	zCSg_PIAdmin; Ross Macdonald

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



Q4 2020/21 result



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0%
Current Target:	50%
Red Threshold:	55%
Amber Threshold:	53.5%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

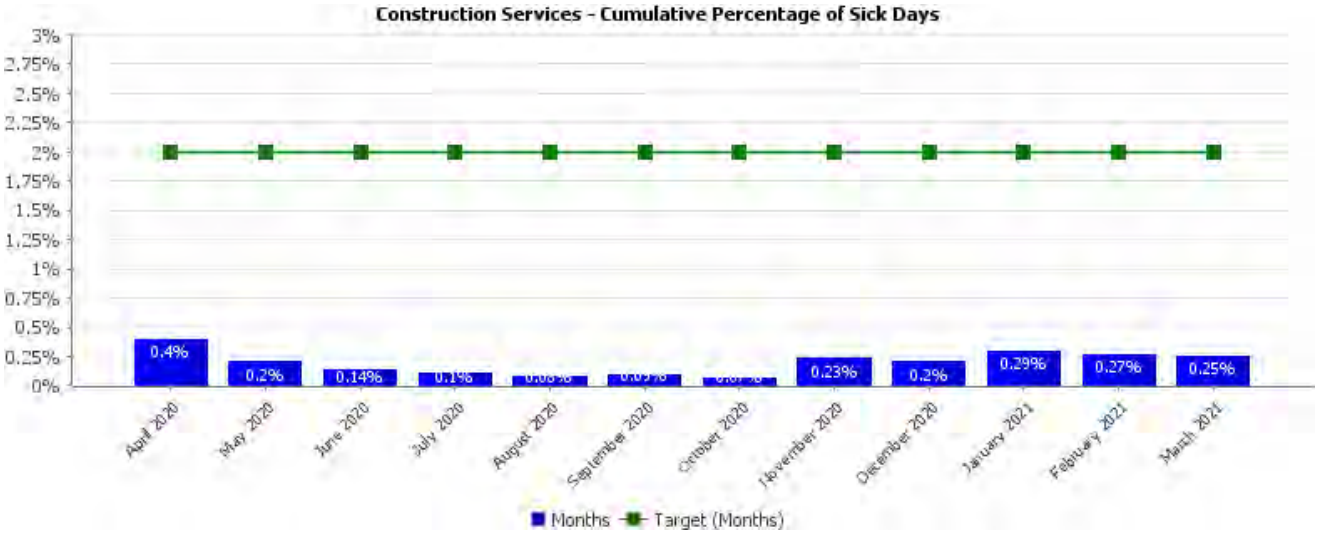
Trend Chart Commentary:

The number of stage 1 and stage 2 complaints which are upheld appears to be high however this is due to the low number of complaints received by the service. 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.

Where there are missing periods on the graph (Q3 in 2018/19) this reflects a Quarter when no stage 1 or stage 2 complaints were received.
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 2019/20 will remain at 50%.

PI Code & Short Name	**P:CSg301_7b.1 Construction Services - Cumulative Percentage of Sick Days**
Description	This monthly performance indicator records the cumulative Construction Services Sickness/ Absence level as is reported through monthly management reports from HR Pay and Reward using the SPI percentage. It is used to review the effectiveness of sickness absence management. The monthly sickness absence figures are contained in CSg300_7b.3a.
PI Owner(s):	zCSg_PIAdmin; Ross Macdonald



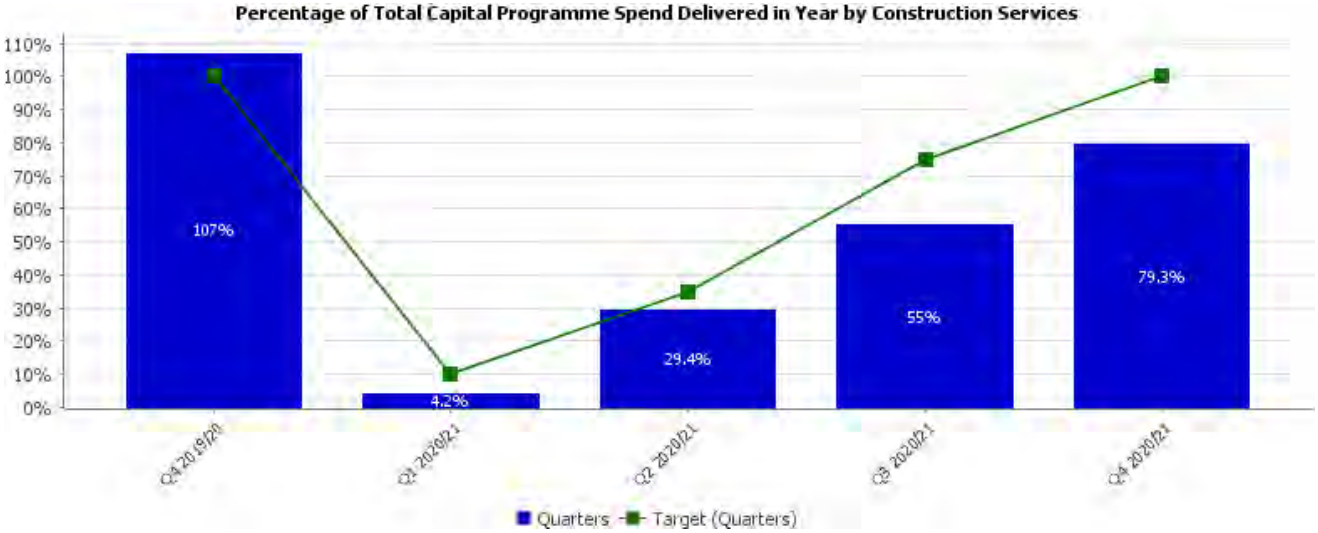
Last Updated:	March 2021
Status:	✔
Current Value:	0.25%
Current Target:	2%
Red Threshold:	2.1%
Amber Threshold:	2.06%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

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. However, sickness absence was above the service target of 2% at the end of 2019/20 due to one long term absence which was resolved in April 2020 with the staff member returning to work. All sickness absence is managed in line with Council policy.

The target is set at 3.6% corporately, and following review the Finance & Property Services service target for 2019/20 is 2%.

PI Code & Short Name	**P:CSg600_9b.1c Percentage of Total Capital Programme Spend Delivered in Year by Construction Services**		
Description	Construction Services are responsible for the delivery of a range of construction projects and planned improvement programmes identified in the General Services and Housing Capital programmes. This indicator measures the percentage of the budget that is spent quarterly for projects that are the responsibility of Construction Services.	**PI Owner(s):**	zCSg_PIAdmin; Ross Macdonald



Last Updated:	Q4 2020/21
Status:	
Current Value:	79.3%
Current Target:	100%
Red Threshold:	95%
Amber Threshold:	97%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

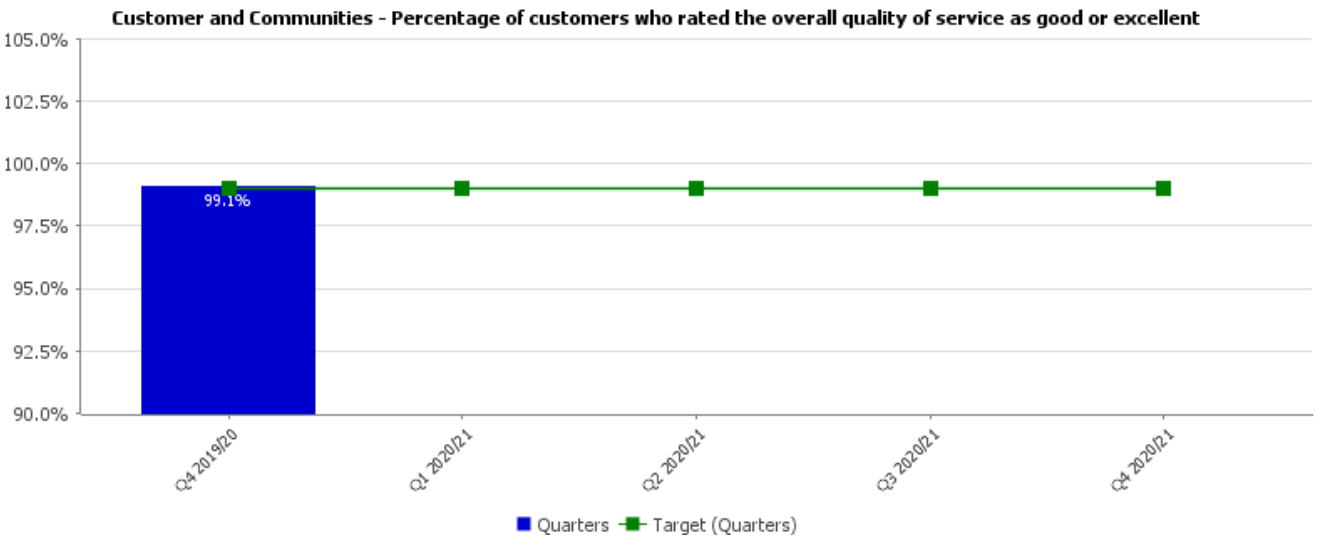
This indicator shows the cumulative percentage of capital programme spend against budget achieved by Construction Services within each quarter.

2020/21 spend figures are lower than target as a result of the impact of COVID-19 lockdown restrictions on construction works early in the financial year. It is estimated that the value projects that have been deferred as a result of COVID-19 account for approximately 20% of the potential spend in 2020/21. This follows good performance in 2019/20 where spend exceeded target due to the completion of a large summer works programme circa £5.2 million which included some accelerated project delivery. 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 was undertaken focussing on areas of higher spend to ensure provision is sufficient in the new programme and improved project governance arrangements are also now in place to monitor progress and spend going forward.

In 2020/21 Construction Services are responsible for £15.037million of capital works (General Services, Housing and Open Space).

PI Code & Short Name	**P:CuCS007q_6a.7 Customer and Communities - Percentage of customers who rated the overall quality of service as good or excellent**
Description	Service customers are randomly selected to complete a customer satisfaction survey. This indicator shows the percentage of customers rating the overall satisfaction with the customer service they received as good or excellent. The target is reviewed on an annual basis. This information is representative of Bathgate Partnership Centre, Community Facilities, Customer Information Service, Fauldhouse Partnership Centre, Library Services and Registration Services. 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.

PI Owner(s): zCuCS_Admin; Rochelle Downie



Last Updated:	Q4 2020/21
Status:	
Current Value:	0.0%
Current Target:	99.0%
Red Threshold:	95.0%
Amber Threshold:	97.0%
Categories:	Customer Service Strategy 2018-23; PDSP_Partnership & Resources; PPR Public Performance Reporting

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.

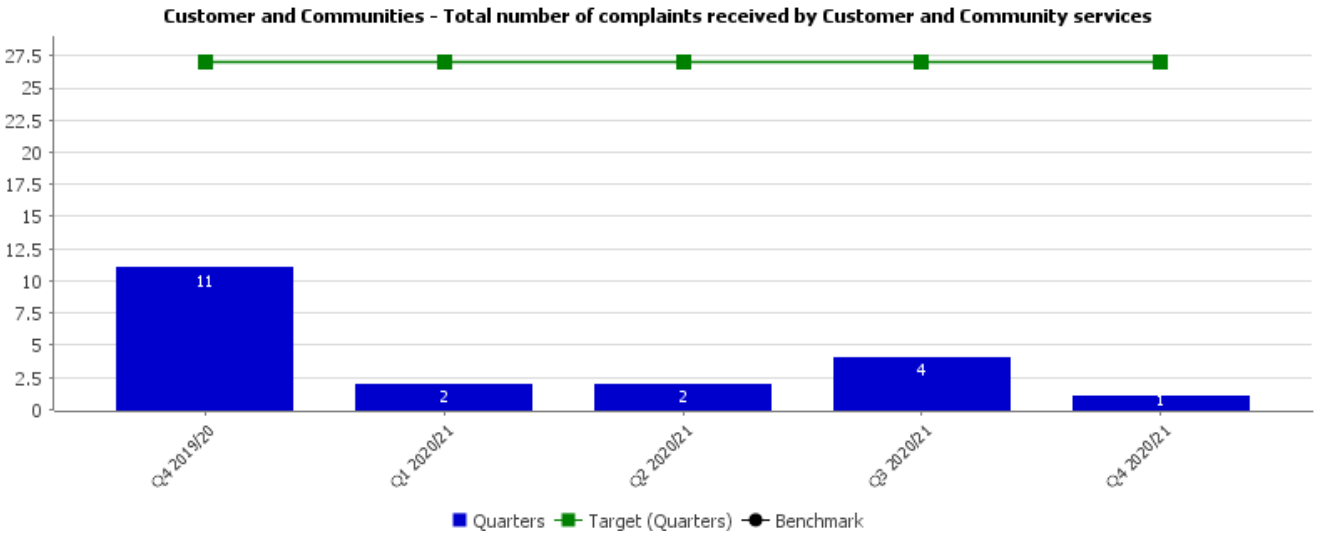
2020/21 target: Reduced to 0% due to COVID 19.

Quarters 1-4 - No results received due to COVID 19

2019/20 target: The original target of 98% will be increased to 99% for 2019/20 to encourage improvement and achievement of the Customer Service Strategy outcome.

Quarter 4 - 626 out of 632 responses rated the overall quality of service as good or excellent
Quarter 3 - 632 out of 636 responses rated the overall quality of service as good or excellent
Quarter 2 - 703 out of 707 responses rated the overall quality of service as good or excellent achieving a performance of 99.4%. Above the increased target for this year.

PI Code & Short Name	**P:CuCS010q_6b.3 Customer and Communities - Total number of complaints received by Customer and Community services**
Description	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). Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.
PI Owner(s):	zCuCS_Admin; Rochelle Downie



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	1
Current Target:	27
Red Threshold:	32.4
Amber Threshold:	28.35
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

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.

2020/21: The target will be 27

Quarter 4 - 1 complaint was received during this quarter, this is significantly lower than normal due to the COVID 19 pandemic

Quarter 3 - 4 complaints were received during this quarter. 1 due to standard of service and 3 due to employee attitude

Quarter 2 - 2 complaints were received during this quarter, this is significantly lower than normal due to the COVID 19 pandemic and services not operating at full capacity

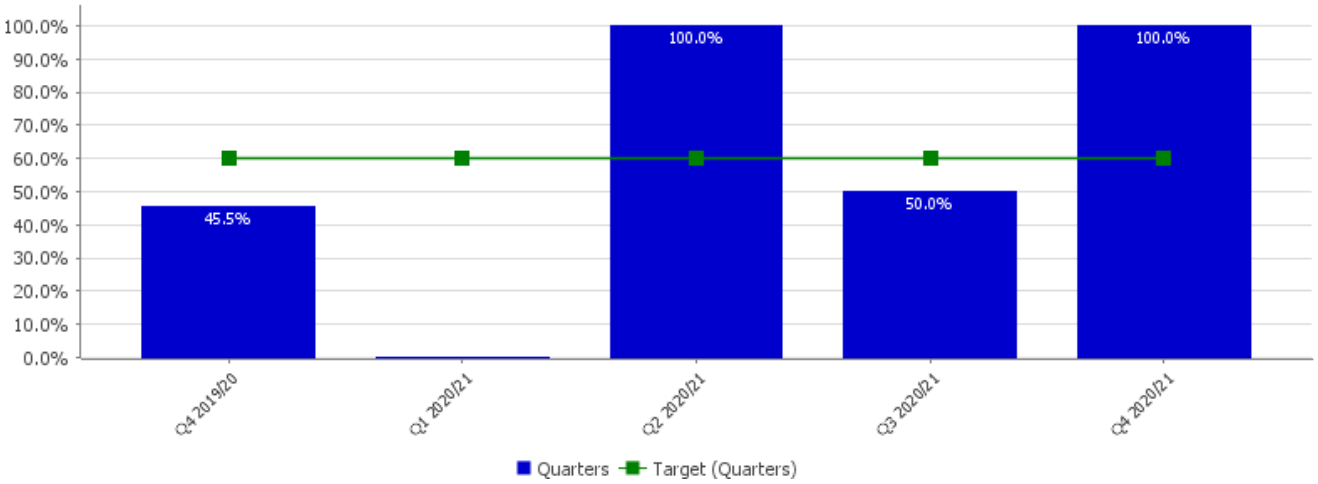
Quarter 1 - 2 complaints were received during this quarter, this is significantly lower than normal due to the COVID 19 pandemic

2019/20: The target will be 27

Quarter 4 - 11 complaints were received, 1 for Bathgate Partnership Centre, 4 for Community Facilities, 4 for Customer Information Services, 1 Fauldhouse Partnership Centre and 1 for Library Services

PI Code & Short Name	**P:CuCS011q_6b.4 Customer and Communities - The percentage of complaints received by Customer and Communities Service that were upheld / partially upheld against the total complaints closed in full**		
Description	This indicator measures the total number of complaints received by Customer and Communities Service which were upheld or partially upheld, as a percentage of all complaints received. This information is representative of Bathgate Partnership Centre, Community Facilities, Customer Information Service, Fauldhouse Partnership Centre, Library Services and Registration Services.	**PI Owner(s):**	zCuCS_Admin; Ralph Bell

Customer and Communities - The percentage of complaints received by Customer and Communities Service that were upheld / partially upheld against the total complaints closed in full



Q4 2020/21 result

Last Updated:	Q4 2020/21
Status:	
Current Value:	100.0%
Current Target:	60.0%
Red Threshold:	66.0%
Amber Threshold:	63.0%
Categories:	PDSP_Culture & Leisure; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

2020/21: the target will remain at 60%

Quarter 4 - 1 complaint was received and this was upheld

Quarter 3 - 4 complaints received and 2 were upheld or part upheld

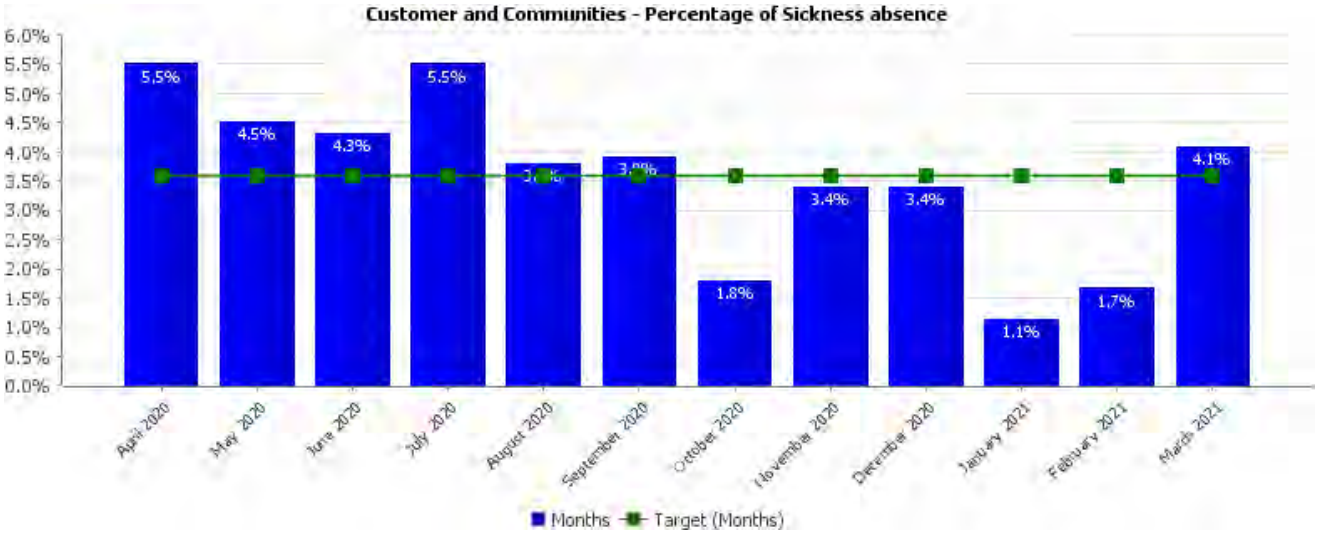
Quarter 2 - 2 complaints were received and 1 was upheld and 1 part upheld

Quarter 1 - 2 complaints were received and both were no upheld

2019/20: the target will remain at 60%

Quarter 4 - 5 out of 11 complaints were upheld or part upheld

PI Code & Short Name	**P:CuCS021_7b.1 Customer and Communities - Percentage of Sickness absence**		
Description	Number of full time days lost to sickness absence expressed as a percentage of overall full time days. This information is representative of Bathgate Partnership Centre, Community Facilities, Customer Information Service, Fauldhouse Partnership Centre, Library Services and Registration Services.	**PI Owner(s):**	zCuCS_Admin; Ralph Bell



Last Updated:	March 2021
Status:	
Current Value:	4.1%
Current Target:	3.6%
Red Threshold:	4.3%
Amber Threshold:	3.8%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

After a significant improvement in attendance the trend shows a steady increase in absence. The service continues to utilise the tools and guidelines of the Attendance at work policy. Long term continues to be the major factor in absence with Mental & Behavioural the major reason for long term absence.

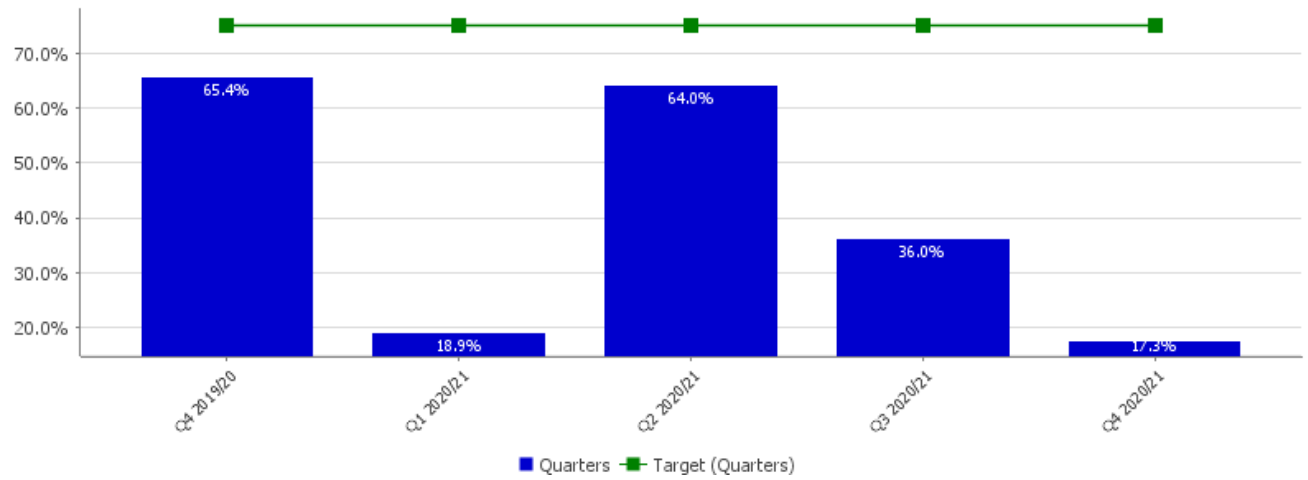
Target: the target for sickness absence is 3.6%, which remains the corporate target.

2020/21

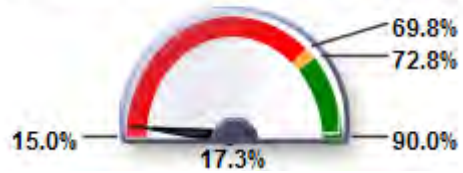
March - the recorded staff absence for this month was 4.1%
February - the recorded staff absence for this month was 1.7%
January - the recorded staff absence for this month was 1.1%
December - the recorded staff absence for this month was 3.4%
November - the recorded staff absence for this month was 3.4%
October - the recorded staff absence for this month was 1.81%
September - the recorded staff absence for this month was 3.9%
August - the recorded staff absence for this month was 3.8%
July - the recorded staff absence for this month was 5.5%
June - the recorded staff absence for this month was 4.3%
May - the recorded staff absence for this month was 4.5%
April - the recorded staff absence for this month was 5.5%

PI Code & Short Name	**P:CuCS026q_9b.1a Percentage of customer enquiries recorded on the Customer Relationship Management system (CRM) which are resolved at the first point of contact**		
Description	This annual indicator measures the percentage of customer enquiries that have been resolved at the first point of contact by staff within the four Customer and Community Service neighbourhoods during the initial customer interaction. This removes the need for the customer to make any further contact with the council to have their enquiry resolved. There is a national target of 75% set by the Customer First initiative (COSLA).	**PI Owner(s):**	zCuCS_Admin; Julia Laidlaw

Percentage of customer enquiries recorded on the Customer Relationship Management system (CRM) which are resolved at the first point of contact



Cumulative result for Q4 2020/21 as of March 2021



Last Updated:	Q4 2020/21
Status:	
Current Value:	17.3%
Current Target:	75.0%
Red Threshold:	69.8%
Amber Threshold:	72.8%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

April 2021 Update: The CIS service has started a phased reopening with 4 sites operating an appointment-based service from Monday 26 April 2021.

April 2021 update: we have reviewed the categorisation of first-time resolution enquiries and have aligned ourselves with the Customer Service Centre who changed their formula a few months ago (and in consultation with the CRM Team). We will see the first results of this in our April 2021 data.

Pre March 2020: We were experiencing a reduction in the number of enquiries resolved at the first point of contact - this is due to the number of case forms our staff are obliged to create and send to service areas. In the main these are linked to arrears, debt issues and claims for emergency funds. We are looking at the categorisation of such enquiries with the CRM Team (and the Customer Service Centre) to ensure our categorisation is up to date and accurate.

2020/21

Quarter 4 - 17.3% of our enquiries were resolved at the first point of contact. It's worth noting that whilst the CIS enquiry service remained closed during these months we did carry out work for other services which involved the creation of cases (e.g. arranging smoke alarm installation appointments with council tenants on behalf of Building Services). The creation of a case means we are having to pass work or information to an internal service to allow them to conclude the enquiry.

Quarter 3 - 36% of our enquiries were resolved at the first point of contact. The CIS remained closed during Sept - December 2021 and took a few additional workstreams, this time for Building Services where we were asked to contact housing tenants and arrange various appointments with them e.g. gas servicing, smoke alarm installations.

Quarter 2 - 64% of enquiries were resolved at the first point of contact. The offices remained closed to the public, however, in addition to Welfare Fund call-backs, our staff started to handle incoming National Entitlement Card (NEC) email enquiries and this formed the bulk of our enquiries in quarter 2. We didn't meet our target of 75% because a large proportion of enquiries are cases which have to be passed to other service areas for action/completion.

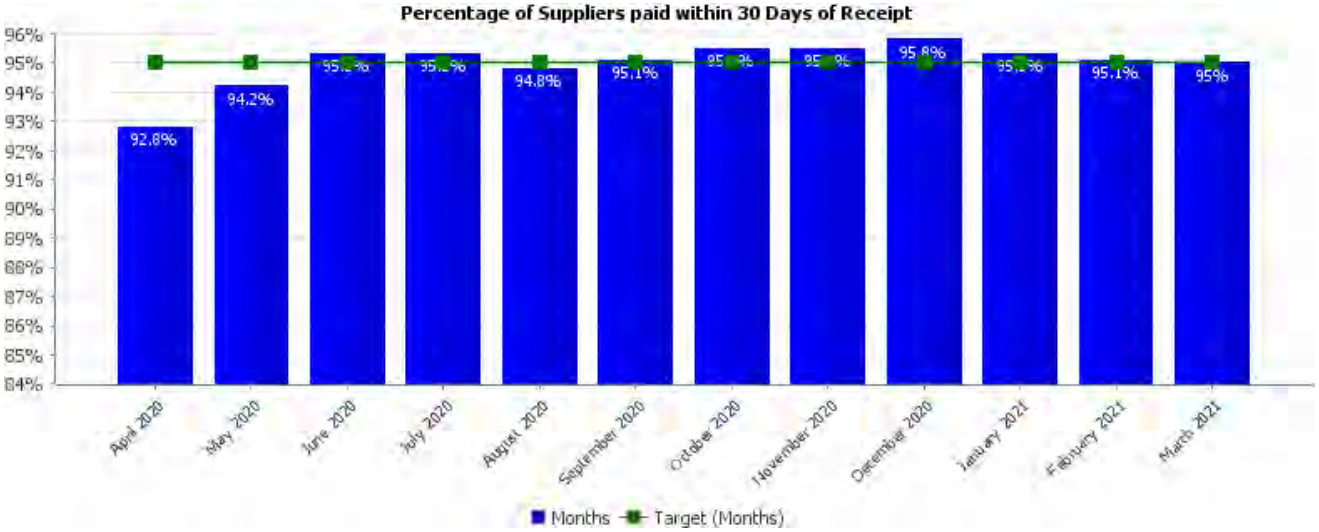
Quarter 1 - the CIS was closed to the public during quarter 1 due to the Coronavirus pandemic. However, our CIS Officers were deployed to handle Welfare Fund call backs and make calls to residents who were officially shielding. These interactions required a 'case form' to be passed to various internal services - the creation of a case form means the system does not record the interaction as first-time resolution which explains the major decrease in our 'performance'

during this period.

2019/20

Quarter 4 - 10,463 of a total of 16,010 enquiries were resolved at the first point of contact. This equates to 65.4%m this is a reduction of 2.3% on the previous quarter.

PI Code & Short Name	**P:FM001_6b.5 Percentage of Suppliers paid within 30 Days of Receipt**
Description	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 (Indicator CORP8). 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



Last Updated:	March 2021
Status:	✔
Current Value:	95%
Current Target:	95%
Red Threshold:	90.25%
Amber Threshold:	95%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

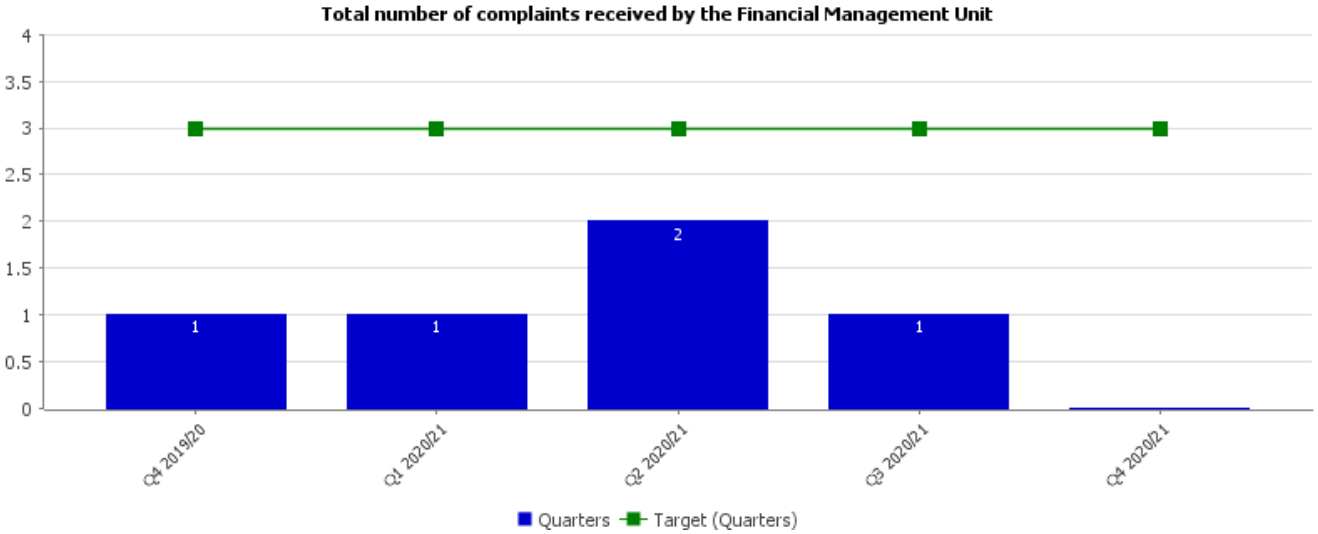
Performance to March 2021 was 95 percent which is in line with performance target.

For 2020/21 the method of measuring the performance indicator target for percentage of suppliers paid within 30 days of receipt has changed. This is to reflect the Improvement Service Local Government Benchmarking Framework guidance which states that purchase card transactions can no longer be included in the calculation. As a result of this change the performance target for the year has been reviewed and has been set at 95%. The target in 2019/20 inclusive of purchase card payments was 96% and this reduction reflects the impact of purchase card payments that can no longer be counted.

The Financial Management Unit works closely with services to improve invoice processing time and regular reports are issued to services on performance.

The council participates in a benchmarking exercise with the other local authorities in Scotland via the Local Government Benchmarking Framework. The average performance in Scotland was 91.7% for 2019/20. West Lothian Council was ranked 10th out of 32 Scottish Local Authorities for this indicator. Services will continue to be supported in 20/21 to ensure that the strong performance is maintained.

PI Code & Short Name	**P:FM037_6b.3 Total number of complaints received by the Financial Management Unit**		
Description	This performance indicator measures the total number of complaints received during a financial year relating to the Financial Management Unit. 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.	**PI Owner(s):**	zFM_PIAdmin; Patrick Welsh



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0
Current Target:	3
Red Threshold:	6
Amber Threshold:	4
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

This core indicator monitors complaints received by the Financial Management Unit and measures the combined level of stage 1 & 2 complaints received.

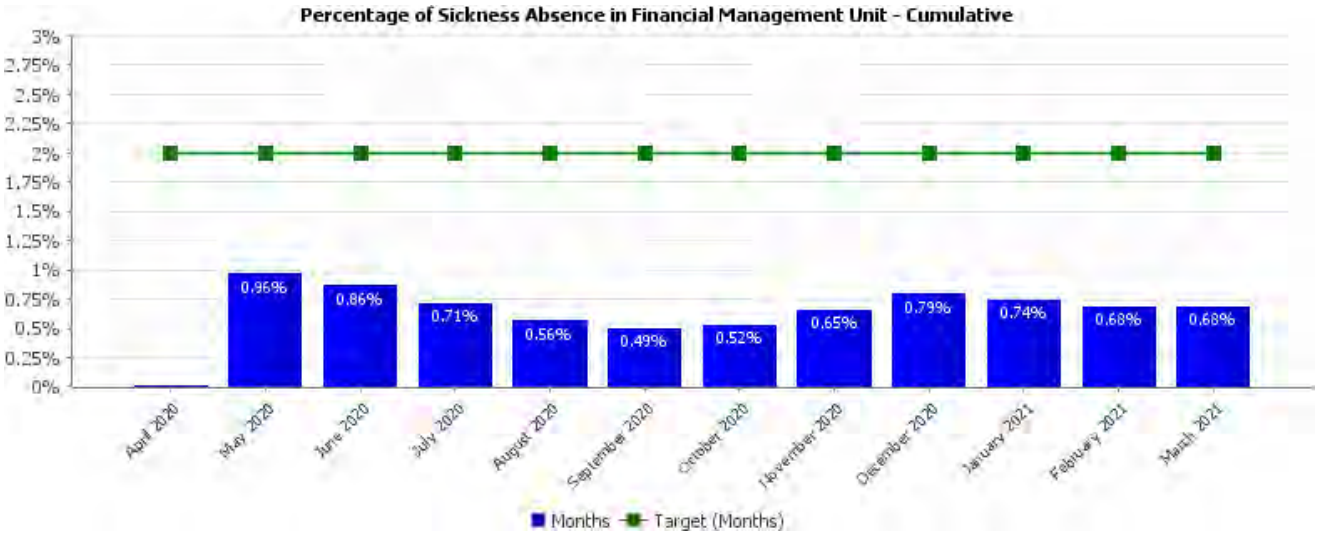
Four complaints have been received in 2020/21, one in quarter one, two in quarter two and one in quarter three.

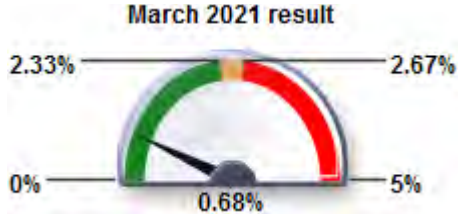
The Financial Management Unit will continue to aim to minimise all complaints were possible and where they do arise that these are dealt with timeously.

Please note, that on months where there have been no complaints received, there will no value added, therefore this will show as zero on the chart.

The target for 2020/21 is to receive no more than 3 complaints per quarter which is consistent with the 2019/20 target.

PI Code & Short Name	**P:FM048_7b.1 Percentage of Sickness Absence in Financial Management Unit - Cumulative**		
Description	This performance indicator measures, as a percentage, the total level of sickness absence in the Financial Management Unit on a cumulative basis. The data is provided by the council's Human Resource Services on a monthly basis and is tracked and monitored to ensure absence is managed appropriately in the service and any corresponding impact on performance is understood and managed.	**PI Owner(s):**	zFM_PIAdmin; Patrick Welsh





Last Updated:	March 2021
Status:	✔
Current Value:	0.68%
Current Target:	2%
Red Threshold:	2.67%
Amber Threshold:	2.33%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

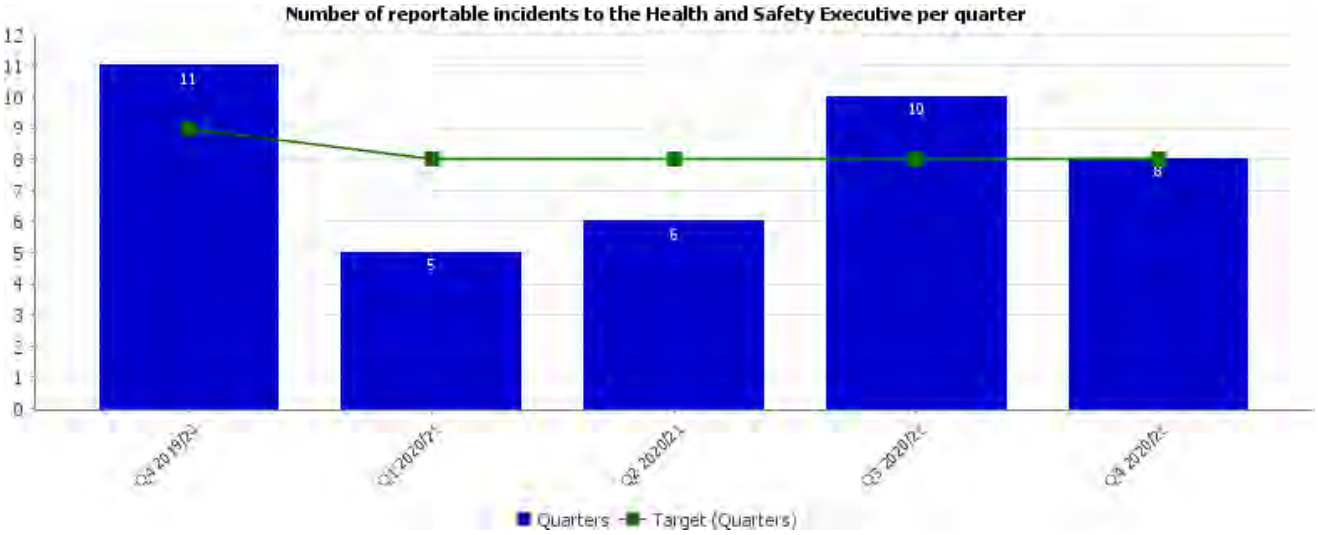
For the period of 01 April 20 to 31 March 21, cumulative sickness was 0.68 percent. For all months in 2020/21 the absence was below the target.

Cumulative sickness absence for the period 01 to 30 April 21 was 2.84 percent. Most of this was a result of long-term absence.

All line managers within the unit comply with the council's sickness absence policy and seek specialist advice if required from Human Resources when there are more complex sickness absence situations arising.

The target for 2021/22 is 2.0 percent.

PI Code & Short Name	**P:HRS104_9b.2 Number of reportable incidents to the Health and Safety Executive per quarter**		
Description	This performance indicator measures the total number of reportable incidents to the Health and Safety Executive on a quarterly basis. 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.	**PI Owner(s):**	zHRS_PIAdmin; Kim Hardie



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	8
Current Target:	8
Red Threshold:	8.96
Amber Threshold:	8.48
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

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.

Although the indicator is reported in quarters there is nothing that would warrant comparing one to quarter against another and the annual target better reflects the aimed reduction in RIDDOR reportable incidents.

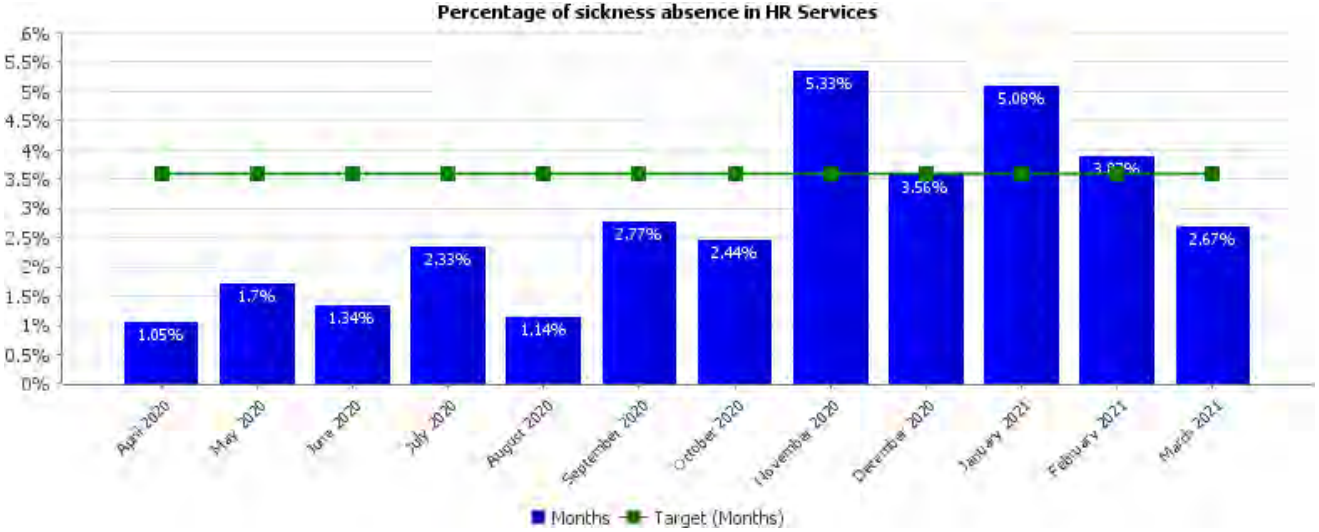
Each incident recorded in the online safety management system should be investigated. Where specific criteria are met as outlined in the Incident Investigation Guidance the investigation is completed by a Health and Safety adviser. The investigation aims to identify the immediate, underlying and root causes of an incident and to ensure that corrective and preventative measures are implemented to prevent a recurrence of a similar type of incident as far as reasonably practicable.

All RIDDOR reportable incidents are escalated to each responsible Head of Service and to the Corporate Management team on a monthly basis for consideration.

Overall Incident statistics are monitored examined to establish potential trends and identify required actions to be incorporated into service annual health and safety action plans and corporate health and safety work plan for 2019/20.

The aim is to decrease the number of reportable incidents by a further five percent annually.

PI Code & Short Name	**P:HRS525_7b.1 Percentage of sickness absence in HR Services**
Description	This measure records the Human Resources Shared Services Sickness/ Absence level as is reported through monthly management reports from HR Services using the standard performance indicator percentage. It is used to review the effectiveness of sickness absence management.
PI Owner(s):	zHRS_PIAdmin; Lesley Henderson



Last Updated:	March 2021
Status:	✔
Current Value:	2.67%
Current Target:	3.6%
Red Threshold:	3.96%
Amber Threshold:	3.78%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

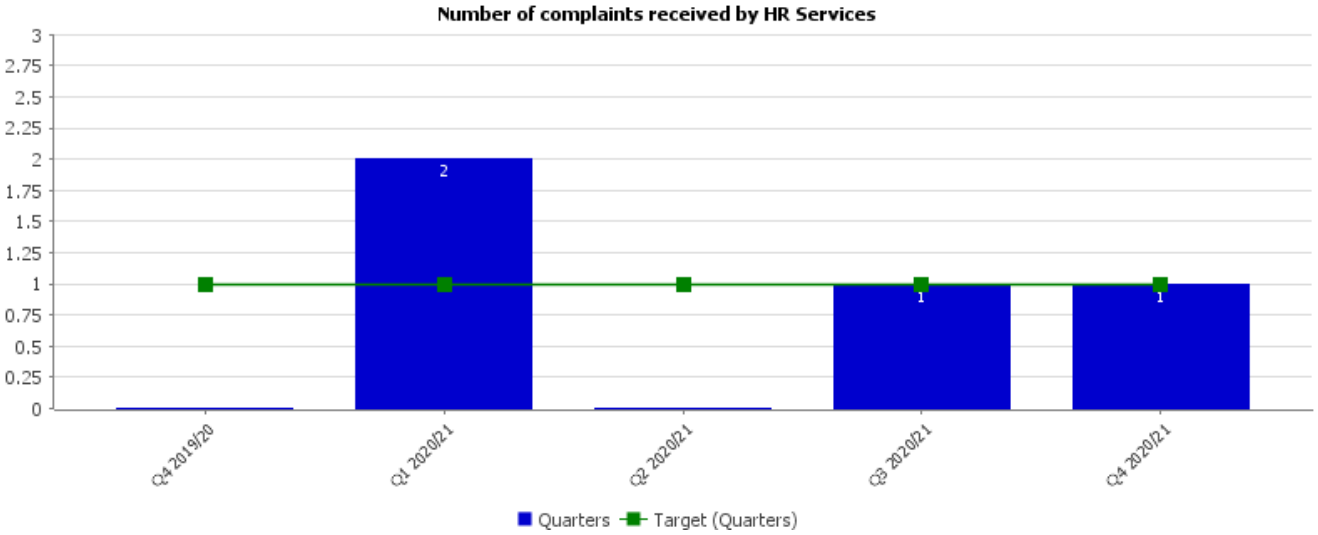
Performance has fluctuated over the reporting period with rates of between 0.83% and 5.33%. Performance variation has been as a result of employees being off and then returning from periods of long-term absence. Aside from November 2020 and January 2021 increase, since the HR team moved to homeworking in March 2020 absence rates have been consistently below the target of 3.6%.

Absence rates for March 2021 has decreased to 1.54% as a result of decrease in short term absences recorded that month.

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

As absence rates have fluctuated over the reporting period, the target remains at the council target of 3.6%.

PI Code & Short Name	**P:HRS550_6b.3 Number of complaints received by HR Services**		
Description	This indicator measures the total number of complaints received by HR Services. It is the total number of complaints received by HR 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). Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.	**PI Owner(s):**	zHRS_PIAdmin; Lesley Henderson



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	1
Current Target:	1
Red Threshold:	3
Amber Threshold:	2
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

Complaints into HR and Support Services are low with performance being at or better than target in all but one Quarter of the reporting period.

In Quarter 4 of 2020/21 there was 1 complaint received which was not upheld.

In Quarter 3 of 2020/21 there was 1 complaint received which was part upheld.

In Quarter 2 of 2020/21 there were no complaints received.

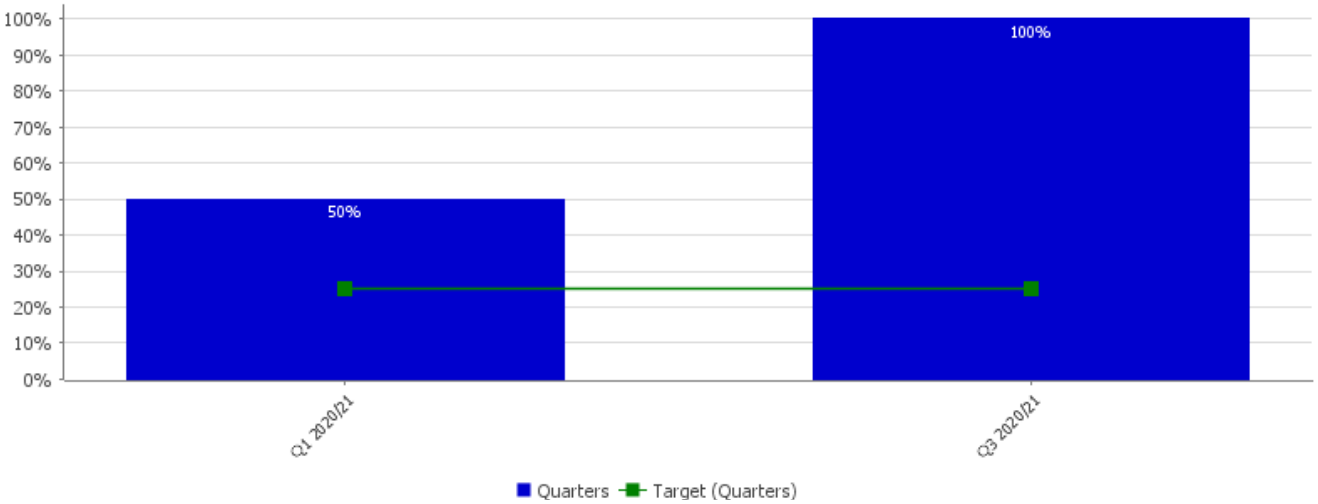
In Quarter 1 of 2020/21 there were 2 complaints received; 1 was upheld in part and 1 was not upheld.

In Quarter 4 of 2019/20 there were no complaints received.

Most complaints received relate to either a failing in service deliver or misapplication of council HR policy and practice. 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 the average number received over the reporting period.

PI Code & Short Name	**P:HRS554_6b.4 Percentage of complaints by HR Services which were upheld/part upheld per quarter**
Description	This performance indicator measures the overall percentage of closed complaints received by HR Services 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):	zHRS_PIAdmin; Lesley Henderson



Q4 2020/21 result
N/A

Last Updated:	Q4 2020/21
Status:	?
Current Value:	N/A
Current Target:	25%
Red Threshold:	27.5%
Amber Threshold:	26.25%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

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

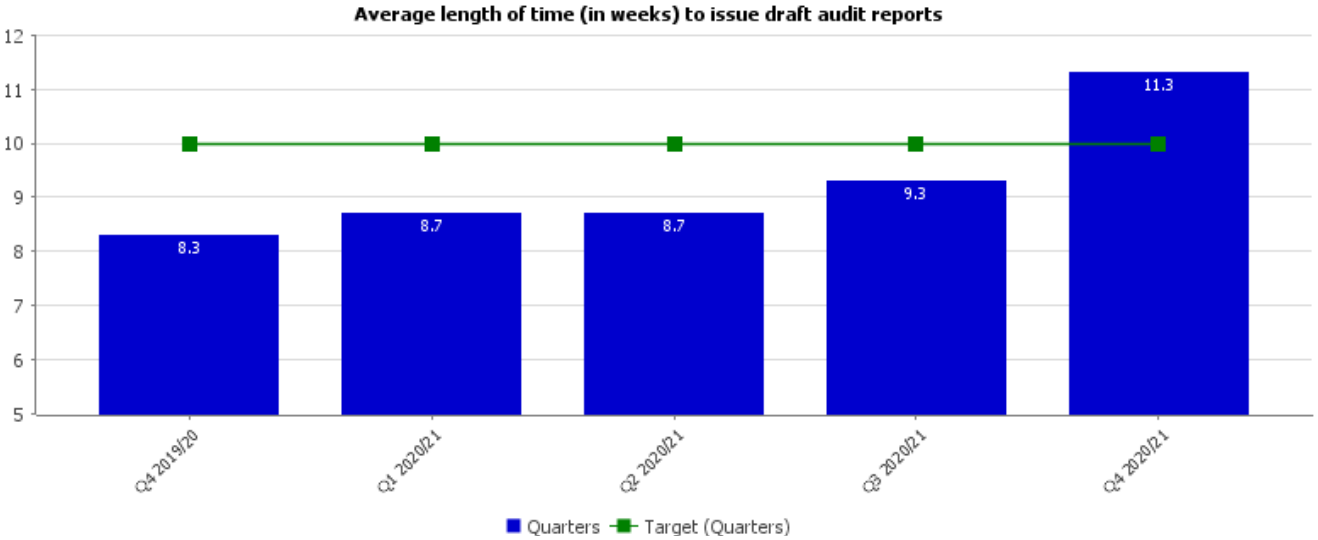
2020/21
Quarter 4 - the service received 1 complaint which was not upheld
Quarter 3 - the service received 1 complaint which was partly upheld.
Quarter 2 - the service did not receive any complaints.
Quarter 1 - the service received 2 complaints, 1 of which was upheld.

2019/20
Quarter 4 - the service did not receive any complaints.

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.

Target: the service has always received low numbers of complaints which results in large fluctuations in the performance of this indicator, making target setting more challenging. Annually the service targets a total of 4 complaints or less and expects that around one quarter of those complaints will be upheld or partly upheld, therefore a target of 25 percent is applied throughout the year.

PI Code & Short Name	**P:IA015_9b.1a Average length of time (in weeks) to issue draft audit reports**
Description	This performance indicator is part of the performance scorecard for the council's Internal Audit and Counter Fraud Strategy 2018/23 and will contribute to outcome 1 "the deployment of an internal audit service which provides assurance on the council's risk management, control and governance processes, and adds value to the council's operations". This indicator measures the average length of time in weeks to issue draft audit reports. The date of issue of the draft audit report is subtracted from the date that the audit commenced to show the number of weeks taken. The date of commencement is agreed with our customers and we aim to complete all risk based audit work within 10 weeks of this date. This indicator is reported on quarterly and a 12 month average is calculated to the end of 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.
PI Owner(s):	zIA_PIAdmin; Kenneth Ribbons



Last Updated:	Q4 2020/21
Status:	
Current Value:	11.3
Current Target:	10
Red Threshold:	12
Amber Threshold:	10
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

The target for this performance indicator is to achieve 10 weeks and is in line with the council's Internal Audit and Counter Fraud Strategy.

Performance to quarter four 2020/21 was 11.2 weeks, and was above target. The Covid-19 pandemic, changes to our working practices and the work practices of our customers, including other pressures and priorities on their time, have impacted on these increased timescales, and it is anticipated that performance will remain above the target for the coming year. It is also noted that the 2020/21 annual audit plan was not completed and fewer audits were completed during the year, refer to indicator IA014.

Performance to quarter four 2019/20 was 8.3 weeks, and was therefore above the target of 10 weeks. This performance is due to a number of audits being turned around quickly through good levels of engagement with, and buy-in from customers.

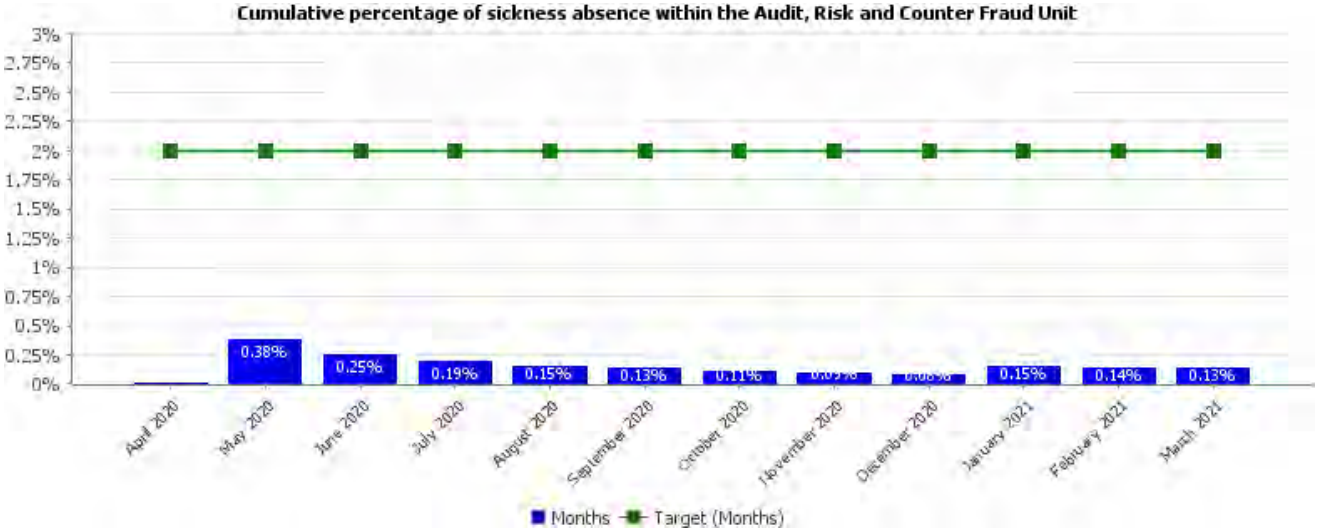
The 10 week target and the appropriateness of the timescales achieved is substantiated by reference to Indicator IA001: Percentage of customers who rated internal audit's timeliness as good or excellent, for which high performance is also reported and shows that customers are satisfied with the timescales being achieved.

The average length of time to issue draft audit reports can fluctuate as a result of factors such as the complexity of individual audits, the time taken for the customer to provide audit information and respond to queries, 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: 2019/20 - Q4 (26), and 2021/22 Q1 (26), Q2 (22), Q3 (23), Q4 (18).

Having considered the audits included in the 2020/21 audit plan the 10 week target continues to be appropriate and will remain in place for 2021/22.

PI Code & Short Name	**P:IA051_7b.1 Cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit**
Description	This performance indicator measures the cumulative percentage of sickness absence within the Audit, Risk and Counter Fraud Unit for the financial year to date. For each financial year, we aim to have less than 2 percent sickness absence. The sickness absence percentage figure provided by HR Services is used to populate this indicator.
PI Owner(s):	zIA_PIAdmin; Kenneth Ribbons



Last Updated:	March 2021
Status:	✔
Current Value:	0.13%
Current Target:	2%
Red Threshold:	2.67%
Amber Threshold:	2%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

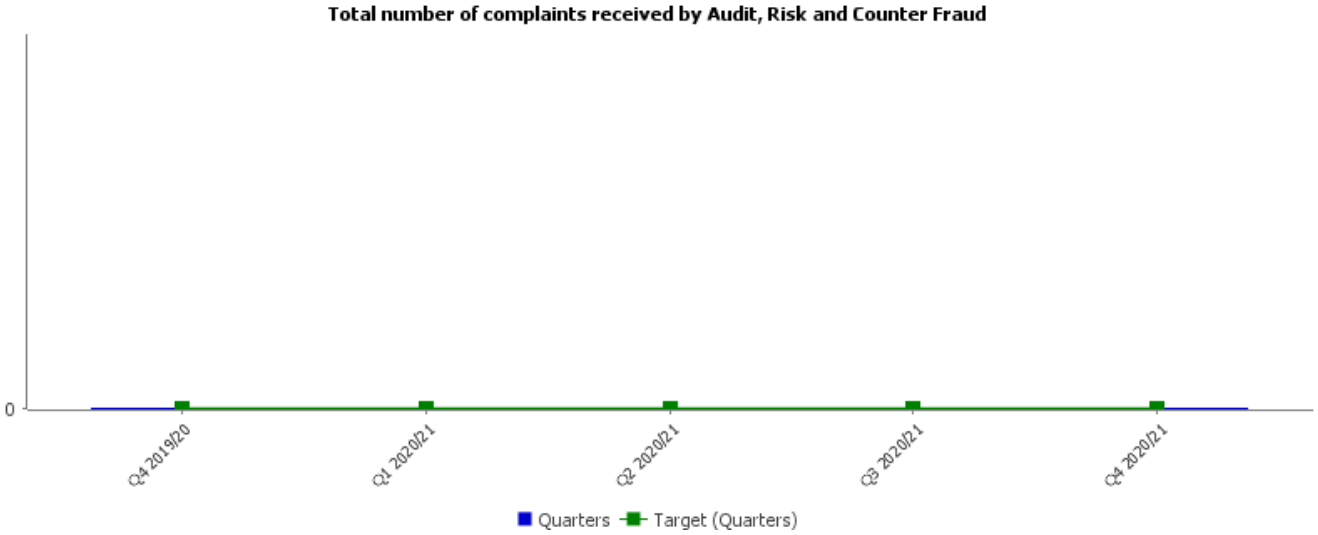
Trend Chart Commentary

Performance for 2020/21 was 0.13% percent (2 days) which is well below the 2% target.

Performance for 2019/20 was 1.96% (31 days) percent which is slightly better that the target of 2%, and performance to March 2019 was 1.65 percent (25 days) which was slightly above the target at that time of 1.5%.

The target for 2021/22 remains at 2.0%.

PI Code & Short Name	**P:IA066_6b.3 Total number of complaints received by Audit, Risk and Counter Fraud**		
Description	This performance indicator measures the combined level of stage 1 and stage 2 complaints received by the 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.	**PI Owner(s):**	zIA_PIAdmin; Kenneth Ribbons



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0
Current Target:	0
Red Threshold:	8
Amber Threshold:	4
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

The service has had no complaints in 2020/21, 2019/20, 2018/19 or 2017/18.

Target per quarter is set at 0 complaints.

PI Code & Short Name	**P: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_PIAdmin; 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 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.		

The percentage of complaints received by Audit, Risk and Counter Fraud that were upheld or partially upheld against the total complaints closed in full.

Quarters Target (Quarters)

Q4 2020/21 result	N/A
Last Updated:	Q4 2020/21
Status:	?
Current Value:	N/A
Current Target:	0%
Red Threshold:	0%
Amber Threshold:	0%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

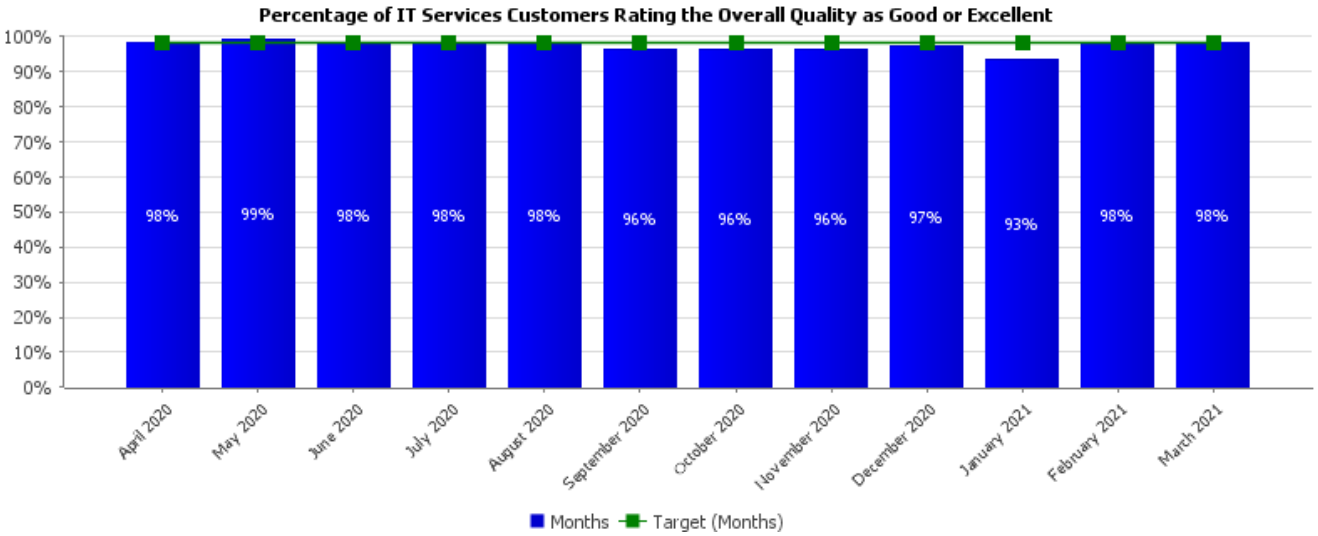
Trend Chart Commentary:

The number of complaints received by Audit, Risk and Counter Fraud has been historically low. No complaints were received in 2020/21, 2019/20, 2018/19 or 2017/18.

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 target for 2021/22 will remain as 0.

PI Code & Short Name	**P:ITS007_6a.7 Percentage of IT Services Customers Rating the Overall Quality as Good or Excellent**
Description	This performance indicator measures the percentage of customers that rated the overall quality of the service as good or excellent. Collected as part of our monthly survey, customers are asked to rate the quality of the service provided as excellent, good, adequate, poor, very poor or not applicable. The results are analysed to identify improvements to the way the service is delivered to customers. This survey is directed to all customers that have had work completed either as an Incident (fault) or a Service Request (enhancement) by IT Services within the last full month. Data is available from the 18th of each month.
PI Owner(s):	zITS_PIAdmin; Ian Forrest



Last Updated:	March 2021
Status:	✔
Current Value:	98%
Current Target:	98%
Red Threshold:	91%
Amber Threshold:	94%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

Performance from April 2020 to April 2021 demonstrates that performance regularly meets or falls just below target of 98%. Performance ranges from 93% to 99%.

Performance is continuously monitored by team leaders and managers, who review customer feedback and identify and address the areas where customers are dissatisfied and discuss with them their concerns with relevant themes discussed at team meetings and directed with staff at one to ones to improve service.

February, March and April 2021 demonstrate an improvement in performance. This improvement is contributed to by the ITSD migration to the new Contact Centre Telephony Solution.

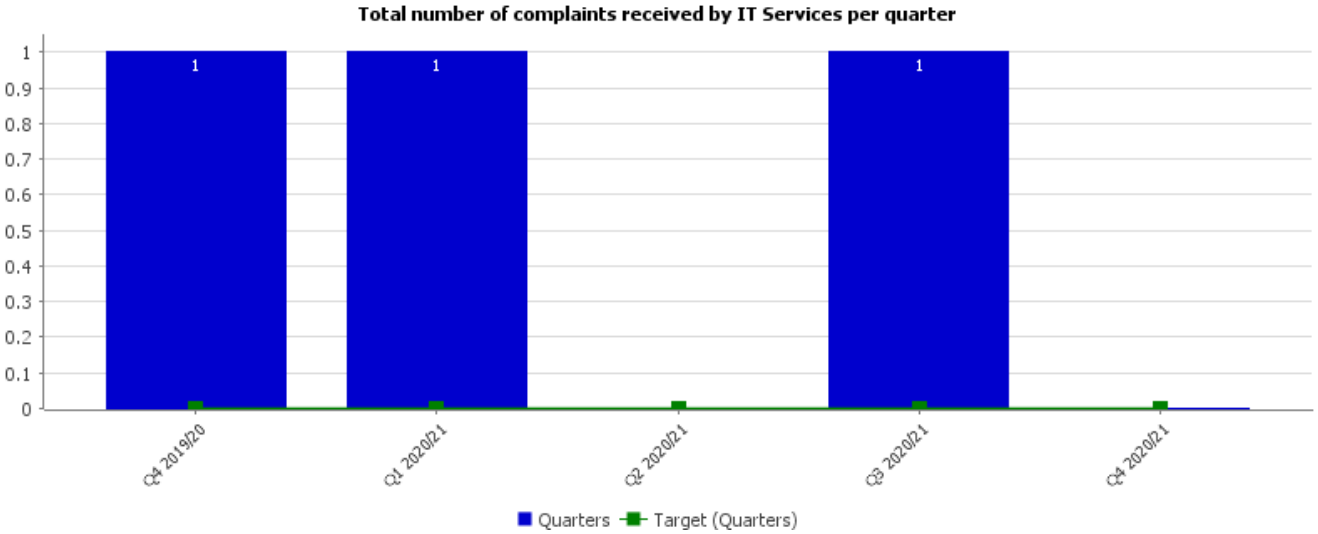
April to August 2020 the trend displays positive performance which is due to a more focus resource to respond to incidents and service requests as project work declined during the initial stages of lockdown and over the summer period. Drops in performance are a result of customers responding to the survey question rating the overall quality as average, poor or very poor and are mainly due to calls being closed but not properly resolved, calls not being resolved within SLA and lack of feedback on call progress.

Slight performance dips in September, October and November December 2021 and January 2021 are due to an increase in service requests logged relating to mobile devices, education calls now coming to 1st line, resource availability relating to BAU and project work, and the level of planned and unplanned absences within IT Services. To improve this performance the service has introduced (Nov. 20) an additional fixed term post within the service desk to address more schools calls as part of a test pilot for introducing a 1st line service to the Education Desktop Support Model and staff resource availability for BAU has increased slightly after the resourcing review for Q4.

These processes and procedures have ensured that the customer feedback relating to the Quality of Service received has only once fell just below the amber threshold during the rolling 13 months.

The target for 2019/20 was 98% to reflect previous year's performance and encourage improvement. The target for 2020/21 remains at 98%.

PI Code & Short Name	**P:ITS011_6b.3 Total number of complaints received by IT Services per quarter**
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.
PI Owner(s):	zITS_PIAdmin; Ian Forrest



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	0
Current Target:	0
Red Threshold:	2
Amber Threshold:	1
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

Performance from Q4 2019/20 to Q4 2020/21 is mixed with 3 complaints over the period.

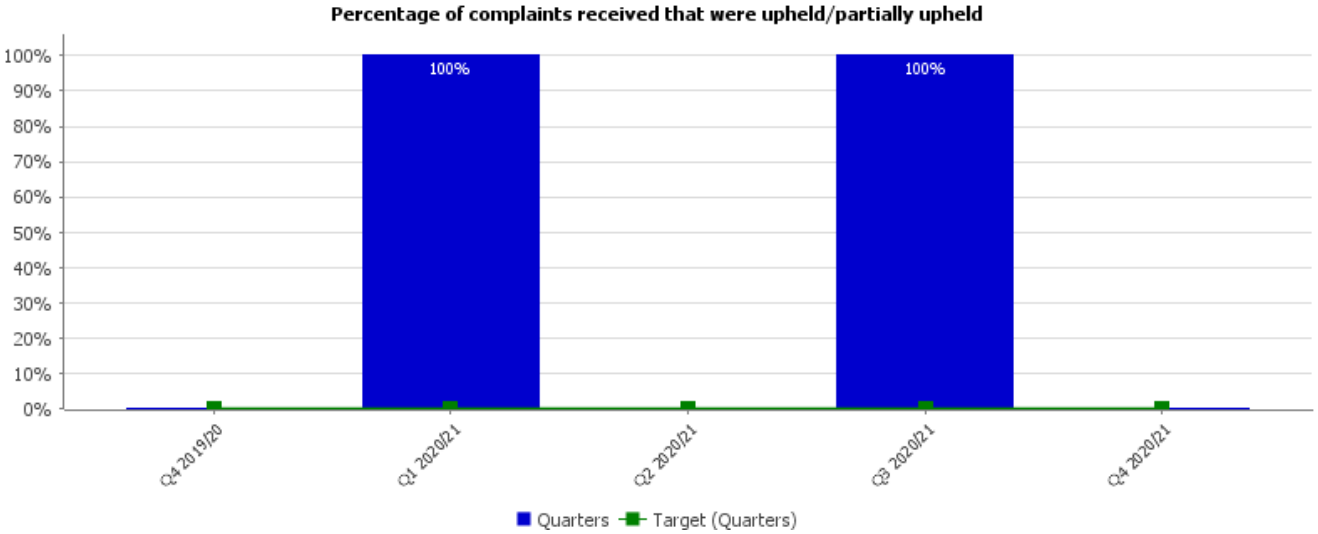
Q3 2020 complaint was due to poor video conferencing facilities in November affecting committee meetings, bandwidth increases to the internet, configuration changes to video conference software and an independent review of the network was completed to improve performance.

Q1 2020 complaint was due to users experiencing unstable connections working from home, software patches and configuration changes to user devices was completed to improve performance.

Q4 2019 complaint was made against IT member of staff whilst attending primary school, this was discussed with the member of staff and education services to review incident.

The target for 2020/21 will remain at zero to ensure that focus on customer service remains a priority in the provision of IT across the council.

PI Code & Short Name	**P:ITS012_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 IT Services 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



Last Updated:	Q4 2020/21
Status:	
Current Value:	0%
Current Target:	0%
Red Threshold:	2%
Amber Threshold:	1%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

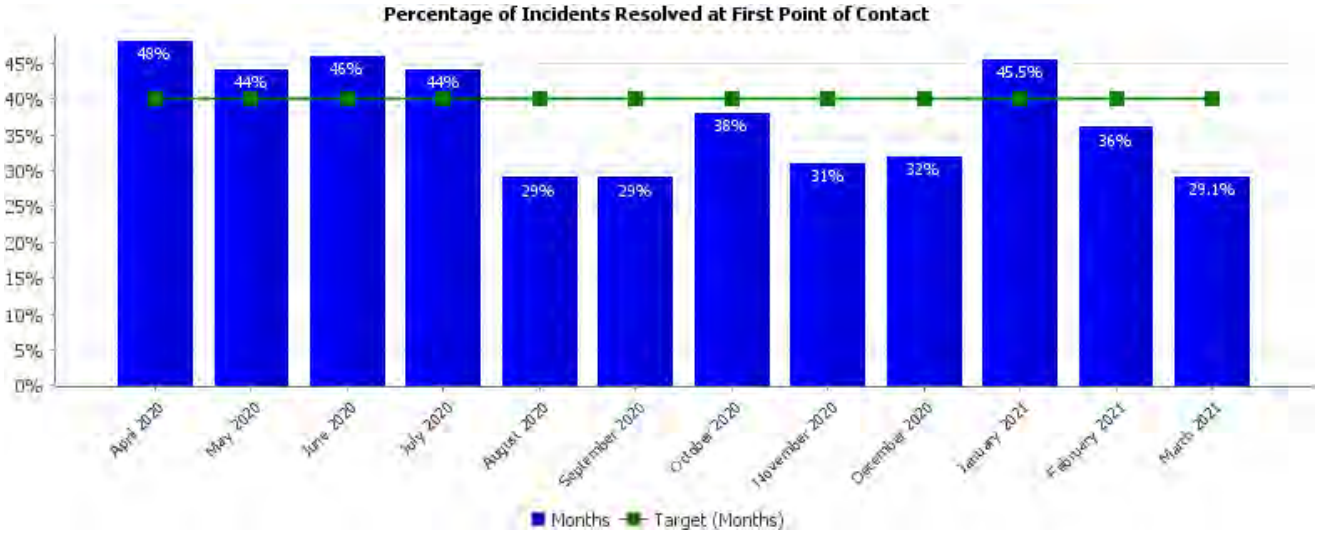
Performance from Q1 to Q4 2020/21 represents 2 complaints received and upheld.

Performance in Q4 2019/20 represents 1 complaint received that was not upheld.

During periods where no complaints were received the chart will show as a blank.

The target for 2020/21 will remain at zero percent to ensure that focus on customer service remains a priority in the provision of IT across the council.

PI Code & Short Name	**P:ITS017a_9b.1c Percentage of Incidents Resolved at First Point of Contact**		
Description	This performance indicator measures the overall percentage of IT incidents (faults) resolved within at the first point of contact with the customer in a monthly period. The data for this indicator is extracted from the IT Services work tracking system. The IT Service Centre may be unable to complete a resolution to an incident (fault) where the issue is beyond their technical capability/complexity or is a major incident that requires advanced technical skills.	**PI Owner(s):**	zITS_PIAdmin; Ian Forrest



Last Updated:	March 2021
Status:	
Current Value:	29.1%
Current Target:	40%
Red Threshold:	32%
Amber Threshold:	36%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

Performance from April 2020 to April 2021 demonstrates an inconsistent period of target achievement with the IT Service Desk achieving or exceeding target on 5 occasions in the rolling 13 month period.

Performance ranged from 29% to 48% and is heavily influenced per month by the number of calls logged, major Incidents logged, planned and unplanned absence and the fact that all Education calls logged before October 2020 went straight to 2nd line as IT services did not offer a 1st line fix to the education desktop support model.

The decrease in performance can be attributed to a continued trend of first line fixes currently being carried out at 2nd line due to ongoing Covid-19 restrictions and IT Service Desk staff not being in the Civic Centre to complete the fixes. Decrease from last months figure can also be attributed to have 3 major incidents during the months of April 2021.

There are many mobile device calls and laptop/desktop pc calls that IT Service Desk would previously first line resolve before Covid-19. But currently do not have the ability to resolve these calls so these are passed straight over to 2nd line. This performance is likely to continue to be an issue due to the high volume of mobile, laptop and desktop devices having to come to Civic Centre for repair.

Performance in March 2021 achieved 29.1% (335 of 1150 incidents were first line resolved) demonstrating a 6.7% decrease on January 2021 performance and failed to meet target by 10.9%.
The decrease in performance can be attributed to a continued trend of first line fixes currently being carried out at 2nd line due to ongoing Covid-19 restrictions and IT Service Desk staff not being in the Civic Centre to complete the fixes. There are many mobile device calls and laptop/desktop pc calls that IT Service Desk would previously first line resolve before Covid-19. But currently do not have the ability to resolve these calls so these are passed straight over to 2nd line.

February 2021 decrease in performance can be attributed to the high number of calls for mobile devices going directly to 2nd line staff due to COVID restrictions. These types of calls would normally pre-COVID be handled by the IT Service Desk at 1st line level.

Januarys 2021's increase in performance can be related to the increased availability of Service Desk staff as they returned from their planned absence and public holidays.

December 2020's poor performance was contributed to by the high levels of planned absence within the Service Desk team and the high volume of mobile phone devices being handed in for repair that they are having to assign straight to 2nd line due to the Service Desk team working from home.

Poor performance in November was a direct result of an increase in call numbers and assigning calls over to 2nd line to investigate as they either did not have the knowledge to resolve or did not have the time to resolve at first point of contact. This was especially true of Education calls which were new to them. In an effort to improve performance the Service Desk in conjunction with the IT Engineers continue to update the supportworks knowledge base with "how to do" documentation to improve the Service Desks technical knowledge and the Service Desk Team Leader is looking to adjust the staff rotas to improve availability on the phones.

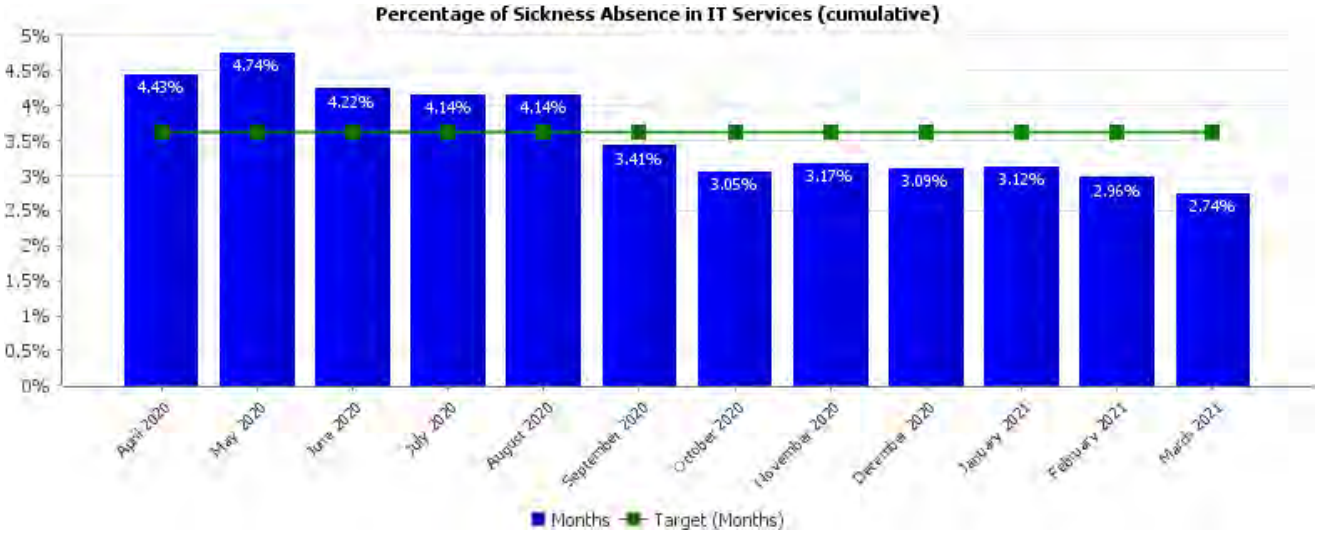
Performance improved again in October due to a reduction in calls logged and was assisted by the addition of a further Service Desk Analyst employed on a one year fixed term contract to meet the demands of the Service Desk now offering a first line support service to the Education Desktop Support Model.

Poor performance in August and September was related to an increase in calls logged as schools returned from summer vacation and an increase in planned absence within the Service Desk team. Performance was further impacted by 1 major Incident in August which the Service Desk could not resolve and had to pass over to 2nd or 3rd line.

The excellent performance from April to July can be linked directly to the vast drop in calls logged for each month as the impact of Covid-19 resulted in Education staff and pupils working from home and and entering their summer vacation.

The target for 2020/21 remains at 40 percent to reflect previous year’s performance and encourage improvement.

PI Code & Short Name	**P:ITS051_7b.1 Percentage of Sickness Absence in IT Services (cumulative)**
Description	This performance indicator measures the percentage indicator of sickness absence in IT Services. The percentage is a cumulative measure of sickness absence over the period of the financial year. HR Services calculate the percentage comparing sickness days as a percentage of total available staff days and provide the monthly data on approximately the 17th day of the following month. The data is then verified and uploaded into the performance management system by the service.
PI Owner(s):	zITS_PIAdmin; Ian Forrest



Last Updated:	March 2021
Status:	✔
Current Value:	2.74%
Current Target:	3.6%
Red Threshold:	5%
Amber Threshold:	4%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

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.

Performance increased February 2021 as a result of the return of 1 long term absence.

Performance October 2020 - January 2021 remained fairly consistent as a result of 1 new long term absence and short term absences.

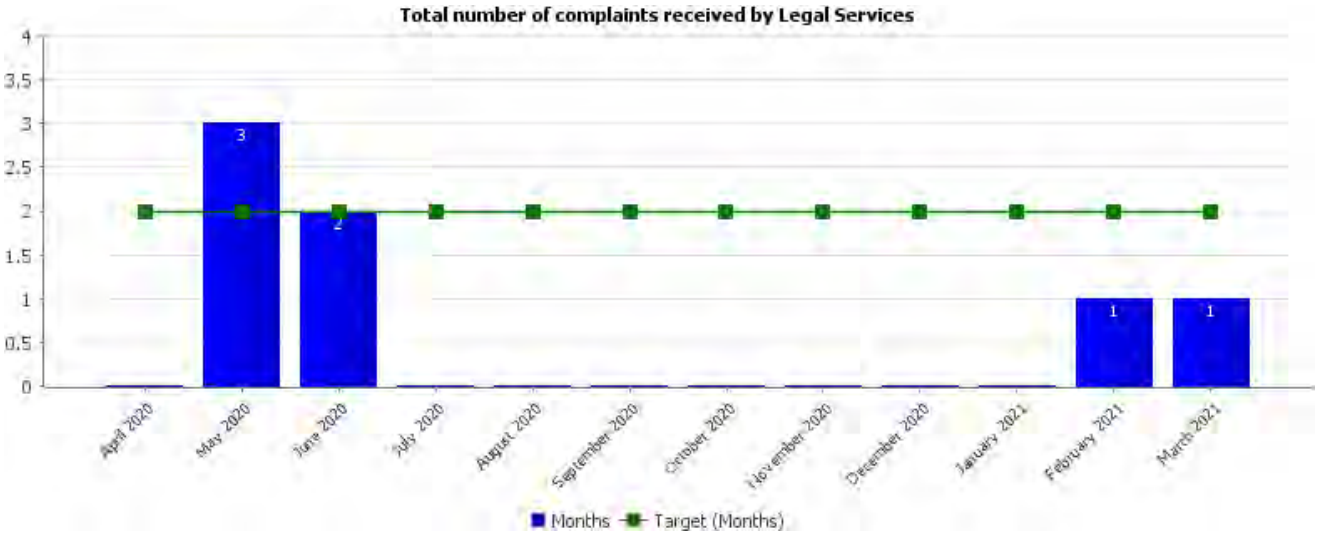
Performance June 2020 - September 2020 increased as a result of a return of 2 long term absences, short term absences continued over the period.

Performance April 2020 - May 2020 was a result of an increase in short term absences and 2 long term absences during the period.

The target is at an overall council level target of 3.6%.

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

PI Code & Short Name	**P:LS013_6b.3 Total number of complaints received by Legal Services**
Description	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 Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.
PI Owner(s):	zLS_PIAdmin; Carol Johnston



Last Updated:	March 2021
Status:	✔
Current Value:	1
Current Target:	2
Red Threshold:	5
Amber Threshold:	3
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

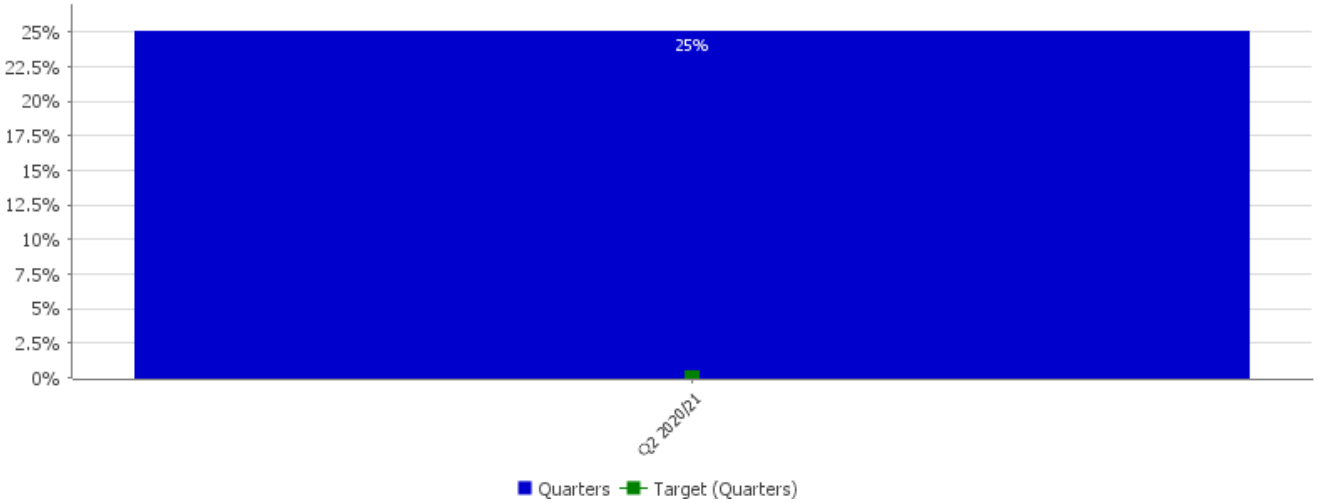
The trend shows that there were 6 Stage 1 and 1 Stage 2 complaints were received during the reporting period to April 2021. 1 complaint received at stage 1 in May was upheld. No other complaints were upheld or partially upheld. Complaints regarding the service can be made in accordance with the Councils complaints procedure, in addition to contacting the Service Manager or Head of Service directly. Where complaints are received, the service takes full advantage of the opportunity to reflect on its performance and identify areas for improvement to avoid similar complaints recurring.

During 2020 Benchmarking was undertaken with all 31 local authorities and 11 public bodies. Of the 8 local authorities and 4 public bodies responding to this element, none specifically record or report on the number or nature of complaints regarding legal services. Further Benchmarking activity is planned during 2021/22.

The target is reviewed quarterly at service performance meetings. The target for 2021/22 remains at 2 having regard to historical performance.

PI Code & Short Name	**P:LS014_6b.4 Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld**
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, Committee Services and Civic Government & Miscellaneous Licensing.
PI Owner(s):	zLS_PIAdmin; Carol Johnston

Percentage of all complaints closed quarterly by Legal Services that were upheld / partially upheld



Q4 2020/21 result	
N/A	
Last Updated:	Q4 2020/21
Status:	?
Current Value:	N/A
Current Target:	0%
Red Threshold:	75%
Amber Threshold:	50%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

Legal Services had one complaint in Q2 2020/21 - 4 complaints were received - 1 complaint was partly upheld. With the exception of the 1 complaint which was partly upheld, the complaints received related to delays in progressing business which were outwith the control of the service and resulted from delays in securing instructions to progress transactions.

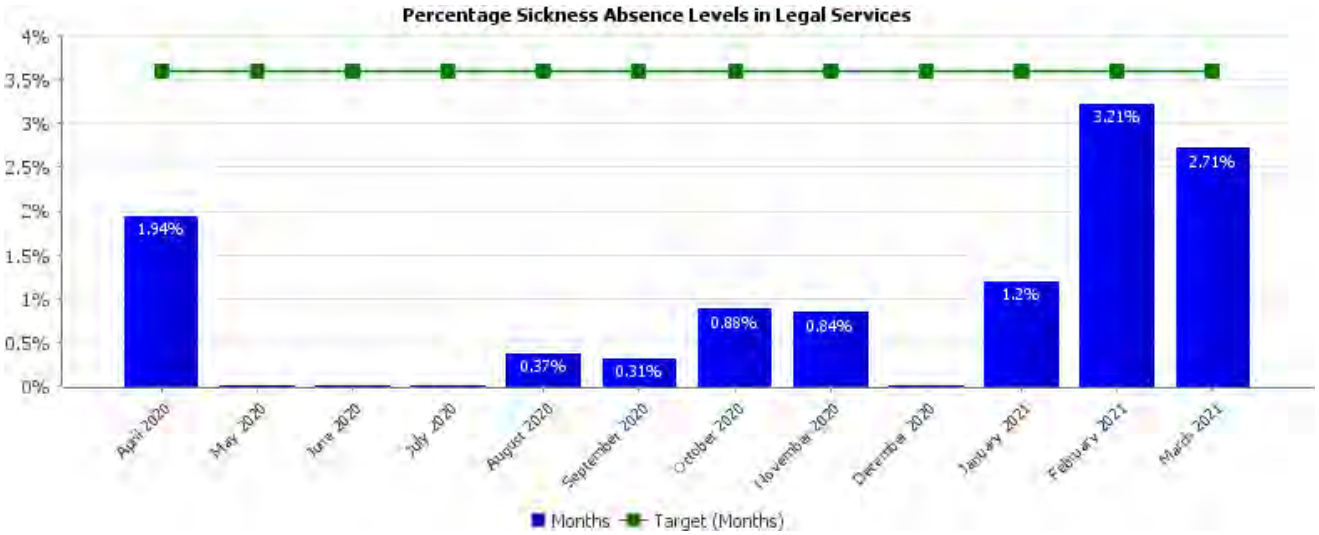
Whilst those complaints were not upheld, a review was undertaken of the manner in which instructions were being sought and provided with the service and the impact of delays in securing instructions was discussed with the client service in respect of which delays were experienced. This resulted in a revised approach to the seeking and provision of instructions to ensure that when instructions were sought, a timescale was identified for the provision of instructions with a clear explanation as to why the timescale was relevant and what the implications of failure to meet timescale may be.

The 1 complaint which was partly upheld related to delay within the service in responding to correspondence from a third party. The delay was caused by the necessity to prioritise other business. Following discussion within the service it has been agreed that where a substantive response cannot be issued to incoming communication within 48 hours of its receipt, an acknowledgement of the incoming communication should be issued and where appropriate, a timescale for responding should be indicated.

Complaints regarding the service can be made in accordance with the Councils complaints procedure, in addition to contacting the Service Manager or Head of Service directly. Where complaints are received, the service takes full advantage of the opportunity to reflect on its performance and identify areas for improvement to avoid similar complaints recurring. During periods where no complaints were received the chart will show as a blank.

Following review of historical performance, and consideration of the nature of complaints which are generally received, the nature of those complaints, the target for 2021/22 was set at 0%

PI Code & Short Name	**P:LS031_7b.1 Percentage Sickness Absence Levels in Legal Services**		
Description	This measure records Legal Services Sickness Absence levels as reported through monthly management reports from HR Pay and Reward. This indicator measures the actual absences during each month. It is used to review the effectiveness of sickness absence management. The sickness absence data for each month is not available until the 18th of the following month.	**PI Owner(s):**	zLS_PIAdmin; Carol Johnston



Last Updated:	March 2021
Status:	✔
Current Value:	2.71%
Current Target:	3.6%
Red Threshold:	5%
Amber Threshold:	4%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

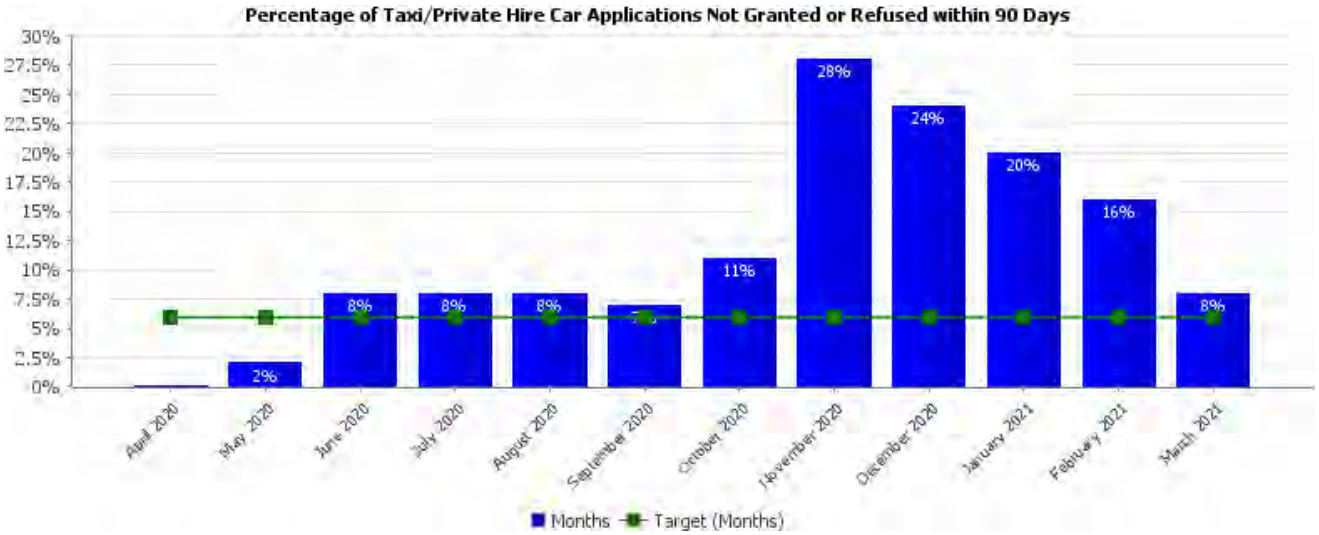
The chart shows that whilst there have been variations in levels of sickness absence, the service is consistently generally well below the corporate target. During February there was an increase in absence within the service as a result of combined medium and short term absences. During March 2021 there was reduction in absence rates but levels still remain elevated in comparison to other reported periods. This is the result of ongoing medium term absence. The improvement in performance in March when compared to February is resolution of short term illness absence.

As Legal Services are a relatively small team, a few absences can have a significant impact on the sickness absence levels. 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. All absences are managed in accordance with the Councils Supporting Attendance at Work policy.

Data for April 2021 will be reported by end may 2021.

The target is set in accordance with the Corporate target which for 2021/22 is 3.6%. The Target for 2021/22 will be set in accordance with the Corporate target for that period.

PI Code & Short Name	**P:LS091_6b.5 Percentage of Taxi/Private Hire Car Applications Not Granted or Refused within 90 Days**
Description	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. That deadline has been temporarily increased to 12 months by emergency legislation following the coronavirus pandemic. 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.
PI Owner(s):	zLS_PIAdmin; Audrey Watson



Last Updated:	March 2021
Status:	
Current Value:	8%
Current Target:	6%
Red Threshold:	6.66%
Amber Threshold:	6.42%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

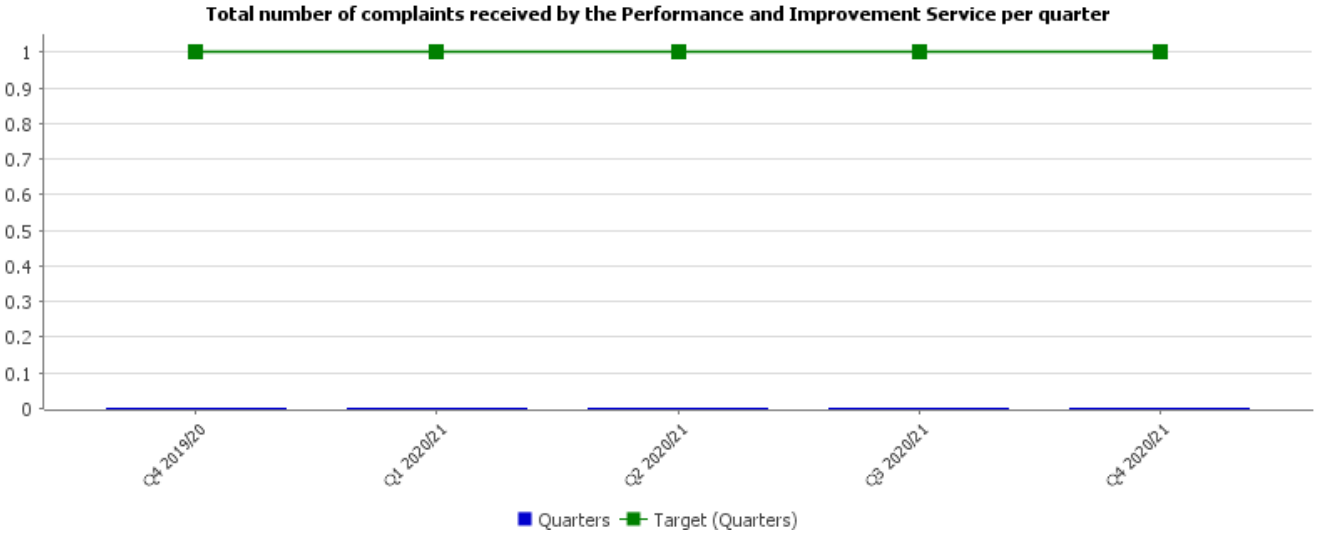
The trend shows that prior to the impact of the pandemic which began to be evidenced more significantly in October 2020, performance was generally achieved around target. However, since June 2020 performance had begun to evidence the effects of the pandemic with increasing numbers of applications granted or refused outwith the 90 day period. Since June performance has been adversely affected by delays in testing vehicles caused by the testing centre being closed from late March until late July 2020. The number of vehicles requiring testing between June and October 2020 was limited as a result of legislative changes relative to arrangements made in line with relevant Scottish Government and UK Government guidance and regulations to support licence holders to continue operating despite the necessity otherwise to have their vehicle tested at the testing centre. This included national arrangements for MOT extensions. The testing centre reopened in July however given the substantial backlog of vehicles to be tested, both in terms of MOT testing and in relation to vehicle testing for new applications, there were, and continue to be delays in securing some inspection dates for new vehicles.

Those vehicles which were subject to MOT certificate extension periods did not require testing until around October. The number of vehicles requiring testing at that time increased significantly as is evidenced in performance reporting from October 2020 to February 2021 when the effects of the delayed testing requirements were most evident. The gradual increase in performance between November 2020 and March 2021, evidences the "catch up" work undertaken by the Taxi Examination Centre to process the "delayed" MOT vehicles.

The testing centre provides services to City of Edinburgh, the Council and Midlothian in respect licensing of vehicles. The testing centre has planned the priority basis upon which vehicles will be inspected, commencing with those existing licensed vehicles which require MOT certificates and progressing to other licence applications, and is increasing its testing capacity however, having regard to the volume of vehicles to be inspected and continuing COVID 19 pandemic restrictions, it is anticipated that delays to new applications will continue to be experienced. Licence holders are informed of likely timescales for examination dates, and determination of applications to support business planning they may require to undertake. Due to the cessation of testing for a period delays did not peak until November but since December 2020 performance has improved each month.

The 2021/22 target is 6% having regard to historical fluctuations in performance but will be closely reviewed in conjunction with review of processing timescales which may impact the service ability to achieve performance in line with target. The next review will be at the end of May when data for April 2021 will be available and reported.

PI Code & Short Name	**P:PIS011_6b.3 Total number of complaints received by the Performance and Improvement Service per quarter**		
Description	This performance indicator measures the total number of complaints received during each quarter relating to the Performance and Improvement Service. Performance is reviewed on a regular basis and reported quarterly to ensure that there is sufficient focus on the quality and standard of customer service. The data for this performance indicator is 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):**	zPIS_PIAdmin; Rebecca Kelly



Last Updated:	Q4 2020/21
Status:	
Current Value:	0
Current Target:	1
Red Threshold:	3
Amber Threshold:	2
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

The service has recorded no complaints in the period of the chart (Q4 2019/20 to Q4 2020/21). The Blue Badge entitlement process was transferred to the Anti-Poverty Service in June 2019 and this was the source of past complaints received by the Performance and Improvement Service. It is expected that the number of complaints received by the Performance and Improvement Service will be below historic levels.

Target: the target was set at one complaint per quarter for 2020/21 and will remain in place for 2021/22.

PI Code & Short Name	**P:PIS013_6b.4 Percentage of all complaints closed by the Performance and Improvement Service that were upheld / partially upheld per quarter**		
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):**	zPIS_PIAdmin; Rebecca Kelly

Percentage of all complaints closed by the Performance and Improvement Service that were upheld / partially upheld per quarter

Quarters Target (Quarters)

Q4 2020/21 result	N/A
Last Updated:	Q4 2020/21
Status:	?
Current Value:	N/A
Current Target:	25%
Red Threshold:	60%
Amber Threshold:	50%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

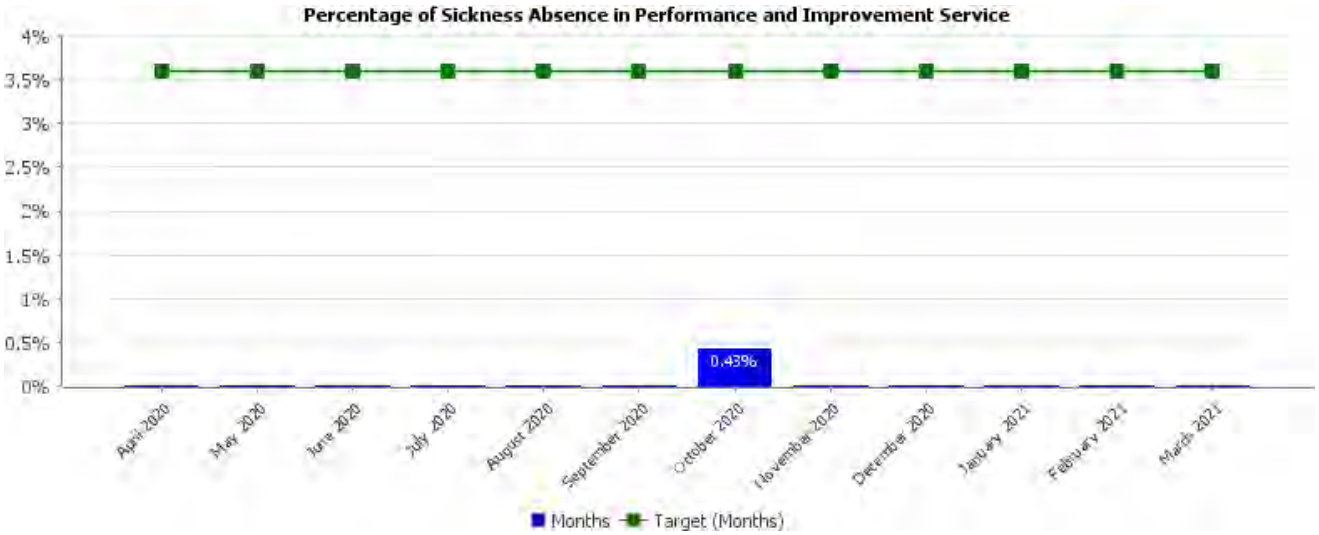
The service typically receives a low number of complaints each quarter as much of the activity delivered is an enabler/support function. Where complaints were received, they typically related to administration of the Blue Badge scheme. This was transferred, along with administration of the National Entitlement Scheme, to the council's Anti-Poverty Service in June 2019 (Quarter 2 of 2019/20).

2020/21: the service received no complaints in Quarters 1, 2, 3 and 4 2020/21.

2019/20: The service received no complaints in Quarter 4 2019/20.

Target: a target of 25 percent has been set for 2021/22.

PI Code & Short Name	**P:PIS023_7b.1 Percentage of Sickness Absence in Performance and Improvement Service**
Description	This performance indicator measures, as a percentage, the total level of sickness absence in the Performance and Improvement Service in Corporate Services. The data is provided by the council's Human Resource Services on a monthly basis and is tracked and monitored to ensure absence is managed appropriately in the service and any corresponding impact on performance is understood and managed.
PI Owner(s):	zPIS_PIAdmin; Rebecca Kelly



Last Updated:	March 2021
Status:	
Current Value:	0%
Current Target:	3.6%
Red Threshold:	3.78%
Amber Threshold:	3.74%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary

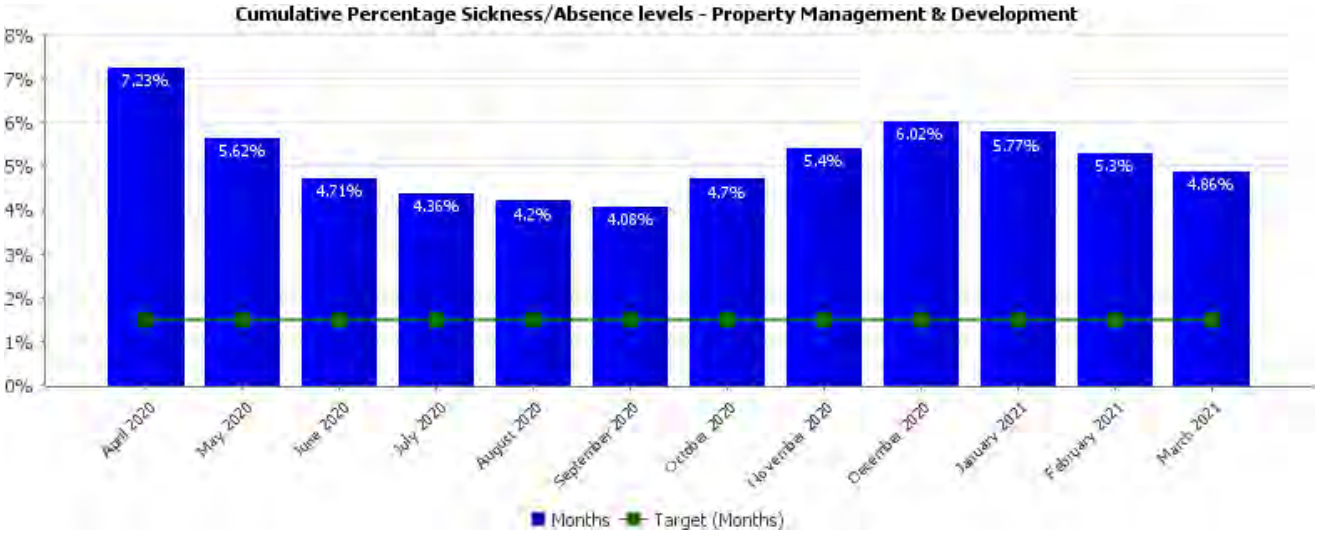
The Performance and Improvement Service comprises 11.79 full time equivalents and due to the size of the service, a small number of staff absent from work can greatly impact the performance in this indicator.

The trend shows that there were twelve periods where performance was 0 or less than 1 percent. Periods of absence in the service are historically mostly short-term. The absence in October 2020 accounts for 1 day of sickness in the service during that month.

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

Target: the corporate target of 3.6% is used and will remain at this level for 2020/21.

PI Code & Short Name	**P:PMD111b_7b.1 Cumulative Percentage Sickness/Absence levels - Property Management & Development**
Description	This performance indicator measures as a percentage the sickness/absence statistics relating to Property Management & Development. The data relating to sickness/ absence is provided by WLC Human Resources. Information is provided on a monthly basis via an excel worksheet extract. The information is analysed to identify trends and areas for improvements within the unit in order to reduce the levels of staff absence across the service in line with Finance & Property Service Targets.
PI Owner(s):	zPMD_PIAdmin; Paul Kettrick



Last Updated:	March 2021
Status:	
Current Value:	4.86%
Current Target:	1.5%
Red Threshold:	2%
Amber Threshold:	1.75%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

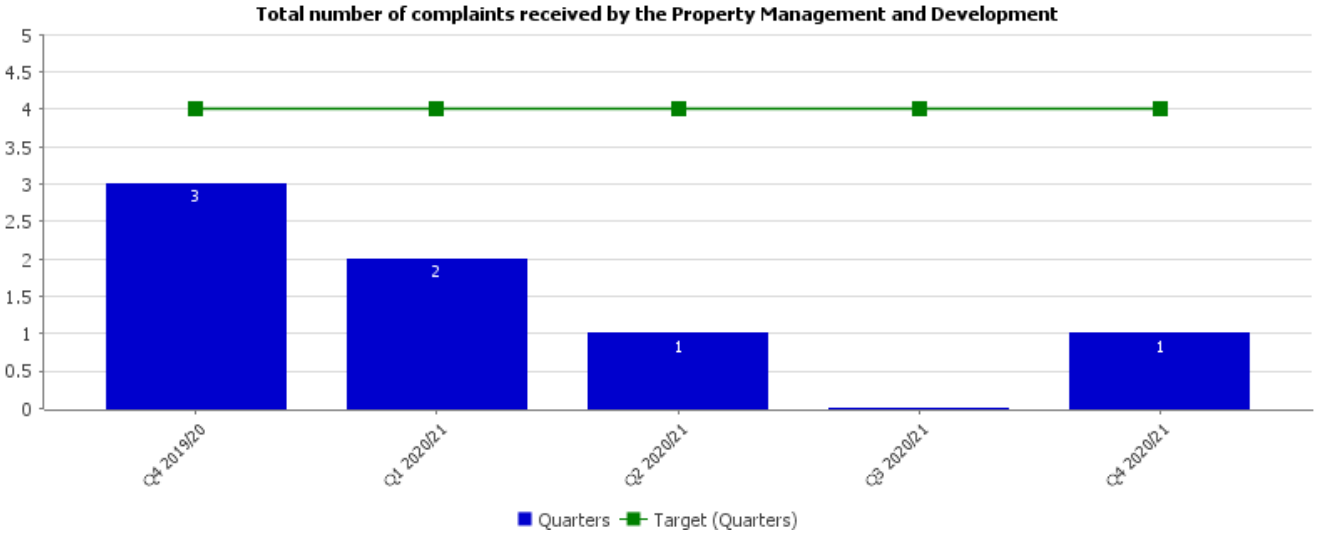
Trend Chart Commentary

The SPI figure for March 2021 is 4.86% which is a decrease from the 5.30% recorded for February 2021.

The pattern of sickness absence for the unit relates to long conditions and circumstances. There are 1 member of staff now on long term sickness that has resulted in continued periods of absence since Sept 2020 and are being managed through the occupational health process.

Target going forward will be set the Finance & Property Service target of 1.5%.

PI Code & Short Name	**P:PMD144_6b.3 Total number of complaints received by the Property Management and Development**		
Description	This indicator measures the total number of complaints received during the financial year relating to Property Management & Development. This measure is reviewed on a monthly basis and 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 by the service management team. Note: This is to ensure complaints escalated from stage 1 and stage 2 are not double counted.	**PI Owner(s):**	zPMD_PIAdmin; Paul Kettrick



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	1
Current Target:	4
Red Threshold:	5
Amber Threshold:	4
Categories:	PDSP_Development and Transport; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

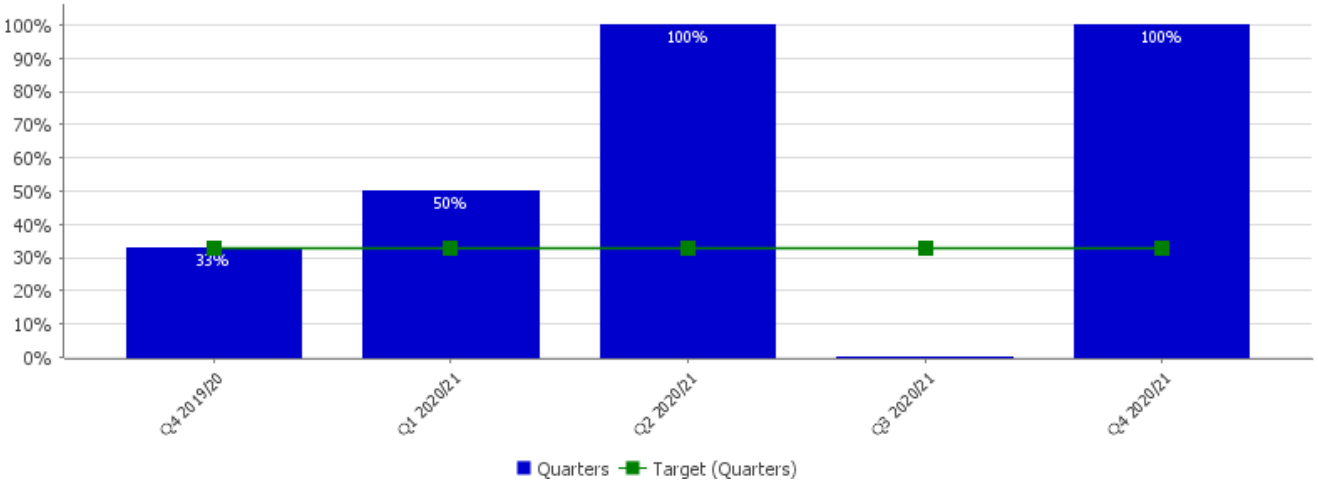
The service received two complaints in Q1 2020/21, one in Q2 2020/21 and one in Q4 2020/21, The complaint received during Q2 2020/21 was partly upheld. Zero complaints where received during Q3 2020/21.

The service received three complaints in Q4 2019/20.

The quarterly target for 2020/21 is current set at four.

PI Code & Short Name	**P:PMD145_6b.4 The percentage of complaints received by Property Management and Development that were upheld / partially upheld against the total complaints closed in full**		
Description	This performance indicator measures the overall percentage of Property Management and Development 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 by the service management team each month.	**PI Owner(s):**	zPMD_PIAdmin; Paul Kettrick

The percentage of complaints received by Property Management and Development that were upheld / partially upheld against the total complaints closed in full



Q4 2020/21 result

Last Updated:	Q4 2020/21
Status:	
Current Value:	100%
Current Target:	33%
Red Threshold:	67%
Amber Threshold:	34%
Categories:	PDSP_Development and Transport; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

The service received two complaints in Q1 2020/21, Of the two complaints received, one was not upheld and one was partly upheld. One complaint was received during Q2 2020/21 and was partially upheld. Zero complaints where received in Q3 2020/21. The service received one complaint in Q4 2020/21 and this was upheld.

In Q4 2019/20, one complaint out of a total of 3 that were logged by the service in this period was part upheld.

Investigation shows that these complaints that are upheld or partly upheld are no relation to each other and show no 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 2020/21 will remain at 33% as this target was breached a number of times 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**
Description	This performance indicator is part of the performance scorecard for the councils 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 PI is based on 300 industrial units. 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, 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.
PI Owner(s):	zPMD_PIAdmin; Paul Kettrick

Last Updated:	March 2021
Status:	✔
Current Value:	97.59%
Current Target:	90%
Red Threshold:	81%
Amber Threshold:	85.5%
Categories:	PDSP_Development and Transport; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

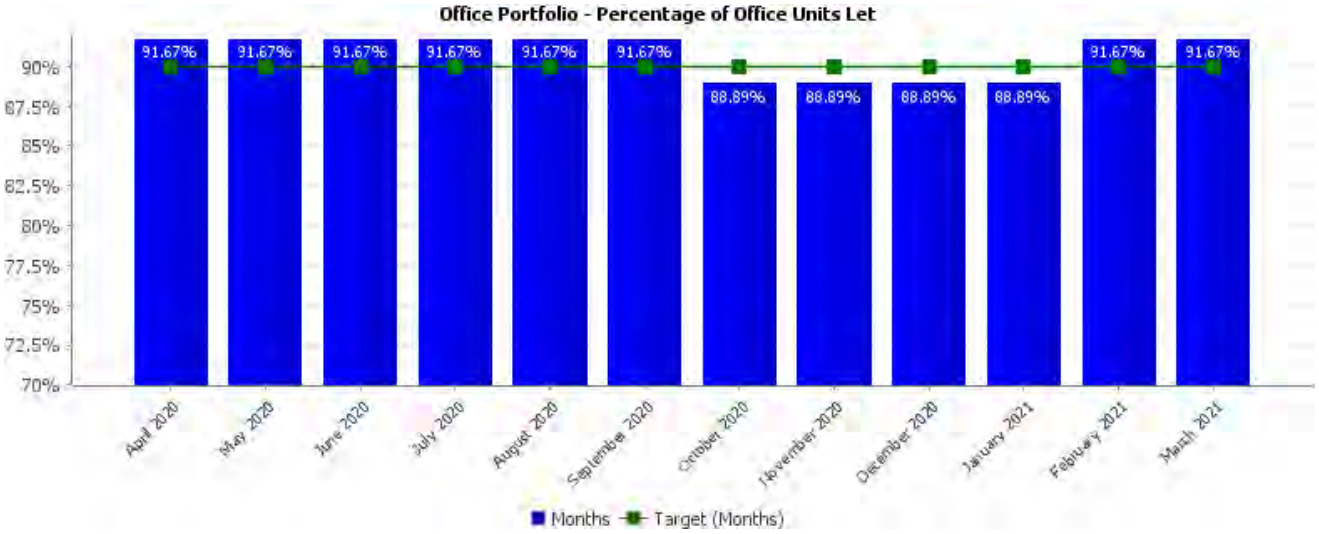
Occupancy for March 2021 is 97.59% against a target of 90%. This is near the top of the 12-month range (89.35% to 97.94%).

WLC's portfolio are mainly less than 3,000 sq. ft units. Demand is healthy and occupancy is above pre COVID level. The rents charged are also at pre COVID level.

The nature of most of the lease agreements - easy-in, easy-out, month to month - means that the occupancy level is particularly volatile. 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.

2021/22 target is set at 90% this allows us to maintain current levels whilst investigating areas for improvement.

PI Code & Short Name	**P:PMD163_9b.1a Office Portfolio - Percentage of Office Units Let**
Description	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 suites in multi-occupancy buildings. The calculation of the PI was reviewed in April 2010 to ensure its 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
PI Owner(s):	zPMD_PIAdmin; Paul Kettrick



Last Updated:	March 2021
Status:	✔
Current Value:	91.67%
Current Target:	90%
Red Threshold:	81%
Amber Threshold:	85.5%
Categories:	PDSP_Development and Transport; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

This month (March 2021) sees occupancy at 91.67%. This above the target of 90% and is at the top of the 12 month range (88.89% to 91.67%). The marked improvement in occupancy is due one vacant office meeting an 18 month operational requirement and a further office being removed from the market while wider redevelopment proposals are considered. Occupancy has been fairly stable. Where units do become void they are taking longer to re let compared to the shop and industrial properties, which is indicative of the weak office market in West Lothian.

The Council holds 37 lettable units therefore a single vacancy or letting has disproportionate effect on occupancy rates.

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

The Target for 2020/21 is set at 90% this allows us to maintain current levels whilst investigating areas for improvement.

PI Code & Short Name	**P:PMD164_9b.1c Percentage of rent outstanding for commercial property (Current debt).**
Description	This Performance Indicator (PI) measures the amount of current debt from the council's Tenanted Non-Residential Property (i.e. commercial) portfolio. Current debt is considered to be rent due from an **existing tenant** that has been outstanding for over 30 days, expressed as a percentage of the total rental income billed. The portfolio comprises those properties that the council owns, but does not occupy for direct service delivery, and totals almost 700 properties, including shops, offices, and industrial units. The indicator measures the position on debt on the 1st of the previous month. Total income billed adopts the annual income as at the first of the month. Targets have been set in consultation with our benchmarking partners in other councils and reflect commercial levels. They are also considered against other council revenue income / debt levels.
PI Owner(s):	zPMD_PIAdmin; Paul Kettrick

Last Updated:	January 2021
Status:	
Current Value:	7.1%
Current Target:	4%
Red Threshold:	5%
Amber Threshold:	4.5%
Categories:	PDSP_Development and Transport; PDSP_Partnership & Resources; PPR Public Performance Reporting

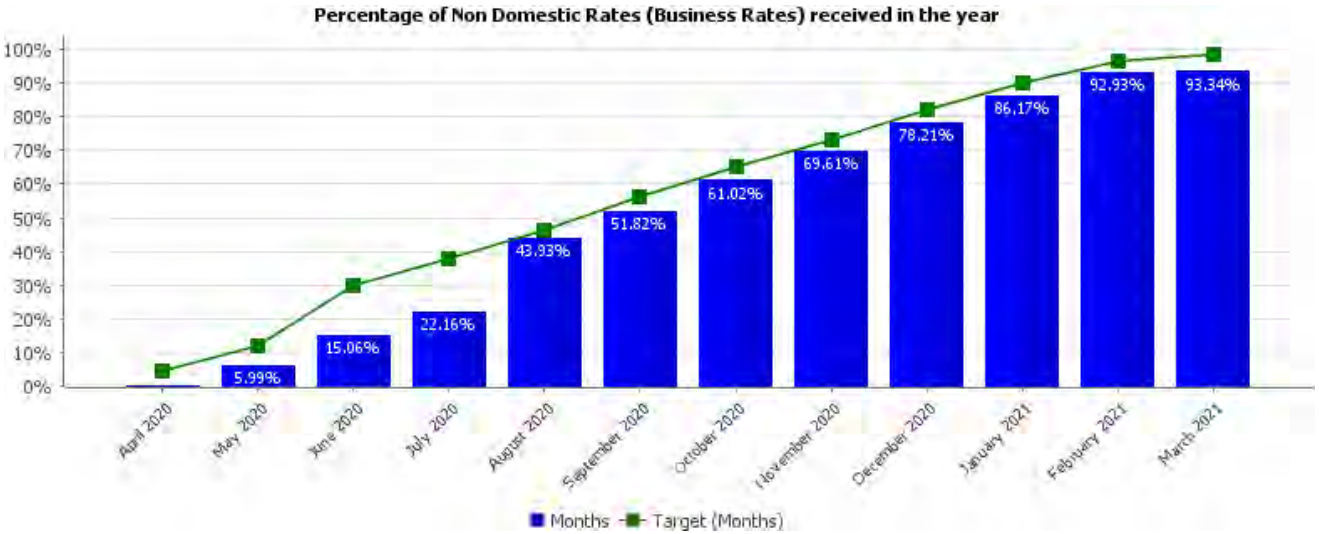
Trend Chart Commentary:

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.

Target for 2020/21 is set at 4% and reflects the unit targeting to improve these results in the future.

PI Code & Short Name	**P:REV002_9b Percentage of Non Domestic Rates (Business Rates) received in the year**		
Description	This performance indicator measures the percentage of Non Domestic Rates (Business Rates) received in the year. This indicator records the progress on a cumulative monthly basis.	**PI Owner(s):**	zREV_PIAdmin; Scott Reid



Last Updated:	March 2021
Status:	
Current Value:	93.34%
Current Target:	98.48%
Red Threshold:	88.63%
Amber Threshold:	98.48%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

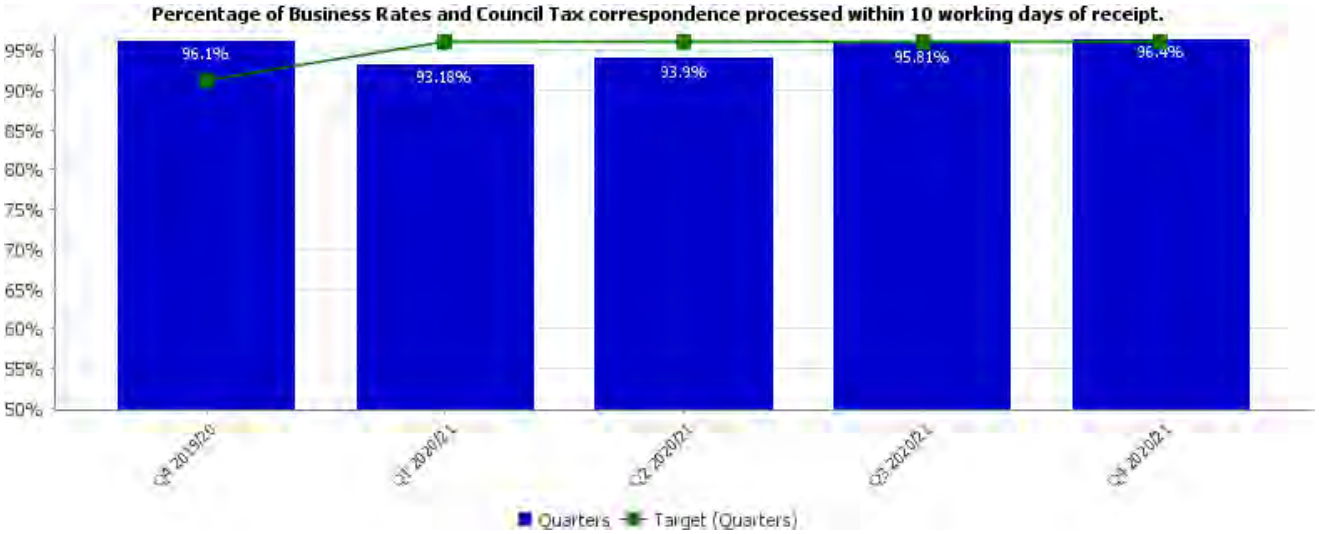
Trend Chart Commentary:

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 2020/21 has been reviewed and after taking in to account previous year performance, staffing levels and the statutory changes following the Barclay Review has been set at 97.7%. 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.

2020/21

March 2021: In year collection is down 5.14%. This has been linked to the ongoing COVID 19 situation.
February 2021: In year collection is down 3.71%. This has been linked to the ongoing COVID 19 situation.
January 2021: In year collection is down 3.83%. This has been linked to the ongoing COVID 19 situation.
December 2020: In year collection is down 3.61%. This has been linked with the ongoing COVID 19 situation. Sheriff Officer income increased in December following the passing of the initial Summary Warrants.
November 2020: In year collection is down 3.53%. This has been linked with the ongoing COVID 19 situation. This improvement in collection deficit can be attributed to the increase in intervention income.
October 2020: In year collection is down 4.33%. This has been linked with the ongoing COVID 19 situation. Summary Warrants for 2020/21 were issued in October and will pass to the Sheriff Officer in November for collection.
September 2020: In year collection is down 4.34%. This has been linked with the ongoing COVID 19 situation. Final Notices and Summary Warrants for 2020/21 will be run in October.
August 2020: In year collection is down 2.47%. This has been linked with the ongoing COVID 19 situation. The improvement in collection deficit can be attributed to the payment of £8.5million by WLC. The proposed schedule for recovery will be agreed in September.
July 2020: In year collection is down 15.69%. This has been linked with the ongoing COVID 19 situation. A proposed schedule of recovery has to be agreed.
June 2020: In year collection is down 14.86%. This can be attributed to the delayed annual billing and ongoing COVID 19 situation.
May 2020: In year collection is down 6.35%. This is due to the delay in issuing annual bills as well as the ongoing COVID 19 situation.
April 2020: In year collection is down 4.66%. The issue of the annual bills was delayed due to legislative changes introduced by the Scottish Government. Bills are scheduled for issue in May 2020.

PI Code & Short Name	**P:REV027_6b Percentage of Business Rates and Council Tax correspondence processed within 10 working days of receipt.**	**PI Owner(s):**	zREV_PIAdmin; Scott Reid
Description	This performance indicator is cumulative across the financial year. Where correspondence is received from customers in relation to Business Rates and Council Tax the aim is to process this correspondence within 10 working days of receipt.		



Last Updated:	Q4 2020/21
Status:	✔
Current Value:	96.4%
Current Target:	96.2%
Red Threshold:	91.39%
Amber Threshold:	95.24%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

We have reviewed the target for 2020/21 and set it at 96.2%. This target has been set taking 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.

2020/21

Quarter 4: Performance in quarter 4 was above target. 53,368 items of correspondence were processed with 51,472 processed within the target of 10 working days. There was a decrease in correspondence of 459 from the same quarter last year. This has been attributed to the reduction in customers moving address due to COVID restrictions.

Quarter 3: Performance in quarter 3 has improved by 1.9% from quarter 2. 41,484 items of correspondence were received with 39,745 processed within the target of 10 working days. There was an increase in correspondence of 2,620 from the same quarter last year. This increase is partly attributed to the Business Support Grant work that was undertaken by the Collections Team on behalf of the Scottish Government.

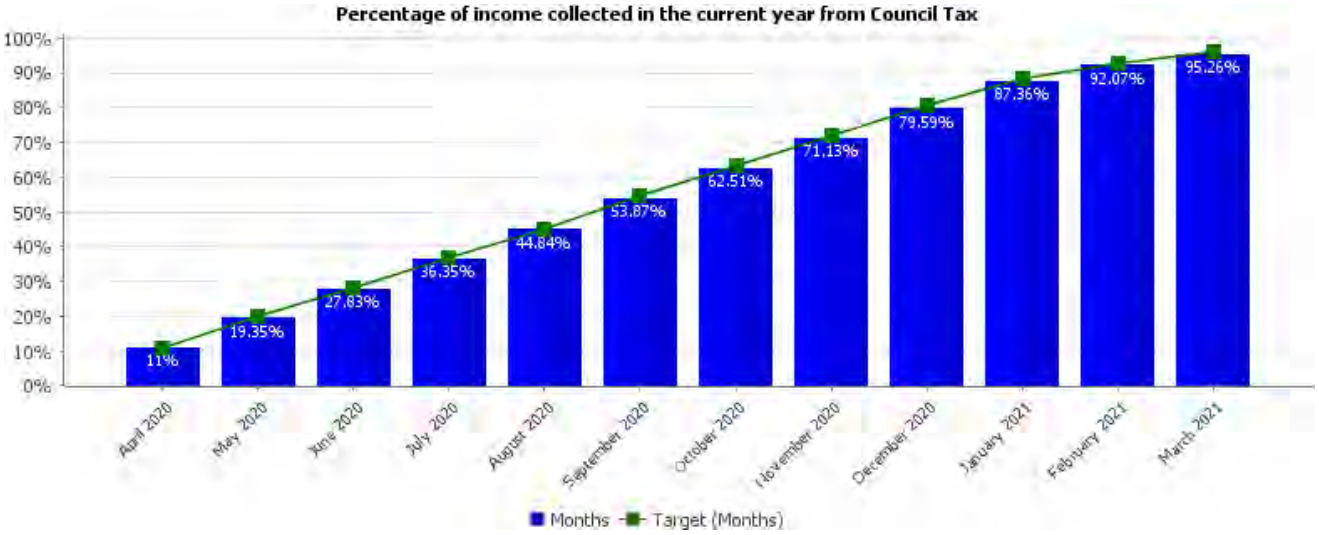
Quarter 2: Performance in quarter 2 has improved by 0.72% from quarter 1. 28,010 items of correspondence were received with 26,290 processed within the target of 10 working days. There was an increase in correspondence of 2,095 from the same quarter last year. This increase can be attributed to the Business Support Grant work that was undertaken by the Collections Team on behalf of the Scottish Government.

Quarter 1: Performance in quarter 1 was below target. 19,741 items of correspondence were received with 18,394 processed within the target of 10 working days. There was an increase in correspondence of 7,011 from the same quarter last year. This increase can be attributed to the Business Support Grant work that was undertaken by the Collections Team on behalf of the Scottish Government.

2019/20

Quarter 4: Performance in quarter 4 was above target. 53,827 items of correspondence were processed with 51,710 processed within the target of 10 working days. There was a decrease in correspondence of 2,339 from the same quarter last year. Part of the reduction in mail can be attributed to the transfer of sequestration work to the Corporate Debt Team and more items of correspondence being processed on time and therefore the customer is only making contact once.

PI Code & Short Name	**P:REV047_9b.1a Percentage of income collected in the current year from Council Tax**		
Description	This performance indicator measures the monthly cumulative percentage collected in the current year for Council Tax and calculated using the statutory formula set out in the Water Order. This enables the Revenues Unit to monitor performance in order to carry out any adjustments to achieve the target. Whilst recovery action to collect all previous year debt continues, in year collection is a recognised benchmark standard. The benchmark data for the in year collection is captured in the performance indicator SCorp 07.	**PI Owner(s):**	zREV_PIAdmin; Scott Reid



Last Updated:	March 2021
Status:	
Current Value:	95.26%
Current Target:	95.9%
Red Threshold:	95.42%
Amber Threshold:	95.61%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

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 2021/22 has been reviewed and after taking in to account previous year performance, staffing levels and decreased payment from Water Direct has been set at 96.5%. 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.

2020/21

March 2021: In year collection is 0.64% below target. The improved deficit is due to customers paying over 12 months rather than 10. The below target performance can be attributed to the reduction in Water Direct income and the impact of COVID 19.

February 2021: In year collection is 0.84% below target. The improved deficit is due to customers paying over 12 months rather than 10. The below target performance can be attributed to the reduction in Water Direct income of £567,670.30 and the impact of COVID 19. Work continues with the issues affecting Water Direct income.

January 2021: In year collection is 1.15% below target. This decrease can be attributed to the reduction in Water Direct income of £442,031.52 and the impact of COVID 19. Work is ongoing to escalate the issues affecting Water Direct income.

December 2020: In year collection is 1.11% below target. This decrease can be attributed to the reduction in income from Water Direct of £361,663.19 and the impact of COVID 19. Work is ongoing to escalate the issues affecting Water Direct income.

November 2020: In year collection is 0.95% below target. This decrease can be attributed to the reduction in income of £324,753.31 from Water Direct and the impact of COVID 19. Work is ongoing with the IRRV and COSLA to escalate the issues affecting Water Direct income.

October 2020: In year collection is 0.86% below target. This decrease can be attributed to the reduction in income from Water Direct and the impact of COVID-19. The reduction on income from Water Direct has been escalated to COSLA

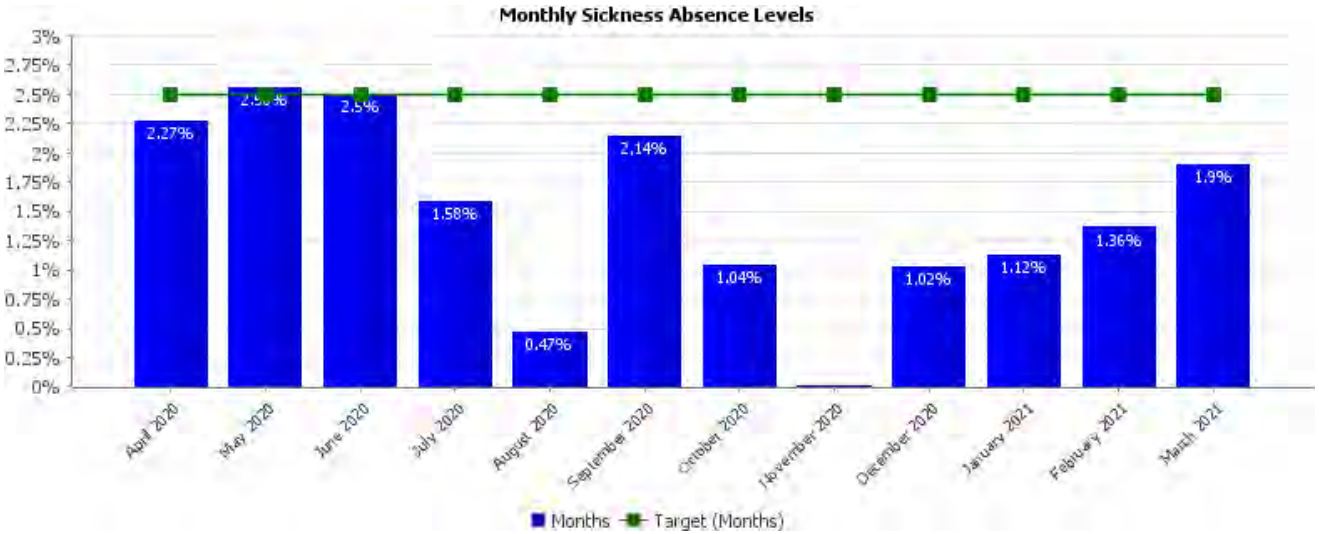
September 2020: In year collection is 0.71% below target. This decrease can be attributed to the reduction in income from Water Direct and the impact of COVID-19. The summary warrants for 2020/21 have now been passed to the Sheriff Officers for collection. The deficit in collection reduced slightly in this month compared to last month.

August 2020: In year collection is 0.76% below target. This decrease can be attributed to the reduction in income from Water Direct, the suspension of recovery for the first quarter of the financial year. Also the impact of COVID-19. There has also been an increase in CTRS. The first Summary Warrant run for 2020/21 was undertaken at the end of August.

July 2020: In year collection is 0.64% below target. Statutory reminders and Summary Warrants will be issued in August.

June 2020: In year collection is 0.41% below target. Non statutory reminders will be issued in July for 2020/21.
May 2020: In year collection is 0.44% below the target.
April 2020: In year collection is 0.04% below the target. Payments received in April 20 are up £475K on April 19 and the amount awarded in CTRS is up by £1.281 million compared to April 19.

PI Code & Short Name	**P:REV048a_7b.1 Monthly Sickness Absence Levels**		
Description	This performance indicator measures the levels of monthly sickness absence in the Revenues Unit. The monthly sickness statistics used for this performance indicator are recorded from data issued by HR services.	**PI Owner(s):**	zREV_PIAdmin; Scott Reid



Last Updated:	March 2021
Status:	✔
Current Value:	1.9%
Current Target:	2.5%
Red Threshold:	3%
Amber Threshold:	2.75%
Categories:	Absence - sickness; PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

For 2021/22 the target has been set by the Service Management Team for the Revenues Unit at 2.5%.

2020/21

March 2021: Sickness absence levels for March 2021 increased from the previous month. In March 2021 there were 20 sick days out of a possible 1,055 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 2.24% (116 out of 5,186) days for March 2021.

February 2021: Sickness absence levels for February 2021 increased from the previous month. In February 2021 there were 13 sick days out of a possible 954 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 2.31% (108 out of 4,669) days for February 2021.

January 2021: Sickness absence levels for January 2021 increased from the previous month. In January 2021 there were 12 sick days out of a possible 1,075 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 1.4% (72 out of 5,129) days for January 2021.

December 2020: Sickness absence levels for December 2020 increased from the previous month. In December 2020 there were 11 sick days out of a possible 1,075 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 1.53% (79 out of 5,156) days for December 2020.

November 2020: Sickness absence levels for November 2020 decreased from the previous month. In November 2020 there were 0 sick days out of a possible 1,040 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 1.6% (80 out of 5,007 days) for November 2020.

October 2020: Sickness absence levels for October 2020 decreased from the previous month. In October 2020 there were 11 sick days out of a possible 1,055 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 1.8% (93 out of 5,161) days for October 2020.

September 2020: Sickness absence levels for September 2020 increased from the previous month. In September 2020 there were 22 sick days out of a possible 1,026 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 2.52% (126 out of 5,002) days for September 2020.

August 2020: Sickness absence levels for August 2020 decreased from the previous month. In August 2020 there were 5 sick days out of a possible 1,075 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 1.54% (79 out of 5,144) days for August 2020.

July 2020: Sickness absence levels for July 2020 decreased from the previous month. In July 2020 there were 17 sick days out of a possible 1,075 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is above that of Finance and Property Services which is 1.28% (66 out of 5,146) days for July 2020.

June 2020: Sickness absence levels for June 2020 decreased from the previous month. In June 2020 there were 26 sick days out of a possible 1,040 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is above that of Finance and Property Services which is 1.54% (77 out of 4,995) days for June 2020.

May 2020: Sickness absence levels for May 2020 increased from the previous month. In May 2020 there were 28 sick days out of a possible 1,094 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 3.9% (202 out of 5,182) days for May 2020.

April 2020: Sickness absence levels for April 2020 increased from the previous month. In April 2020 there were 24 sick days out of a possible 1,059 days. All actions required under the policy are being undertaken in relation to sickness absence monitoring. Sickness absence in the unit is below that of Finance and Property Services which is 4.11% (207 out of 5,035) days for April 2020.

PI Code & Short Name	**P:REV122_6b.3 Total number of complaints received by the Revenues Unit**	**PI Owner(s):**	zREV_PIAdmin; Scott Reid
Description	This performance indicator (PI) measures the combined level of stage 1 and stage 2 complaints received.		

Last Updated:	Q4 2020/21
Status:	✔
Current Value:	21
Current Target:	25
Red Threshold:	28
Amber Threshold:	26
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

We have reviewed the target for 2020/21 and set it at 25 complaints received in the quarter. This target has been set taking into account previous years' performance and the impact on the service of COVID-19.

2020/21

Quarter 4: 21 complaints were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service. The number of complaints increased in this quarter with 71% of complaints not upheld.

Quarter 3: 19 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. The number of complaints increased in this quarter with 89% of complaints not upheld.

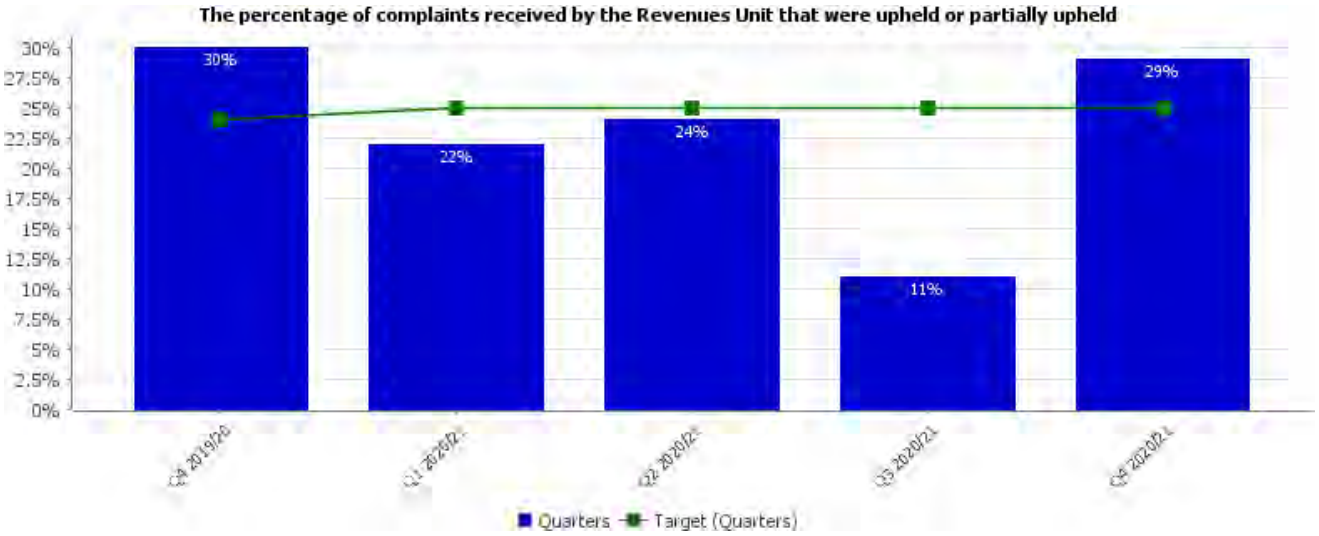
Quarter 2: 17 complaints were received during this quarter. Although there was no recurring content of complaints the largest volume received were linked to the standard of service. The number of complaints increased in this quarter with 76% of complaints not upheld.

Quarter 1: 9 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. The number of complaints decreased in this quarter with 78% of complaints not upheld.

2019/20

Quarter 4: 10 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. The number of complaints decreased in this quarter with 70% of complaints not upheld.

PI Code & Short Name	**P:REV123_6b.4 The percentage of complaints received by the Revenues Unit that were upheld or partially upheld**	**PI Owner(s):**	zREV_PIAdmin; Scott Reid
Description	This performance indicator (PI) 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.		



Last Updated:	Q4 2020/21
Status:	
Current Value:	29%
Current Target:	25%
Red Threshold:	27.5%
Amber Threshold:	25.5%
Categories:	PDSP_Partnership & Resources; PPR Public Performance Reporting

Trend Chart Commentary:

We have reviewed the target for 2020/21 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.

2020/21

Quarter 4: 1 of the 21 (5%) complaints received this quarter were part upheld with 5 (24%) upheld. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme.

Quarter 3: 2 of the 19 (11%) complaints received this quarter were part upheld. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme.

Quarter 2: 2 of the 17 (12%) complaints received this quarter were part upheld with 2 (12%) upheld. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme.

Quarter 1: 2 of the 9 (22%) complaints received this quarter were part upheld. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme.

2019/20

Quarter 4: 3 of the 10 (30%) complaints received this quarter were upheld. Although there was no recurring content of complaints the largest volume received were linked to the standard of service theme.