


















Operational Delivery Committee Performance Report Appendix A

Operations and Protective Services

Building Services






















1. Customer – Building Services




Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
The year to date percentage of repairs appointments kept	99.47%		99.55%		99.52%		96.3%
Percentage of tenants who have had repairs or maintenance carried out in the last 12 months satisfied with the repairs and maintenance service (year to date).	No surveys		92%		92%		80%

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
**Total No. complaints received (stage 1 and 2) - Building Services	60		11		22		
% of complaints resolved within timescale stage 1 and 2) - Building Services	53.3%		54.5%		50%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Building Services	36.7%		18.2%		21.4%		
*Total No. of lessons learnt identified (stage 1 and 2) - Building Services	1		0		1		

*Lessons learnt referred to throughout this Appendix are lasting actions taken/changes made to resolve an issue and to prevent future re-occurrence for example amending an existing procedure or revising training processes. When a complaint has been upheld, action would be taken in the form of an apology or staff discussion/advice, but these actions are not classified as lessons learnt.







2. Processes – Building Services










Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
The year to date average length of time taken to complete emergency repairs (hrs)	4.64		4.8		4.61		4.1
The year to date average length of time taken to complete non-emergency repairs (days)	7.96		7.96		7.54		8.3
The year to date percentage of reactive repairs carried out in the last year completed right first time	93.25%		93.18%		90.81%		93.6%
The percentage of Repairs Inspections completed within 20 working day target (year to date)	95.4%		91.5%		88.07%		100%
YTD % of ROU Path Maintenance Completed Within Timescale	1.3%		1.3%		1.1%		100%
YTD % Death Voids Path Maintenance Completed within Timescale	0%		0%		0%		100%
YTD % Major Works Void Path Maintenance Completed within Timescales	0%		0%		0%		100%

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
*YTD How many times in the year did you not meet your statutory obligation to complete a gas safety check within 12 months of a gas appliance being fitted or last checked.	1,125		1,320		1,462		0

*Management of the Gas Maintenance contract lies with the Corporate Landlord cluster

3. Staff – Building Services

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Building Services)	1		0		0		
Accidents - Non-Reportable - Employees (No in Quarter - Building Services)	3		0		3		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
*Sickness Absence - Average Number of Days Lost - Building Services	3.57		3.73		3.71		To be confirmed
Establishment actual FTE	409.31		421.43		421.52		
Staff Costs - % Spend to Date (FYB)	31.3%		41.6%		46.8%		100%

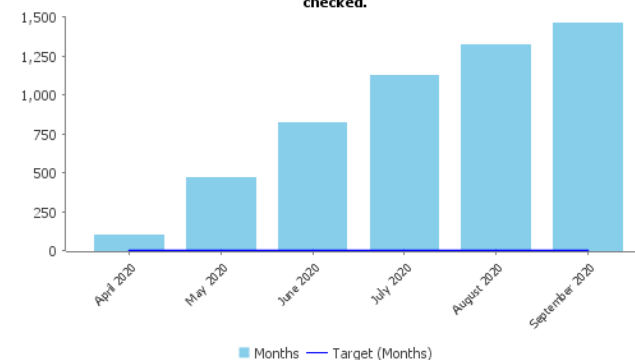
*All sickness absence data contained in this Appendix now reflects the 12-month rolling average of days lost per FTE

4. Finance & Controls – Building Services

YTD How many times in the year did you not meet your statutory obligation to complete a gas safety check within 12 months of a gas appliance being fitted or last checked.



HOUCHI11 YTD How many times in the year did you not meet your statutory obligation to complete a gas safety check within 12 months of a gas appliance being fitted or last checked.



Why is this important?

The Scottish Social Housing Charter (SSHC) was introduced by the Housing (Scotland) Act 2010, which requires Ministers to set standards and outcomes that social landlords should be achieving for tenants and customers through their housing activities.

Charter outcome 4 – Quality of Housing - stipulates that Social Landlords manager their business so that; Tenants homes, as a minimum, meet the Scottish Housing Quality Standard by April 2015 and continue to meet it thereafter, and when they are allocated, are always clean, tidy and in a good state of repair.

This indicator, along with others, monitors whether we are achieving our desired outcomes and are committed to ‘Sustain/improve performance in respect of the SSHC outcomes’

Benchmark Information:

The SSHC for this measure changed definition for the year 2019/20 currently Scottish LA benchmarking data is not yet available

Target:

The target set to comply with our Statutory duty to complete a Gas Safety check within 12 months of the Gas appliance being fitted or last checked is set at **100%**

This is what the data is saying:

The data shows an increase in the number of outstanding gas safety checks over recent months. This is a result of COVID 19 restrictions and the ability to gain access to properties. This is consistent with guidance provided by Scottish Government and Gas-Safe, the industry regulator.

This is the trend:

For the last 5 years, 2015/16 – 2019/20 performance was maintained at **100%**

This is the impact:

The impact of checks not being undertaken within the statutory guidelines is due to tenants not being able or comfortable in giving access for such inspections. Each property has had all checks undertaken over a number of years prior to the most recent inspection. All properties are fitted with carbon monoxide detectors to mitigate risks.

These are the next steps we are taking for improvement:

The arranged access process, where access is forced has been re-instated. Officers have been delivering notices for a number of weeks with the 1st access due in November. Since the last figures were formally reported the number of outstanding inspections at 30 October had reduced to 744. Within the list of properties where access was denied a prioritisation list is in place, based on flue type which may carry slightly higher risk for early access. A record of all properties where access was denied and a programme for ensuring all properties have been inspected by March 2021 is in place and updated daily. An increase in available resource has been made by the contractor to increase capacity to catch up with inspections. (an additional 5 full-time engineers have been made available)

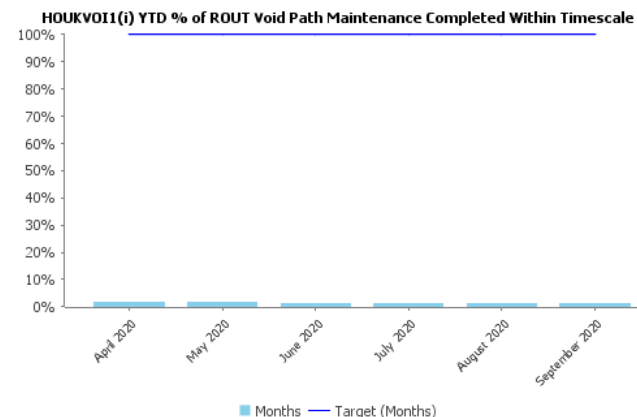
Responsible officer:

Stephen Booth

Last Updated:

September 2020

YTD % of Routine Void Path Maintenance Completed Within Timescale



Why is this important?

The Scottish Social Housing Charter (SSHC) was introduced by the Housing (Scotland) Act 2010, which requires Ministers to set standards and outcomes that social landlords should be achieving for tenants and customers through their housing activities.

Charter Outcome 4 – Quality of Housing stipulates that Social Landlords ensure that: ‘tenants’ homes, as a minimum, meet the Scottish Housing Quality Standard (SHQS) when they are allocated; are always clean, tidy and in a good state of repair; and also meet the Energy Efficiency Standard for Social Housing (EESH) by December 2020.

Charter outcome 13 – Value for Money - stipulates that Social Landlords manager their business so that: *Tenants, owners and other customers receive services that provide continually improving value for the rent and other charges they pay*

Benchmark Information:

These indicators and targets are set and measured locally so no benchmarking is available

Target:

- Routine Voids have an overall target of **15** working days (**21** calendar days)
- Properties on the Death void path have a target of **15** working days with an additional 2-week clearance period (**35** calendar days)
- Major Works properties have an overall target of **25** working days (**35** calendar days).

This is what the data is saying:

The current performance for those properties on a:

- Routine Void path is currently sitting at **1.1%**
- Death Void path is **0%**
- Major Works Void Path is **0%**

This is the trend:

A 3-year trend shows that performance was:

2019/20

- Routine Void path **12.0%**
- Death Void path **16.1%**
- Major Works Void Path **33.3%**

2018/19

- Routine Void path **16.8%**
- Death Void path **14.7%**
- Major Works Void Path **15.7%**

2017/18

- Routine Void path **19.9%**
- Death Void path **18.9%**
- Major Works Void Path **14.2%**

This is the impact:

Some of the consequences of this performance are:

- Loss of rental income to the Council.
- New tenants are experiencing lengthy periods of time to wait from when being made an offer of accommodation to the time they can move in.
- Homeless people are spending long periods of time in temporary accommodation.

These are the next steps we are taking for improvement:

A new Voids Improvement Plan was agreed in March 2020, this plan is being led by the Chief Officer – Early Intervention and Community Empowerment and Chief Officer – Operations and is being managed within an enhanced performance framework. This is a corporate improvement project reporting to the new Improvement Board. Significant actions being implemented include:

Resources from other teams within building services have been temporarily assigned to the voids to increase capacity to return the properties quicker. External contractors have also been brought in to supplement the in house team. There are still restrictions in place due to Covid 19 on how many operatives we can have in a property at the same time however it is hoped that with adding all the additional resources this will allow us to work on more properties at any given time.

Applications are now routinely reviewed each year to help ensure applicants needs and wants are current, this should contribute to less offer refusals.

New digital offers and viewings processes to maintain safe operations during the crisis and also deliver a more modern and efficient approach.

New digital procedure for undertaking property standards checks prior to offer, providing a more consistent and robust assessment. This should improve condition of properties at termination therefore reducing repair required during void periods.

Responsible officer:













Last Updated:



Graham Williamson

September 2020

Environmental Services










1. Customer – Environmental Services

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received (stage 1 and 2) - Environment	11		5		21		
% of complaints resolved within timescale (stage 1 and 2) - Environment	90.9%		80%		81%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Environment	72.7%		40%		66.7%		
Total No. of lessons learnt identified (stage 1 and 2) - Environment	0		0		0		







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Number of Partners / Community Groups with links to national campaigns - Green Thread	158		No activity Q1		58		










2. Processes - Environmental Services

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
*Street Cleansing - LEAMS (Local Authority Environmental Audit Management System) (Conducted 3 times annually)	No activity July – Sept						80%
Grounds - LAMS (Land Audit Management System)							87%

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Number of Complaints upheld by Inspector of Crematoria	0		0		0		0
% Outdoor play areas visited, inspected and maintained to national standards on a fortnightly basis	100%		100%		100%		100%
% Water safety equipment inspected within timescale	100%		100%		100%		100%

3. Staff - Environmental Services

Performance Indicator	Q4 2019/20		Q1 2019/20		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Environment)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter - Environment)	0		0		3		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Environmental	7.02		7.03		6.98		To be confirmed
Establishment actual FTE	318.61		317.67		316.74		
Staff Costs - % Spend to Date (FYB)	32.5%		40.7%		48.9%		100%

4. Finance & Controls - Environmental Services

Facilities Management

1. Customer – Facilities Management

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received (stage 1 and 2) - Facilities	6		0		7		
% of complaints resolved within timescale (stage 1 and 2) - Facilities	83.3%		No complaints Q1		71.4%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Facilities	66.7%				5		
Total No. of lessons learnt identified (stage 1 and 2) - Facilities	2				1		

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		Target 2020/21
	Value	Status	Value	Status	Value	Status	
Number of school lunches served in the year - Primary (YTD)	1.305,874		No service Q1		139,265		523,825






Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
*No. of meals provided per month	111,224		46,653				

*The data for July-August consists mostly of meal equivalent numbers provided to our free school meal (FSM) entitled children and young people (not including universal Primary 1s to 3s) by way of supermarket vouchers. The service worked in conjunction with Education service colleagues who identified the number of pupils eligible for FSM through the prescribed benefits route, this number increasing as the COVID-19 crisis developed. Supermarket vouchers to the value of £2.50 per day were provided fortnightly to the parents/legal guardians of all those eligible, from Monday 6th April through Friday 14th August 2020. The supermarket vouchers were funded via 'Food Fund' grant funding provided by Scottish Government. It also includes the data for breakfast, lunch and afternoon tea provided to children attending Keyworker Childcare Centres, Vulnerable Learner Hubs and additional Support Needs settings.

No activity in September due to schools reopening.




Performance Indicator	Current Status	2020/21 Target
We will provide Free School Meals to Primary 1 to 3 children, which meet the Nutritional requirements for Food and Drink in Schools (Scotland) Regulations		70%
The composition of our school meal menus is subject to nutritional analysis which ensures that our offerings meet the Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations, giving our school pupils the nutrition they require for effective learning. Scrutiny on the delivery of the menu at school level is a factor in inspections by Education Scotland and we will use this measure to highlight any reports of non-compliance with the nutritionally analysed menu identified from those inspections. No issues identified.		

2. Processes – Facilities Management

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
% Fly tipping alerts at housing multi-storey blocks responded to within 48 hours	99%		96.6%		87.9%		95%
% Response cleaning alerts responded to within priority timescales	No data		71.4%		88.2%		95%

Performance Indicator	Current Status	2020/21 Target
We will deliver 39 weeks contracted school cleaning		95%
Cleaning service is delivered by the in-house team at all non-3Rs schools in the city, for the 38 weeks of school term plus the five annual in-service days. We will use this measure to highlight any instances where a school has been unable to open due to our inability to provide a satisfactory cleaning service. No issues identified.		

3. Staff – Facilities Management

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Month - Quarter)	0		0		0		

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Non-Reportable - Employees (No in Month - Quarter)	2		0		3		







Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Facilities	9.45		9.24		9.33		To be confirmed
Establishment actual FTE	485.19		488.81		488.25		
Establishment actual FTE (Cleaning)	216.01		218.44		218.89		
Establishment actual FTE (Janitorial)	56.16		56.16		56.16		
Staff Costs - % Spend to Date (FYB)	33.8%		42.2%		50.8%		100%

4. Finance & Controls - Facilities Management












Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Inspection - Number of overdue corrective actions requests as at month end	0		0		0		0

Fleet and Transport

1. Customer – Fleet and Transport

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received (stage 1 and 2) - Fleet	0		0		1		
% of complaints resolved within timescale (stage 1 and 2) - Fleet	No complaints received in Q4/Q1				100%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Fleet					100%		
Total No. of lessons learnt identified (stage 1 and 2) - Fleet					1		

2. Processes – Fleet and Transport

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
% HGV's achieving first time MOT pass	95.5%		No tests		83.3%		100%
% Light Vehicles achieving first time MOT pass	79.6%		87.5%		87.5%		100%
% of Council fleet - alternative powered vehicles	7.6%		7.6%		7.6%		100%
% of Council fleet lower emission vehicles (YTD)	96.8%		96.8%		96.8%		100%

3. Staff – Fleet and Transport

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Fleet)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter - Fleet)	1		0		1		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Fleet	0.66		0.58		0.64		To be confirmed
Establishment actual FTE	33%		41.3%		49.5%		
Staff Costs - % Spend to Date (FYB)	34.6		34.6		34.6		100%

4. Finance & Controls – Fleet Transport

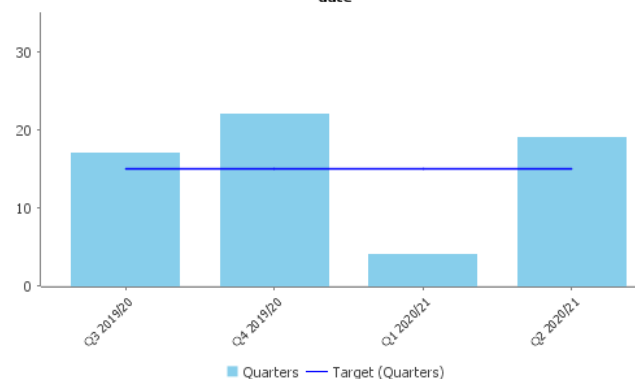
Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Fleet Management - First Use Check Exceptions (Environmental) – Year to date	22		4		19		15
Fleet Management - First Use Check Exceptions (Fleet) – Year to date	2		0		0		2
Fleet Management - First Use Check Exceptions (Roads) – Year to date	2		0		0		2
Fleet Management- First Use Check Exceptions (Waste) – Year to date	25		2		6		18
Unreported Vehicle, Plant and Equipment Accidents (Environmental) - Year to date	8		2		3		8
Unreported Vehicle, Plant and Equipment Accidents (Roads) - Year to date	1		0		0		2
Unreported Vehicle, Plant and Equipment Accidents (Waste) - Year to date	9		4		4		15

Performance Indicator	Q4 2019/20		Q1 2019/20		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Fleet Services - % of LGV/ Minibuses/ Small Vans Vehicles under 5 years old	72.68%	⚠	74.21%	⚠	74.21%	⚠	80%
Fleet Services - % of large HGV vehicles under 7 years old	70.63%	⚠	70.63%	⚠	70.63%	⚠	80%

Fleet Management- First Use Check Exceptions (Environmental) – Year to date



OP5417ZENV Fleet Management- First Use Check Exceptions (Environmental) – Year to date



Why is this important?

This Indicator monitors the non-compliance of Services in relation to carrying out vehicle first use checks which should highlight any reportable defects.

Benchmark Information:

Benchmarking of the number of Incidents is conducted across Services on a quarterly and annual basis to monitor reductions. No external benchmarking of this indicator is currently conducted.

Target:

The current target for the number of Incidents is 15 to the end of Q2 for Environmental Services. The annual target is 30.

This is what the data is saying:

During Q1 Environmental Services was not fully operational. When the Service became fully operational during Q2, there was a noted increase in the number of issues unreported to supervisors or Fleet Services.

This is the trend:

The upward trend indicates that pre use checks are not always carried out or recorded properly and operator maintenance is not always carried out

This is the impact:

There is clearly a cost to service due to unfair wear and tear, longer equipment down time, equipment having to be replaced earlier than the expected lifespan and increased workload for fleet workshop.

These are the next steps we are taking for improvement:

During Q1, the service was stood down, with only essential functions continuing during this period. In Q2, there was unavoidable, significant disruption to summer grass cutting regimes meaning that grass areas had to be slowly reduced and maintained at inadequate heights. This resulted in additional strain on operatives and machinery.

Going forward, staff will be briefed on capturing all defects during First Use Vehicle Checks and when vehicles or plant are submitted to the workshop for repair or service.

Responsible officer:













William Whyte/Steven Shaw



















Last Updated:

Q2 2020/21


















Integrated Children's Services (excluding Education)

1. Customer – Integrated Children's Services (ex-Education)







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received (stage 1 and 2) - CSW	21		8		7		
% complaints resolved within timescale (stage 1 and 2) - CSW	52.4%		25%		42.9%		75%
% of complaints with at least one point upheld (stage 1 and 2) - CSW	19%		25%		33.3%		
Total No. of lessons learnt identified (stage 1 and 2) - CSW	1		0		0		







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
% Care provided in Council children's homes, fostering and adoption services achieve a care standard of good or better	100%		100%		100%		100%
LAC looked after in a residential placement in Aberdeen City (%)	3.8%		3.7%		3.9%		5%
LAC looked after in a residential placement out with Aberdeen City (%)	5.8%		6.4%		6.6%		6%
Looked After Children looked after at home (%)	20.2%		21.4%		21.2%		26%
Looked After Children looked after in Kinship (%)	18.3%		18.0%		18.0%		28%
Looked After Children looked after in Foster Care (%)	48.8%		47.2%		47%		34%

2. Processes - Integrated Children's Services (ex-Education)

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
% Initial child protection conferences held within 21 days	57%		79%		70%		100%
% Child Protection Case Conference decisions issued to families within 24 hours	100%		96%		100%		95%
% Child Protection Plans issued within 5 calendar days	57.9%		52%		35.3%		95%
% Care experienced children and young people with 2 or more consecutive placements away from home in 12 months	21%		18%		17%		30%
% Care experienced children and young people with a pathway plan by age 15	100%		100%		100%		100%
% Foster carers and adopters are approved within a timescale of 6 months from application			22%		100%		100%

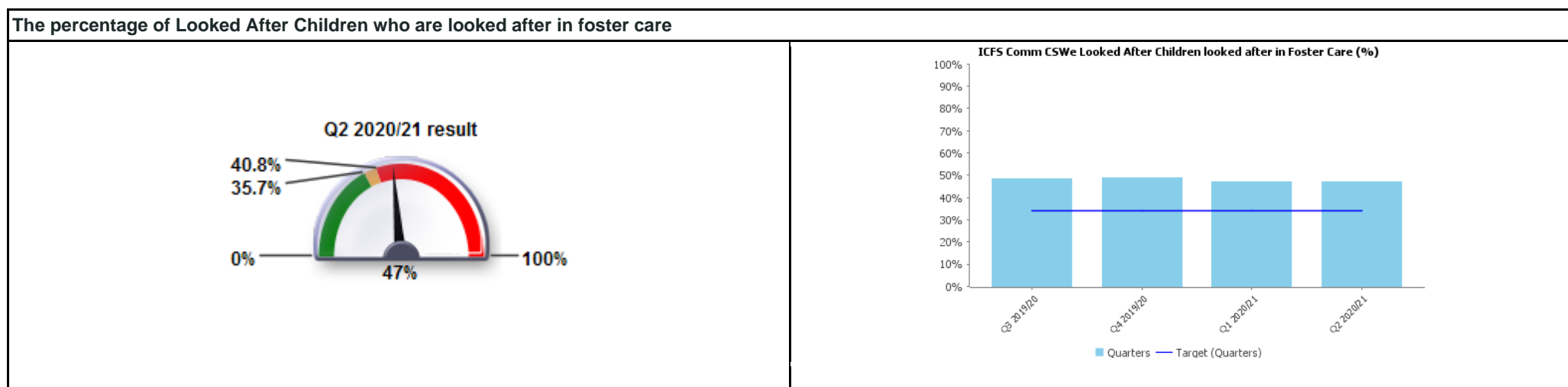
3. Staff - Integrated Children's Services (ex-Education)

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - CSW)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter - CSW)	0		0		0		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - CSW	3.99		3.90		3.86		To be confirmed
Establishment actual FTE	355.53		348.68		346.39		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Staff Costs - % Spend to Date (FYB)	32.2%	✓	41.7%	✓	50.1%	✓	100%

4. Finance & Controls Integrated Children’s Services (ex-Education)



Why is this important?

Rebalancing the Care Profile is a service priority and is noted within the LOIP.

Benchmark Information:

National benchmark data relating to looked after children are collated during July of each year. It is published during the course of the national information release through the Children's Social Work Statistics report (often referred to as the CLAS return) in March of the following year.
<http://www.scotland.gov.uk/Topics/Statistics/Browse/Children/PubChildrenSocialWork>

Target:

To be equal to or better than the national average position.

This is what the data is saying:

Numbers of children within foster placements has steadily reduced over 2020 in line with the key drivers as detailed within the LOIP for shifting the balance of care. This improved position is also in line with the findings of the Independent Care Review. It is however recognised that as many of the children living in foster care are settled achieving it is going to take a number of years to address the imbalance.

The number of children living within Kinship placements has remained steady. The service redesign that was agreed at the start of 2020 has a clear focus on how we can more effectively support children to remain at home and within their family.

The challenges posed by Covid19 are felt to have been a factor here, with families exhibiting increased levels of mental health instability which in turn has impacted on capacity to offer additional care.

This is the trend:

Small but steady reductions in the percentage of young people placed in foster care.

This is the impact:

There will be a positive impact from any improvement in the performance of this measure, through reducing the number of looked after children in foster care and supporting more children to remain with their family.

These are the next steps we are taking for improvement:

- Realignment of CSW resources to support children to remain within their family.
- Development of Family Wellbeing Hubs to provide early and preventative multi-agency support to children, young people and families.
- Improvement programme around the earlier identification and assessment of potential Kinship Carers.
- Equipping foster carers to be trauma informed thus supporting an increasing number of children to remain within the city.
- Recruitment activity to increase the number of in-house foster carers. We know children who are placed locally can continue to maintain familial links with their communities which can positively impact on their wellbeing. Despite Covid19 and lockdown assessment of new carers continued using virtual mediums. Enquiries relating to fostering have increased over this period with us capitalising on the economic changes within the city, to ensure any persons who may be interested in fostering have every opportunity to explore this further.

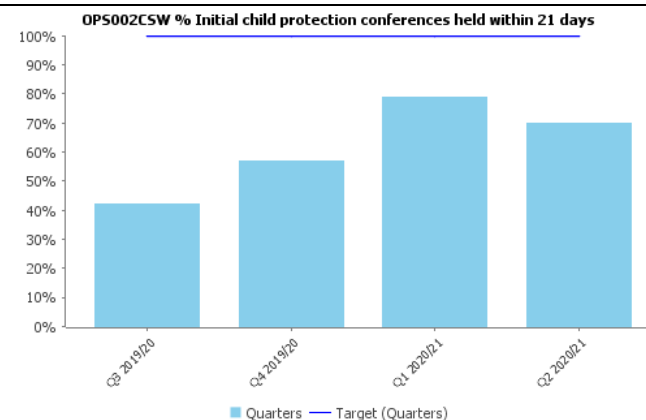
Responsible officer:

Graeme Simpson

Last Updated:

Q2 2020/21

% Initial child protection conferences held within 21 days



Why is this important?

It is important that decisions regarding the planning for children deemed as potentially being at risk of significant harm are made in a timely manner

Benchmark Information:

This measure is not currently benchmarked.

Target:

The 20/21 target for this measure has been set at 100%.

This is what the data is saying:

In the last quarter, covering months July to September 2020, performance for this Service Standard is below target. However, when looking at the Q1 return of 70% it should be noted that the 30% shortfall, represents only three cases. Therefore, the number of conferences held out with the 21-day timescale for initial Child Protection Case Conferences is relatively small and all were held shortly after the 21 days. Some of these delays are to accommodate parental attendance.

This is the trend:

Performance has improved since the start of the monitoring period for this measure (Q3 2019/20 42%, Q4 57%, Q1 2021 79%, Q2 70%). August and September were both extremely busy as staff attempted to catch up on Conferences which had had to be cancelled during lockdown but this situation should resolve as numbers return to normal.

This is the impact:

All children coming to a CPCC have a “safe care” plan in place to manage the risks identified during an investigation. Therefore, there is no impact on the child by the timescale being out with 21 days. However, it is important for parents/child to have clarity on the planning without unnecessary delay. Should risk be assessed as being too high then application to the Courts for an emergency order remains a course to safeguard the child(ren).

Some of the delays relate to availability of parents who are central to the decision-making process. Delays are sometimes made to accommodate their availability/attendance. Preceding without parents undermines the effectiveness of the meeting and the consequential multi-agency plan.

These are the next steps we are taking for improvement:

Some staffing difficulties have been experienced in the Child Protection Admin Team but it is expected that moving to a different minuting process will alleviate this issue.

Responsible officer:










Graeme Simpson

Last Updated:













Q2 2020/21



Protective Services





1. Customer – Protective Services

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received - Protective Services	3		0		5		
% of complaints resolved within timescale - Protective Services	33.3%		No complaints Q1		80%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Protective Services	0%				0%		
Total No. of lessons learnt identified (stage 1 and 2) - Protective Services	0				0		

2. Processes - Protective Services







Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Non-Domestic Noise % responded to within 2 days	100%		100%		100%		100%
High Priority Pest Control % responded to within 2 days	100%		100%		98.6%		100%
High Priority Public Health % responded to within 2 days	100%		94.3%		97.2%		100%
Dog Fouling - % responded to within 2 days	96.6%		100%		93.1%		100%










Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
% of registered tobacco retailers visited to give Business Advice on compliance with tobacco legislation - Year to Date	17.85%		No activity in Q1/2				10%
% of registered tobacco retailers subjected to Test Purchasing for retailer compliance with age restrictions - Year to Date	13.18%						5%

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
% of registered Nicotine Vapour Products retailers visited to give Business Advice on compliance with legislation - Year to Date	42.29%		No activity in Q1/2				10%
% of registered Nicotine Vapour Products retailers subjected to Test Purchasing for retailer compliance with age restrictions - Year to Date	12.3%		No activity in Q1/2				5%
% of Samples reported within specified turnaround times (Aberdeen Scientific Services Laboratory)	74.5%		60.6%				80%




*As of 01/07/2019, the risk rating scheme for food premises has changed which will require the PIs for Food Safety Hygiene Inspections to be overhauled. Premises are now rated across 3 types of business based on the type of operations undertaken and 5 compliance categories, giving 15 separate ratings. The Service is currently identifying an appropriate manner to record, correlate and report this information working nationally with other authorities.

3. Staff - Protective Services

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No. In Quarter - Protective Services)	0		0		0		
Accidents - Non-Reportable - Employees (No. In Quarter - Protective Services)	0		0		2		










Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Protective Services	1.81		1.81		1.81		To be confirmed
Establishment actual FTE	64.29		64.29		64.29		
Staff Costs - % Spend to Date (FYB)	32.9%		41.2%		49.5%		100%

4. Finance & Controls - Protective Services






Performance Indicator	Q3 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
% of External Quality Assurance reported results that were satisfactory (Aberdeen Scientific Services Laboratory)	99.3%		96.5%		95.2%		95%




Road and Infrastructure Services

1. Customer - Roads







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received - Roads	21		0		34		
% of complaints resolved within timescale - Roads	71.4%		No complaints Q1		61.8%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Roads	71.4%				52.6%		
Total No. of lessons learnt identified (stage 1 and 2) - Roads	0				0		










2. Processes - Roads

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Percentage of all streetlight repairs completed within 7 days	Emergency works only July/Aug				93.13%		90%
Number of Street Light Repairs completed within 7 days					488		
Potholes Category 1 and 2 - % defects repaired within timescale	99.4%		99.4%		95.39%		95%

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Potholes Category 1 and 2 - No of defects repaired within timescale	336		527		435		

3. Staff - Roads













Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Roads)	2		0		1		
Accidents - Non-Reportable - Employees (No in Quarter - Roads)	1		0		3		




Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Roads	2.55		2.67		2.82		To be confirmed
Establishment actual FTE	157.46		156.85		157.26		
Staff Costs - % Spend to Date (FYB)	29.8%		37.2%		45.7%		100%

4. Finance & Controls - Roads







Waste Services

1. Customer - Waste







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received - Waste	32		29		75		
% of complaints resolved within timescale - Waste	87.5%		82.8%		76%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Waste	62.5%		51.7%		48.1%		
Total No. of lessons learnt identified (stage 1 and 2) - Waste	0		0		1		










Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Number of missed bin collection reports in month - residential	240		286				

2. Processes - Waste

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value%	Value	Status	Value	
% Waste diverted from Landfill	80.3%		85.5%		81.8%		85%
Percentage of Household Waste Recycled/Composted	49.6%		48.3%		48.2%		50%

3. Staff - Waste

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Waste)	2		0		0		
Accidents - Non-Reportable - Employees (No in Quarter - Waste)	5		1		0		






















Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Waste	7.67		7.64		7.65		To be confirmed
Establishment actual FTE	184.39		189.32		193.62		
Staff Costs - % Spend to Date (FYB)	33.6%		41.7%		51.5%		100%













4. Finance & Controls - Waste

Customer

Customer Experience

1. Customer – Customer Experience

Performance Indicator – Corporate	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
The number of complaints closed at Stage 1 within 5 working days as % of total no of Stage 1 complaints	70.93%		78.05%		72.18%		75%
The number of complaints closed at Stage 2 within 20 working days as % of total no of Stage 2 complaints	23.81%		31.25%		43.75%		75%
The number of complaints closed at Escalated Stage 2 within 20 working days as % of total no of Stage 2 complaints	55.17%		25.00%		70.83%		75%
% Non-complex Subject Access Requests responded to within 1 month	84.1%		89.3%		86%		80%
% Complex Subject Access Requests responded to within 3 months	75%		22.2%		10%		70%
% of Environmental Info Requests replied to within 20 working days - Corporate	85.9%		81.1%		67.7%		90%
% of Freedom of Information requests replied to within 20 working days - Corporate	82.5%		75%		69.5%		90%

Performance Indicator – Service	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received – Customer Experience	99		13		73		
% of complaints resolved within timescale – Customer Experience	93.94%		100%		90.4%		75%
% of complaints with at least one point upheld (stage 1 and 2) – Customer Experience	8.3%		53.8%		62.5%		
Total No. of lessons learnt identified (stage 1 and 2) – Customer Experience	17		1		5		

2. Processes – Customer Experience







Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Average time taken in calendar days to process all new claims and change events in Housing Benefit (monthly)	6.08		6.51				12
Correct amount of Housing Benefit paid to customer (monthly)	No data		96.05%		97.39%		95%
% Customer Contact Centre calls answered within 60 seconds	70.1%		67.2%		69.28%		70%
Percentage of invoices sampled and paid within 30 days	93.29%		85.57%		88.31%		90%

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
% Crisis Grant applications processed within 2 working days	No data		97%				90%
% Community Care Grant applications processed within 15 working days	No data		57%				50%




3. Staff – Customer Experience

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter – Customer Experience)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter – Customer Experience)	1		0		0		

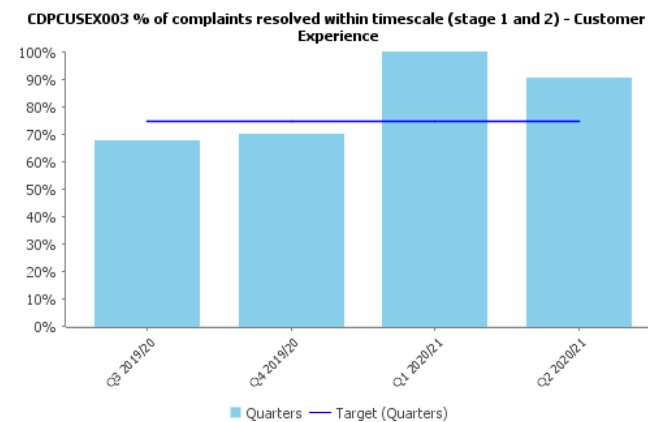
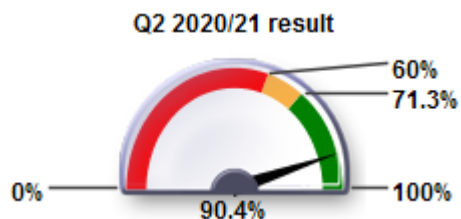
Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – Customer Experience	4.78		4.70		4.66		To be confirmed

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Establishment actual FTE	306.42		302.73		305.72		
Staff Costs - % Spend to Date (FYB)	34.2%		42.5%		51%		100%

4. Finance & Controls – Customer Experience

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Council Tax Cash Collected (In Year) - monthly	£47.6m		£59.2m		£70.6m		£71.4m

% of complaints resolved within timescale (stage 1 and 2) – Customer Experience



Why is this important?

Complaint handling is a statutory requirement. Like all Local Authorities, we follow the Model Complaints Handling Procedure set out by the Scottish Public Services Ombudsman (SPSO). This includes the timescales for response which we aim to meet wherever possible. This SPI is most closely linked to the Prosperous People Theme within the Local Outcome Improvement Plan as the effective handling of complaints ensures that people are supported appropriately when and if necessary.

Benchmark Information:

A benchmarking exercise is undertaken on an ad hoc basis by the SPSO which compares each Scottish Local Authority's performance in complaint handling. No recent benchmarking exercises have taken place.

Target:

The target for 2020/21 has been set as 75% of all complaints responded to within timescale (5 working days for stage 1 complaints and 20 working days for stage 2 complaints). There is no target set for the identification of lessons learnt or the percentage of upheld / not upheld complaints.

This is what the data is saying:

For Q2 2020/21, the percentage of Stage 1 complaints responded to within timescale has reduced slightly but remains around target. Escalated stage 2 performance has demonstrated significant improvement and stage 2 performance, although improved, remains below target.

This is the trend:

For the reporting year 2020/21 to date there are some service areas which have consistently performed highly in relation to complaint handling e.g. Customer Experience and Waste. There is also evidence of significant improvement in some service areas in 2020/21 e.g. Environmental Services which is positive. Performance within Housing and Social Work is variable. Building Services performance demonstrates a trend which is consistently below target. This is partly due to the nature of the complaints received, which often makes it particularly challenging to meet the statutory stage 2 deadlines. Due to the nature of the Social Work Service in particular, complaints may refer to an ongoing or evolving situation and therefore require significant resource to ensure the concerns are thoroughly investigated and addressed. This can be complicated further due to the individual circumstances of each case, which require careful consideration.

There is no trend in relation to upheld/not upheld which is positive as it evidences that an impartial approach is taken in determining the outcome of complaints.

Upon closure of every complaint, responding officers must systematically identify any learning points. This is particularly important where complaints are upheld, but even a complaint which is not upheld can highlight the need for change. There is evidence of lessons learnt being consistently identified in some service areas such as Customer Experience.

This is the impact:

Some of the consequences of this performance are:

- An inconsistent customer experience across council services
- Some customers are receiving timely responses to their complaints and some are experiencing a longer wait than originally advised, potentially resulting in poorer customer satisfaction levels.

These are the next steps we are taking for improvement:

The reason why response timescales are not always met varies and continues to be explored with services. Where a response timescale cannot be met, for example due to the complexity of the matter, there is a process in place to inform the customer that an extension is necessary. An action plan to improve performance is in place and includes:

- Improved monitoring is to be implemented. This will be achieved through the following: -
 - The complaint escalation and performance dashboard, currently accessible to Chief Officers and Directors is to be rolled out to service managers to increase visibility of outstanding complaints.
 - The Chief Officers in lower performing areas have reviewed the complaint performance for Q2 and have identified areas of improvement within their clusters that will address performance issues. This includes process reviews and particular focus on response times to Stage 2 complaints with support from the Customer Feedback Team.
- Training sessions had been postponed due to Covid-19 but are to be rearranged with key responding officers to reinforce the requirements of the complaints handling procedure, including the importance of identifying lessons learnt to demonstrate organisational learning and avoid an issue re-occurring. This will help to ensure that complaints are responded to appropriately and within statutory timescales. The training will also result in an improved quality of responses drafted by officers, which in turn will reduce the time taken to quality assure responses before approval.

- The Customer Feedback Team have continued to focus on the quality control of responses which in some circumstances has meant that stage 2 responses have taken longer to be issued. The quality of responses has been deemed the highest importance as there is more likelihood of resolving the complaint if it is thoroughly investigated and responded to appropriately. Quality and transparency take precedence which also results in less Ombudsman investigations.
- A new specialist Social Work Customer Feedback and Access to Information Team is to be implemented in the coming months, which will focus on improving performance in the handling of social work complaints.

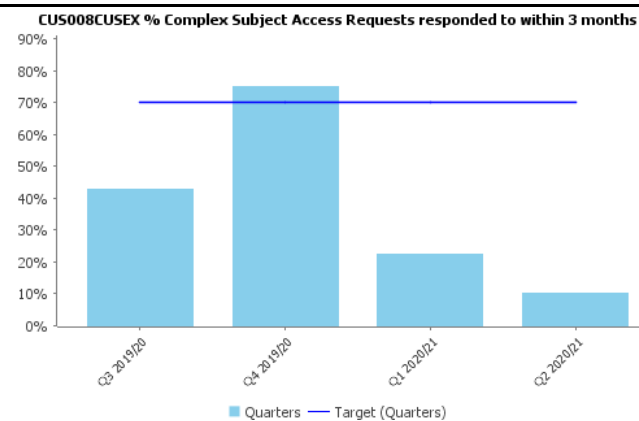
Ongoing performance across the organisation will be monitored and the reasons for delays will continue to be explored and addressed accordingly.

Responsible officer:

Last Updated:

Lucy McKenzie

Q2 2020/21

% Complex Subject Access Requests responded to within 3 months**Why is this important?**

Responding to Subject Access Requests is a statutory requirement. Like all Local Authorities, we must follow statutory procedures set out by the Information Commissioners Office (ICO). This includes the timescales for response which we aim to meet wherever possible. This SPI is most closely linked to the Prosperous People Theme within the Local Outcome Improvement Plan as the effective handling of Subject Access Requests ensures that people are supported appropriately when and if necessary.

Benchmark Information:

No benchmarking takes place.

Target:

The target for 2020/21 has been set as 80% of all non-complex Subject Access Requests responded to within timescale (1 month) and 70% of all complex Subject Access Requests responded to within timescale (3 months).

This is what the data is saying:

For Q2 2020/21, the percentage of non-complex Subject Access Requests responded to within timescale remains above target. Complex Subject Access Requests remain below target.

This is the trend:

For the reporting year 2020/21 to date performance in relation to non-complex Subject Access Requests remains above target which is positive. The trend in relation to complex Subject Access Requests has continued to decline. Unfortunately, due to the complexity and specialism required to deal with such requests, it is challenging to consistently meet response deadlines. Often there are large volumes of files which require redaction based on the individual circumstances and requires discussion with the applicant. It is very time consuming to fulfil such requests.

This is the impact:

Some of the consequences of this performance are:

- Some customers are receiving timely responses to their requests and some are experiencing a longer wait than anticipated. Customers are kept up to date on progress and informed when more time is required to fully respond. Feedback has demonstrated that although not the only aspect, the speed in which we respond can negatively impact the customer experience.

These are the next steps we are taking for improvement:

An action plan to improve performance is in place and includes:

- Increased engagement with customers to better understand and meet their requirements as opposed to dealing with unnecessary excessive requests. This will reduce request handling time for some requests, where appropriate.
- Increased collaboration and transparency around Subject Access Request handling performance across service areas involved in the process and a shared commitment to improve performance.
- A specialist multi-skilled team is to be created within Customer Feedback and Access to Information, to focus on Social Work Subject Access Requests which are the primary subject of complex Subject Access Requests. A training programme will be developed for the specialist team and a new operational approach implemented in allocating work. This will result in an injection of resource to this area and a more efficient operating model. Customers will receive a quicker response, where possible. It should be noted that due to the specialism required to deal with complex Subject Access Requests it will take some time to recruit and train the members of the new team and therefore the improvement in performance will not be immediate.

Responsible officer:




Lucy McKenzie

Last Updated:




Q2 2020/21

Data and Insights







1. Customer – Data and Insights

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received – Data and Insights	0		0		0		
% of complaints resolved within timescale – Data and Insights	No complaints received						75%
% of complaints with at least one point upheld (stage 1 and 2) – Data and Insights							
Total No. of lessons learnt identified (stage 1 and 2) – Data and Insights							

2. Processes – Data and Insights

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
% Responses to data breaches and other serious data protection risks within 24 hours (weekdays)	100%		100%		100%		100%

3. Staff – Data and Insights

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Month Quarter – Data and Insights)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter – Data and Insights)	0		0		0		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – Data and Insights	0.51		0.52		0.51		To be confirmed
Establishment actual FTE	32.02		32.49		33.69		
Staff Costs - % Spend to Date (FYB)	34.5%		42.7%		50.9%		100%

4. Finance & Controls – Data and Insights













Digital and Technology

1. Customer – Digital and Technology







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received – Digital and Technology	6		1		2		
% of complaints resolved within timescale – Digital and Technology	50.0%		100%		50%		75%
% of complaints with at least one point upheld (stage 1 and 2) – Digital and Technology	14.3%		0%		66.7%		
Total No. of lessons learnt identified (stage 1 and 2) – Digital and Technology	0		0		0		










Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Average Call Wait Time (IT Helpdesk)	42 sec.		33 sec.		32 sec.		120 sec.
Abandonment Rate % (IT Helpdesk)	11.18%		41.38%		41.24%		10%

2. Processes – Digital and Technology

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Percentage of Critical system availability - average (monthly)	100%		100%		100%		99.5%
% Calls to IT Helpdesk resolved right first time	60%		45%		37%		65%
% Priority 1 and 2 incidents closed in timescale	100%		100%		100%		99.5%
% Priority 3 – 5 incidents closed in timescale	97.5%		97%		96.3%		95%

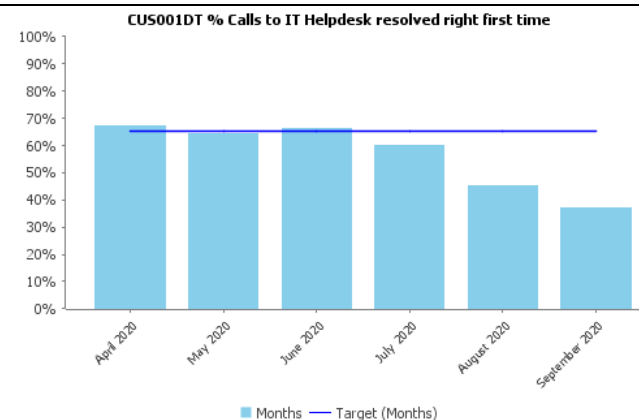
3. Staff – Digital and Technology

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter – Digital and Technology)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter – Digital and Technology)	0		0		0		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – Digital and Technology	1.15		1.01		1.02		To be confirmed
Establishment actual FTE	84.09		86.06		86.13		
Staff Costs - % Spend to Date (FYB)	34.9%		44.3%		53.2%		100%

4. Finance & Controls – Digital and Technology

% Calls to IT Helpdesk resolved right first time



Why is this important?

First time fix is when the someone contacts the Service Desk for assistance and the issue is resolved without the call having to be passed to another team.

Benchmark Information:

Information is provided via ServiceNow and Zeacom system. No external benchmarking of this measure is conducted.

Target:

The target for this measure has been set at 65% for 2020/21.

This is what the data is saying:

After analysis of the data this largely relates to two main areas. These are 1) connectivity issues and 2) application installs on new Microsoft devices. This results from the priority focus of deploying 5000 new Microsoft devices by the end of 2020.

Over 15% of the Digital and Technology resources have been allocated to this project. As the desk do not handle application installs and connectivity investigation this has led to these calls been investigated and resolved by 2nd and 3rd line support which explains why the first-time fix percentage has reduced. We currently also have a third less resources in the Service Desk team which obviously impacts on their ability to handle calls, resulting in 2nd line staff assisting with the call queue.

This is the trend:

The trend over the last 3 months indicates that the first-time fix rate has reduced.

This is the impact:

For the customer, this means that they may not be able to get their query dealt with immediately or during the initial call to the IT Service Desk when it relates to this type of issue.

These are the next steps we are taking for improvement:

Following full analysis and investigation, plans have been put in place to resolve the end user connectivity issues and application installs. However, the deployment of the Microsoft devices will continue to provide a risk to performance on first time fixes throughout 2020, but we expect a significant improvement in 2021 with the refreshed device position.

Responsible officer:




Craig Falconer

Last Updated:

September 2020

External Communications







1. Customer – External Communications







Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received – External Communications	0		0		0		
% of complaints resolved within timescale – External Communications	No complaints received						75%
% of complaints with at least one point upheld (stage 1 and 2) – External Communications							
Total No. of lessons learnt identified (stage 1 and 2) – External Communications							

2. Processes – External Communications

In July 2020, the decision was taken to integrate the Communications and Marketing cluster redesign with the cross-functional redesign of communications and marketing as part of Build Back Better. Doing so will provide a more holistic view of service provision across the Council. Service standards and targets will be reviewed as part of that exercise, including exploring the need for new standards and more efficient methods used to record performance.

3. Staff – External Communications

Performance Indicator	Q4 2019/20		Q1 2019/20		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter – External Communications)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter – External Communications)	0		0		0		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – External Communications	0.17		0.17		0.18		To be confirmed
Establishment actual FTE	16.51		16.51		16.51		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Staff Costs - % Spend to Date (FYB)	29%		41.7%		50%		100%




4. Finance & Controls – External Communications

Early Intervention and Community Empowerment

1. Customer – Early Intervention and Community Empowerment








































Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Value	Status	Value	
Total No. complaints received – Early Intervention and Community Empowerment	61		22		41		
% of complaints resolved within timescale - Early Intervention and Community Empowerment	75.41%		68.2%		56.1%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Early Intervention and Community Empowerment	17.4%		27.3%		28.1%		
Total No. of lessons learnt identified (stage 1 and 2) - Early Intervention and Community Empowerment	13		1		0		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Percentage of tenants satisfied with the standard of their home when moving in YTD	47.1%		42.9%		51.7%		75%
Satisfaction of new tenants with the overall service received (Year To Date)	70.6%		61.9%		62.1%		85%
Financial Inclusion - No of open cases and enquiries per month	217		226		246		
Number of visits to libraries - person	2,765		2,011		8,960		
Number of visits to libraries - virtual	89,880		88,612				

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
*% Libraries open during agreed opening hours	100%		100%		100%		

*Limited number of libraries currently offering browsing, PC access and Click and Collect services in line with phase 3 reinstated services.

2. Processes – Early Intervention and Community Empowerment

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
YTD % of cases reassessed as being homeless or potentially homeless within 12 months of a previous case being closed. (Data Provided by Scottish Government on a Quarterly Basis)	3.6%		3.6%		3.6%		4.5%
YTD % of statutory homeless decisions reached within 28 Days (Unintentional & Intentional)	100%		100%		100%		100%
YTD Average length of journey in weeks for statutory homeless cases (Unintentional & Intentional) closed in the year	16.3		17.9		19.6		
YTD Percentage of anti-social behaviour cases reported which were resolved	95.7%		96.7%		96.8%		100%
YTD % of calls attended to by the ASBIT Team within 1 hour	No activity						100%
Number of Households Residing in Temporary Accommodation at Month End	388		397		388		
The YTD number of Legal repossessions following decree (Arrears) - Citywide	0		0		0		
The YTD Average time taken to re-let all properties (Citywide - days)	104		113.5		120.5		100.9
Applications processed 28 days YTD %	100%		100%		100%		100%
Statutory Customer Service Actions - Decisions/Outcomes within statutory timescale	92.7%		89.6%		90.3%		100%
New Tenants Visits YTD – Outcomes completed within locally agreed timescales (Citywide)	76%		74.3%		77.6%		93.5%
Welfare Rights - % of Successful Appeals	50%		40%		80%		
HMO License Applications Pending	150		176		178		
HMO Licenses in force	1,199		1,175		1,178		

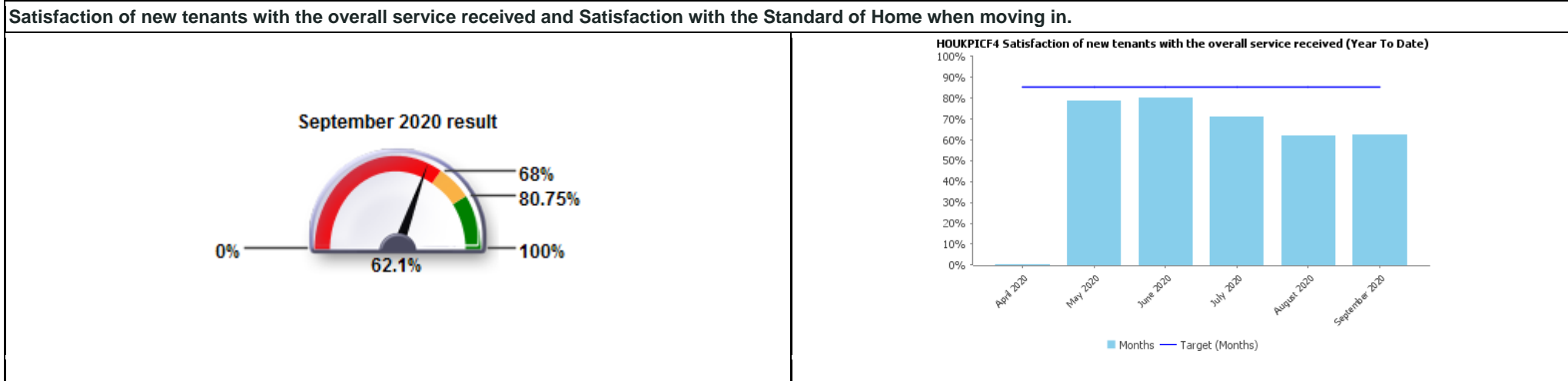
3. Staff – Early Intervention and Community Empowerment

Performance Indicator	Q4 2019/20		Q1 2020/21		Q2 2020/21		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - EICE)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter – EICE)	1		0		4		

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost - EICE	4.19		4.44		4.79		To be confirmed
Establishment actual FTE	413.01		413.54		412.07		
Staff Costs - % Spend to Date (FYB)	29.3%		37.9%		45.3%		100%

4. Finance & Controls – Early Intervention and Community Empowerment

Performance Indicator	July 2020		Aug 2020		Sept 2020		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Financial Inclusion - Total Financial Gains Achieved per month	£201,424		£135,143		£300,629		
Gross rent Arrears as a percentage of Rent due	10.39%		10.86%		9.89%		11.5%
Rent loss due to voids - Citywide - YTD average	2.34%		2.41%		2.42%		2.08%



Why is this important?

The Scottish Social Housing Charter (SSHC) was introduced by the Housing (Scotland) Act 2010, which requires Ministers to set standards and outcomes that social landlords should be achieving for tenants and customers through their housing activities.

Charter Outcome 4 – Quality of Housing stipulates that Social Landlords ensure that:

‘tenants’ homes, as a minimum, meet the Scottish Housing Quality Standard (SHQS) when they are allocated; are always clean, tidy and in a good state of repair; and also meet the Energy Efficiency Standard for Social Housing (ESSH) by December 2020.

Charter Outcome 10 – Access to Housing – stipulates that Social Landlords ensure that:

People looking for housing find it easy to apply for the widest choice of social housing available and get the information they need on how the landlord allocates homes and their prospects of being housed.

Charter outcome 13 – Value for Money - stipulates that Social Landlords manager their business so that: *Tenants, owners and other customers receive services that provide continually improving value for the rent and other charges they pay*

Benchmark Information:

2019-20

- Percentage of new tenants satisfied with the with the overall service received **62.1%**
- Percentage of new tenants satisfied with the standard of their home when moving in was **51.7%**

The 2019-20 Scottish Local Authority averages are currently not available.

Target:

- New tenants satisfied with the with the overall service received target was set at **85%**
- Percentage of new tenants satisfied with the standard of their home when moving in was set at **75%**

This is what the data is saying:

Links to the satisfaction survey are emailed to tenants (that have supplied an email address) 4-5 weeks after they have moved into their new property. Between the 28th February 20 – 1st September 20 there were **579** new tenancies, **403 (69.6%)** of those tenancies provided email address and were sent a survey. Of the **403** emailed surveys only **29 (7.2%)** were completed.

This is the trend:

The overall % for standard of home when moving in and overall satisfaction is low partly due to the low number of surveys being completed by tenants online, no surveys have been carried out by phone due to lockdown and other COVID restrictions, however this is due to commence week beginning the 26th October 20.

This is the impact:

New tenants are experiencing lengthy periods of time to wait from when being made an offer of accommodation to the time they can move in resulting in overall poorer satisfaction levels.

These are the next steps we are taking for improvement:

Reducing void periods is the critical action required which will impact positively on customer satisfaction levels. This will be achieved by the delivery of the Void Improvement Plan with specific actions to increase trades resources, improve digitisation, review of letting standards and tenants incentives most relevant to increasing satisfaction levels.





Responsible officer:

Neil Carnegie/Graham Williamson

Last Updated:

September 2020

Traffic Light Icons Used

	On target or within 5% of target
	Within 5% and 20% of target and being monitored
	Below 20% of target and being actively pursued
	Data only – target not appropriate