

Measuring customer satisfaction for roads maintenance



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Format



- Web based survey
- Paper based survey
 - Maximum 200 forms per authority
 - Avoid open questions



Possible filters

- Are you a resident of XYZ Council? Y/N
- Do you work within XYZ Council? Y/N
- When travelling within the Council area do you travel as (check all answers that apply to you):
 - Car driver
 - Car passenger
 - Bus passenger
 - Motorcyclist / scooter
 - Cyclist
 - Pedestrian

SCOTS draft survey



Q1 How important, if at all, do you consider each of the following...?
PLEASE TICK ✓ ONE BOX ONLY FOR EACH ROW

	Very important	Fairly important	Not very important	Not at all important	Don't know
Good pavements, footpaths & cycle facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roads being in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2 Now thinking about roads and transport locally, how satisfied or dissatisfied are you with the following...?
PLEASE TICK ✓ ONE BOX ONLY FOR EACH ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Doesn't apply / Don't know
Pavements, footpaths, cycle facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety on roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Street lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The condition of roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
And taking everything into account, how satisfied or dissatisfied are you <u>overall</u> with transport and highways services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The Council faces significant budget pressures over the coming years, and has to look at new and more efficient ways of doing things. To deal with the pressure on budgets, the Council has to consider where it should prioritise its efforts and spending.

Q3 For which of the following service areas is it... to reduce the level of service? **PLEASE TICK ✓ U**
TO FIVE BOXES IN EACH COLUMN.

	... <u>not</u> acceptable	...acceptable
Services to improve road safety.....	<input type="checkbox"/>	<input type="checkbox"/>
Management and maintenance of roads.....	<input type="checkbox"/>	<input type="checkbox"/>
Management and maintenance of pavements and cycle paths.....	<input type="checkbox"/>	<input type="checkbox"/>
Management and maintenance of street lighting	<input type="checkbox"/>	<input type="checkbox"/>
Management and maintenance of grass verges, trees and weed control ..	<input type="checkbox"/>	<input type="checkbox"/>
Management and maintenance of road drainage, gullies and drains	<input type="checkbox"/>	<input type="checkbox"/>
Gritting of roads and pavements and clearance of snow	<input type="checkbox"/>	<input type="checkbox"/>

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Q4

How satisfied or dissatisfied are you with the way the Council...?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Doesn't apply / Don't know
Undertakes cold weather gritting (salting) and snow clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides information to residents on cold weather gritting (salting) and snow clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5

Still thinking about the local situation, how satisfied or dissatisfied are you with...?

PLEASE TICK ✓ ONE BOX ONLY FOR EACH ROW

	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied	Doesn't apply / Don't know
Notice of roadworks before they happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time taken to complete roadworks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signposting of road diversions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Q6 Which of these age groups are you in? **PLEASE TICK ✓ ONE BOX ONLY**

16-24	25-34	35-44	45-54	55-59	60-64	65-74	75+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7 Are you...? **PLEASE TICK ✓ ONE BOX ONLY**

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Q8 Which of these apply to you? **PLEASE TICK ✓ ALL THAT APPLY**

<input type="checkbox"/>	I have a long term illness, disability, or infirmity which limits my daily activities	<input type="checkbox"/>	I am a Blue Badge Holder	<input type="checkbox"/>	Neither of the above
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Q9 Which of the following best describes what you are doing at the moment?
PLEASE TICK ✓ ONE BOX ONLY

<input type="checkbox"/>	Employee in full-time job (30 hours plus per week)	<input type="checkbox"/>	Employee in part-time job (under 30 hours per week)	<input type="checkbox"/>	Self-employed full or part-time
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Q10 To which of these groups do you belong? PLEASE TICK ✓ ONE BOX ONLY

- | | | | | | | | |
|--------------------------|------------------------------------|--------------------------|----------------------------|--------------------------|---------------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | White British | <input type="checkbox"/> | White Irish | <input type="checkbox"/> | Other White background | <input type="checkbox"/> | Black or Black British Caribbean |
| <input type="checkbox"/> | Black or Black British African | <input type="checkbox"/> | Any other Black background | <input type="checkbox"/> | Mixed White and Black Caribbean | <input type="checkbox"/> | Mixed White and Black African |
| <input type="checkbox"/> | Mixed White and Asian | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> | Asian or Asian British Indian | <input type="checkbox"/> | Asian or Asian British Pakistani |
| <input type="checkbox"/> | Asian or Asian British Bangladeshi | <input type="checkbox"/> | Any other Asian Background | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other ethnic group |



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