



















Operational Delivery Committee Performance Report Appendix A

Operations and Protective Services

Building Services






















1. Customer – Building Services

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
The year to date percentage of repairs appointments kept	99.45%		99.65%		99.53%		90%
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).	96.08%		96.08%		96.08%		80%

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received (stage 1 and 2) - Building Services	47		59		39		
% of complaints resolved within timescale stage 1 and 2) - Building Services	23.4%		42.4%		56.4%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Building Services	31.9%		33.9%		33.9%		
*Total No. of lessons learnt identified (stage 1 and 2) - Building Services	0		3		3		







*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	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
The year to date average length of time taken to complete emergency repairs (hrs)	4.26		3.6		3.43		4.1
The year to date average length of time taken to complete non-emergency repairs (days)	28.11		4.43		5.33		8.3
The year to date percentage of reactive repairs carried out in the last year completed right first time	92.53%		91.14%		91.16%		90%
The percentage of Repairs Inspections completed within 20 working day target (year to date)	99.8%		99.2%		99.4%		100%
*YTD % of ROUT Void Path Maintenance Completed Within Timescale	18.7%		19.9%		18.9%		100%
*YTD % Death Voids Path Maintenance Completed within Timescale	5.3%		18.8%		19.2%		100%
*YTD % Major Works Void Path Maintenance Completed within Timescales	0%		0%		0%		100%

*See Void Housing Property Performance CUS/21/198

3. Staff – Building Services

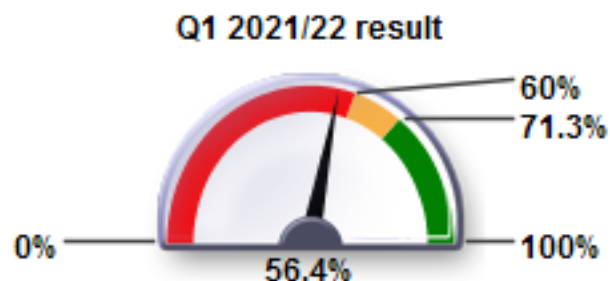
Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Building Services)	0		3		0		
Accidents - Non-Reportable - Employees (No in Quarter - Building Services)	1		4		1		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
*Sickness Absence - Average Number of Days Lost - Building Services	3.3		3.3		3.2		10
Establishment actual FTE	420.66		420		418.11		
Staff Costs - % Spend to Date (FYB)	7.8%		15.8%		23.8%		100%

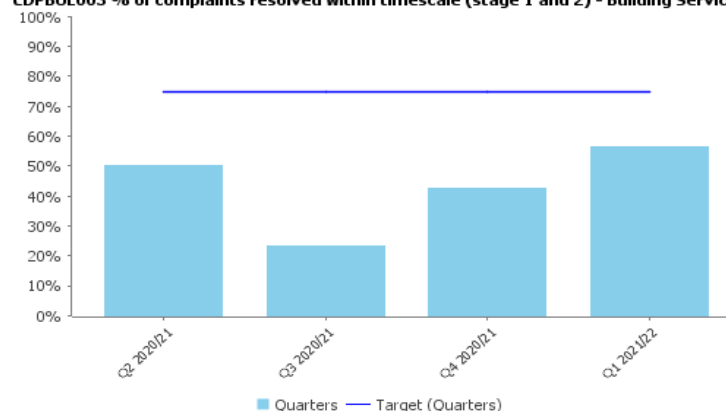
*All sickness absence data contained in this Appendix now reflects the 12-month rolling average of days lost per FTE

4. Finance & Controls – Building Services

% of complaints resolved within timescale (stage 1 and 2) - Building Services



CDPBUL003 % of complaints resolved within timescale (stage 1 and 2) - Building Services



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:

No benchmarking from other Local Authorities is available.

Target:

The target for 2021/22 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:

The data notes that in Q1, 56.4% of complaints relating to Building Services were responded to within the agreed timescale, representing 22 of the 39 received.

This is the trend:

While the Q1 outcome is a significant improvement on the Q4 result of 42.2%, it remains some distance from the target set but does continue the 19% increase seen from Q3 to Q4.

This is the impact:

Some of the consequences of this performance are:

- An inconsistent customer experience
- Some customers 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 service has been reviewing the type of complaints received to identify if there are any noticeable trends. A number of complaints are in relation to works that have never been reported to the Contact Centre while a number relate to work not carried out earlier in the COVID-19 pandemic when permitted works were restricted. We are explaining to these complainants that the works will be programmed in as appropriate.

There has been an improvement in performance from the previous reporting period and the service will continue to work closely with the staff to support them in achieving the desired performance outcome.

Responsible officer:

Graham Williamson

Last Updated:

Q1 2020/21

Environmental Services

1. Customer – Environmental Services

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received (stage 1 and 2) - Environment	14		10		17		
% of complaints resolved within timescale (stage 1 and 2) - Environment	71.4%		80%		100%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Environment	42.9%		40%		58.8%		
Total No. of lessons learnt identified (stage 1 and 2) - Environment	1		0		2		

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Number of Partners / Community Groups with links to national campaigns - Green Thread	168		No activity Q4		107		

2. Processes - Environmental Services

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
*Street Cleansing - LEAMS (Local Authority Environmental Audit Management System) (Conducted 3 times annually)	No activity Q1						80%
Grounds - LAMS (Land Audit Management System)	No activity Q1						87%
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	96.2%		100%		90.7%		100%

3. Staff - Environmental Services

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2020/21		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Environment)	0		0		1		
Accidents - Non-Reportable - Employees (No in Quarter - Environment)	2		2		0		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/2022 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Environmental	7.4		7.7		8.2		10
Establishment actual FTE	313.21		312.26		313.49		
Staff Costs - % Spend to Date (FYB)	8.2%		16.3%		24.6%		100%

4. Finance & Controls - Environmental Services

Facilities Management

1. Customer – Facilities Management

Performance Indicator	Q3 2020/21		Q4 2020/21		Q4 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received (stage 1 and 2) - Facilities	1		1		3		
% of complaints resolved within timescale (stage 1 and 2) - Facilities	100%		0%		100%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Facilities	0		0%		66.7%		
Total No. of lessons learnt identified (stage 1 and 2) - Facilities	0		0		1		

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/11		Q1 2021/22
	Value	Status	Value	Status	Value	Status	Target
Number of school lunches served in the year - Primary (YTD)	460,774		592,653		264,525		250,000

Performance Indicator	Current Status	2021/22 Target
All meals served to children and young people in our schools will meet the Nutritional requirements for Food and Drink in Schools (Scotland) Regulations		100%
<p>The Nutritional Requirements for Food and Drink in Schools (Scotland) Regulations were updated in 2020, with changes coming into effect from April 2021. Our School Catering service aims for 100% compliance with the regulations to ensure that whilst in school, our children and young people are receiving the nutrition they require to be effective learners. We have set this as a service standard particular to Aberdeen City Council's school catering service and there is no comparative benchmarking information which we can use to compare performance with other local authorities. Performance is not reported as a metric, but the intention of the measure is to highlight to Committee any reports received on nutritional non-compliance from Education Scotland's school inspection visits.</p>		

2. Processes – Facilities Management

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% Fly tipping alerts at housing multi-storey blocks responded to within 48 hours	96.1%		100%		94.7%		80%
% Response cleaning alerts responded to within priority timescales	95.8%		100%		78.3%		80%
% Void cleaning alerts responded to within priority timescales	100%		100%		88.5%		80%

Performance Indicator	Current Status	2021/22 Target
We will deliver 39 weeks contracted school cleaning		95%
<p>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.</p>		

3. Staff – Facilities Management

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Month - Quarter)	1		1		0		
Accidents - Non-Reportable - Employees (No in Month - Quarter)	3		3		7		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Facilities	8.4		8.7		8.9		10
Establishment actual FTE	482.78		481.11		478.96		
Establishment actual FTE (Cleaning)	222.34		221.34		220.68		
Establishment actual FTE (Janitorial)	52.66		53.51		53.29		
Staff Costs - % Spend to Date (FYB)	8.3%		16.6%		25%		100%

4. Finance & Controls - Facilities Management

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 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	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received (stage 1 and 2) - Fleet	0		0		1		
% of complaints resolved within timescale (stage 1 and 2) - Fleet	No complaints Q3/Q4				100%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Fleet					0%		
Total No. of lessons learnt identified (stage 1 and 2) - Fleet					2		

2. Processes – Fleet and Transport

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% HGV's achieving first time MOT pass	No tests Q3		87.5%		96.8%		100%
% Light Vehicles achieving first time MOT pass	90.9%		94.7%		94.7%		100%
% of Council fleet - alternative powered vehicles	7.8%		8.2%		8.4%		100%
% of Council fleet lower emission vehicles (YTD)	85.2%		85.5%		85.8%		100%

3. Staff – Fleet and Transport

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Fleet)	0		1		0		
Accidents - Non-Reportable - Employees (No in Quarter - Fleet)	0		1		1		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Fleet	3.6		4.4		5		10
Establishment actual FTE	34.6		38.6		38.6		
Staff Costs - % Spend to Date (FYB)	8.2%		16.6%		24.8%		100%

4. Finance & Controls – Fleet Transport

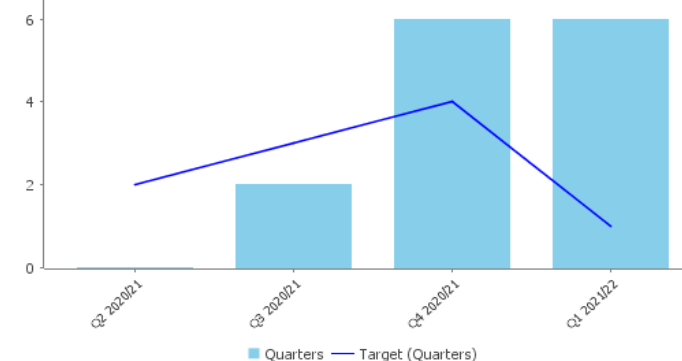
Performance Indicator	Q3 2020/21		Q4 2020/21		Q4 2020/21		Q1 2021/22 Target
	Value	Status	Value	Status	Value	Status	
Fleet Management - First Use Check Exceptions (Environmental) – Year to date	34		39		3		7
Fleet Management - First Use Check Exceptions (Fleet) – Year to date	0		0		1		1
Fleet Management - First Use Check Exceptions (Roads) – Year to date	2		6		6		1
Fleet Management- First Use Check Exceptions (Waste) – Year to date	10		12		3		9
Unreported Vehicle, Plant and Equipment Accidents (Environmental) - Year to date	3		3		0		4
Unreported Vehicle, Plant and Equipment Accidents (Roads) - Year to date	0		1		0		1
Unreported Vehicle, Plant and Equipment Accidents (Waste) - Year to date	4		4		0		7

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Fleet Services - % of LGV/ Minibuses/ Small Vans Vehicles under 5 years old	65.54%		78.33%		64.94%		80%
Fleet Services - % of large HGV vehicles under 7 years old	62.69%		69.57%		67.83%		80%

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



OPS4172RDS Fleet Management - First Use Check Exceptions (Roads) – Year to date



Why is this important?

This Indicator monitors the number of unreported Incidents that occur within all Services. The Incidents relate to damage, un fair wear and tear to vehicles and plant, it also relates to 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 Incident reductions. No external benchmarking of this indicator is currently conducted.

Target:

The current target for the number of first use check exceptions for Roads is 1 per quarter or 4 for the year.

This is what the data is saying:

To follow

This is the trend:

To follow

This is the impact:

To follow

These are the next steps we are taking for improvement:

To follow

Responsible officer:

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Last Updated:

Q1 2021/22

Integrated Children's Services (excluding Education)

1. Customer – Integrated Children's Services (ex-Education)
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Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received (stage 1 and 2) - CSW	11		10		15		
% complaints resolved within timescale (stage 1 and 2) - CSW	63.6%		70%		46.7%		75%
% of complaints with at least one point upheld (stage 1 and 2) - CSW	18.2%		10%		20%		
Total No. of lessons learnt identified (stage 1 and 2) - CSW	0		0		0		







Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 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 (%)	4.2%		4.7%		5%		5%
LAC looked after in a residential placement out with Aberdeen City (%)	6.6%		6.4%		5.9%		5%










Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Looked After Children looked after at home (%)	19.3%		19.7%		18.9%		25%
Looked After Children looked after in Kinship (%)	19.4%		20.3%		20.2%		31%
Looked After Children looked after in Foster Care (%)	46.7%		44.8%		46.2%		33%

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

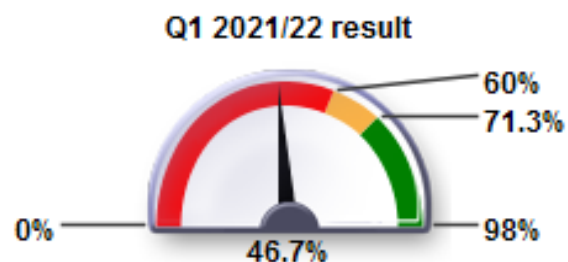
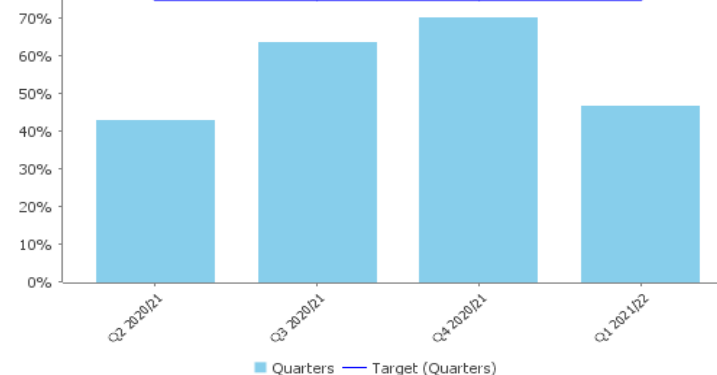
Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% Child Protection joint interviews completed within 5 days	No Data		89.5%		92.8%		90%
% Initial child protection conferences held within 21 days	64%		60%		93.8%		80%
% Child Protection Case Conference decisions issued to families within 24 hours	98.8%		100%		100%		90%
% Child Protection Plans issued within 5 calendar days	40.2%		42.6%		67.9%		80%
% Care experienced children and young people with 3 or more consecutive placements away from home in 12 months	New measure				5%		10%
% Care experienced children and young people with a pathway plan by age 15	100%		100%		100%		100%
% Foster carers and adopters approved within a timescale of 6 months from application	25%		4.35%		45%		75%

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

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 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	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - CSW	4.1		4.2		4.2		5
Establishment actual FTE	343.53		357.93		348.54		
Staff Costs - % Spend to Date (FYB)	8.3%		16.7%		23.2%		100%

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

% of complaints resolved within timescale (stage 1 and 2) - CSW**CDPCSW003 % of complaints resolved within timescale (stage 1 and 2) - CSW****Why is this important?**

It is important that complaints regarding the delivery of statutory children's social work services are responded to in a timely manner to ensure continuing confidence in the service and to ensure learning arising from complaints is incorporated into service improvement plans.

Benchmark Information:

No benchmarking from other LA's is available.

Target:

In recognition that complaints into the delivery of children's social work services are often complex and multi-faceted a target of 75% is considered realistic. Such demonstrates a commitment to responding to complaints in a timely manner whilst recognising that responses require to be thorough. When a complaint can not be responded to within the agreed timescale, we communicate such to individuals and let them know when they can expect a response.

This is what the data is saying:

The data notes that 46.7% of complaints were responded to within the agreed timescale. This represents 7 out of 15 complaints .

This is the trend:

The data indicates that following steady improvement over 2020/21, Q1 of 2021/22 has seen a decrease in response rate to 46.7%

This is the impact:

All complainants were notified that the Service was not going to be able to respond within the agreed time scale and advised of a timescale by which we would respond.

These are the next steps we are taking for improvement:

Children's Social staff have continued to work closely with the Customer Feedback team to overcome any identified barriers to responding to complaints within the agreed timescale. The process changes, with regular communication between senior managers in both areas of service continues to allow a proportionate and robust response to complaints.

It is recognised that June 2021 saw a spike in numbers of complaints and unfortunately this period also saw an increase in resource challenges across both areas of service, which has in part impacted on ability to meet scheduled timescales. The service clearly has no control over the volume or complexity of the complaints that are received. Both factors will have a continuing influence on the service's ability to deliver to the agreed target, however the noted improvements and collaboration between teams will ensure that any delays are minimised and clearly communicated to complainants.

Whilst improvement work continues to prioritise the adhering to timescales when responding to a complaint, as much focus is on taking the learning from these back into service delivery. This reflects ACC's commitment to continuous improvement and our belief that we should always fully consider the impact our service delivery has on those we are responsible for supporting. In turn we will strive to reach an overall reduction in number of complaints made.

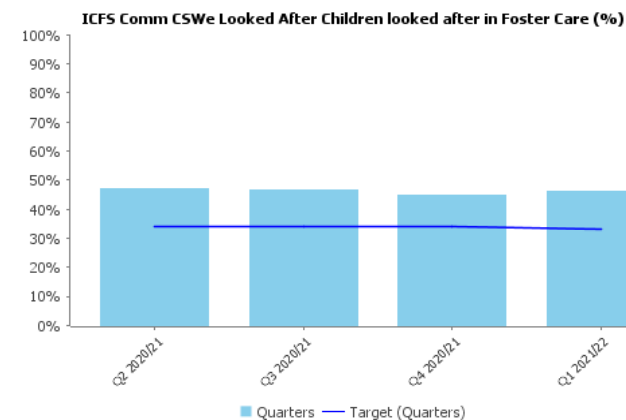
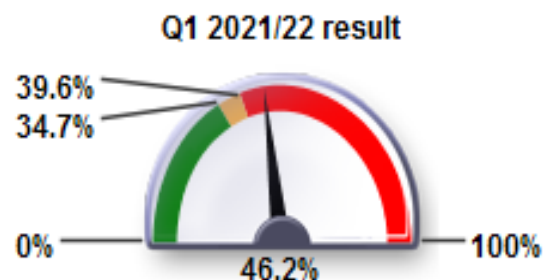
Responsible officer:

Graeme Simpson

Last Updated:

Q1 2021/22

The percentage of Looked After Children who are looked after in foster care



Why is this important?

Rebalancing the Care Profile is a service priority and is noted within The Promise and the LOIP. Given the financial cost associated with Out of Authority placements then these can impact on the financial planning for the service.

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:

The overall number of looked after children has reduced over the past year from 574 Q1 2020/21 to 529 Q1 2021/22. This is a welcome trend as the service seeks to adapt its support offer to enable more children to remain in the care of their family where it is safe to do so. The past quarter has seen a reduction of 15 in the total number of looked after children, so while the actual number in foster care has remained static there has been a slight increase in the percentage figure – 44.6% - 46.8%.

This improving position reflects the aspiration and recommendations of the Independent Care Review – The Promise. It is however recognised that many of the children living in foster care are settled and secure and to intentionally disrupt these placements would not be in their interests. Achieving parity with the national position is therefore going to take a number of years to address.

In supporting this we continue to prioritise the building of in-house fostering capacity. While there has been an up-turn in people intimating an interest in becoming foster carers over the past year, inevitably not all interest translates into new foster carers. The data in relation to foster care needs to be considered alongside that for looked after children living at home and in kinship care. The focus of the service is to ensure that **whenever children are safe in their families and feel loved, they must stay**.

Realignment of resource, both in-house and those we commission will enable increased capacity to support children to remain within their families. This is not solely from a Children's Social Work perspective but is on a multi-agency basis recognising support in relation to educational need and mental health are often key components in supporting children to remain within their family. The impact of COVID has resulted in a significant backlog of Children's Hearings. This has meant that some children will be caught up in the delays both in terms of no longer requiring compulsory measures to reflect their care needs but also some who will require such measures.

This is the trend:

Small but steady reductions in the percentage of young people placed in foster care. 52% Q1 2019/20 to 46% Q1 2021/22. This drop represents 40 children

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:

Building on approach developed over recent years:

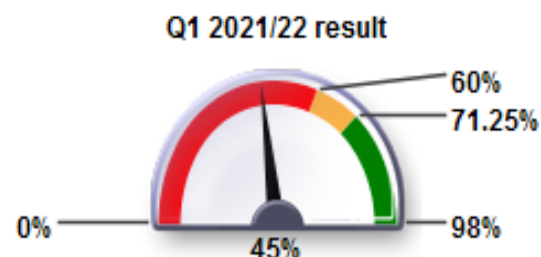
- Realignment of CSW resources to support children to remain within their family.
- Development of Family Wellbeing Hubs to provide early and preventative multi-agency support to children, young people and families.
- Improvement programme around the earlier identification, assessment and support of 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. An improved payment fee scheme has now been implemented to encourage foster carers to offer placements for sibling groups. We know children who are placed locally can continue to maintain familial links with their communities which can positively impact on their wellbeing.
- Continuing to support the development of a trauma informed workforce across Children's Services.

Responsible officer:

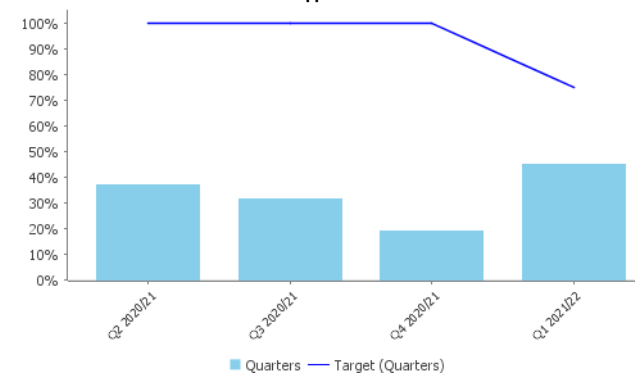
Angela Maitland

Last Updated:

Q1 2021/22

% Assessments of foster carers and adopters completed within 6 months of application

OPS003CSW % Assessments of foster carers and adopters completed within 6 months of application

**Why is this important?**

The recruitment of foster carers and adopters is important to ensure that we enable children, who cannot be looked after by their families, to remain local to their communities and relationships that are important to them and to minimise the cost to the Local Authority.

Benchmark Information:

There is no local or national benchmarking data to be drawn on.

Target:

The target for this measure during 2021/22 has been set at 75%. The Standards recognise that for some the assessment time frame will need to reflect their lived experiences and current circumstances. As such there will always be circumstances which necessitate an assessment exceeding the 6-month time frame. Such instances should be kept to a minimum and agreed on an individual basis with the prospective carers.

Locally given the implications of the Oil and Gas sector this can mean individuals working away from home for extended periods of time. This impacts on their availability to undertake the assessment. The service has increasingly embraced the use of technology over the course of the past year to engage with prospective carers to limit the impact of such working arrangements.

The undertaking of an assessment requires input from medical professionals. Due to the COVID pandemic many of the medical staff involved in such have been moved to other roles. The delays in completing medical assessments have contributed to noted performance. Similarly, the restrictions imposed by lockdown have limited the ability of social work staff to undertake aspects of the assessment which require to be done in person and by visiting the prospective carers home.

The service has and continues to experience staffing challenges, which has impacted on the services capacity to complete the assessments within the noted timescale. While there has been some limited success in addressing this recruitment challenge, it will take time for these new staff members to be supported to grow and develop into this role. The recruitment of suitably qualified social work staff however remains a challenge and something we are working with RGU to address.

The staff who undertake adoption and fostering assessments are also responsible for completing Court mandated adoption reports. These often have a tight legal deadline and as such require to be prioritised impacting on other work; there has been a significant increase in the numbers of these reports during this quarter period.

This is what the data is saying:

The data is reflecting that performance during Q1 of 2021/22 has improved to 45%, a level not seen since Q1 of last financial year.

This is the trend:

The trend is a positive one however there is more room for improvement. Where it is identified delays are at risk of arising and the responsibility for such sits with the Service then exploration is given to the flexible use of staff/resources to address this. However, where the delay is due to the circumstances of the prospective carers there are limits as to what the service can do.

This is the impact:

The impact of the delay in completing these assessments places increased risk of children being placed out with the city and further from their communities and relationships that are important to them. It also potentially places financial pressures on the service of either children remaining within the "system" longer than necessary or adding to the financial costs experienced.

These are the next steps we are taking for improvement:

The service is currently undertaking 17 assessments of prospective adopters or foster carers and 5 Court mandated adoption reports. Many remain on track for completion within the agreed timescale. There are others where delays are anticipated. The team manager and service manager are working closely to track each assessment to understand the reasons for potential delay and what further mitigation can be put in place to address.

Responsible officer:













Angela Maitland

Last Updated:













Q1 2021/22



Protective Services




1. Customer – Protective Services

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received - Protective Services	2		1		8		
% of complaints resolved within timescale - Protective Services	50%		100%		87.5%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Protective Services	0%		0%		0%		
Total No. of lessons learnt identified (stage 1 and 2) - Protective Services	0		0		0		

2. Processes - Protective Services







Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Non-Domestic Noise % responded to within 2 days	97.7%		98.8%		95.4%		100%
High Priority Pest Control % responded to within 2 days	100%		96.5%		100%		100%
High Priority Public Health % responded to within 2 days	98.4%		100%		97.9%		100%
Dog Fouling - % responded to within 2 days	96.2%		94.7%		91.3%		100%










Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% of registered tobacco retailers visited to give Business Advice on compliance with tobacco legislation - Year to Date	No activity Q3		3.75%		No activity Q1		
% of registered tobacco retailers subjected to Test Purchasing for retailer compliance with age restrictions - Year to Date	No activity						
% of registered Nicotine Vapour Products retailers visited to give Business Advice on compliance with legislation - Year to Date	No activity Q3		7.9%		No activity Q1		

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target	
	Value	Status	Value	Status	Value	Status		
% of registered Nicotine Vapour Products retailers subjected to Test Purchasing for retailer compliance with age restrictions - Year to Date	No activity							
% of Samples reported within specified turnaround times (Aberdeen Scientific Services Laboratory)	76.6%		84.3%		75.4%		80%	




*Since the beginning of April 2020, an exemption from the Food Law Code of Practice (Scotland) has been granted in relation to routine food inspections. Work is ongoing in relation to the restart process and how this will be achieved. As part of this work, Protective Services will aim to identify the most appropriate PIs to capture food hygiene data based on the new risk rating system which came into force on 01/07/2019. This system now rates premises across 3 types of business based on the type of operations undertaken and 5 compliance categories, giving 15 separate ratings.

3. Staff - Protective Services

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 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		1		0		













Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Protective Services	0.8		0.6		0.5		10
Establishment actual FTE	62.66		64.06		63.92		
Staff Costs - % Spend to Date (FYB)	8.3%		16.6%		24.9%		100%

4. Finance & Controls - Protective Services










Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% of External Quality Assurance reported results that were satisfactory (Aberdeen Scientific Services Laboratory)	92.8%		100%		97.8%		95%




Road and Infrastructure Services

1. Customer - Roads







Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received - Roads	40		70		18		
% of complaints resolved within timescale - Roads	50%		82.9%		66.7%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Roads	65%		15.7%		44.4%		
Total No. of lessons learnt identified (stage 1 and 2) - Roads	2		1		2		










2. Processes - Roads

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Percentage of all streetlight repairs completed within 7 days	78.88%		97.05%		94.44%		90%
Number of Street Light Repairs completed within 7 days	198		230		85		
Potholes Category 1 and 2 - % defects repaired within timescale	63.2%		78.7%		86.02%		95%

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Potholes Category1 and 2 - No of defects repaired within timescale	620		644		517		

3. Staff - Roads













Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Roads)	0		0		0		
Accidents - Non-Reportable - Employees (No in Quarter - Roads)	0		3		3		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Roads	3.1		3.4		3.8		10
Establishment actual FTE	162.2		162.57		161.03		
Staff Costs - % Spend to Date (FYB)	6.4%		13.6%		22.3%		100%







4. Finance & Controls - Roads

Waste Services

1. Customer - Waste







Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received - Waste	52		28		19		
% of complaints resolved within timescale - Waste	78.8%		85.7%		73.7%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Waste	63.5%		92.9%		63.2%		
Total No. of lessons learnt identified (stage 1 and 2) - Waste	6		2		1		

2. Processes – Waste

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% Waste diverted from Landfill	86.9%		87.6%		88.5%		85%
Percentage of Household Waste Recycled/Composted	46%		44.5%		46.3%		50%

*% Waste diverted from Landfill/% Household Waste Recycled/Composted – These figures are intended and used for internal monitoring purposes only.

3. Staff – Waste

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - Waste)	0		2		0		
Accidents - Non-Reportable - Employees (No in Quarter - Waste)	2		7		0		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence - Average Number of Days Lost - Waste	10.1		10.4		10.6		10
Establishment actual FTE	187.25		187.82		190.42		
Staff Costs - % Spend to Date (FYB)	8.4%		16.7%		26.6%		100%

4. Finance & Controls – Waste

Customer

Customer Experience

1. Customer – Customer Experience

Performance Indicator – Corporate	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total number of Stage 1 complaints	273		251		208		
The number of complaints closed at Stage 1 within 5 working days as % of total no of Stage 1 complaints	66.67%		74.5%		75%		75%
Total number of Stage 2 complaints	24		36		36		
The number of complaints closed at Stage 2 within 20 working days as % of total no of Stage 2 complaints	75%		63.89%		55.56%		75%
Total number Escalated Stage 2 complaints	28		26		28		
The number of complaints closed at Escalated Stage 2 within 20 working days as % of total no of Stage 2 complaints	71.43%		80.77%		75%		75%
No. of Non-complex Subject Access Requests received	54		24		81		
% Non-complex Subject Access Requests responded to within 1 month	83.3%		66.7%		75.3%		80%

Performance Indicator – Corporate	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
No. of Complex Subject Access Requests received	13		5		4		
% Complex Subject Access Requests responded to within 3 months	15.4%		40%		100%		70%
No. of Environmental Information Regulation requests received	78		52		91		
% of Environmental Info Requests replied to within 20 working days - Corporate	38.8%		84.6%		93.4%		85%
No. of Freedom of Information requests received	281		253		234		
% of Freedom of Information requests replied to within 20 working days - Corporate	52%		80.6%		92.7%		85%
No. of Access to School Records requests received	0		3		2		
% Access to School Records requests responded to within 15 school days	No requests		100%		100%		100%
No. of Data Protection Right requests received	3		6		4		
% Data Protection Right requests responded to within 1 month	100%		83.3%		100%		100%

Performance Indicator – Service	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received – Customer Experience	83		65		77		
% of complaints resolved within timescale – Customer Experience	81.9%		86.2%		90.9%		75%
% of complaints with at least one point upheld (stage 1 and 2) – Customer Experience	65.1%		61.5%		39%		
Total No. of lessons learnt identified (stage 1 and 2) – Customer Experience	12		8		6		

2. Processes – Customer Experience

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 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)	4.6		6.8		7.49		12
Correct amount of Housing Benefit paid to customer (monthly)	97.14%		97.78%		97.89%		95%
% Customer Contact Centre calls answered within 60 seconds	76.16%		75.29%		75.31%		70%
Percentage of invoices sampled and paid within 30 days	92.42%		88.9%		83.29%		90%

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% Crisis Grant applications processed within 2 working days	94.93%		90.82%		Data not available		90%
% Community Care Grant applications processed within 15 working days	56.15%		50.24%				50%

3. Staff – Customer Experience

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter – Customer Experience)	0		1		0		
Accidents - Non-Reportable - Employees (No in Quarter – Customer Experience)	0		0		1		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – Customer Experience	2.4		2.3		2.1		5

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Establishment actual FTE	310.46		303.13		303.21		
Staff Costs - % Spend to Date (FYB)	8.4%		16.5%		24.9%		100%

4. Finance & Controls – Customer Experience

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Council Tax Cash Collected (In Year) - monthly	£15.2m		£26.6m		£38.3m		£38.4m

Data and Insights

1. Customer – Data and Insights

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received – Data and Insights	0		0		1		
% of complaints resolved within timescale – Data and Insights	No complaints Q3/4				100%		75%
% of complaints with at least one point upheld (stage 1 and 2) – Data and Insights					0%		
Total No. of lessons learnt identified (stage 1 and 2) – Data and Insights					0		

2. Processes – Data and Insights

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
% Reported Data Protection incidents receiving an initial response within 24 business hours	100%		100%		100%		95%

3. Staff – Data and Insights

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 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	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – Data and Insights	0.04		0.04		0.04		5
Establishment actual FTE	29.09		29.09		28.69		
Staff Costs - % Spend to Date (FYB)	7.7%		14.2%		21.2%		100%

4. Finance & Controls – Data and Insights

Digital and Technology

1. Customer – Digital and Technology

Performance Indicator	Q3 2020/21		Q4 2020/21		Q4 2020/21		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received – Digital and Technology	4		1		1		
% of complaints resolved within timescale – Digital and Technology	75%		0%		100%		75%
% of complaints with at least one point upheld (stage 1 and 2) – Digital and Technology	15.8%		0%		0%		
Total No. of lessons learnt identified (stage 1 and 2) – Digital and Technology	0		0		0		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Average Call Wait Time (IT Helpdesk)	166 secs		145 secs		139 secs		150 sec.
Abandonment Rate % (IT Helpdesk)	23.61%		26.44%		23%		30%

2. Processes – Digital and Technology

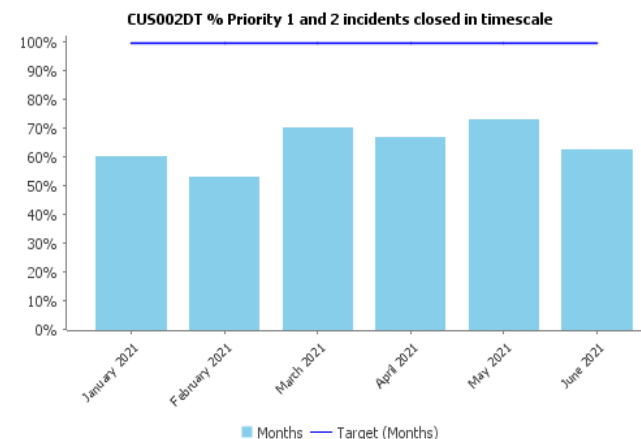
Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Percentage of Critical system availability - average (monthly)	99.9%		99.9%		99.9%		99.5%
% Incidents logged by IT Helpdesk (including Self-Serve) resolved right first time	79.5%		81%		88%		65%
% Priority 1 and 2 incidents closed in timescale	66.7%		72.7%		62.5%		99.5%
% Priority 3 – 5 incidents closed in timescale	76.3%		76.9%		78.4%		95%

3. Staff – Digital and Technology

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 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	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost – Digital and Technology	1.2		1		0.8		5
Establishment actual FTE	83.75		83.01		83.7		
Staff Costs - % Spend to Date (FYB)	8.3%		16.6%		24.9%		100%

4. Finance & Controls – Digital and Technology

% Priority 1 and 2 incidents closed in timescale**Why is this important?**

This indicator shows the percentage of Priority 1 and 2 calls closed within agreed timescales over the previous six months and demonstrates whether the service has met these timescales. Priority 1 incidents should be closed within 4 hours and Priority 2 within 8 hours. Also monitored are Priority 3, 4 and 5 incidents which have timescales of 3, 5 and 30 days respectively. Time periods are classified as working days and hours.

In deciding the priority for a call to be allocated, there are a number of factors analysts must consider:

- Is the user being stopped from working?
- Can they work around the effects?
- Is more than one person affected?

They should also consider the number of people affected, whether a reasonable workaround is available and whether there are critical work deadlines, amongst other factors. As such, a degree of knowledge and use of judgement is involved in the setting of priorities for incidents.

Benchmark Information:

This measure is not currently benchmarked.

Target:

The 2021/22 target for % Priority 1 and 2 incidents closed in timescale is currently 99.5% and for Priority 3-5 incidents, 95%.

This is what the data is saying:

Reporting of this measure began in April 2020 when it was implemented as an agreed Service Standard. To the end of June in the current financial year, there have been an average of 13 Priority 1 and 2 incidents logged per month, with an average of 8.6 or 66.7% resolved in time, significantly below the 99.5% target set. For the same period, there have been an average of 1,937 Priority 3-5 incidents logged with an average of 77.1% resolved in time, also failing to meet target by a sizeable distance.

This is the trend:

Despite the uneven pattern, recently calculated performance for July 2021 for Priority 1 and 2 incidents resolved shows that of 16 incidents logged all 16 were resolved within the agreed timescale, for 100% for the month. In relation to Priority 3-5 incidents, performance dipped slightly to 76.3% in April but in recent months has shown a slow but gradual upturn.

This is the impact:

Measures have been taken to adjust the priority of incidents logged by our monitoring systems to reflect when the premises affected are not in use (for example, schools that are closed for the holidays). Likewise, measures have also been taken to reduce the number and priority of incidents triggered by our Microsoft Azure cloud computing environment's monitoring tools, now that the performance and reliability of the applications and services deployed in Azure has been established. These factors along with an ongoing focus on resource management mean there is a concentrated emphasis on ensuring calls are closed in a way that is more effective and efficient for the customer.

These are the next steps we are taking for improvement:

We will continue to work to improve our suite of monitoring tools, to ensure that high priority alerts are triggered when the impact and urgency of the incident so demands and develop smarter implementation of these tools to minimise the number of high priority alerts raised under conditions where no users are affected. We also convene fortnightly management meetings to learn from our responses to recent high priority alerts to enable a consistent and effective approach to resource management across all D&T projects and operations.

In addition, each resolver team has its own queue manager, using dashboard data to monitor the incidents assigned and work towards their timely resolution.

Fortnightly management meetings are convened at which each resolver team's work queues, service performance and resource management are considered.

We anticipate that timescales will continue to improve in the second half of 2021 as CV-19 restrictions are gradually lifted. For example, this will allow us access to premises previously closed or operating under restrictions and will allow us to make more staff available in person to help resolve incidents. It will also allow the completion of the main phase of our device refresh programme, which is greatly improving the quality, performance and reliability of the technology used by our customers.

Responsible officer:

Alastair Beaton

Last Updated:

June 2021

Early Intervention and Community Empowerment

1. Customer – Early Intervention and Community Empowerment

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Total No. complaints received – Early Intervention and Community Empowerment	33		62		53		
% of complaints resolved within timescale - Early Intervention and Community Empowerment	77.1%		80.6%		88.7%		75%
% of complaints with at least one point upheld (stage 1 and 2) - Early Intervention and Community Empowerment	33.3%		29%		15.1%		
Total No. of lessons learnt identified (stage 1 and 2) - Early Intervention and Community Empowerment	1		0		4		

Performance Indicator	Apr 2021		May 2021		Jun 2021		2020/21 Target
	Value	Status	Value	Status	Value	Status	
Percentage of tenants satisfied with the standard of their home when moving in YTD	76.9%		74.4%		70.3%		75%
Satisfaction of new tenants with the overall service received (Year To Date)	84.6%		79.1%		78.1%		85%
Financial Inclusion - No of open cases per month	88		119		121		
Financial Inclusion - No of enquiries per month	140		123		129		
Number of visits to libraries - person	4,432		11,523		12,116		
Number of visits to libraries - virtual	89,133		94,168		75,388		
*% Libraries open during agreed opening hours	100%		100%		100%		98%

*From 28 December, under Level 4 restrictions, Aberdeen City Libraries delivered Click & Collect and Home Service only at 8 reinstated libraries. On 22 March 2021 limited Public PC access was reinstated by appointment only in 8 libraries delivering Click & Collect and Home Service. On 26 April under Level 3 restrictions limited browsing, borrowing and wider PC access were reinstated across 8 libraries. Limited browsing, borrowing and PC access were reinstated at Woodside Library and Kincorth Library on 31 May and 1 June respectively.

2. Processes – Early Intervention and Community Empowerment

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 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)	3.7%		3.7%		3.7%		4.0%
YTD % of Unintentional homeless decisions reached within 21 Days	100%		100%		98%		100%
YTD Average length of journey in days for applicants assessed as unintentionally homeless	114.5		112.9		112.2		100
YTD Percentage of anti-social behaviour cases reported which were resolved	89.7%		93.3%		94.6%		100%
YTD % of calls attended to by the ASBIT Team within 1 hour	No activity				100%		100%
Number of Households Residing in Temporary Accommodation at Month End	309		292		271		
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)	102.5		101.4		100		100.9
Voids Available for Offer Month Number - Citywide	609		606		586		
Applications processed 28 days YTD %	100%		100%		100%		100%
Statutory Customer Service Actions - Decisions/Outcomes within statutory timescale	100%		97.3%		94.3%		100%
New Tenants Visits YTD – Outcomes completed within locally agreed timescales (Citywide)	93.3%		88.3%		87%		93.5%
Welfare Rights - % of Successful Appeals	80%		60%		54.44%		
HMO License Applications Pending	200		217		223		
HMO Licenses in force	1.069		1.057		1,044		
% Library item requests satisfied within 21 days	70.5%		70.6%		71%		85%

3. Staff – Early Intervention and Community Empowerment

Performance Indicator	Q3 2020/21		Q4 2020/21		Q1 2021/22		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Accidents - Reportable - Employees (No in Quarter - EICE)	1		0		0		
Accidents - Non-Reportable - Employees (No in Quarter – EICE)	1		1		1		





Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Sickness Absence – Average Number of Days Lost - EICE	6.4		6.7		6.9		8
Establishment actual FTE	385.89		383.24		379.84		
Staff Costs - % Spend to Date (FYB)	5.9%		11.7%		17.6%		100%

4. Finance & Controls – Early Intervention and Community Empowerment

Performance Indicator	Apr 2021		May 2021		Jun 2021		2021/22 Target
	Value	Status	Value	Status	Value	Status	
Financial Inclusion - Total Financial Gains Achieved per month	£214,848		£300,427		£320,561		
Gross rent Arrears as a percentage of Rent due	11.48%		10.4%		11.35%		11.5%
*Rent loss due to voids - Citywide - YTD average	3%		2.95%		2.96%		2.08%

*See Void Housing Property Performance CUS/21/198

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