



Performance Committee

West Lothian Civic Centre
Howden South Road
LIVINGSTON
EH54 6FF

31 May 2023

A hybrid meeting of the **Performance Committee** of West Lothian Council will be held within the **Council Chambers, West Lothian Civic Centre, Livingston** on **Monday 5 June 2023 at 2:00pm**.

For Chief Executive

BUSINESS

Public Session

1. Apologies for Absence
2. Declarations of Interest - Members must declare any interests they have in the items of business for consideration at the meeting, identifying the relevant agenda items and the nature of their interests.
3. Order of Business, including notice of urgent business, declarations of interest in any urgent business and consideration of reports for information.

The Chair will invite members to identify any such reports they wish to have fully considered, which failing they will be taken as read and their recommendations approved.
4. Confirm Draft Minutes of Meeting of Performance Committee held on Wednesday 10 May 2023 (herewith)
5. Service Performance and WLAM Outcome Report - Community Care - Report by Depute Chief Executive (herewith)
6. Annual Complaint Performance Report 2022/23 - Report by Depute Chief Executive (herewith)
7. Customer Service Excellence - Assessment Report - Report by Depute Chief Executive (herewith)

DATA LABEL: Public

8. Workplan (herewith)

NOTE **For further information please contact Anastasia Dragona on tel. no. 01506 281601 or email anastasia.dragona@westlothian.gov.uk**



CODE OF CONDUCT AND DECLARATIONS OF INTEREST (2021)

This form is a reminder and an aid. It is not a substitute for understanding the Code of Conduct and guidance.

Interests must be declared at the meeting, in public.

Look at every item of business and consider if there is a connection.

If you see a connection, decide if it amounts to an interest by applying the objective test.

The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.

If the connection does not amount to an interest then you have nothing to declare and no reason to withdraw.

If the connection amounts to an interest, declare it as soon as possible and leave the meeting when the agenda item comes up.

When you declare an interest, identify the agenda item and give enough information so that the public understands what it is and why you are declaring it.

Even if the connection does not amount to an interest you can make a statement about it for the purposes of transparency.

More detailed information is on the next page.

Look at each item on the agenda, consider if there is a “connection”, take advice if necessary from appropriate officers in plenty of time. A connection is any link between the item of business and:-

- you
- a person you are associated with (e.g., employer, business partner, domestic partner, family member)
- a body or organisation you are associated with (e.g., outside body, community group, charity)

Anything in your Register of Interests is a connection unless one of the following exceptions applies.

A connection does not exist where:-

- you are a council tax payer, a rate payer, or a council house tenant, including at budget-setting meetings
- services delivered to the public are being considered, including at budget-setting meetings
- councillors’ remuneration, expenses, support services or pensions are being considered
- you are on an outside body through a council appointment or nomination unless it is for regulatory business or you have a personal conflict due to your connections, actions or legal obligations
- you hold a view in advance on a policy issue, have discussed that view, have expressed that view in public, or have asked for support for it

If you see a connection then you have to decide if it is an “interest” by applying the objective test. The objective test is whether or not a member of the public with knowledge of the relevant facts would reasonably regard your connection to a particular matter as being so significant that it would be considered as being likely to influence your discussion or decision-making.

If the connection amounts to an interest then:-

- declare the interest in enough detail that members of the public will understand what it is
- leave the meeting room (physical or online) when that item is being considered
- do not contact colleagues participating in the item of business

Even if decide your connection is not an interest you can voluntarily make a statement about it for the record and for the purposes of transparency.

The relevant documents are:-

- [Councillors’ Code of Conduct, part 5](#)
- [Standards Commission Guidance, paragraphs 129-166](#)
- [Advice note for councillors on how to declare interests](#)

If you require assistance, contact:-

- James Millar, Interim Monitoring Officer and Governance Manager, 01506 281613, james.millar@westlothian.gov.uk
- Carol Johnston, Chief Solicitor and Depute Monitoring Officer, 01506 281626, carol.johnston@westlothian.gov.uk
- Committee Services Team, 01506 281604, 01506 281621
committee.services@westlothian.gov.uk

January 2022

MINUTE of MEETING of the PERFORMANCE COMMITTEE held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 10 MAY 2023.

Present – Councillors Peter Heggie (Chair), Tony Boyle, Carl John and Maria MacAulay

Absent – Councillor Danny Logue

1. DECLARATIONS OF INTEREST.

No declarations of interest were made.

2. MINUTE

The committee approved the minutes of its meeting held on 27 March 2023. The Chair thereafter signed the minute.

3. SERVICE PERFORMANCE AND WLAM OUTCOME REPORT - HOUSING OPERATIONS

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive along with an accompanying presentation which provided an overview of the service assessment from the West Lothian Assessment Model process (2022/25) for Housing Operations. It also provided a summary of recommendations from the officer-led scrutiny panel that had been identified for action and were to be delivered by the service.

Following the presentation members took the opportunity to explore a number of themes raised in the presentation including the digitisation of housing information and alternatives to that; the reasons behind delays with void properties; and the provision of paint packs for new tenants.

With regards to secure tenancy rights a number of areas were explored and it was suggested that there was a lack of information on the matter available to communities. Therefore, it was suggested that information on this subject could not only be included in the FAQ section for online Housing services but also a narrative could be included in the housing reports that were presented to the nine local area committees.

The number of complaints received in 2022/23 was discussed and it was noted that the target for the service was 50 complaints per quarter. However, whilst there had been a slight increase compared to the previous year many of these were attributable to environmental type complaints such as grass cutting and over-hanging trees and hedges. The committee were advised that each month, all complaints were reviewed by an officer-led working group to ascertain where changes and improvements could be made and to engage with other service areas to facilitate any changes.

With regards to the staff survey results particularly employee satisfaction, committee enquired as to whether the figure of 54% was connected to the number of complaints received. Committee was advised that following the completion of the employee survey a focus group was held to further investigate this response rate and it was noted that it was mainly due to learning and development opportunities which management were looking to address and included mitigation measures around stress levels.

The presentation concluded and the Chair took the opportunity to thank the staff for all their efforts.

It was recommended that the Performance Committee :-

1. Note the outcome from the WLAM and Review Panel process
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

Decision

1. To note the content of the report and accompanying presentation
2. To agree that in future Housing Update reports to local area committees would include a section around the matter of Secure Tenancy Rights;
3. To agree the FAQ section on the Housing web pages would also include information on Secure Tenancy Rights.

4. SERVICE PERFORMANCE AND WLAM OUTCOME REPORT - HOUSING NEED

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive along with an accompanying presentation which provided an overview of the service assessment from the West Lothian Assessment Model process (2022/25) for Housing Needs. It also provided a summary of recommendations from the officer-led scrutiny panel that had been identified for action and were to be delivered by the service.

Following the presentation members took the opportunity to explore a number of themes raised in the presentation and included the availability of private lets. It was noted that there were around 100 less private landlords available compared to the previous year, which equated to a loss of around 150 properties. Where possible the council had encouraged any tenants effected to remain in the private let market so it could retain council stock for the most vulnerable tenants.

With regards to purchasing any properties that were once part of private landlords portfolio, officer's explained the various interventions that were

undertaken by the council's Landlord Registration Service with every effort being made to retain the property on the register. If any properties were former council houses and were in good condition then they could also be considered for the Open Market Acquisition Scheme.

Committee continued to seek clarification with regards to the housing needs of Ukrainian families heading to the UK later in the year. Officer's explained that information from both the UK and Scottish Government's was expected in the coming weeks but the usual approach to dispersal was on a pro-rata basis depending on the size of communities. It was also noted that an update on the matter had been presented to Council Executive at its meeting on 9 May 2023.

Alternatives to housing homeless persons in B&B's or hotels were explored by committee suggesting that those with spare rooms in large houses could be utilised. Officer's explained that it was a service that was currently provided but for young people only through the Night Stop Service operated by Rock Trust. It was also noted that Sharing Spaces was a service currently offered by the Council and usually involved two young male persons sharing one house that had been split into two self-contained accommodations with communal sharing space.

It was recommended that the Performance Committee :-

1. Note the outcome from the WLAM and Review Panel process
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

Decision

To note the content of the report.

5. WLAM PROGRAMME 2022/25 - PROGRESS REPORT ON YEAR 1 (2022/23)

The committee considered a report (copies of which had been circulated) by the Depute Chief Executive providing a summary of the progress made in year one (2022/23) of the council's three-year programme of self-assessment activity during the period 2022/23 to 2024/25.

Committee were advised that for the next meeting officer's would update the workplan to reflect the programme of services due to present to committee in 2023/24

Decision

1. To note the content of the report;
2. To agree that the workplan be updated in preparation of the next meeting and would include details of the programme of services

due to present to the Performance Committee in 2023/24

6. WORKPLAN

A workplan had been circulated for information.

Decision

1. To note the workplan.
2. To agree to update the workplan to reflect those service areas that would report to the Performance Committee in 2023/24.



PERFORMANCE COMMITTEE

SERVICE PERFORMANCE AND WLAM OUTCOME REPORT – COMMUNITY CARE

REPORT BY DEPUTE CHIEF EXECUTIVE

A. PURPOSE OF REPORT

The report provides Performance Committee with an overview of a service assessment from the West Lothian Assessment Model process (2022/25).

It also provides a summary of recommendations from the officer-led scrutiny panel that have been identified for action and are to be delivered by the service.

B. RECOMMENDATIONS

It is recommended that the Performance Committee:

1. Note the outcome from the WLAM and Review Panel process;
2. Note the recommendations for improvement;
3. Agree any other recommendations that may improve the performance of the service.

C. SUMMARY OF IMPLICATIONS

I.	Council Values	Focusing on our customers' needs; being honest, open and accountable; providing equality of opportunity; developing employees; making best use of our resources and working with other organisations.
II.	Policy and Legal	The West Lothian Assessment Model (WLAM) programme is a key part of the council's Best Value Framework, ensuring that there is robust internal scrutiny and support for continuous improvement of services.
III.	Implications for Scheme of Delegations to Officers	None
IV.	Impact on performance and performance indicators	The report provides a summary of performance indicators from a council service to support effective elected member scrutiny.
V.	Relevance to Single Outcome Agreement	The council has adopted an EFQM-based approach to performance management. This is reflected in the type of indicators used, including council indicators in the SOA.
VI.	Resources - (Financial, Staffing and Property)	From existing budget.

VII.	Consideration at PDSP/Executive Committee required	Service performance is considered at the appropriate PDSP on an ongoing, scheduled basis.
VIII.	Details of consultations	None.

D. TERMS OF REPORT

D.1 Background

Self-assessment is an important part of the council's Best Value Framework, ensuring that there is rigorous challenge of performance and continuous improvement is embedded at all levels of the organisation. Regular, programmed self-assessment is also an integral part of improvement planning and preparation for external inspection.

This report provides the outcome from the self-assessment of Community Care and the agreed recommendations for improvement for the service, as well as a summary overview of performance.

The WLAM applies an evidence-based, rigorous assessment model – the European Foundation for Quality Management (EFQM) framework. This requires employees to consider the long-term impact of the service in the stated strategic objectives. In detail, the service must consider the effectiveness of leadership, strategies, policies, processes and procedures and also, how effectively the service manages relationships with employees, partners and customers.

D.2 Service Overview

Head of Service: Jo MacPherson, Head of Social Policy

Service Manager: Robin Allen, Senior Manager

Service Manager: Karen Love, Senior Manager

Community Care comprises a wide range of services to ensure that adults and older people are protected and have access to care and support to meet their assessed needs. A number of services are delivered in an integrated manner such as Mental Health and Addiction services.

The Home First transformation programme has been established to ensure that people are only admitted to acute hospitals where there is a clinical need for this to happen and that where possible and appropriate, people should receive care and support at home or in a homely setting. The Health and Social Care Partnership has invested significantly in additional staff to help prevent unnecessary hospital admission and facilitate supported discharge through the Integrated Discharge Hub.

The main activities of the service are:

- Assessment and Care Management Services for adults and older people
- Purchasing of care home placements including respite
- Purchasing of community-based care and support services
- Engagement in the Integrated Discharge Hub
- Provision of Care at Home / Home First / Reablement and Crisis Care services
- Provision and management of council owned care establishments, including;

- Care Homes for older people
- Care Homes for adults with a learning disability
- Day care for adults
- Housing with care
- Joint management with NHS Lothian of the Community Equipment Store
- Provision of Home Safety Services and development of Telecare
- Access to employment
- Short breaks from caring
- Community Occupational Therapy

Community Care will continue to have a significant role in the Integration Joint Board (IJB) for health and care, contributing to the strategic priorities set out in the IJB Strategic Plan:

- Tackling Inequalities
- Prevention and Early Intervention
- Integrated and Coordinated Care
- Managing our Resources Effectively

Business Support Services report through this WLAM area and provide the following activities for all of Social Policy:

- Commissioning plan development, monitoring and review
- Policy and Change management
- Contract tendering and monitoring
- Administrative and clerical support
- Performance and Quality Assurance
- Management and development of the Social Policy Information Management systems
- Complaint handling
- Learning and Development
- Customer engagement

A summary of the service activities and resources is contained within the Corporate Services Management Plan 2022/23 ([link](#)).

D.3 Overview of the WLAM Self-Assessment

In February 2023, a WLAM assessment against the new EFQM Model 2020 was undertaken by the service to identify the service strengths and opportunities for improvement.

A summary of the key findings from the WLAM is as follows:

1. Community Care is the council's largest WLAM unit. The size of the WLAM unit did present some challenge in the self-assessment process due to the relative autonomy of the distinct business units under Community Care. Although there has been considerable effort to join up processes and journeys for clients, there remain opportunities to increase collaboration, sharing of information and codesigning service processes across the units.

2. The openness and enthusiasm of the employee group during the assessment process was evident and will be key strength for the service moving forward. There is a consistent and clear focus on meeting customer/client needs at all levels in the service.
3. Plans by the Scottish Government to create a National Care Service are still at an early stage but will undoubtedly influence the future strategic direction of the service. The current absence of detailed proposals or a clear timeline for implementation presents a challenge for any medium to long-term planning for Community Care and other parts of Social Policy.
4. Resourcing pressures coupled with an increasing demand for care services from an aging population are acute pressures for Community Care and have required the service to re-evaluate models of provision, including the implementation of the National Eligibility Criteria. This, in addition to the consequences of the pandemic, have had an impact in some key performance outcomes, such as; cost measures, delayed discharge and waiting times. It is predicted that the service will have to maintain this responsiveness and continue to adapt strategy and business models based on the challenges and opportunities (e.g. new technologies) that are forecast.
5. Employee resource levels and recruitment pressures in care are sector-wide challenges and the service is working to address this issue and to manage any impact on operational performance and employee morale. The service currently operates in a highly competitive market and, in line with the national actions to address this skill shortage, will need to continue review and adapt the local approach to recruitment and retention.
6. There is an opportunity to make better use of the available data and information in the service to drive performance and improvement. The service may consider how it can utilise business support resources to achieve better arrangements for the collection, reporting and management of information across the WLAM unit. As a needs-based service, a particular focus should be customer experience data that will inform improvements and transformation in service delivery.
7. The service has used technology to improve the experience of employees and customers with the introduction of Near Me platform for increased / more accessible engagement with parent and carers. The service is currently exploring options for service users to attend online Community Hubs through this platform.

D.4 WLAM Self-Assessment Scores

The WLAM process now starts with a corporate self-assessment. The corporate assessment was scored by EFQM Assessors in the corporate team, thus establishing a baseline corporate score for each criterion and a total overall score. Services self-assess against this baseline, using their own supplementary evidence and the views of staff about the implementation of corporate evidence to move beyond or below the baseline score.

The corporate application and score will both be reviewed each year to take account of council-wide improvements and changes. Service scores will also be recalibrated on this basis, addressing the imbalance that scheduling of assessments can sometime introduce in service scores – e.g. those early in the programme score lower typically than those at the end of the programme. This will also reduce the time taken in a self-assessment setting to score.

An overview of the services scores for 2022/25 programme is contained in Table 1.

Table 1: Corporate Procurement Service Scores				
RADAR Scores		Available Points*	Corporate Score	Service Score
DIRECTION	Purpose Vision & Strategy	100	65	67
	Organisational Culture & Leadership	100	60	63
EXECUTION	Engaging Stakeholders	100	65	71
	Creating Sustainable Value	100	65	66
	Driving Performance & Transformation	200	65	61
RESULTS	Stakeholder Perceptions	200	60	58
	Strategic & Operational Performance	200	75	55
Total Score		1,000	655	620

* a weighting factor is applied to criteria 4, 6 and 7.

D.5 Comparative Scores

As the EFQM Model has undergone a significant redesign, individual criterion scores are not comparable with past cycle criterion scores. However, the fundamentals of the EFQM Model remain and there is still value in tracking and comparing the current total score with previous total scores.

An overview of the service scores for the two past cycles is set out in Table 2:

Table 2: Service WLAM Scores (past)	
WLAM Cycle	Total Score
2014/17	456
2017/20	528

D.6 Review Panel Outcome

The Review Panel was held on 26 April 2023. The Panel comprised the Chief Executive (Chair), (Interim) Head of Housing, Customer and Building Services and the Road and Transport Services Manager.

The Review Panel recognised the dedication shown by all staff in Community Care in their efforts to continue to deliver a remarkable standard of service during the coronavirus pandemic and recovery process.

There are significant pressures in the service due to increasing demand for care from an aging population and resourcing challenges, which have had an impact on some key performance

outcomes. The Panel has confidence that the service leadership team is well placed to continue to meet the challenges in years ahead.

The Panel encourage the service to look for further opportunities to improve employee satisfaction results through greater engagement, involvement and working with staff to explore and resolve any issues that may be causing dissatisfaction.

The Panel acknowledged the upcoming challenges the service will face as a result of budget measures and uncertainty about the National Care Service. The service should continue to identify effective techniques to engage and work collaboratively with partners throughout service transformation.

The Panel recognised the positive performance results presented by the service and thanked the service managers and Head of Service for their attendance and comprehensive information that they provided in response to questions.

Table 3: Review Panel Outcome		
Review Panel Cycle		
Cycle 1	The service will return to the panel within three years	
Cycle 2	The service will return a report to the Panel within 12 months, who will determine if the service will move to Cycle 1 or 3	✓
Cycle 3	The service must return to the Review Panel no later than one year (12 months) from the date of the last report.	

This outcome was determined as the Panel would like the service to return improved employee satisfaction results within the next 12 months.

D.7 Recommendations for Improvement

The Panel accepted the improvement actions proposed by the service (Appendix 1).

In addition, the Panel recommend that the service:





1. The Panel encouraged the service to increase the focus on improving staff perception results and identifying ways to work with staff to explore and resolve any issues that may be causing dissatisfaction.
2. The service is encouraged to make better use of the available data and information to drive improvement. The service should utilise business support resources to achieve better arrangements for the collection, reporting and management of information.
3. The service should continue to identify effective techniques to engage and work collaboratively with partners through changes in service delivery and processes.

Progress in these actions will be reviewed at the next Review Panel.

D.8 Service Performance

The service has a total of 90 performance indicators on the council's performance management system (Pentana), 46 of those indicators were scrutinised by the Panel. The Panel view a more focused set of indicators to maximise their time on the most important measures of performance.

At present, the status of the 90 indicators is as follows:

Table 4: Summary of Performance Indicator status (RAG)	
Status (against target)	Number of PIs
 Green	44
 Amber	23
 Red	20
 Unknown	3

An overview of the performance indicators categorised as Public or High Level for the service is included in Appendix 2.

D.9 Service Benchmarking

The service engages in benchmarking at a national level through the use of LGBF performance indicators which benchmark customer satisfaction, spend performance, readmissions rate, care inspections and delayed discharge.

The service also actively engages with National and Local Groups to share best practice and learn from emerging issues in other areas.

E. CONCLUSION

Community Care completed the WLAM process as part of the council's corporate programme of self-assessment. This is a critical part of the council's internal scrutiny arrangements and helps to ensure that excellent practice and performance is supported and that the principle of continuous improvement is adopted in all council services.

The service achieved a total score of 620 and was placed on Cycle 2 by the Review Panel and will return to the Review Panel within 1 year to provide an update on progress on improvement actions and performance.

BACKGROUND REFERENCES

Social Policy Management Plan 2022/23

[Management Plan 2022 - 23 Social Policy - Final - following PDSP.pdf \(westlothian.gov.uk\)](#)

Appendices/Attachments: 2

Appendix 1_Service Improvement Actions

Appendix 2_Performance Indicator Report

Contact Person: rebecca.kelly@westlothian.gov.uk Phone 01506 281891

Graeme Struthers
Depute Chief Executive








5 June 2023








APPENDIX 1

WLAM IMPROVEMENT PLAN 2022/25

CORPORATE PROCUREMENT

IMPROVEMENT ACTIONS 2022/25						
Action 	Description 	Desired Outcome 	Responsible Officer 	Start Date 	End Date 	Status Update 
Review and adapt approach to recruitment	<p>The service will review the strategy for resourcing and recruitment, considering options for engaging new talent.</p> <p>Review and update the current job descriptions.</p>	<p>The service will position it's within the market as an employer of choice.</p> <p>Increased employee satisfaction results.</p>	<p>Business Support Group Manager</p> <p>Social Care Recruitment Chair</p>			
Encourage collaborative working relationships across Community Care	<p>Increase collaboration, sharing of information and codesigning service processes across all areas of the service</p>	<p>Successfully embed a cohesive approach to collaborative working, knowledge sharing and employee engagement across the service.</p>	Community Care Management Team	April 2023	April 2024	

IMPROVEMENT ACTIONS 2022/25						
Action 	Description 	Desired Outcome 	Responsible Officer 	Start Date 	End Date 	Status Update 
Improve employee learning and development opportunities	The service will strengthen the development opportunities available to employees to encourage career progression.	Improved workforce planning and professional development for employees.	Customer & Community Engagement Group Manager	April 2023	April 2024	
Strengthen the approach to customer engagement	The service will continue to review and enhance the approach to customer engagement and interaction with clients.	Improve customer satisfaction with communication from the service. Improve response to customer consultation.	Community Care Management Team	April 2023	June 2023	
Promote service achievements	Promote good performance to customers/clients and other stakeholders.	Encourage employees to deliver outstanding customer service and increase morale.	Community Care Management Team	April 2023	April 2025	
Clearly define and communities service standards and priorities with customers and stakeholders	The service will improve communication and information shared with customers/clients and stakeholders to define service models.	Customers and stakeholders have a clear understanding of service standards and access the right service for them.	Community Care Management Team	May 2023	March 2026	

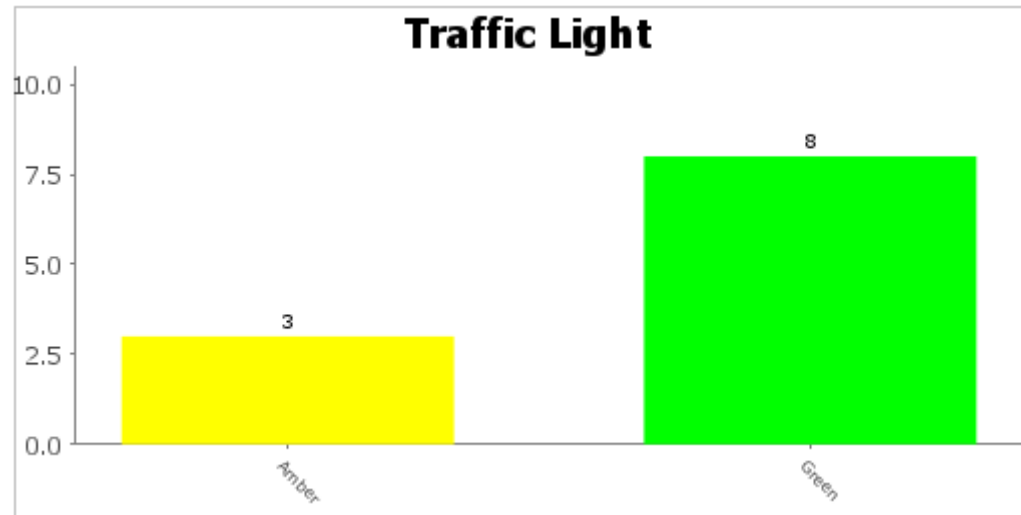
IMPROVEMENT ACTIONS 2022/25						
Action 	Description 	Desired Outcome 	Responsible Officer 	Start Date 	End Date 	Status Update 
Evaluate opportunities that exist in the ecosystem and continue to work to identify future risks that may impact on service delivery	Use predictive measures, collaborative working approaches and experience to prepare for changes in customer demand and new technologies.	Meeting customer/clients current and future need and demand. Employees will be equipped to manage future demand.	Community Care Group Managers	April 2023	March 2026	
Make better use of available data and information to drive performance and improvement	The service will consider opportunities to achieve better arrangement for collecting, reporting and management of data and information.	Realignment of data and information. Embedded performance culture within the service people.	Community Care Management Team	April 2023	March 2024	

APPENDIX 2

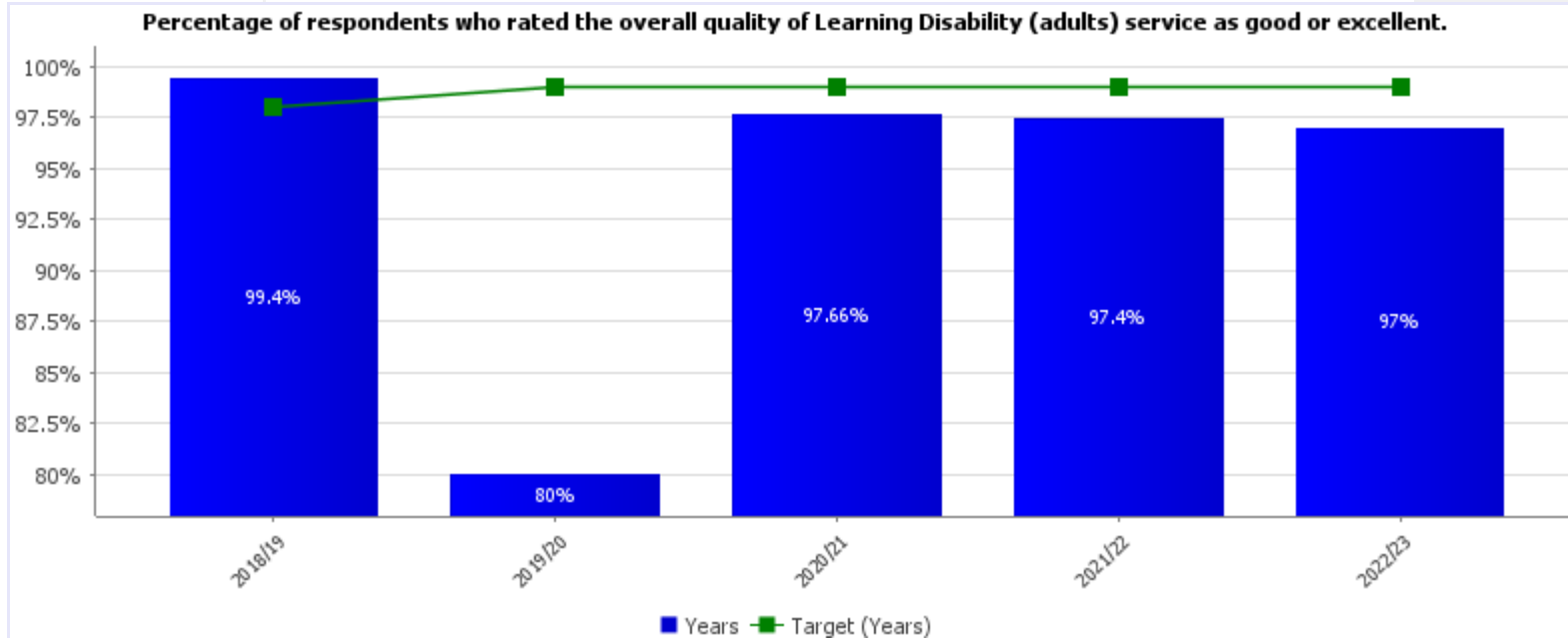
Community Care – Performance Committee

Data Label : OFFICIAL

Generated on: 25 May 2023 09:43



PI Code & Short Name	P:SPCC001_6a.7 Percentage of respondents who rated the overall quality of Learning Disability (adults) service as good or excellent.	PI Owner	zSPCC_PIAAdmin; Senior Manager – Adults (K.Love)
Description	The Service conducts an annual customer survey. This performance indicator measures the overall quality as good or excellent using a survey designed for the particular needs of this group of service users. This indicator records the percentage of service users who consider the service provided as good or excellent. Customer insight into the overall quality of the service is a good measure of the effectiveness of the service.	Traffic Light Icon	🟢
		Current Value	97%
		Current Target	99%



Trend Chart Commentary:

The general trend for this indicator over the last 5 years demonstrates (through service user feedback) a high level of satisfaction with the quality of the service they receive. There was a slight dip in performance during 2019/20 as a result of a reduced survey return.

2022/2023

During this period performance in this area has remained relatively stable at 97%. There were 96 returned surveys which is a slight decrease on the previous year. The service is currently reviewing how they engage and gain feedback from customers with a view of moving to an electronic survey.

Performance target will remain at 99% which will continue to reflect the services commitment to providing a high quality service for adults with learning disabilities.

2021/22

During the period 2021/22 adult day services continued to operate to reduced capacity in line with Scottish Government guidance, this has resulted in some individuals not receiving their full allocation of service however all individuals across all services have been offered a minimum of twice weekly access to day support. 113 individuals from 116 responses rated the service as good - excellent.

Performance trends reflect the continued commitment of the teams to provide excellent customer care and personalised services for the needs of people with Learning Disabilities.

The target for 2021/22 has been reviewed and will be set at 99% to reflect the service commitment to maintaining excellent standards.

2020/21

During this period service delivery remain restricted as a result of ongoing restrictions in relation to the covid-19 pandemic, despite this service continued to achieve 97% satisfaction rate and whilst this is lower than the service target it still suggest a level of satisfaction with the service provided.

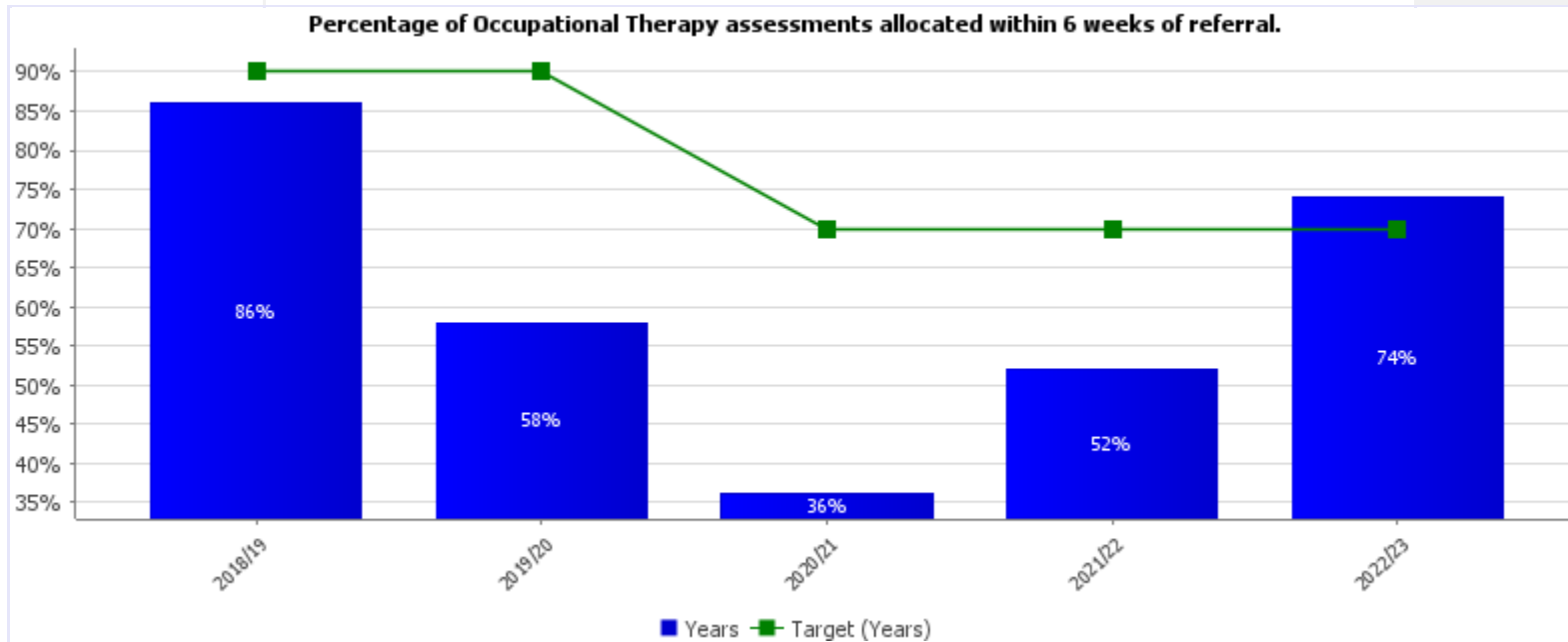
The service target will remain at 99% to reflect the service commitment to maintaining high standards in respect of customer satisfaction.

2019/20

This period saw performance in this area reduce from 99% the previous period to 80%. In a review and analysis of the submitted survey's there is no apparent reasoning to account for this dip in performance.

During this period all building based day support services were suspended inline with national guidance resulting in some individuals no longer being able to attend their service.

PI Code & Short Name	CP:SPCC014_6b.5 Percentage of Occupational Therapy assessments allocated within 6 weeks of referral.	PI Owner	zSPCCOT_Admin; Senior Manager – Adults (K.Love)
Description	Occupational Therapy service has a service standard which indicates that referrals requesting Occupational Therapy assessment will be allocated within 6 weeks of receipt of referral. This indicator measures the percentage of assessments allocated within this target schedule and the data allows the service to understand how efficiently the assessment process is working. This performance indicator is part of the performance scorecard for the council's Corporate Plan and will contribute to priority 6 which is delivering positive outcomes on health.	Traffic Light Icon	🟢
		Current Value	74%
		Current Target	70%



Trend Chart Commentary:

Over the past five years the percentage of assessments allocated within six weeks has declined.

During 2021/22 there was an improvement in this area of performance as a result of a review and change to systems that support a more timeous referral process for our customers and this upward trend has continued for period 2022/2023.

2022/2023

During the 2022 / 2023 year the service has reviewed and altered duty processes creating efficiencies in service delivery. This has included development of h waiting list initiatives; upskilling employees; making changes to the first point of contact duty service as well as promoting more timely and efficient processes between services. This range of activity has resulted in a

significant increase in performances of 22% on performance since the previous year. This upward trend should also be seen in the context of the service experiencing an increase in referral rates over this period with the service receiving 1940 requests for assessment which is an increase of 440 on the previous period.

Performance of 74% demonstrates an upward trend and as such the target for 2023/24 will increase to 80% which is considered realistic but appropriated challenging for the service.

2021/22

Over this period the service allocated 1500 individuals for assessment with 52% of these being allocated within the service standard of 6 weeks. This is an increase of 16% on the previous period.

During 2021/22 the OT service continued to experience impact on staffing levels especially during the winter months when some staff were redeployed to support WLC1 activity. This resulted in the wait time for allocation increased from 6-8 weeks.

Requests for assessment continue to remain high however the service has implemented changes to the screening and triaging of referrals will see a further improvement in this area and therefore the target will remain at 70%.

2020/21

Performance in this area over 2020/21 was significantly impacted by the COVID19 pandemic where staff were re-deployed to work in other areas of critical need. This impacted on the services ability to progress assessments.

The service is now fully staffed and we have already seen a significant increase in allocated cases as COVID 19 guidelines change, allowing strategies to be put into place to progress with service delivery.

With the service returning to a remobilising following COVID19 it is expected that the service will see an improvement in this area and the target will remain at 70%

Following the implementation of the new policy in 2018/19 and subsequent initiatives put in place to address the dip in performance as a result and which will need time to embed, the target set will be 70% 2021/21. As a result, the target percentage of 70% set form the previous year will remain the same for 2021/22


2019/20

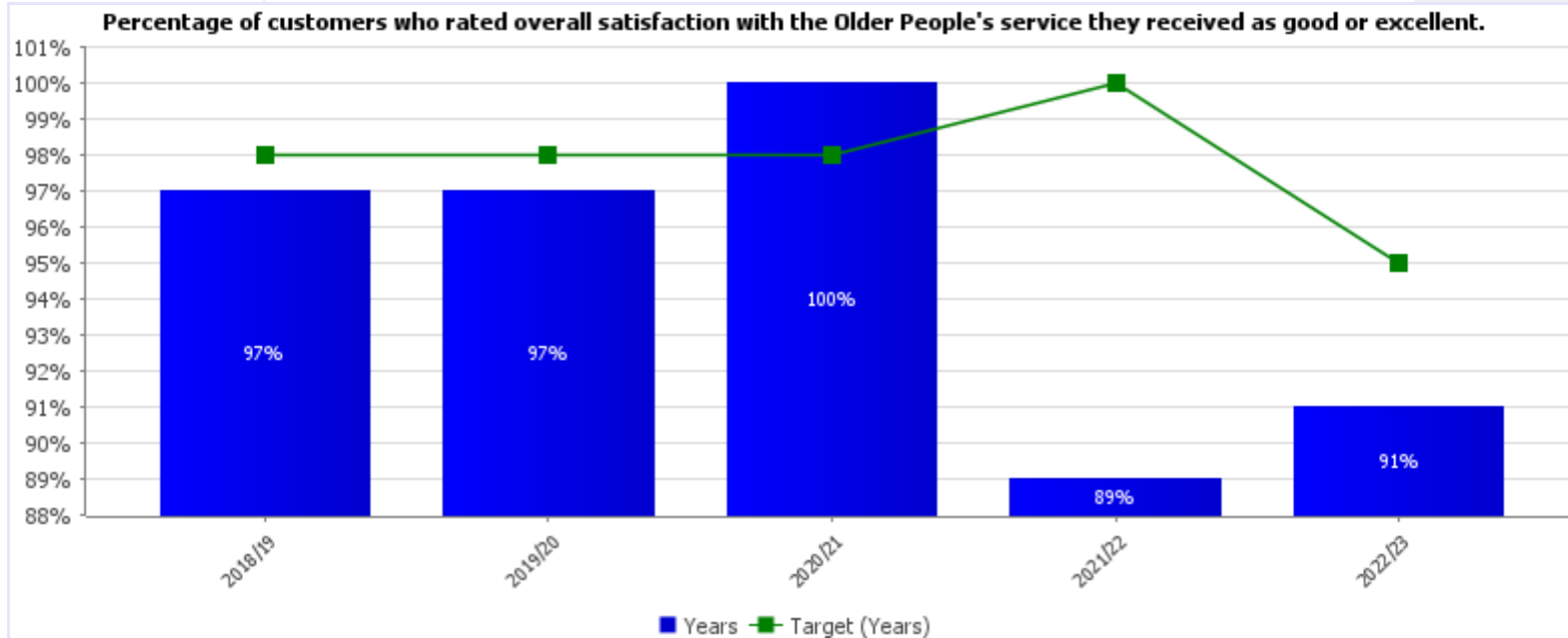
Overall performance for the year 2019 / 2020 had dropped 27.64% from the previous year. The tentative outcome of these results is likely due to varying reasons due to policy and service changes in relation to the implementation of the new eligibility and contributions policies which impacted on the way in which assessments were progressed.

Following the implementation of the new policy in 2018/19 and subsequent initiatives put in place to address the dip in performance as a result and which will need time to embed, the target set will be 70% 2021/21. As a result, the target percentage of 70% set form the previous year will remain the same for 2021/22.

2018/19

2034 cases allocated which equates to an 86% trend across the year.

PI Code & Short Name	P:SPCC017_6a.7 Percentage of customers who rated overall satisfaction with the Older People's service they received as good or excellent.	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	Older People's service conducts an annual survey of all its customers. This indicator measures the percentage of respondents who rated the overall quality as good or excellent. This survey relates to the activity of the service teams which carry out assessment for Older People's services. Satisfaction with the overall quality of the service is an important indicator of effectiveness and customer insight is used to inform service improvements.	Traffic Light Icon	
		Current Value	91%
		Current Target	95%



Trend Chart Commentary:

Performance in relation to customer satisfaction over the proceeding four years is variable, although consistently reporting above 90% with the exception of 2021/22 at 89%.

The service is committed to sustaining high standards of satisfaction and will support this by; responding to customer comments and suggestions; collating improvement actions from complaints and regularly reviewing care plans in consultation with service users and their carers

2022/2023

Customer satisfaction improved over this period although was lower than the agreed target. Review of feedback provided no clear reason for performance being below the current target. The service remains committed to sustaining high standards of customer satisfaction and will continue to support this through ongoing analysis of customer complaints, engagement and feedback.

The target has been adjusted to 95% to reflect positive progress in previous years. Whilst this means performance is currently within amber range it demonstrates a commitment to improve performance to previous years.

2021/2022

Customer satisfaction during this period reduced to 89% from 100% the period period. Written feedback provided through the surveys could highlight no clear reasoning for the drop in performance with written feedback in general praising staff for the service provided.


2020/21

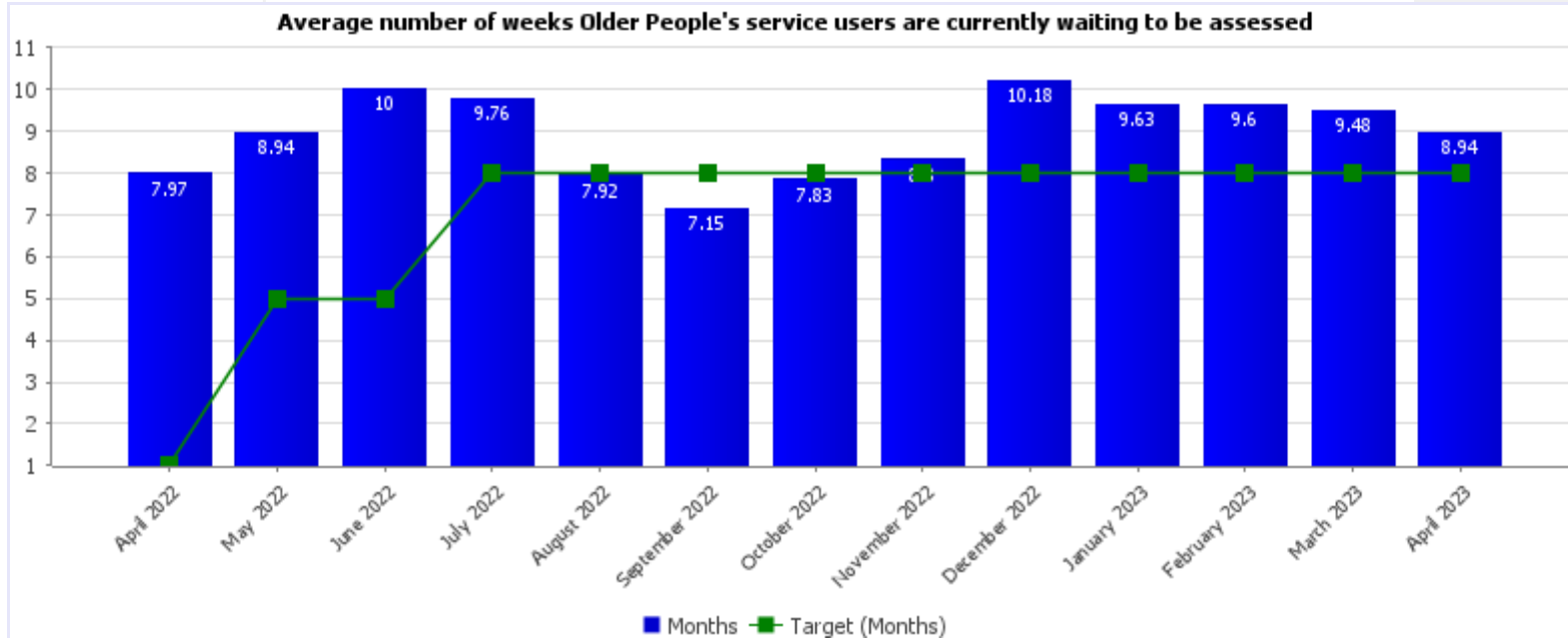
Customer satisfaction during this period was 100% this is an increase on the previous period and was inline with the service target.

2019/20

During this period 97% of those who returned the customer satisfaction survey rated the service as good or excellent which is the same as the previous year.

The service is committed to sustaining very high standards of satisfaction and will support this by; responding to customer comments and suggestions; collating improvement actions from complaints and regularly reviewing care plans in consultation with service users and their carers.

PI Code & Short Name	P:SPCC018_6b.5 Average number of weeks Older People's service users are currently waiting to be assessed	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	This indicator measures the average number of weeks Older People's service users are waiting to be assessed for support to meet their needs. This indicator is updated with information from a report run from Social Policy Information database on the last day of each month. This indicator is used to measure the efficiency and responsiveness of the service as it clearly demonstrates the capacity within our systems and processes to deal with the number of clients who present to us requiring an assessment.	Traffic Light Icon	
		Current Value	8.94
		Current Target	8



Trend Chart Commentary:

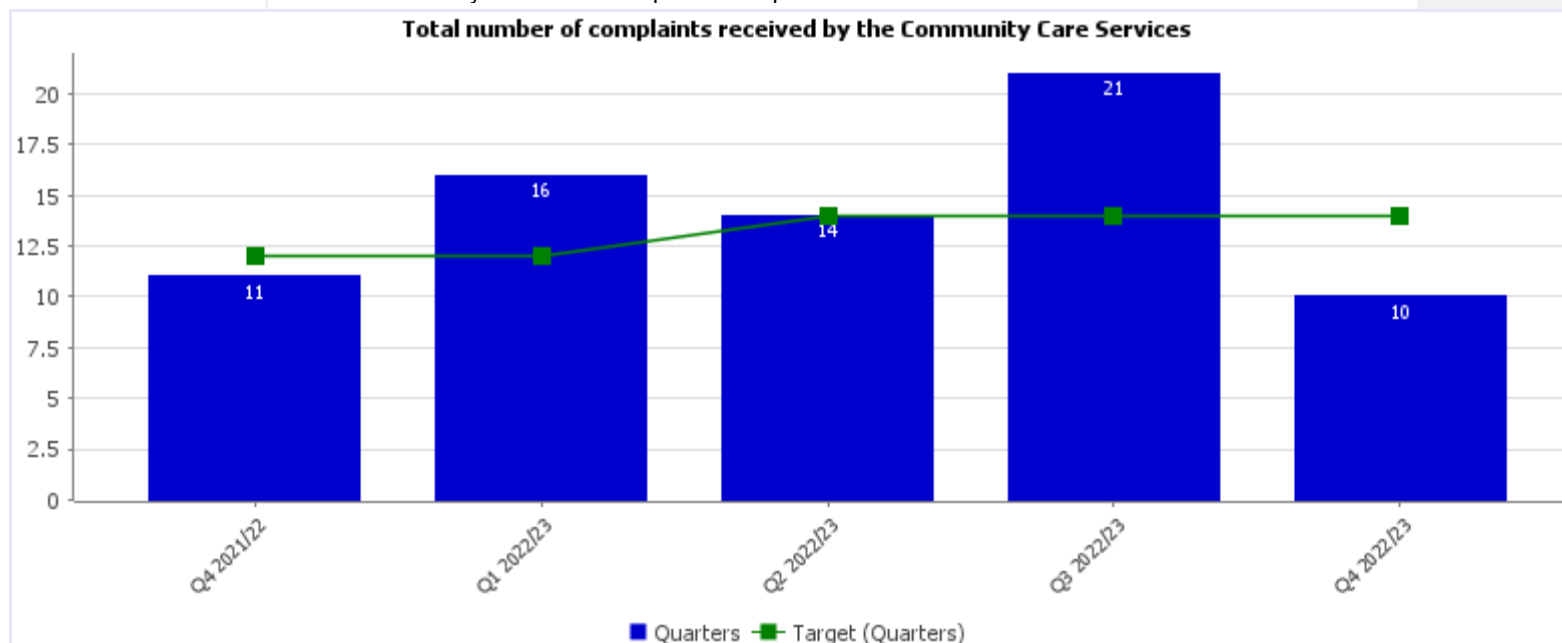
Wait times for assessment increased at the end of 2022 however have decreased over the first four months of 2023, however continue to sit out with target. A number of actions have been progressed to support improvements in wait times, this includes investment in assessment activity for individuals awaiting a care at home service. Work is being progressed to review and align resources within the team to better meet demand and reduce waiting times. Additional emphasis is being placed upon reviewing assessment performance within the team and identifying any barriers to improvement e.g. weekly assessment outcome reports. Activity associated with assessment, reviews and unmet need is scrutinised within Integration Joint Board Homefirst programme to identify challenges and improvement actions.

Assessments linked to Adult Support & Protection are directed to central team to ensure necessary activity is progressed without delay.

The target has been reviewed and aligned with indicator for number of assessments completed with 8 weeks of allocation, this will remain under review as practice of the assessment/review team is further imbedded.

Benchmarking activity has been progressed with available published data. Public Health Scotland data reports on numbers of people waiting for a social care assessment as a rate per 1,00 population aged 18 and over. West Lothian scores favourably against the Scottish average which is 1.69 versus 0.73 for West Lothian.

PI Code & Short Name	P:SPCC038_6b.3 Total number of complaints received by the Community Care Services	PI Owner	zSPCC_PIAdmin; Senior Manager – Adults (K.Love); Senior Manager – Older People (R.Allen)
Description	This indicator measures the total number of complaints received by Community Care. It is the total number of complaints received by Community Care 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 information is recorded on the council's Complaints Records Management system which allows systematic performance reporting and analysis of trends. Complaint outcomes are analysed to inform improvement plans.	Traffic Light Icon	🟢
		Current Value	10
		Current Target	14



Trend Chart Commentary:

Performance across range of Q4 2021/22-Q4 2022/23 has remained variable.

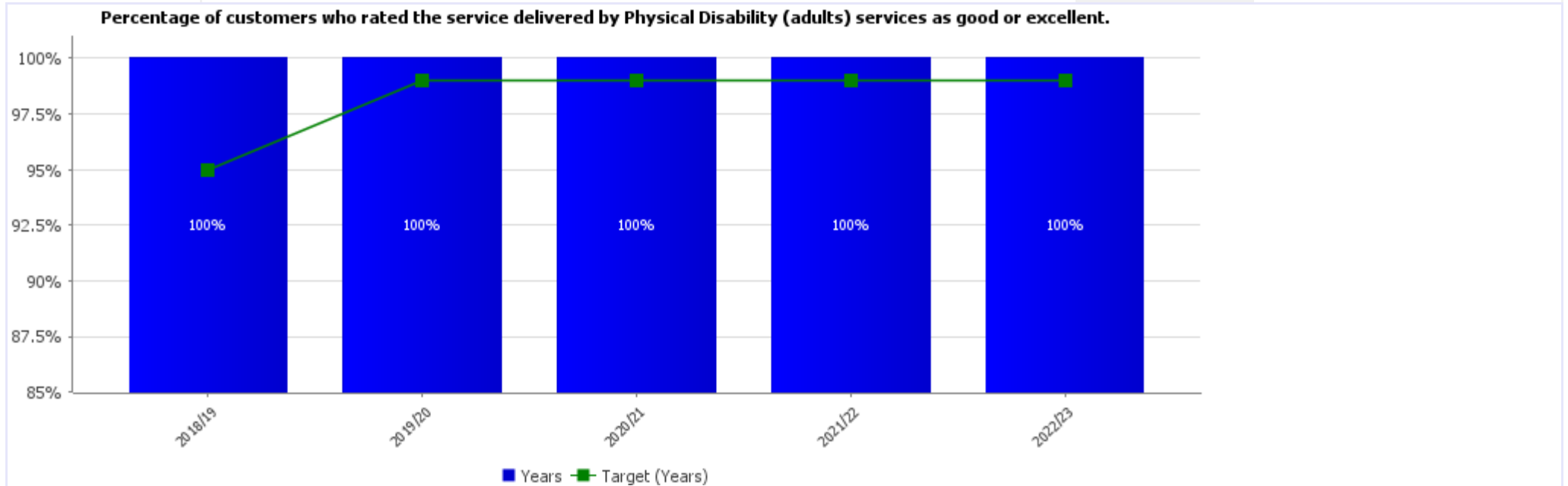
In **Q4 2022/23** the number of complaints dropped to a five-quarter low.

Ten complaints were recorded in Q4 which is a reduction of 11 from the previous quarter. 6 complaints were investigated as Stage 1 and 4 investigated at Stage 2. Performance in this area continues to be monitored by members of the senior management team. There is regular review at team meetings to identify any potential trends or learning opportunities.

Over **Q3 2022/23** the number of complaints received by the service was 21, which is the highest level over the full reporting period. Of the 21 complaints received in Q3 2022/23, over half (12) were stage 2 complaints suggesting a level of complexity to the nature of the complaint which require greater investigation and scrutiny, reflecting the complex and challenging work being undertaken by officers. During the same quarter 2021/22 there were 17 complaints received in total with 5 of these being investigated as a stage 2 complaint.

Complaints are systematically analysed both at an individual and aggregate level to identify trends and areas for improvement. There remains close managerial oversight in order to identify any issues and themes to ensure that appropriate action is progressed in a timeous manner. Learning from complaints is considered at staff meetings and staff supervision. Target will remain at 14 for Q1 2023/24.

PI Code & Short Name	CP:SPCC072_6a.2 Percentage of customers who rated the service delivered by Physical Disability (adults) services as good or excellent.	PI Owner	zSPCC_PIAAdmin; Senior Manager – Adults (K.Love)
Description	This performance indicator measures the percentage of customers that rated the overall quality of our service as good or excellent. Collated annually as part of our regular surveying activity, customers are asked to rate the quality of the service provided as; excellent, good, adequate, poor or very poor. The results are analysed to identify improvements to the way the service is delivered to customers. Overall satisfaction with delivery is recognised as one of the key drivers of overall customer satisfaction. This performance indicator is part of the performance scorecard for the council's Corporate Plan and will contribute to priority 6 which is delivering positive outcomes on health.	Traffic Light Icon	✓
		Current Value	100%
		Current Target	99%



Trend Chart Commentary:

The general trend for this indicator over the last 5 years demonstrates (through service user feedback) that service users report a high level of satisfaction with the quality of the service they receive and we have consistently reached our target.

2022/2023

Customer satisfaction surveys issued reported that 100% of those who returned surveys reported the overall satisfaction with the service rating this as good or excellent. The service remains committed to providing good quality support to individuals with physical disabilities. In reviewing the target this will increase to 100% due to the service consistently achieving 100% in this area.

2021/22

Information taken from annual customer satisfaction survey in 2021/22, the service continues to meet the agreed target and demonstrate that those who are attending the service believe that the service they receive is good/excellent.


Performance trends reflect the continued commitment of the teams to provide excellent customer care and personalised services for the needs of people with Physical Disabilities. The target for 2022/23 will remain at 99% to reflect the service commitment to maintaining excellent standards.

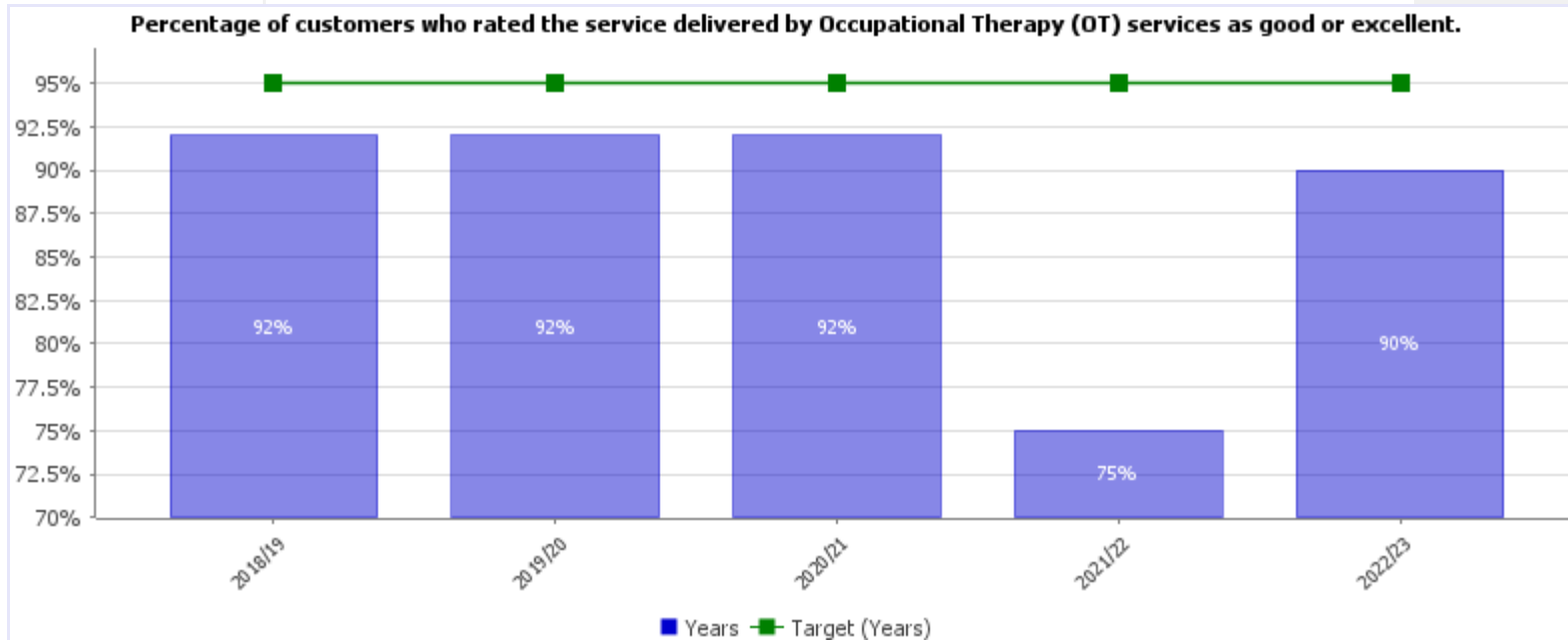
2020/21

Performance in 2020/21 exceeded our target despite the challenges faced during the COVID19 pandemic and the temporary suspension of some day care services, still demonstrates high levels of satisfaction. We expect to see a sustained performance in this indicator as service continue to re-mobilise.

2019/2020

100% performance achieved in this area.

PI Code & Short Name	SPCC082_6a.2 Percentage of customers who rated the service delivered by Occupational Therapy (OT) services as good or excellent.	PI Owner	zSPCCOT_Admin; Senior Manager – Adults (K.Love)
Description	This performance indicator measures the percentage of customers that rated the overall quality of our service as good or excellent. Collated annually as part of our regular surveying activity, customers are asked to rate the quality of the service provided as; excellent, good, adequate, poor or very poor. The results are analysed to identify improvements to the way the service is delivered to customers. Overall satisfaction with delivery is recognised as one of the key drivers of overall customer satisfaction	Traffic Light Icon	
		Current Value	90%
		Current Target	95%



Trend Chart Commentary:

2022/23

For the year 2022 / 2023 248 surveys were issued with a 57 return. 90% of the surveys rated the service overall as excellent or good which is a 15% increase from the previous year achieving the agreed target. Written feedback provided through the surveyors highlighting how attentive staff were, listening to their needs and keeping them informed.

Over the year the service has worked hard in focussing on strategies to reduce wait-times and promoting the customer experience. This has been achieved following service development initiatives overall with one main change being in the first point of contact duty service. This is a 15% increase on the levels of satisfaction over the previous year, suggesting that the developments implemented by the service over this period has resulted in improvements in the service delivery.

The service also recognises that there is a decrease in the number of completed survey's being returned. The service is currently developing an online survey with the aim of increasing customer participation.

The target of 95% will remain for the coming year this is considered to be realistic but appropriately challenging for a service of this nature

2021/22

For the year 2021/2022 there were 48 surveys returned from a total of 206. 36 (75%) surveys rated the service as excellent or good. This is an overall 17% reduction from the previous year and 20% reduction on the service target of 95%. Written feedback provided through surveys suggest that the drop-in performance may have been a result of communication needs not being met with customers however, there were a number of comments highlighting how well the service had performed.

Service Standards in relation to communication with customers has been reviewed within the teams.

Target has been reviewed and amended to 90% which is considered to be realistic but appropriately challenging for a service of this nature.

2020/2021

For the year 2020/2021 there were 115 surveys sent out where 51 were returned. 47 surveys equating to 92% of the overall return rate highlighted excellent or good for service delivered. This is the same rating as the previous year. Overall written feedback provided through the surveys indicates a general satisfaction with the service provided.

Service target to remain at 95% in recognition of the services commitment to ensure positive customer experience provided by the OT service.

Whilst recent trend rates have been consistent at 92% the target will remain at 95%.

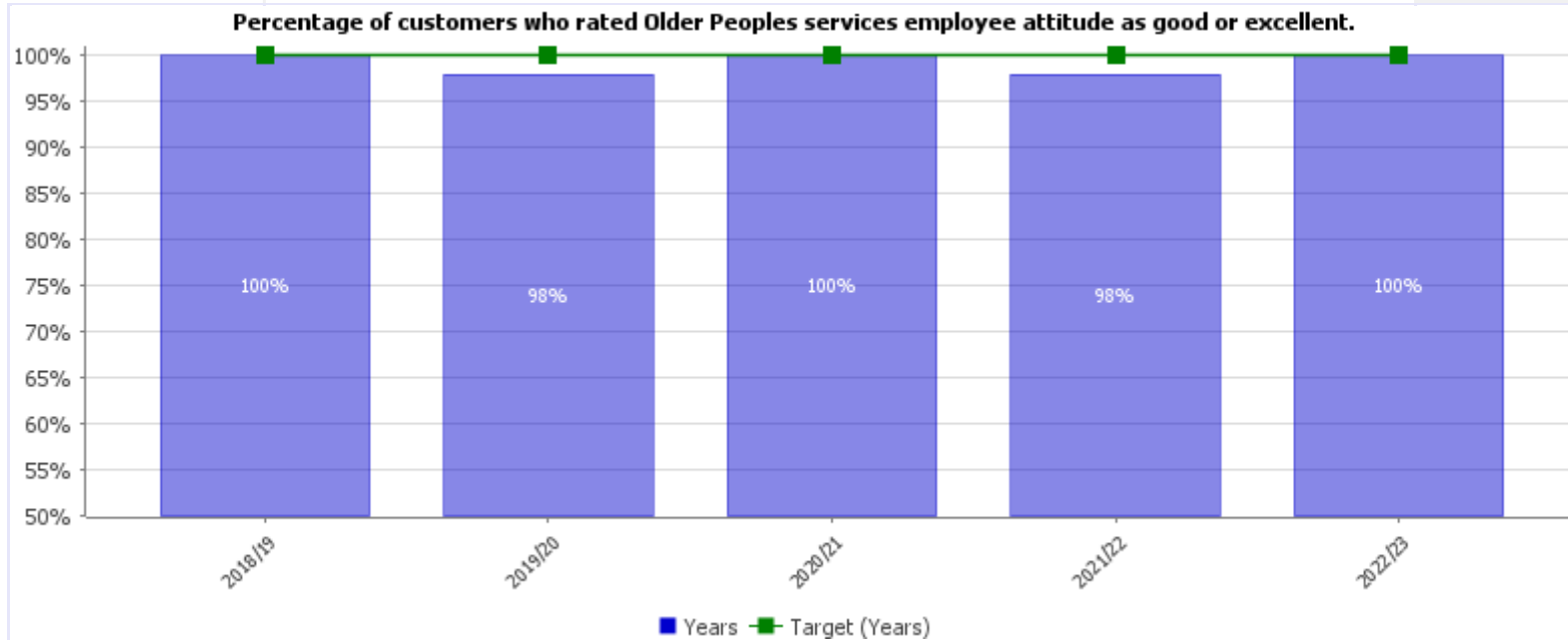
2019/2020

For the year 2019/2020 there were 122 customer respondents where 112 responses were rated as excellent or good. 7 responses were rated as adequate with 2 ratings as poor. 1 rating referred to another service therefore could not be considered. The 92% trend rate remains equitable from the previous year, therefore the 95% target for the 2020/2021 will remain.

2018/2019

For the year 2018/2019 there were 99 responses from which 93 rated the OT services as good or excellent. The percentage trend is up by 2% from the previous year i.e. 92% compared to 90% in 2017/2018. There were 5 responses rated as 'Adequate' and 1 response rated as 'Poor'. There were no comments to explain these ratings.

PI Code & Short Name	SPCC094_6a.4 Percentage of customers who rated Older Peoples services employee attitude as good or excellent.	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	This performance indicator measures the percentage of customers that rated the attitude of employees who deliver our service. Collated annually as part of our regular surveying activity, customers are asked to rate the quality of the service provided as; excellent, good, adequate, poor or very poor. The indicator measures how polite, friendly and sympathetic employees were to customer needs and the results are used to identify improvements in the way service is delivered to customers. Employee attitude is recognised as one of the key drivers of overall customer satisfaction.	Traffic Light Icon	🟢
		Current Value	100%
		Current Target	100%



Trend Chart Commentary:

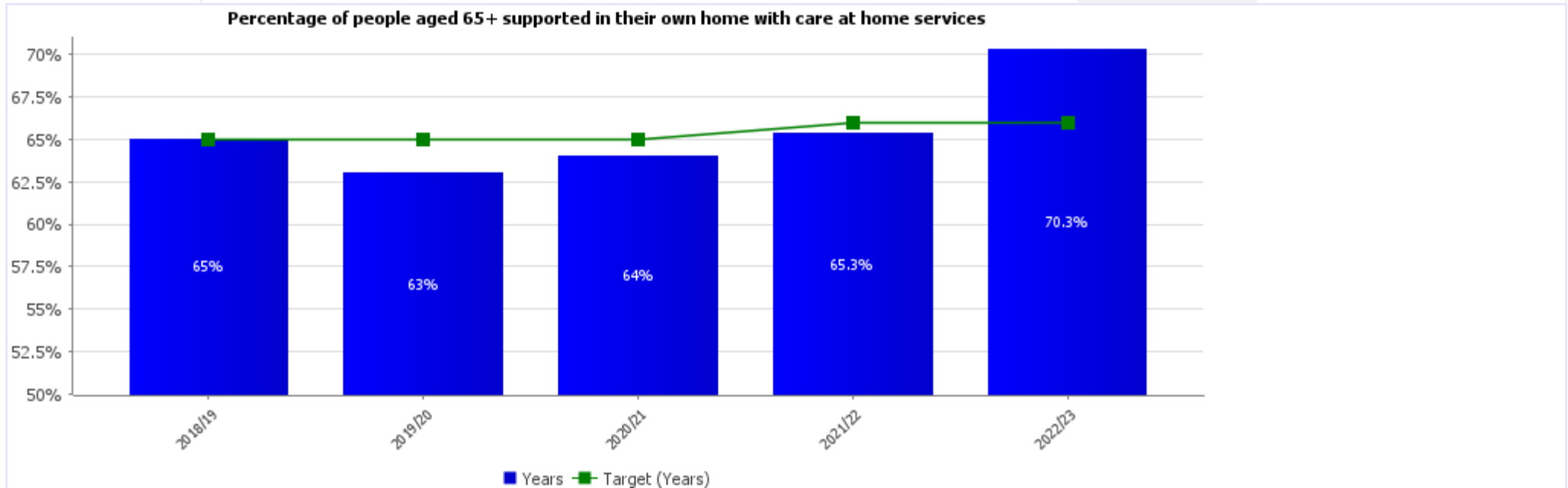
Performance with this indicator remains consistently positive for 2022/23 scoring 100%, this is an increase in previous years performance. This is based upon an improved response rate from customers - 99 responses received vs 47 in 2021/22. All 99 reported excellent. This an encouraging for the service.

Previous years noted limited returns however continued to reflect positive performance. In 2020/21 there were 24 responses in the period measured as compared to 38 in the previous year. This is a reduction in the number of responses and is a result of fewer customer surveys having been sent out as a result of the impact of the disruption to business practices caused by the pandemic and staff working primarily from home. An action to address this reduction will be through ensuring that front line managers ensure all workers are evidencing that they are mailing out the customer surveys at the point of case closure. This will also enable front line managers to provide an accurate return of the numbers of customer surveys that have been sent out.

The service is committed to sustaining very high standards of satisfaction and will continue to support this by: analysis of customer survey results; reviewing customer comments and suggestions; collating improvement actions from complaints and regularly reviewing care plans in consultation with service users and their carers.

The target will remain at 100% to demonstrate commitment to maintaining this level of performance.

PI Code & Short Name	CP:SPCC104_9b.2 Percentage of people aged 65+ supported in their own home with care at home services	PI Owner	zSPOP_Admin; Senior Manager – Older People (R.Allen)
Description	This performance indicator measures the percentage of people aged 65+ who receive care at home services to support them to stay in their own home. This is measured as a percentage of total number of people cared for at home and in Care Homes. This performance indicator is part of the performance scorecard for the council's Corporate Plan and will contribute to priority 4 which is improving the quality of life for older people.	Traffic Light Icon	🟢
		Current Value	70.3%
		Current Target	66%



Trend Chart Commentary:

This indicator assists the service to understand how well it is doing to support people to live at home. Over the past four years performance in this area has been consistent with the number of individuals being supported to remain in their own home steadily increasing year on year.

2022/2023

Performance in this area has improved and is currently above target. Supporting individuals to remain living in their own home is a key strategic and national priority and analysis of this data suggests that the service continue to meet this key strategic aim. This will continue to be developed in line with Homefirst project and IJB strategic plan.

Local Government Bench marking Framework (LGBF) SW3a percentage of people aged 65+ with long term care needs receiving personal care at home provides similar information. West Lothian are rated 16th local authority and performing in line with national position. West Lothian are 5th within their family group for this indicator.

2021/22

Performance in 20/21 has improved which is in keeping with the strategic intent.

The long-term trend is for a slight decrease in the percentage of people supported in their own home; from 67% in 2017/18, to 65% in 2018/19 to 63% in 2019/20, to 65.3 in 2021/22. This trend and the dips in performance in subsequent years 2018/19 and 2019/20 are as a result of the implementation of the National Eligibility Criteria Framework to ensure that resources are targeted to those in greatest need.


Performance has improved in 2021/22 in line with demographic trends.

2020/21

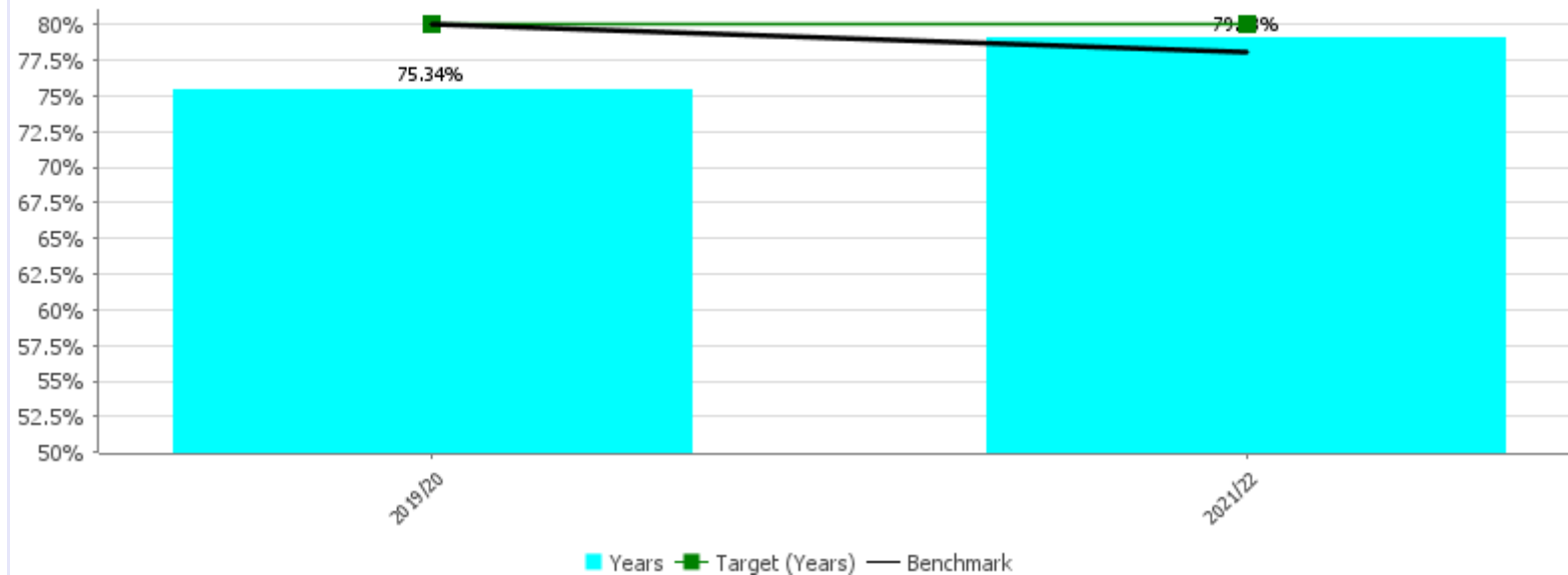
As in previous years there has been a slight percentage increase to 64% in individuals who are 65 and older being supported to remain living within their own home and community. In recognising this the target will increase from 65%-66%.

2019/20

Performance in this area has decreased slightly on the previous year to 63%.

PI Code & Short Name	SW04b Percentage of Adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	PI Owner	zAdmin_SW; Senior Manager – Adults (K.Love); Senior Manager – Older People (R.Allen)
Description	SW04b: This indicator measures the proportion (%) of all adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	Traffic Light Icon	
	This indicator measures service user satisfaction and the perceived impact on the outcomes that they have experienced. This indicator reflects the aggregate impact of local person centred work to improve personal outcomes, focusing on what is important for individuals' quality of life. It emphasises the increasing focus on personalisation of services, including the use of personal outcomes approaches.	Current Value	79.03%
	It is important for the service to understand how satisfied service users are with the services provided and how much of an impact these services are having on the outcomes identified for the service user; this information is used to identify where improvements can be made to the way services are planned and delivered.	Current Target	80%
	This data is drawn from the biennial Scottish Health and Care Experience Survey (Formerly the GP and Local NHS Service survey).		

Percentage of Adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.



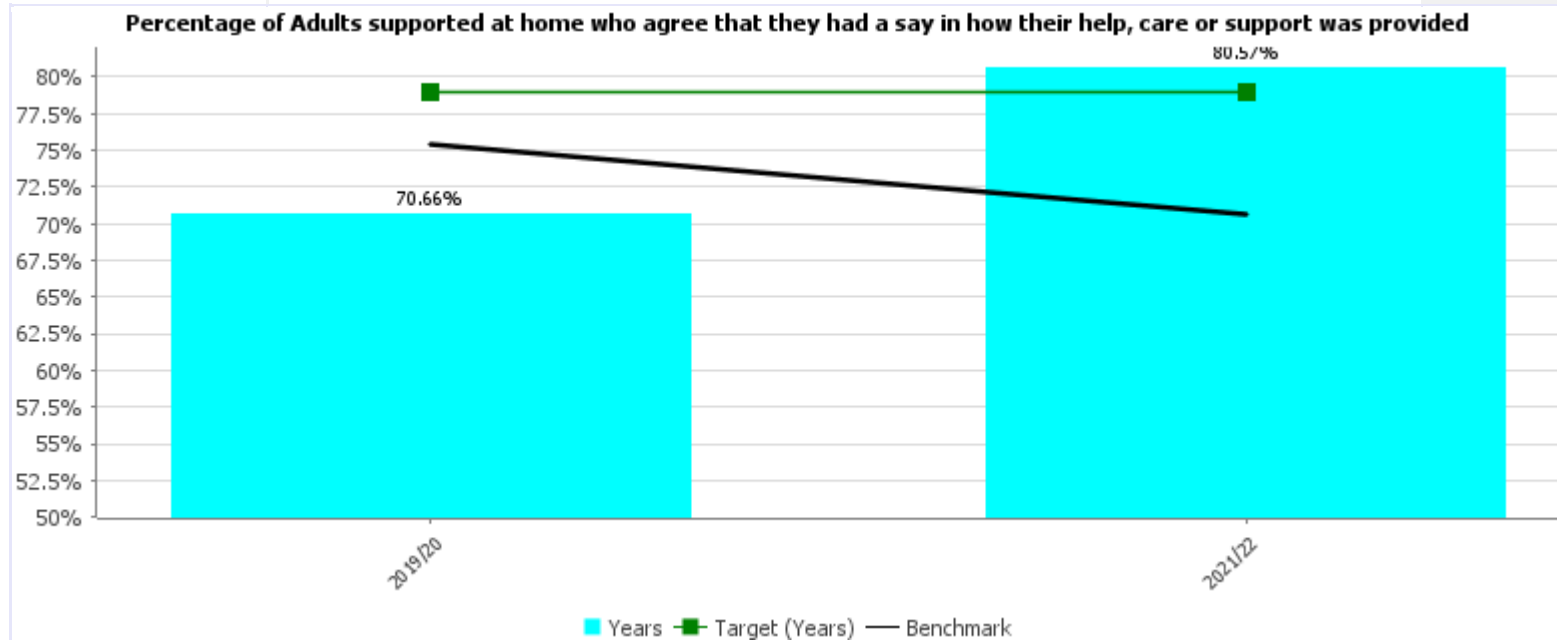
Trend Chart Commentary:

The Health and Care Experience Survey is a biennial randomised national survey of all individuals who are allocated to a GP within Scotland. Work is progressing within local social work teams to consider how we improve our assessment process with a clear focus on supporting individuals to achieve and maintain their personal outcome with a particular focus on how we support individuals more effectively with their use of SDS and their personalised budgets offering them more choice and control around how their assessed needs are met.

Current performance in West Lothian is 79% which is above the Scottish average and an increase from the previous survey in 2019-20. This has increased our national position from 30 to 15. Within our benchmarking family group West Lothian 4th having previously been 8th. This demonstrates an improving position however further work is required to increase overall performance in this area

Target will remain at 80%.

PI Code & Short Name	SW04d Percentage of Adults supported at home who agree that they had a say in how their help, care or support was provided	PI Owner	zAdmin_SW; Senior Manager – Adults (K.Love); Senior Manager – Older People (R.Allen)
Description	<p>SW04d: Percentage of Adults supported at home who agree that they had a say in how their help, care or support was provided. This indicator measures the proportion (%) of all adults supported at home who agree that they had a say in how their help, care or support was provided.</p> <p>This indicator measures service user satisfaction with how they were consulted and engaged with in planning their care and support. Choice and control for people receiving care and support over how their services are provided is very important. The increasing use of Self-Directed Support should mean that more people feel that they have more control over the type of support they get.</p> <p>It is important for the service to understand how satisfied service users are with the planning of their care and support; this information is used to identify where improvements can be made to the way services are planned and delivered.</p> <p>This data is drawn from the biennial Scottish Health and Care Experience Survey (Formerly the GP and Local NHS Service survey).</p>	Traffic Light Icon	🟢
		Current Value	80.57%
		Current Target	79%



Trend Chart Commentary:

The Health and Care Experience Survey is a biennial randomised national survey of all individuals who are allocated to a GP within Scotland. Work is progressing locally around our use of SDS options and there is an established project board which is undertaking a range of work around how individuals can be given more choice and control around their personalised budgets.

There has been a significant improvement with performance in this area, currently scoring above the national average (10%) and number 1 overall in national performance. This is an improvement from overall 29th in 2019-20. Whilst this does not relate in its entirety to service provided direct by community it represents experiences of West Lothian residents using full range of adult services.

DATA LABEL: PUBLIC

**PERFORMANCE COMMITTEE****ANNUAL COMPLAINT PERFORMANCE REPORT 2022/2023****REPORT BY DEPUTE CHIEF EXECUTIVE****A. PURPOSE OF REPORT**

To report to the Performance Committee the council's annual Complaint Performance Report 2022/23.

B. RECOMMENDATIONS

It is recommended that the Performance Committee notes the council's annual Complaint Performance Report 2022/23.

C. SUMMARY OF IMPLICATIONS

I.	Council Values	<ul style="list-style-type: none"> Focusing on customers' needs Being honest, open and accountable
II.	Policy and Legal	The Public Services Reform (Scotland) Act 2010
III.	Implications for Scheme of Delegations to Officers	None
IV.	Impact on performance and performance indicators	Will provide a robust approach to monitoring complaints performance information covering all council services
V.	Relevance to Single Outcome Agreement	Indicators support various outcomes in the SOA
VI.	Resources (Financial, Staffing and Property)	From existing resources
VII.	Consideration at PDSP/ Executive Committee required	The annual complaint report is reported to Partnership and Resources PDSP and Performance Committee.
VIII.	Details of consultations	None

D. TERMS OF REPORT

D.1 Background

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

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

The SPSO definition of a complaint in the model CHP is:

‘An expression of dissatisfaction by one or more members of the public about the local authority’s action or lack of action, or about the standard of service provided by or on behalf of the local authority.’

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

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

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

The SPSO began a review of the model CHP in 2019/20.

The SPSO finalised the revised model CHP in 2020/21 which updated and refreshed the procedure. All Local Authorities are required to implement the revised CHP.

The revised Complaint Handling Procedure was considered by the Partnership and Resources PDSP on 23 April 2021 and approved by the Council Executive on 18 May 2021.

Appendix 1: West Lothian Council Annual Complaint Performance Report 2022/23 outlines performance information on complaints received by West Lothian Council between 1 April 2022 and 31 March 2023. The performance is based on 8 key performance indicator themes devised by the Scottish Public Services Ombudsman (SPSO) in conjunction with all 32 Scottish councils.

D.2 Corporate Complaint Performance

Table 1 provides the council’s total complaints closed per 1,000 population over the past 5 years. The table shows that there has been an increase in complaints closed by the council in 2022/23 when compared to the previous year from 2,754 to 4,072.

Table 1 Complaints closed per 1,000 population

Measure	2018/19	2019/20	2020/21	2021/22	2022/23
West Lothian Population ¹	181,310	182,140	183,100	183,820	185,580
Total number complaints closed	3,382	2,871	2,875	2,754	4,072
Number complaints received per 1,000	18.7	15.8	15.7	15.0	21.9

Table 2 provides a breakdown of complaints closed by service from 2018/19 – 2022/23

Table 2 Complaints closed by service

Service	2018/19	2019/20	2020/21	2021/22	2022/23
Operational Services	1,759	1,290	1,576	1,137	1,950
Housing, Customer & Building Services	969	911	757	1,109	1,467
Education Service	276	263	222	193	228
Finance and Property/ Executive Office	163	171	146	163	206
Social Policy	128	146	118	93	140
Planning, Economic Development and Regeneration	71	62	43	49	62
Corporate Services	16	28	13	10	19
Total	3,382	2,871	2,875	2,754	4,072

Table 3 breaks down the complaints closed by complaint category over a 5 year period.

Table 3 Complaint category covering period 2018/19 – 2022/23

Category	2018/19	2019/20	2020/21	2021/22	2022/23
Standard of Service	2,134	1,347	1,281	1,378	2,250
Policy Related	330	533	597	384	565
Poor Communication	307	483	475	425	521
Employee Attitude	383	331	393	290	380
Waiting Time	206	155	104	238	313
Missed Appointments	22	22	25	39	43
Total	3,382	2,871	2,875	2,754	4,072

The current service level complaint performance varies across the council and is linked to the complexity and quantity of complaints received. Housing, Customer and Building Services (HCBS) and Operational Services are the main complaint generators by service, accounting for 83.9% (3,417) of all recorded complaints (4,072) during 2022/23.

¹ Previous year's published mid-year estimate used

To support the CHP, the council has put in place clear governance arrangements for complaints. The Corporate Complaint Steering Board is an officer group that monitors the implementation of the corporate complaint procedure and the corresponding performance and reporting activity. The board ensures that the council is compliant with the complaint procedure requirements. This is chaired by a Depute Chief Executive and the membership consists of council Heads of Service. Complaint performance is reported on a quarterly basis to both the council's Corporate Management Team and the council's Performance Committee. All complaint performance statistics are reported to the public and are available on the council's website.

Appendix 1 provides a full list of SPSO performance indicators and includes Scottish Local Authority average comparative performance information for some of the indicators presented. The council's performance in relation to complaint processing outperforms the 2021/22 Scottish average for most of the indicators presented. Appendix 1 in the report also includes an overview of improvements identified by analysing service specific complaints received across the council.

E. CONCLUSION

In 2022/23 the council closed 4,072 complaints and this represents an increase on the number of complaints closed in 2021/22. This was primarily linked to an increase in complaints closed by Operational Services and Housing Customer and Building Services.

The highest increase occurred in Operational Services complaints. This increase can be mainly attributed to complaints closed by Waste and Recycling Services from 829 in 2021/22 to 1,502 in 2022/23. The service received a large number of complaints linked to missed bins, contamination issues and the green bin rollout. The service was also affected by industrial action during 2022/23 which impacted on bin collections over this period.

The council has shown a dip in performance to the previous year relating to the percentage of complaints closed at stage 1 and stage 2 against target but both performance levels are above the Scottish national average.

All services continue to be committed to regular customer complaint analysis which informs service development activity and the improvement agenda.

F. BACKGROUND REFERENCES

SPSO publishes the Model Complaints Handling Procedure (CHP) for the local government sector in Scotland.

1. [WLC Complaints Handling Procedure](#)

Appendices/Attachments:

Appendix 1 West Lothian Council Annual Complaint Performance Report 2022-23

Contact Person: Joe Murray

E mail: joe.murray@westlothian.gov.uk Phone 01506 281893

Graeme Struthers

Depute Chief Executive

5 June 2023

Data Label: Official

West Lothian Council

Annual Complaint Performance Report 2022/23

Contents

1.	2022/23 Complaint Summary	2
2.	Overview.....	3
2.1.	Introduction.....	3
2.2.	Corporate Complaints Procedure.....	3
3.	Complaint Performance Statistics	4
3.1.	Indicator 1: Complaints closed per 1,000 population.....	4
3.2.	Indicator 2: Closed complaints.....	5
3.3.	Indicator 3: Complaints upheld, partially upheld and not upheld	6
3.4.	Indicator 4: Average times	7
3.5.	Indicator 5: Performance against timescales	8
3.6.	Indicator 6: Number of cases where an extension is authorised.....	8
3.7.	Indicator 7: Customer satisfaction	9
3.8.	Indicator 8: Learning from complaints.....	10

1. 2022/23 Complaint Summary

In 2022/23 the council closed 4,072 complaints and this represents an increase of 1,318 complaints from the 2,754 complaints closed in 2021/22.

The number of complaints closed across council service areas varies significantly with 47.9% (1,950) of all complaints being recorded against Operational Services to 0.47% (19) in Corporate Services.

Of the seven service areas that deliver the council's activities and functions, each have shown an increase in the number of complaints closed compared to the previous year. Operational Services showed the largest increase in the number of complaints closed over 2022/23 from 1,137 in 2021/22 to 1,950 in 2022/23.

86.2% of all complaints closed by the council were resolved at stage one (Frontline Resolution), 11.9% of complaints resolved at stage two (Investigation) with the remaining 1.9% of complaints being resolved at stage two (Escalation). The average times taken by the council to resolve both stage one and stage two complaints were 4.8 days and 17.9 days respectively. The council's performance relating to the processing of stage one complaints within five days has decreased from 83.8% in 2021/22 to 77.0% in 2022/23. The processing of stage two complaints within twenty days have shown a decrease in performance from 79.8% to 69.8%. Both performance levels are below the corporate resolution target of 85% but are well above the national average for processing complaints at both stages. The Scottish National Average 2021/22 was 67.1% and 63.4% for stage one and stage two resolution respectively.

The percentage of complaints that were upheld/part upheld across the council in 2022/23 was 41% which represents an increase of 5.8% from the 2021/22 figure which was 35.2%. The council's performance in relation to this measure substantially outperformed the Scottish National Average 2021/22 which was 53.5%.

There are a range of customer satisfaction complaint indicators. In 2022/23, the council has shown a decrease in performance on six of the indicators. It should be noted that there were 3 additional indicators added in 2021/22 which align to the SPSO's suggested customer satisfaction measures. 70% of customers surveyed said that they found the complaint process to be accessible which is a decrease of 6.3% from 2021/22.

Overall, there has been an increase in the number of complaints closed in 2022/23 when compared to the previous year. The council's performance relating to the processing of complaints continues to outperform the Scottish National Average in almost all indicators. These indicators include the percentage of stage one and stage two resolved within timescale, the average time to resolve a complaint and the number of complaints that were upheld/ part upheld. Customer complaint driven service improvement continues to be identified based on robust complaint analysis.

2. Overview

2.1. Introduction

This is the council's annual complaints performance report which provides information on customer complaints received and closed between 1 April 2022 and 31 March 2023.

The council always aims to provide the highest possible quality of service to our community, but recognise that there are times when things go wrong and fail to meet the expectations of our customer.

The council's complaints procedure provides our customers with a clear and structured way to provide feedback on their dissatisfaction with council services in a range of easily accessible ways. The council welcomes feedback and it provides information that helps services learn from complaints and to modify and improve the way services are delivered.

The indicators covered in this report were created to provide a useful tool that the council and the public can use to judge objectively how well complaints are being handled and how it informs service improvement activity.

2.2. Corporate Complaints Procedure

There are many factors that affect the number and complexity of complaints received by the council such as the standard of service that is being delivered, the attitude of our employees, the service response time to customer requests, missed appointments and poor communication.

The council's complaint procedure has 2 stages in its process which are outlined below:

- Stage one complaints could mean immediate action to resolve the problem or complaints which are *resolved in no more than five working days*.
- Stage two deals with two types of complaints: those that have not been resolved at stage one and those that are complex and require detailed investigation. Stage two complaints should be resolved *in no more than 20 days*.
- After the council has fully investigated the complaint, and if the customer is still not satisfied with the decision or the way the council dealt with the complaint, then it can be referred onto the Scottish Public Services Ombudsman (SPSO).

The council has put in place clear governance arrangements for complaints. The Corporate Complaint Steering Board is an officer group that monitors the implementation of the corporate complaint procedure and the corresponding performance and reporting activity. The board ensures that the council is compliant with the complaint procedure requirements. This is chaired by a Deputy Chief Executive and the membership consists of council Heads of Service.

Complaint performance is reported on a quarterly basis to both the council's Corporate Management Team and the council's Performance Committee. All complaint performance statistics are reported to the public and are available on the council's website.

3. Complaint Performance Statistics

Statistics on complaints are based on 8 key performance indicator themes devised by the SPSO in conjunction with all 32 Scottish councils.

Complaints are recorded and tracked using the council's Customer Relationship Management (CRM) system which enables the production of the complaints performance information.

The number of complaints the council closed in 2022/23 was 4,072. This is an increase from the number closed in the previous year. The council will continue to analyse complaints to help inform service improvement, identify training opportunities for our staff and help prioritise our activities to meet the changing needs of our community. Complaint benchmark data for 2022/23 is not yet available for other Local Authorities. Where applicable, this report has included the 2021/22 Scottish Local Authority national average for a range of performance indicators for comparative information. The current council's performance relating to the processing of complaints continues to outperform the Scottish National Average in almost all indicators.

3.1. Indicator 1: Complaints closed per 1,000 population

This indicator records the total number of complaints closed by the council. To allow for a fair comparison across all 32 councils in Scotland, the figure of complaints per 1,000 of population is used. The council received 4,134 complaints from 1 April 2022 to 31 March 2023. This is equivalent to 22.3 received complaints per 1,000 population. Of the total complaints received in 2022/23 (4,134), 4,072 were closed in this period.

Table 1 provides the council's total complaints closed per 1,000 population over the past 5 years. The table shows that there has been an increase in complaints per 1000 closed by the council in 2022/23 when compared to the previous year from 15.0 to 21.9 complaints per 1,000 population.

Table 1: Complaints closed per 1,000 population

Measure	2018/19	2019/20	2020/21	2021/22	2022/23
West Lothian Population ¹	181,310	182,140	183,100	183,820	185,580
Total number of complaints closed	3,382	2,871	2,875	2,754	4,072
Number of complaints closed per 1,000	18.7	15.8	15.7	15.0	21.9

In 2021/22, the Scottish Local Authority average for the number complaints closed per 1,000 population was 15.0. Table 2 provides a breakdown of complaints closed by service from 2018/19 to 2022/23.

Table 2: Complaints closed by service

Service	2018/19	2019/20	2020/21	2021/22	2022/23
Operational Services	1,759	1,290	1,576	1,137	1,950
Housing, Customer & Building Services	969	911	757	1,109	1,467

¹ Previous years published mid-year estimate used

ANNUAL COMPLAINT PERFORMANCE REPORT | 2022-23

Service	2018/19	2019/20	2020/21	2021/22	2022/23
Finance and Property/ Executive Office	163	171	146	163	228
Education Service	276	263	222	193	206
Social Policy	128	146	118	93	140
Planning, Economic Development and Regeneration	71	62	43	49	62
Corporate Services	16	28	13	10	19
Total	3,382	2,871	2,875	2,754	4,072

All complaints received by the council are grouped into 6 categories. The categorisation allows the service to group complaints by theme and helps the service to identify areas that require improvement actions.

Table 3 breaks down all council complaints closed by complaint category from 2018/19 to 2022/23.

Table 3: Complaints closed by category

Category	2018/19	2019/20	2020/21	2021/22	2022/23
Standard of Service	2,134	1,347	1,281	1,378	2,250
Poor Communication	307	483	475	425	565
Policy Related	330	533	597	384	521
Waiting Time	206	155	104	238	380
Employee Attitude	383	331	393	290	313
Missed Appointments	22	22	25	39	43
Total Complaints	3,382	2,871	2,875	2,754	4,072

3.2. Indicator 2: Closed complaints

This indicator provides information on the number of complaints closed at stage one and stage two and stage two escalated complaints as a percentage of all complaints closed. Table 4 provides the performance information for this indicator.

The term “closed” refers to a complaint that has had a response sent to the customer and at the time no further action is required (regardless at which stage it is processed and whether any further escalation takes place).

Table 4: Closed complaints

Closed complaints	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Number complaints closed at stage one (5 days) as % of all complaints	83.8% (2,833)	82.7% (2,374)	85.1% (2,447)	83.2% (2,291)	86.2% (3,509)	88.6%
Number complaints closed at stage two (20 days) as % of all complaints	14.6% (493)	15.8% (453)	13% (373)	14.0% (386)	11.9% (484)	7.5%
Number complaints closed at stage two (20 days) after escalation as % of all complaints	1.7% (56)	1.5% (44)	1.9% (55)	2.8% (77)	1.9% (79)	3.8%

3.3. Indicator 3: Complaints upheld, partially upheld and not upheld

The council reviews all complaints and each customer is contacted to explain whether their complaint has been upheld, partially upheld or not upheld and why.

This indicator measures the number and percentage of complaints which were upheld, partially upheld or not upheld recorded at each stage. The results can be seen in Tables 5, 6 and 7.

Table 5: Upheld complaints

Complaints upheld	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Number of complaints upheld at stage one as % of all complaints closed at stage one (5 days)	34.6%	21.4%	19.5%	21.2%	25.8%	40.7%
Number complaints upheld at stage two as % of complaints closed at stage two (20 days)	15.20%	12.2%	14.2%	16.3%	18.0%	18.3%
Number escalated complaints upheld at stage two as % of escalated complaints closed at stage two (20 days)	16.10%	15.9%	16.4%	23.4%	22.8%	24.6%

Table 6: Partially upheld complaints

Complaints partially upheld	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Number of complaints partially upheld at stage one (5 days) as % of all complaints closed at stage one	23.0%	12.2%	11.6%	13.7%	15.9%	14.5%
Number complaints partially upheld at stage two (20 days) as % of complaints closed at stage two	23.3%	19.4%	17.4%	18.7%	18.6%	20.7%

Complaints partially upheld	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Number escalated complaints partially upheld at stage two (20 days) as % of escalated complaints closed at stage two	21.4%	25.0%	20.0%	22.1%	13.9%	21.0%

Table 7: Not upheld complaints

Complaints not upheld	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Number of complaints not upheld at stage one (5 days) as % of all complaints closed at stage one	42.4%	66.4%	68.9%	65.1%	58.3%	28.0%
Number complaints not upheld at stage two (20 days) as % of complaints closed at stage two	61.5%	63.4%	68.4%	65.0%	63.2%	49.7%
Number escalated complaints not upheld at stage two (20 days) as % of escalated complaints closed at stage two	62.5%	59.1%	63.6%	54.5%	63.3%	46.7%

Overall, the council upheld/ part upheld 1,668 (41%) complaints from a total of 4,072 complaints closed in 2022/23. The equivalent upheld/ part upheld figure in 2021/22 was 35.2% (969).

3.4. Indicator 4: Average times

Indicator 4 represents the average time in working days to close complaints at stage one and at stage two of the council's Complaint Handling Procedure (CHP). Indicator 4 performance can be seen in Table 8.

Table 8: Average times

Average times	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Average time in working days to respond to complaints at stage one (5 day resolution target)	4.5	4.3	4.0	4.0	4.8	6.3
Average time in working days to respond to complaints at stage two (20 day resolution target)	15.2	14.4	14.7	14.9	17.9	20.7
Average time in working days to respond to complaints after escalation (20 day resolution target)	7.5	9.7	11.7	10.1	8.9	18.6

3.5. Indicator 5: Performance against timescales

The council's Complaint Handling Procedure requires complaints to be closed within 5 working days at stage one and 20 working days at stage two. This indicator measures the percentage of complaints which were closed in full at each stage within the set timescales of 5 and 20 working days. Indicator 5 performance can be seen in Table 9.

Table 9: Performance against timescales

Performance against timescales	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
Number complaints closed at stage one within 5 working days as % of stage one complaints	81.6%	82.8%	82.6%	83.8%	77.0%	67.1%
Number complaints closed at stage two within 20 working days as % of stage two complaints	81.7%	81.7%	81.0%	79.8%	69.8%	63.4%
Number escalated complaints closed within 20 working days as % of escalated stage two complaints	92.9%	95.5%	85.5%	89.6%	91.1%	61.6%

3.6. Indicator 6: Number of cases where an extension is authorised

The council always aims to respond to complaints as quickly as possible. There are, however, times when a complaint is particularly complex and it is not feasible to fully investigate the issues within the prescribed timescales. In these situations the council can agree with a complainant to extend the timescale for closing the complaint.

This indicator provides the percentage of complaints at each stage where an extension to the 5 or 20 working day timeline has been authorised. Indicator 6 performance can be seen in Table 10.

Table 10: Number of cases where an extension is authorised

Number of cases where an extension is authorised	2018/19	2019/20	2020/21	2021/22	2022/23	Scottish LA average 2021/22
% of complaints at stage one (5 days) where extension was authorised	0.6%	0.9%	0.6%	0.9%	0.4%	6.2%
% of complaints at stage two (20 days) where extension was authorised	1.4%	1.3%	0.8%	1.6%	2.1%	18.8%

3.7. Indicator 7: Customer satisfaction

This indicator provides information on the levels of customer satisfaction with the complaint handling procedure and process. Indicator 7 performance can be seen in Table 11. A sample of complainants are contacted by the council's Customer Service Centre on a monthly basis to gather this satisfaction information.

Table 11: Customer satisfaction

Customer satisfaction	2018/19	2019/20	2020/21	2021/22	2022/23
Percentage of customers who rated the accessibility of the complaint procedure as good or excellent.	83.8%	84.3%	84.6%	76.3%	70%
Percentage of customers who rated the way their complaint was handled as good or excellent.	67.3%	64.8%	67.4%	61.7%	50%
Percentage of customers who agreed that they were satisfied with the outcome of their upheld complaint.	61.3%	63.4%	68.1%	71.7%	62%
Percentage of customers who rated the service's updates on the progress of their complaints as good or excellent ²				51.3%	47%
Percentage of customers who rated the clarity of response to their complaint as good or excellent ²				54.6%	46%
Percentage of customers who rated the service's understanding of the complaint raised as good or excellent ²				71.5%	65%

² New Indicator in 2021/22

3.8. Indicator 8: Learning from complaints

The council has a clear commitment to listen to our customers and act on their feedback. Learning from complaints is a continuous process that helps the council to resolve common complaints and further improve the services that are provided. **Some examples** of actions that have been taken are highlighted below.

	Service/ Complaint Theme	Complaints Analysis	Service Improvement Action(s)
1.	Education Services	Customer unhappy that the school cancelled a proposed school trip.	<p>The procedure for obtaining school trip approval was not followed by the class teacher.</p> <p>An apology was given to the complainant. The school staff were reminded that the council's education excursion policy should be review prior to arranging school trips.</p>
2.	Finance and Property Services	Customer complained that they had received an invoice which they believed had been paid.	After investigation it was found that a historical payment had been incorrectly allocated. A detailed review of the process was carried out and additional controls implemented.
3.	Housing, Customer and Building Services	Customer has made several enquiries about their son's housing situation. A call back was promised and this did not happen.	<p>A briefing was delivered by the service manager to all staff on the expected standards of communication as part of their monthly team meeting.</p> <p>Staff designed new communication pathways for dealing with customer enquiries that require multiple service touch points.</p>
4.	Housing, Customer and Building Services	Customer received incorrect information from a council case worker.	Service inductions were redesigned focussing on customer cases and associated service standards on call backs including the expected standards on the frequency and consistency of information and advice given to customers.

ANNUAL COMPLAINT PERFORMANCE REPORT | 2022-23

	Service/ Complaint Theme	Complaints Analysis	Service Improvement Action(s)
			The customer was contacted by the case worker to provide further information on the case and to clarify the service process when dealing with this customer.
5.	Housing, Customer and Building Services	Customer made complaint relating to not being advised about an appointment which had been scheduled.	Planners now send SMS or email through the Open Housing system when they are unable to contact the customer to arrange or reschedule appointments.
6.	Housing, Customer and Building Services	Poor communication reported by private owners regarding skips located around a garage site.	<p>After the service carried out a detailed analysis of this complaint the following actions were implemented:</p> <ul style="list-style-type: none"> • All neighbours affected will be visited prior to work commencing • Notification letters given to owners in neighbouring properties. • Staff contact details will be provided to owners. • Managers to communicate with owners on a regular basis.
7.	Operational Services	A complaint was received regarding the lack of response to a previous complaint relating to a change in uplift dates.	<p>The service contacted the customer and apologised.</p> <p>The website was updated to advise that changes made to uplift dates were being made to ensure the service was making the most of available resources.</p>
8.	Operational Services	The service received a complaint relating to an issue with broken glass and increased noise around the bottle bank close to the Eliburn Pavilion.	After engaging with the complainant, the bottle banks were moved to a more suitable location to minimise disruption in the local area.

ANNUAL COMPLAINT PERFORMANCE REPORT | 2022-23

	Service/ Complaint Theme	Complaints Analysis	Service Improvement Action(s)
9.	Operational Services	A complaint relating to the standard of tidiness and maintenance at areas within Polkemmet Country Park was raised by a customer.	Funding was secured to upgrade the toilets and SMART Litter bins were installed in the park to mitigate the increase in litter linked to the recently opened fast food restaurants near the park.
10.	Planning, Economic Development & Regeneration	Customer booked an appointment for pest control, which the officer did not attend.	Customer was offered and accepted a rearranged appointment. On investigation an issue was identified with diaries deleting appointments. The procedure was reviewed and changed, with new diary arrangements implemented.
11.	Planning, Economic Development & Regeneration	A customer complained that they did not receive a response to an initial service contact, and following further contact, the service did not provide the requested update on a planning application.	The customer was contacted and information was provided on the planning application. The service kept the customer informed on all aspects of the planning application including changes made. The staff were counselled and reminded of the importance of responding timeously to requests for information.
12.	Planning, Economic Development & Regeneration	Complaint related to a delay in registering a planning application over a bank holiday weekend. The planning application was submitted though e-planning portal during a bank holiday period but the submission date was registered two days later on system.	Following review of the planning procedure it was modified to allow the validation date to be changed in specific circumstances. The validation date on the customer planning application was revised on the system.

	Service/ Complaint Theme	Complaints Analysis	Service Improvement Action(s)
13.	Social Policy	A complaint was recorded regarding ongoing building works relating to a bathroom extension following an Occupational Therapy (OT) assessment.	<p>A review of the communication pathway between the OT Service and Building Services was carried out.</p> <p>Procedural changes were made to improve cross-service communication to ensure robust, accurate and timely information sharing.</p>
14.	Social Policy	The Crisis Care Team received a complaint relating to the service information provision on a service leaflet.	<p>Content of the Crisis Care leaflet was reviewed in order to better reflect what the service is able to provide.</p> <p>Staff within Social Policy and Health teams have been reminded of the purpose and remit of the Crisis Care Team so that they are equipped to manage customer expectations/queries effectively.</p>

DATA LABEL: OFFICIAL**PERFORMANCE COMMITTEE****CUSTOMER SERVICE EXCELLENCE – ASSESSMENT REPORT****REPORT BY DEPUTE CHIEF EXECUTIVE****A. PURPOSE OF REPORT**

The council uses external standards to assess the quality of our services and ensure that we benchmark performance with good and leading practice of other organisations.

This report provides information to the Panel on the key strengths and areas for improvement that were identified through the Customer Service Excellence (CSE) Standard assessment that was undertaken in council services in 2022/23.

B. RECOMMENDATIONS

It is recommended that the Committee:

1. Note that the council has retained the CSE Standard;
2. Note the findings from the CSE Assessment in 2022/23
3. Note the opportunities for improvement that were identified in the CSE Assessment.

C. SUMMARY OF IMPLICATIONS

I.	Policy and Legal	None
II.	Implications for Scheme of Delegations to Officers	None
III.	Impact on performance and performance indicators	Corporate compliance in the CSE Standard is a key indicator in the Customer Service Strategy 2018/23.
IV.	Relevance to Single Outcome Agreement	Our public services are high quality, continually improving, efficient and responsive to local people's needs.
V.	Resources (Financial, Staffing and Property)	The cost of the external assessment is met from existing budget for performance and improvement activities.
VI.	Consideration at PDSP/Executive Committee required	The findings from the CSE Assessment are reported annually to the Corporate Policy and Resources PDSP and the Performance Committee.

VII. Details of consultations

The commitment to council-wide assessment using the CSE Standard is considered by EMT on an annual basis.

D. TERMS OF REPORT

D.1 BACKGROUND

The Customer Service Excellence (CSE) Standard aims to make a tangible difference to service users by encouraging organisations to focus on their individual needs and preferences.

The council uses the CSE Standard as part of our improvement approach, undertaking external assessment on a scheduled basis in order to assess the quality of customer services across all of our services.

The council has held the Customer Service Excellence (CSE) standard corporately since 2008 and maintains our accreditation through three-year programmes of rolling assessment, with every council service reviewed during that programme.

This report provides the findings and recommendations for improvement from the assessment process that was undertaken in 2022/23 (year two of the programme) and the improvements that the council will progress.

D.2 Customer Service Excellence Standard

In order for an organisation to be recognised as achieving Customer Service Excellence it must be successfully assessed against the criteria of the standard by a licensed certification body. The five criteria of Customer Service Excellence are outlined below:

1. Customer Insight

Effectively identifying your customers, consulting them in a meaningful way and efficiently measuring the outcomes of your service are a vital part of this approach. It's not just about being able to collect information; it's about having the ability to use that information.

2. The Culture of the Organisation

It is challenging for an organisation to build and foster a truly customer focused culture. To cultivate and embed this there must be a commitment to it throughout an organisation, from the strategic leader to the front-line staff.

3. Information and Access

Customers value accurate and comprehensive information that is delivered or available through the most appropriate channel for them. Putting your customer first can be an important step towards providing effective communications.

4. Delivery

How you achieve your business aims, the outcomes for your customers and how problems are managed can determine your organisation's success. Listening to your customers' views about the service provided can be just as important as achieving key performance targets. Comments, complaints and other feedback from customers can help you to make vital adjustments to the way your organisation operates which in turn can support better delivery.

5. Timeliness and Quality of Service

The promptness of initial contact and keeping to agreed timescales is crucial to your customers satisfaction. However, speed can be achieved at the expense of quality, therefore the issue of timeliness has to be combined with quality of service to ensure the best possible result for customers.

D.3 Council-Wide CSE Assessment Programme

The retention programme is scheduled over three years, with annual activity planned to provide regular, managed assessment of compliance against the standard across the full scope of council services.

The annual CSE assessment activity in 2022/23 was carried out over eight days, in two distinct stages:

1. Corporate Level Review

This review involved assessing the corporate CSE application across the 19 elements of the CSE standard which make up Year Two of the council's three-year rolling programme of assessment.

The corporate review took place on the 30 November 2022 and helped inform which services would be reviewed in the second stage of the assessment.

Some of the key areas under review at the corporate assessment:

- An update on strategic planning, budget setting and the consultation process in 2022
- Community Wealth Building approach
- The new WLAM process
- HR employee support and wellbeing approach
- Corporate complaint process and analysis

2. Service Level Review

Targeted service level reviews were carried out across seven assessment days to review compliance against the standard and also, consistency with the corporate application in particular parts of the council.

Assessment days were carried out between 21 and 29 March 2023 in the following WLAM service units:

- Customer and Communities Services
- Revenues
- Housing Strategy
- Housing Operations
- Planning Services
- Quality Improvement Team – Education
- ASN Service
- Passenger Transport
- Customer Service Centre
- Children and Families
- Recycling and Waste Services
- Roads and Transportation
- Facilities Management

During a CSE assessment site visit, the assessor:

- Reviewed one or two service areas over the course of a day
- Assessed services against the CSE standard
- Held discussions with customers, staff, partners and service managers
- Visited a number of council buildings and schools

D.2 CSE ASSESSMENT 2022/23

The CSE assessment confirmed that the council had retained the standard and the assessor identified 15 Compliance Plus elements, where the council demonstrated strong and best practice. This was an increase of one from the previous year – the additional element being 1.3.5.

The full list of elements awarded compliance plus were:

- 1.1.1 We have an in-depth understanding of the characteristics of our current and potential customer groups based on recent and reliable information.
- 1.1.2 We have developed customer insight about our customer groups to better understand their needs and preferences.
- 1.1.3 We make particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs.
- 1.2.1 We have a strategy for engaging and involving customers using a range of methods appropriate of the needs of identified customer groups.
- 1.2.2 We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.
- 1.3.5 We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.
- 2.1.1 There is corporate commitment to putting the customer at the heart of service delivery and leaders in our organisation actively support this and advocate for customers.
- 2.1.2 We use customer insight to inform policy and strategy and to prioritise service improvement activity.
- 2.2.2 Our staff are polite and friendly to customers and have an understanding of customer needs.
- 3.4.1 We have made arrangements with other providers and partners to offer and supply co-ordinated services, and these arrangements have demonstrable benefits for our customers.
- 3.4.2 We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.
- 4.1.1 We have challenging standards for our main services, which take account of our responsibility for delivering national and statutory standards and targets.
- 4.1.2 We monitor and meet our standards, key departmental and performance targets, and we tell our customers about our performance.
- 4.2.3 We can demonstrate that we benchmark our performance against that of similar or complementary organisations and have used that information to improve our service.
- 5.2.3 We promptly share customer information with colleagues and partners within our organisation whenever appropriate and can demonstrate how this has reduced unnecessary contact for customers.

Element 2.2.5 was the one area of Partial Compliance identified during the corporate assessment, status quo from the previous assessments.

The partial reflected the Assessor's continued belief that the council needs to continue to develop approaches that would improve staff feelings in relation to how they are valued and recognised for the work they do. This is required across all council services and schools, but with emphasis on some identified service areas with poorer survey results.

A summary of the assessment report findings is contained within Appendix 1, with a comparison of compliance across the last two assessments contained within Appendix 2.

D.4 CSE ASSESSMENT FEEDBACK

The Assessment summary report confirmed that the council continues to perform well against the standard and some of the highlights of the CSE Assessor's feedback include:

1. Once again, the evidence was well presented and very sound. Staff engaged positively with the process, demonstrating high levels of professionalism. There is a wide and impressive range of Charter Mark and CSE experience across the various parts of the organisation.
2. All staff demonstrated a commitment to the delivery of customer focused services and this is reflected in the high number of elements rated as Compliance Plus, which has increased by one this year to a total of fifteen, which is an excellent achievement.
3. The outstanding work of the new Customer Experience (CX) Team (Housing), which has been set up to use customers' views on services to shape improvements for the future, merits Compliance Plus.
4. Covid-19 has resulted in changes in ways of working across the Council, including the introduction of hybrid working and significant digital transformation.
5. Following exemplary engagement with customers, the Council has agreed a financial plan for the next five years and is well into consultation on the new Corporate Strategy 'West Lothian 2028'.
6. Despite the challenges of continuing severe budget cuts, the Council continues to perform at a high level. Management is strong and robust. Staff have risen to the challenges admirably – working tirelessly to deliver the best service possible in very difficult circumstances.

E. CONCLUSION

The CSE assessment has identified areas of strength across the council which recognise the ongoing activity to engage and include customers in helping to set organisational priorities and inform local service redesign. It has also helped identify organisational improvements in relation to customer service excellence.

F. BACKGROUND REFERENCES

[Customer Service Excellence Standard](#)

Appendices/Attachments:

Appendix 1: CSE Organisational Strength and Improvement Actions

Appendix 2: Compliance Comparison 2022/23

Contact Person: rebecca.kelly@westlothian.gov.uk

Phone 01506 281891

Graeme Struthers
Depute Chief Executive
5 June 2023

Data label: OFFICIAL

APPENDIX 1**CSE ORGANISATIONAL STRENGTHS AND IMPROVEMENT ACTIONS**

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
1.1.1	We have an in-depth understanding of the characteristics of our current and potential customer groups based on recent and reliable information.	(Compliance Plus) <ul style="list-style-type: none"> The Council has an in-depth understanding of the characteristics of current customer groups. Each service has clearly segmented its customers into well-defined groups. The Council has built up a sound understanding of the characteristics of potential and future customer groups in the area that it serves. The Local Outcomes Improvement Plan 2013-2023 includes key data and information which provides a profile of West Lothian, including data on deprivation, population, economic, health and wellbeing and community safety issues. At corporate level, this highly detailed demographic and socio-economic data is used to develop information for service improvement and transformation activities. The customer segments are based on recent and reliable information built up through the use of various information sources and engagement activities with a number of customer representative groups. Customer Profiling data is kept up-to-date on the various CRM systems that are in use within the Council.
1.1.2	We have developed customer insight about customer groups to better understand their needs and preferences.	(Compliance Plus) <ul style="list-style-type: none"> The Council has developed insight about its customers through a wide range of mechanisms. WLC has an integrated set of nine strategies that are designed to support the delivery of the Council's Corporate Plan. These currently run from 2018 to 2023 and include the Improvement Strategy, supporting transformation and growth, and the Customer Service Strategy, which includes key performance measures that all services are recording and analysing regarding how they interact with customers. The new Corporate Strategy 'West Lothian 2028' is nearing completion, but not yet published.

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
		<ul style="list-style-type: none"> • Every service carries out satisfaction surveys as part of the West Lothian Assessment Model (WLAM) process, as well as more localised surveys appropriate to the nature of the particular service. In addition, consultations range in scale from large scale consultation meetings on issues such as budget proposals through to meetings such as those of the Tenants Panel, and down to many one-to-one meetings. • WLC has improved its services and developed appropriate action plans as a result of the understanding gained about customers' needs. A massive and exemplary consultation process (Your Council Your Say) has been carried out to develop the Budget Strategy and Corporate Plan for 2023 to 2028, to find out about customers' priorities and what they thought about potential budget measures to meet an originally estimated £38.4 million budget gap (which is now estimated to be £57.7 million). A total of 5,045 people responded during Phase 1 of a three-stage consultation period in the six-week period in the summer of 2022, and 14,004 individual comments were received. Phase 2 of the public consultation on savings proposals and Council Tax, held in the autumn of 2022 produced 2,560 responses and 22,800 comments. The evidence merits continued Compliance Plus.
1.1.3	We make particular efforts to identify hard to reach and disadvantaged groups and individuals and have developed our services in response to their specific needs.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> • The Council has robust policies in place to help identify hard to reach groups and individuals, including the homebound, those experiencing communication barriers, those in rent arrears, those displaying anti-social behaviour and the homeless. • The Council has robust policies in place to help identify disadvantaged groups and individuals, including those with mental health issues and those with learning difficulties. • The Council is proactive in developing services in response to specific needs. The Advice Shop is particularly impressive, tackling poverty, social exclusion and disadvantage by helping people through income maximisation, debt counselling, employment advice and assisting with housing and fuel poverty. Community Care comprises a wide range of services for adults and older people with care needs, well exemplified on the visit at Pathways (centre for those with learning disabilities) and Rosemount Court (sheltered housing accommodation). Of particular note is the Supported Employment Service, which provides one-to-one support for those with disabilities who are looking for a job.

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
1.2.1	We have a strategy for engaging and involving customers using a range of methods appropriate to the needs of identified customer groups.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> • The Council provides strong corporate guidance on the appropriate use of various customer engagement techniques, comprehensively laid out in documents such as the Improvement Strategy 2018-2023 and the Customer Service Strategy 2018-2023. Each Service has an annual Management Plan, which, along with the Council's Corporate Plan, outlines the ongoing commitment to customers. Each year, customer satisfaction is measured by Services and published within the Plans, which also include each Service's improvement actions for the year. • The consultation techniques range from simple exit surveys through to complex engagements such as those demonstrated in the Community Planning and Regeneration process and the Citizens' Panel (although currently on hold). The current Corporate Strategy 2018-2023 was produced following a major consultation on the Council's priorities. Following the local elections in May 2022, this massive engagement process will be repeated to draw up the plan for the next five years. This comprehensive exercise continues to merit Compliance Plus. • Council services use methods of consultation appropriate to the needs of the identified customer group. Guidance is given to Services on the appropriate use and deployment of the various techniques to ensure that they meet the needs of the customer. The range of engagement practices is impressive, varying from large scale engagements on issues such as the budget proposals through to individual support and care plans. The West Lothian Citizens' Panel was set up to help identify people's views on various aspects relating to living in West Lothian (although currently on hold). The Council is making increased use of social media to encourage dialogue with customers.
1.2.2	We have made the consultation of customers integral to continually improving our service and we advise customers of the results and action taken.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> • The Council makes extensive use of customer consultation as part of the ongoing service development programme. A broad range of consultation is undertaken on projects ranging from simple questionnaires through to complex consultation with focus groups as is appropriate to the project in question. The WLAM (West Lothian Assessment Model) requires all services to carry out satisfaction surveys and consultation exercises. Compliance Plus is retained. • The Council tells customers about the results of consultation and action taken using a wide range of methods, including the Council web site, the Bulletin customer newsletter and meetings with a range of Committees and Scrutiny Panels. Customer conversations are used to feedback on an individual level, often daily in the case of care and support services.

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
1.3.5	We have made positive changes to services as a result of analysing customer experience, including improved customer journeys.	<p>(Compliance Plus) NEW</p> <ul style="list-style-type: none"> WLC has made positive changes to services as a result of analysing customer experience. A new Compliance Plus this year is awarded for the exciting work of the new Customer Experience (CX) Team (Housing) which is using customers' views on services to shape improvements for the future. Various forms of engagement are used, encouraging tenants to have a voice and make a difference. The web site has an excellent 'Guide to Tenant Participation' to encourage tenants to get involved. Rent Affordability surveys are carried out every month. Support Services are re-designed using rich data. Documents and process management are scrutinised to make them readable and accessible. Automation is introduced, where practical. WLC demonstrates a clear commitment to making things easier for customers through customer journey mapping. The programme of Citizen Led Inspections (currently still suspended because of the pandemic) enables members of the public to visit, experience and learn more about a service, tracking customer journeys, and then providing recommendations for improvement. The Customer Experience (CX) Team is using customer journey mapping in Housing to map journeys and identify touch points and pain points.
2.1.1	There is corporate commitment to putting the customer at the heart of service delivery and leaders in our organisation actively support this and advocate for customers.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> There is an outstanding corporate commitment to putting the customer at the heart of service delivery, well recognised and appreciated by staff, which merits continued Compliance Plus. This is well exemplified in the 'Transforming your Council' Corporate Plan 2018/19 to 2022/23, which is supported by a set of nine strategies, including the Customer Service Strategy. Each Service has a Management Plan, approved by senior managers, which, along with the Council's Corporate Plan, outlines the Council's ongoing commitment to customers. There is very strong corporate leadership. Across the organisation, from leaders, managers and front-line staff, the commitment to the delivery of customer focussed services was clear and consistently well explained.

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
2.1.2	We use customer insight to inform policy and strategy and to prioritise service improvement activity.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> Customer insight is used extensively to inform policy and strategy, as shown in the extensive work that has been done around consulting customers about their priorities in relation to budget cuts and possible impacts on Council Services. Customer insight is used extensively to prioritise service improvement activity. Customers and communities are genuinely engaged in decisions on public services, Community Regeneration schemes and Local Outcome Improvement Plan Priorities for the Community Learning and Development Plan. The extensive 'Your Council, Your Say' consultation has provided insight into the ranking of services that customers want to protect from budget cuts. Compliance Plus is retained.
2.2.2	Our staff are polite and friendly to customers and have an understanding of customer needs.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> Staff are polite, friendly and professional, demonstrating great commitment, which is very much appreciated by customers. This desire to 'go the extra mile' for customers was once again well demonstrated on the visit and merits continued Compliance Plus. It was very well demonstrated on the service and Partnership Centre visits, and on the home and school visits, that staff have an impressive understanding of customer needs, which is very much appreciated by service users. This again merits continued Compliance Plus.
2.2.5	We value the contribution our staff make to delivering customer focused services, and leaders, managers and staff demonstrate these behaviours.	<p>(Partial Compliance)</p> <ul style="list-style-type: none"> The Council has put significant effort into the production of Health and Well Being resources, and awareness of these resources amongst staff has improved. However, one area for development continues to relate to responses to the Employee Survey questions on whether staff feel valued and recognised for the work they do, which continue to be rather mixed in 2022. Response rates in relation to completion of the survey are low across all Operational Services (ranging from only 14% for Facilities Management to 41% for Roads and Transportation). Also, although there has been a generally positive and improved score across Operational Services, Recycling, Waste and Fleet continues to be a service area where results are disappointing, with only 41% agreeing, and would benefit from further investigation. Similarly, Housing Operations is also disappointing with only 49%

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
		<p>agreeing they are valued and recognised for the work they do. There remains a need for further evidence.</p> <ul style="list-style-type: none"> The Council leaders do, however, demonstrate that they value the contribution staff make to delivering customer focused services. 'Celebrating Success' is a corporate initiative to encourage staff participation in service improvement through an employee award scheme, with awards made to teams. The Health and Well Being programme and resources were developed to support staff during the pandemic and continue to be available. Also, throughout the pandemic, as remobilisation occurred, the Executive Management Team created Blogs for staff and met with staff groups to thank them for their support and flexibility. Staff were given one extra day's leave in recognition of the outcome of the LGBF (Local Government Benchmarking Framework) Ranking and CSE retention, demonstrating significant achievement for the Council and recognising the talent, effort and dedication of its workforce in 2020/21. Executive Management's appreciation of staff efforts continues to be strong.
3.4.1	We have made arrangements with other providers and partners to offer and supply co-ordinated services, and these arrangements have demonstrable benefits for our customers.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> Partnership arrangements are outstanding and merit Compliance Plus. The Council has extensive partnership arrangements across almost every area of its service provision. The Council adopts a very open and flexible approach with its partners, which is based upon a very clear view of the customer outcomes to be achieved by the partnership arrangements. Numerous examples of this approach to partnership working were discussed during the assessment. The Council has very strong partnership arrangements with other providers particularly organisations like NHS Lothian, Police Scotland, the Scottish Courts, Scottish Fire and Rescue Service, West Lothian College and the Voluntary Sector. Partners spoke very positively to the Assessor about working relationships and the benefits for customers. It was confirmed strongly on the visit that customers benefit from joint working arrangements. The Council works in partnership with the Scottish Government and Scottish Enterprise to develop the West Lothian Economic Growth Plan, and maximise economic potential. The Economic Partnership Forum has launched its Economic Strategy and Action Plan, helping to create new jobs locally. The West Lothian Community Planning Partnership was established, now with 21 partner organisations, to deliver improved outcomes through the Local Outcomes Improvement Plan 2013-2023. The West

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
		Lothian Health and Social Care Partnership is a partnership between West Lothian Council and NHS Lothian, which benefits the customer by bringing health and social care together.
3.4.2	We have developed co-ordinated working arrangements with our partners that ensure customers have clear lines of accountability for quality of service.	(Compliance Plus) <ul style="list-style-type: none"> A wide range of formal and informal arrangements ensure effective consultation and information exchange, including contractual agreements, joint working protocols and regular meetings. These protocols range from the simple structured regular meetings to ensure that some of the more straightforward partnerships are adequately monitored, to fully structured steering committees and even fully integrated shared personnel in the more complex partnership arrangements. Once again, the quality of these partnership arrangements warrants a rating of Compliance Plus.
4.1.1	We have challenging standards for our main services, which take account of our responsibility for delivering national and statutory standards and targets.	(Compliance Plus) <ul style="list-style-type: none"> The Council has comprehensive and rigorously challenging standards and performance indicators, which continue to merit Compliance Plus. The Council's many standards and performance indicators include financial, technical, operational, service and administrative standards. The Council's Corporate Plan 2018-2023 sets out the priorities and activities of the Council and the standard to which these will be delivered. Rigorous targets and measures are in place to monitor how these are delivered and these are measured using Pentana, the Corporate Plan Performance Scorecard. The Council uses a comprehensive range of national and statutory standards and performance indicators to provide a basis for service measurement. These targets align with the SPIs (Specified Performance Indicators) required by the Scottish Government.
4.1.2	We monitor and meet our standards, key departmental and performance targets, and we tell our customers about our performance.	(Compliance Plus) <ul style="list-style-type: none"> Rigorous and comprehensive quality assurance systems are well established. The targets deriving from the high-level standards are monitored using the Corporate Performance Management system and measured both at service and corporate level. This comprehensive performance monitoring system allows the Chief Executive to see 'at a glance', on a single side of data, the performance across all Directorates. This rigorous monitoring and the allied impressive WLAM (West Lothian Assessment Model) review process is a very structured approach to achieving performance targets. The WLAM review process, applied to the full range of services, was suspended during the

Organisational Strengths – (Compliance Plus)		
Element		Assessor Feedback
		<p>pandemic, but has now resumed, with a more streamlined and customer focused approach, and more emphasis on discussing development activity. This has been well received by staff. The evidence shows that the Council is generally meeting its targets across a wide range of measures.</p> <ul style="list-style-type: none"> The performance management system and reporting to the public undertaken by the Council is done to a very high standard with a very open public reporting framework. The Council makes its customers aware of its performance using an impressively wide range of paper and electronic media. Performance information on the web site is particularly detailed, including the Annual Report (Factfile) and a range of performance information on all service areas. Compliance Plus is retained.
4.2.3	We have an easy to use complaints procedure, which includes a commitment to deal with problems fully and solve them wherever possible within a reasonable time limit.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> WLC's benchmarking of performance, both internally, and externally against similar organisations, is outstanding and merits Compliance Plus. The Council is an active participant in a broad range of benchmarking forums. Internally, the West Lothian Assessment Model (WLAM) review process provides a structured self-assessment framework against which all services are measured, allowing comparison of service performance across the whole Council. WLC also participates in several family groups in the Local Government Benchmarking Framework (LGBF) which allows comparison of performance with all Scottish Councils. Benchmarking information is used to monitor and improve the services. Internally, the robust WLAM review process highlights areas of high service performance in the whole Council, which can then be shared with others and used to help other service areas improve. Similarly, benchmarking across Scotland, using the LGBF framework, facilitates identification of high performing services within other Scottish Councils, and encourages sharing of best practice.
5.2.3	We promptly share customer information with colleagues and partners within our organisation whenever appropriate and can demonstrate how this has reduced unnecessary contact for customers.	<p>(Compliance Plus)</p> <ul style="list-style-type: none"> The Council promptly shares customer information with colleagues and partners across the organisation whenever appropriate, by means of the CRM IT system that holds information on every property and resident, and through a wide range of meetings and liaison activities. The Council makes efforts to reduce unnecessary contact for customers. The CRM system has demonstrably improved first time resolutions and reduced unnecessary contact for customers. Compliance Plus is maintained.

Data label: OFFICIAL

APPENDIX 2**COMPLIANCE COMPARISON 2022/23 (NEW)**

1: Customer Insight			1	2	3	4	5		Compliance Plus: 6
	1	1	C+	C+	C+				Compliant: 5
		2	C+	C+	C				Partial: -
		3	C	C	C	C	C+		Non: -
2: The Culture of the Organisation			1	2	3	4	5	6	Compliance Plus: 3
	2	1	C+	C+	C	C	C	C	Compliant: 7
		2	C	C+	C	C	P		Partial: 1
									Non: -
3: Information and Access			1	2	3	4			Compliance Plus: 2
	3	1	C	C					Compliant: 10
		2	C	C	C	C			Partial: -
		3	C	C	C				Non: -
		4	C+	C+	C				
4: Delivery			1	2	3	4	5	6	Compliance Plus: 3
	4	1	C+	C+	C				Compliant: 10
		2	C	C	C+	C			Partial: -
		3	C	C	C	C	C	C	Non: -
5: Timeliness and Quality of Service			1	2	3	4	5		Compliance Plus: 1
	5	1	C	C					Compliant: 9
		2	C	C	C+	C	C		Partial: -
		3	C	C	C				Non: -

Compliance Plus:	15
Compliant:	41
Partial:	1
Non:	-

Data label: OFFICIAL

PERFORMANCE COMMITTEE WORKPLAN 2023/24

Key: CPR = Corporate Performance Report

SPR = Service Performance Report

ESBR = External Scrutiny & Benchmarking Report

Date of meeting	Report Type	Report	Lead Officer	Report Delivered by
11 September 2023	SPR	Customer Service Centre	Head of Housing, Customer and Building Services	Customer and Communities Manager
	SPR	Roads and Transportation	Head of Operational Services	Roads and Transportation Manager
	CPR	Complaint Quarterly Report Q1 2023/24	Depute Chief Executive	Project and Systems Manager
	CPR	Improvement Strategy Update (2022/23)	Depute Chief Executive	Improvement Manager
13 November 2023	SPR	IT Services	Head of Corporate Services	Corporate Procurement Manager
	CPR	Corporate Procurement	Head of Corporate Services	Corporate Procurement Manager
	ESBR	Local Government Benchmarking Framework 2021/22	Depute Chief Executive	Improvement Manager
5 February 2024	SPR	Anti-Poverty Service	Head of Finance and Property Services	Anti-Poverty Manager
	SPR	Revenues Unit	Head of Finance and Property Services	Revenues Manager
	CPR	Complaint Quarterly Report Q2 2023/24	Depute Chief Executive	Project and Systems Manager

Data label: OFFICIAL

Date of meeting	Report Type	Report	Lead Officer	Report Delivered by
	CPR	Factfile 2023	Depute Chief Executive	Improvement Manager
25 March 2024	SPR	Customer and Communities	Head of Housing, Customer and Building Services	Customer and Communities Manager
	SPR	Performance and Change	Head of Housing, Customer and Building Services	Performance and Change Manager
	CPR	Complaint Quarterly Report Q3 2023/24	Depute Chief Executive	Project and Systems Manager
29 April 2024	SPR	Environmental Health and Trading Standards	Head of Planning, Economic Development and Regeneration	Environmental Health and Trading Standards Manager
	SPR	Recycling, Waste and Fleet Services	Head of Operational Services	Recycling, Waste and Fleet Manager
	CPR	WLAM Programme Update 2023/24	Depute Chief Executive	Improvement Manager
17 June 2024	SPR	Learning, Policy and Performance	Head of Education Services (Secondary)	Learning, Policy and Performance Manager
	SPR	Additional Support Needs	Head of Education Services (Secondary)	ASN Manager
	CPR	Complaint Quarterly Report Q4 2023/24	Depute Chief Executive	Project and Systems Manager
	ESBR	CSE Assessment Feedback 2024	Depute Chief Executive	Improvement Manager