

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 21 January 2016, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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বাংলা। আপনি যদি এই দলিলের বিষয়বস্তু বুঝতে না পারেন এবং আপনার জন্য অনুবাদ করার মত পরিচিত কেউ না থাকলে, অনুগ্রহ করে সাহায্যের জন্য 01905 765765 নম্বরে যোগাযোগ করুন। (Bengali)

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اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کرسکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

کوردی سۆزانی. ننگیر ناتوانی تێبگهی له ناوچرۆکی نهم بپلگهی و دهستت به ههچ کس نایگات که وهیگێزێتوه بۆت، تکلیه تملظۆن بکه بۆ ژمارهی 01905 765765 و داوای رێنۆینی بکه (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਹੱਤੁ ਨ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 21 January 2016, 10.00 am, County Hall, Worcester

Membership

Councillors:

Mr T A L Wells (Chairman), Mrs J L M A Griffiths (Vice Chairman), Mr R C Adams, Mr C J Bloore, Mr A Fry, Mr P Grove, Mrs A T Hingley, Mr C G Holt and Vacancy

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest	
3	Public Participation <i>Members of the public wishing to take part should notify the Head of Legal and Democratic Services, in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 20 January 2016). Enquiries can be made through the telephone number/email address below.</i>	
4	Confirmation of the Minutes of the Previous Meeting (previously circulated)	
5	Budget and Performance Monitoring: Adult Services and Health	1 - 14

Agenda produced and published by the Head of Legal and Democratic Services, County Hall, Spetchley Road, Worcester WR5 2NP. For general enquiries: 01905 763763 Worcestershire Hub (01905) 765765
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http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Date of Issue: Tuesday, 12 January 2016

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ADULT CARE AND WELL BEING OVERVIEW AND SCRUTINY PANEL

21 JANUARY 2016

BUDGET AND PERFORMANCE MONITORING: ADULT SERVICES AND HEALTH

Summary

1. As part of the Council's consultation process for the 2016/17 budget proposals, the Director and Cabinet Members with Responsibility for Adult Social Care and Health have been invited to discuss:

- latest performance information for 2015/16
- the draft 2016/17 budget.

2015/16 Performance

2. The Panel will be provided with an overview of the Directorate of Adult Services and Health (DASH) performance from July to September 2015 (Quarter 2), which is the latest available data. The Directorate's performance data can be accessed on the Council's website at the link below (by selecting 'Adult Services and Health' from the Directorate field), and a copy is attached at Appendix 1.

<http://e-services.worcestershire.gov.uk/balancedScorecard/wccReport.aspx>

2016/17 Budget Proposals

3. Following the scrutiny panels' round of budget discussions during November 2015, the Budget Member Challenge Group has requested that panels revisit and agree their comments on the Future Fit savings proposals taking into account [the information discussed by Cabinet at its meeting on 17 December 2015](#) (hard copy circulated to Members of the Panel).

4. The final settlement information received from the Government in late December is still being worked through.

5. The conclusion of the Budget Member Challenge exercise, incorporating the views of individual scrutiny panels, will inform the Overview and Scrutiny Performance Board, which will be meeting on 28 January 2016 to consider what comments will be passed to Cabinet.

Equality and Diversity Implications

6. The Council's Equality and Diversity Manager contributed to the Panel's earlier discussion in November 2015, of the proposed 2016/17 budget.

Purpose of the Meeting

7. The Panel is asked to:
 - discuss and agree any comments which the Chairman will report back to the Budget Member Challenge Group
 - discuss the latest performance information and agree any comments to raise with the Cabinet Member(s)
 - agree any further information required or potential areas of scrutiny.

Supporting Information

- Appendix 1 – Balanced Scorecard – Quarter 2 2015/16

Contact Points

County Council Contact Points

Worcestershire County Council; 01905 763763

Worcestershire Hub: 01905 765765

Email: worcestershirehub@worcestershire.gov.uk

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers

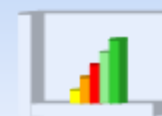
Tel: 01905 76 6627

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

- Agendas and Minutes of the Adult Care and Well Being Overview and Scrutiny Panel on 17 November 2015, which are available [here](#)
- Agenda and Minutes of Cabinet on [17 December 2015](#)

Worcestershire County Council Balanced Scorecard

Directorate of Adult Services and Health
Quarter 2 2015/16

To view more information for a particular indicator, please click the indicator name.

[Return to summary page](#)

Targets relate to 2015/16 financial year, unless otherwise stated.

Key to Direction of travel



Deteriorating



No change







Improving







Not applicable



Area of Focus




Area of Focus	Performance Indicator	Target	Latest Performance	Direction of Travel	Data Period	Comments
Health & Wellbeing	People who say their social care services made them feel safe and secure	86.2%	91.7%	GREEN		2014/15 Data Commentary: This is a national indicator which comes from an annual survey of adult social care users. It counts the percentage of people who say that their social care services make them feel safe and secure. We benchmark this against our family of similar local authorities. Activity: Performance in 2014-15 was 5 percentage points above that of our family of similar authorities.
Health & Wellbeing	Percentage of residents aged 65 or more receiving a social care service	3.2%	3.2%	GREEN		Sep-15 Data Commentary: This is a local indicator reflecting the corporate plan ambition to encourage independence by minimising numbers relying on social care services. It counts the number of older people with a mainstream social care service (ie meeting eligibility criteria) as a percentage of the total population aged 65+. At the end of quarter two, there were about 3,750 people with services. We know from comparisons with similar authorities that Worcestershire funds relatively low numbers of people with mainstream social care services. Activity: Numbers fluctuate slightly on a month to month basis but since 2011 there has been





							an overall reduction in numbers of people with mainstream social care services, at the same time as the population of older people has increased. Some people who would have received services previously are now receiving 'prevention' and low level services instead. Those who are receiving mainstream services now tend to have a higher level of need and receive a higher level of service.
Health & Wellbeing	Differences in life expectancy - Males	Maintain or Improve from baseline of 8.0 (2010-12)	8.1	AMBER		2011-2013	<p>Data Commentary: This is a national indicator that represents the range in years of life expectancy from the least deprived to the most deprived, based on a statistical analysis of the relationship between life expectancy and deprivation. In males in Worcestershire the range was 8.1 years in 2011-13 (England=9.1). This is a small increase compared to the 2010-12 value of 8 years but is not statistically significant.</p> <p>Activity: The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support. Efforts are targeted at those areas where health is poorest. In the wake of the 2014 Director of Public Health Annual report, the Board requested that member agencies working through the Health Improvement Group and Children's Trust develop a single cross-cutting action plan to address health inequalities.</p>
Health & Wellbeing	Differences in life expectancy - Females	Maintain or improve from baseline of 5.3 (2010-2012)	5.8	AMBER		2011-13	<p>Data Commentary: This is a national indicator that represents the range in years of life expectancy from the least deprived to the most deprived, based on a statistical analysis of the relationship between life expectancy and deprivation. In females in Worcestershire the range was 5.8 years in 2011-13 (England=6.9). This is an increase compared to the 2010-12 value of 5.3 years but is not statistically significant.</p> <p>Activity:</p>

						<p>The Health and Well-being Board is overseeing a programme of work to improve health, as set out in the Joint Health and Well-being Strategy and the three Strategic Plans: obesity, alcohol, mental well-being and suicide prevention. These plans join up work across the County Council, District Councils, NHS, parish councils, schools, businesses and the voluntary sector to build a health promoting environment where healthy choices are easy to make. The approach aims to empower individuals and communities to help themselves, building resilience through improved access to information about self-care; local services; and a greater use of peer support. Efforts are targeted at those areas where health is poorest. In the wake of the 2014 Director of Public Health Annual report, the Board requested that member agencies working through the Health Improvement Group and Children's Trust develop a single cross-cutting action plan to address health inequalities.</p>
Health & Wellbeing	Older people funded in permanent care home placements	1283	1330 (1.1%)	RED		<p>Sep-15</p> <p>Data Commentary: This is a local indicator giving a snapshot of the number of people funded in the month from the Council's Older People budget for permanent care home places. The figure in brackets is the percentage of all older people in Worcestershire. As a Council we are trying to reduce our use of institutional care and there are specific savings required for this budget. The target is to reduce the number of places by one a week during 2015/16. Performance so far this year has fluctuated. There is a reduction of 3 at the end of Q2.</p> <p>Activity: Pressures in the overall health and care system mean demand for intensive services is high. We have limited ability to influence hospital discharges. Mitigating actions include: rigorous gatekeeping of WCC funded placements made from the community into residential/nursing care; development of services to support discharge from hospital to home rather than residential care; additional capacity to ensure transitional placements are reviewed quickly; commissioners are progressing development of extra care schemes as an alternative to residential care but there is further work to do in raising people's awareness and embedding this in social work practice as a core offer.</p>

Health & Wellbeing	Delayed transfers of care - social care and both	3.0	6.6	RED		Sep-15	<p>Data Commentary: This is a national indicator which measures the average number of people whose discharge from hospital is delayed where this is the responsibility of social care or is a joint responsibility. It is a rate per 100,000 population. It counts both delays in acute hospitals and community hospitals. The majority of delays currently are a joint responsibility. In previous years, Worcestershire has had a slightly higher rate than the national average and its comparator authorities.</p> <p>Activity: Performance deteriorated in 2014/15 in large part due to the ways that delays were being counted. A jointly agreed protocol across health and social care has now been implemented and performance has improved since the year end. Efforts to reduce actual delays continue through a number of joint initiatives, including the Urgent Care strategy, the Patient Flow Centre and work with community hospitals.</p>
Health & Wellbeing	Delayed Transfers of Care - Social Care ONLY	2.9	3.0	AMBER		Sep-15	<p>Data Commentary: This is a new local indicator. It looks at delays in hospital that are the sole responsibility of social care and measures the rate per 100,000 population of people on one day of the month. It sits alongside a national indicator that also includes delays that are the joint responsibility of health and social care. The majority relate to delays in community hospitals, with a smaller number relating to delays in hospitals outside Worcestershire. Performance has improved since a baseline of 3.8 at the end of March.</p> <p>Activity: Performance had deteriorated in 2014/15 in part due to the ways that delays had been counted. A jointly agreed protocol across health and social care has been implemented and performance has improved since the year end. Particular focus is now being directed to work with the Health and Care Trust to reduce delays in Community Hospitals through streamlining processes, however there remain issues around market responsiveness.</p>
Health & Wellbeing	People with direct payments or 3rd party managed accounts	32%	32.5%	GREEN		Sep-15	<p>Data Commentary: This is a new local indicator that includes both direct payments made to a service user and similar payments that are made to an organization on behalf of the service user. Worcestershire is aiming to increase numbers generally, but in particular 3rd party managed accounts.</p> <p>Activity:</p>




							Work in this area is being led as a Future Lives project. It is anticipated that any major changes to approaches/processes will be developed during 2015-16, and will not impact before 2016-17. In the meantime, the service is aiming to continue the incremental growth achieved previously and the target for this year has been set to reflect this. At the end of Quarter Two, performance has dipped slightly but remains above target.
Health & Wellbeing	Service users who say they have control over their lives	78.5% (Average of comparator authorities)	84.1%	GREEN		2014-15	<p>Data Commentary: This is a national indicator with results taken from the national survey of service users. We benchmark our results against those for similar authorities.</p> <p>Activity: Our result for 2014-15 was 5 percentage points above the average for similar authorities and had improved by a similar amount from our performance in the previous year.</p>
Health & Wellbeing	Smoking in pregnancy	14.0% [2014/15]	14.3%	AMBER		2013/14	<p>Data Commentary: This is a national indicator that measures the percentage of women classed as smokers at the time of delivery. The national ambition is to reduce smoking in pregnancy rates to 11 % or less by the end of 2015 (measured at delivery) The figure for Worcestershire was 14.3%, which is higher than the figure for England as a whole of 12.0%. (This compares with 13.8% for Worcs and 12.7% for England in 2012/13). The Worcestershire figures are higher than those in statistical neighbours such as Herefordshire (14.1%) and Warwickshire (13.1%).</p> <p>Activity: WCC are continuing to work with CCGs (commissioner) and the Acute Trust (provider) to review smoking in pregnancy rates and pathways. A specific smoking in pregnancy (SIP) specification utilising Best Practice has been adopted into the maternity contract. A self-assessment toolkit has been developed by PHE to assist areas to identify where they can improve and make impact within a systems approach, which will be used. Additional materials and campaign messages have been received from the Tobacco Control Centre which have been introduced. Additional intensive training for both midwives and for stop smoking advisers has been arranged for November. An additional risk perception intervention will be provided at the dating scan for those smokers who have not quit or accessed a stop smoking service.</p>

Health & Wellbeing	Outcomes of short-term services - % not needing long term services	75%	75.2%	GREEN		Sep-15	<p>Data Commentary: This is a national indicator that looks at reablement services provided to new service users, and reports the percentage who did not need long term care services afterwards. 2014/15 benchmarking data shows performance is in line with comparators. Results initially dropped at the start of 2015-16 but for Q2 have improved and are now on target.</p> <p>Activity: As a result of its close tie in to hospital discharge work, the service is increasingly working with people with complex health needs, who are more likely to have ongoing support needs. A nurse has been attached to the team to provide appropriate professional support. For this reason a reduction in performance, was anticipated and a reduced target set. Performance will continue to be monitored.</p>
Health & Wellbeing	Annual Reviews	95%	95.9	GREEN		Sep-15	<p>Data Commentary: This is a local indicator which measures the percentage of people receiving services for 12 months who have been reviewed in that time. We know from other national information, that a higher proportion of people have a review in Worcestershire than in similar authorities.</p> <p>Activity: Performance continues to run above the target level.</p>
Health & Wellbeing	Successful completion of drug treatment - opiate users	7.4% [England average]	4.9%	RED		2014	<p>Data Commentary: This is a national indicator that measures the number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment. Worcestershire's performance was 4.9% in 2014 (67 left treatment successfully out of 1367 in treatment) was significantly worse than the England average of 7.4%, hence the red rating (it was also below the county's statistical neighbours of Herefordshire and Warwickshire). Recent monitoring data points to some improvement in 2014/15.</p> <p>Activity: An integrated recovery service (Swanswell Charitable Trust) has commenced providing a service in April 2015. It is anticipated that this will lead to a significant improvement against national performance indicators, although proposed local cuts due to unanticipated national cuts to the Public Health ring-fenced Grant will impact on this service.</p>





Health & Wellbeing	Successful completion of drug treatment - opiate users	7.8% [England average]	4.8%	RED		2013	<p>Data Commentary: This is a national indicator that measures the number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment. Worcestershire's performance was 4.8% in 2013 (67 left treatment successfully out of 1397 in treatment) was significantly worse than the England average of 7.8%, hence the red rating (it was also below the county's statistical neighbours of Herefordshire and Warwickshire). Recent monitoring data points to some improvement in 2014/15.</p> <p>Activity: An integrated recovery service Swanswell Charitable Trust) has commenced providing a service in April 2015. It is anticipated that this will lead to a significant improvement against national performance indicators, although proposed local cuts due to unanticipated national cuts to the Public Health ring-fenced Grant will impact on this service.</p>
Health & Wellbeing	Number of health checks delivered	24,372	4638	AMBER		Jun-2015	<p>Data Commentary: This is a local indicator measuring the number of health checks that have been completed in Worcestershire. The latest data available at this point is for Q1 2015/16.</p> <p>Activity: The Council continues to work together with the CCGs to implement the county action plan for health checks to optimize the uptake of health check invites.</p>
Health & Wellbeing	Number of people with a learning disability in supported living (purchased services)	285	241	RED		Sep-15	<p>Data Commentary: The methodology for the count of people in supported living has changed for 2015-16. This is now a count of purchased supported living placements at a period end snapshot.</p> <p>Activity: The Positive Living Options Team (PLOT) is working with over 70 LD clients currently for them to move to supported living during the period to March 2016. This includes 14 LD clients moving to a new scheme in Worcester (Sanctuary Housing), 12 clients moving to a new scheme in Kidderminster (CHG) and 55 clients whose existing services (Dimensions) will change to become supported living.</p>
Health & Wellbeing	Contracted adult care services to which referrals are suspended or restricted	N/A	11	N/A		Sep-15	<p>Data Commentary: This is a local indicator designed to highlight work that is taking place to monitor quality of care.</p> <p>Activity: Domiciliary care - total number of</p>

							<p>suspensions at quarter end was 8. This is numerically unchanged from Q1 although the details of the providers has changed due to previous providers reaching compliance and issues identified with different providers through monitoring and as a result of concerns raised in relation to poor practice. Some providers are restricted rather than fully suspended as they move towards compliance.</p> <p>Care homes - admissions were suspended to 3 homes (previous quarter 6 and average 8 over past year). This reduction is partly due to all homes having completed health and safety requirements but also to the progress others have made towards compliance with all aspects of care provision. There were no supported living providers suspended during this quarter.</p>
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Financial perspective


	Performance Indicator	Target	Latest Performance		Direction of Travel	Data Period	Comments
	Capital Scheme outturn within +/- 5% of budget	£2,479,000	£2,022,000	RED		Q2 2015/16	<p>Data Commentary: Some projects may need to be re-profiled as full spend may not be incurred in 2015.16 such as the Supported Living project which will be reflected in the next quarter</p> <p>Activity:</p>
	Expected budget position at end of financial year - Forecast Outturn (April to March) (Revenue)	£132,558,000	£133,894,000	AMBER		Q2 2015/16	<p>Data Commentary: Overall Forecast overspend will need to be met from DASH reserves if alternative solutions cannot be found. Major demand and cost pressures being experienced within OP Residential & Nursing Care £2.3m and Home Care £2.0m. Also continuing pressure with ongoing costs relating to the Learning Disability Complex Needs Pathway of £1m for which ongoing negotiations continue with Health to resolve.</p> <p>Activity:</p>
	Financial savings achieved (Future Fit)	£12,538,000 (15/16), plus as at 31.03.15 £345,000 still undelivered from 14/15 = Total £12,883,000	Of the target £9,053,000 has been delivered to date and £291,000 is on-target.	AMBER		Q2 2015/16	<p>Data Commentary: Of the 15/16 target of £12.9m (incl b/fwds), £9.1m (70%) has been delivered, £0.3m (2%) is on target, £1.7m (13%) has been rated at amber risk and £1.8m (15%) has a RAG red rating.</p> <p>Activity: Over the quarter red risks have decreased by £0.2m and amber risks have decreased by £0.05m.</p>

Internal business perspective







	Performance Indicator	Target	Latest Performance		Direction of Travel	Data Period	Comments
	Attendance Rate	100%	95.98%	AMBER		Q2 Cumulative 2015/16	Data Commentary: Percentage of total working time attended (not lost due to sickness absence) during the period Activity:
	Sickness Rates	7.00	5.46 / 0.52(Predicted YE 10.91 / 1.04)	RED		Q2 Cumulative 2015/16	Data Commentary: Average days sick per person [FTE] / Average episodes per person during the period (Year-end predicted outturns shown in brackets based on cumulative performance to date) Activity:
	Employees - Actual FTE (Full Time Equivalents)	1,143.47	946.26	GREEN		Q2 2015/16	Data Commentary: Number of FTE employees as at 30th September 2015 (target and RAG rating based on budgeted establishment FTE derived from 2015/16 Budget Book) Activity:
	Agency spend	Downward Travel	£739,640.00 (30,418.00 hours)	N/A		Q2 2015/16	Data Commentary: Cost of agency staff during the period (respective agency usage in hours shown in brackets). Activity:

Customer perspective

	Performance Indicator	Target	Latest Performance		Direction of Travel	Data Period	Comments
	Statutory Adult Social Care Complaints: % of complaints received that were fully or partially upheld	N/A	50%	NO STATUS		Q2 2015/16	Data Commentary: Activity:
	Statutory Adult Social Care Complaints: Number fully or partially upheld	N/A	15	NO STATUS		Q2 2015/16	Data Commentary: Activity:

Statutory Adult Social Care Complaints: Number of complaints received	N/A	30	NO STATUS		Q2 2015/16	Data Commentary: Activity:
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Learning and growth perspective

Performance Indicator	Target	Latest Performance		Direction of Travel	Data Period	Comments
% Staff Appraisals completed (SRDs)	100%	70.30%	RED		March 2015 to September 2015	Data Commentary: Percentage of staff appraisals (SRDs) where Part A (Objectives) for 2015/16 is completed (excludes staff who have been absent for the whole period and reliefs/casuals/sessionals). Activity:
Staff Viewpoint response rate	N/A	23%	N/A		2014/15	Data Commentary: This is the second year that the staff survey has been distributed to all staff, and 23% of staff in DASH completed the survey, a slight improvement from 21% in 2013. It is important that staff respond to the survey as it provides excellent insight into views across the organisation and feedback on issues such as leadership, performance, engagement and wellbeing, and current climate and change. Activity:
Staff who feel strongly that decision making is too slow	N/A	51%	N/A		2014/15	Data Commentary: 51% of respondents to the staff survey in DASH think that decision making within the county council is too slow. Activity:
Staff who feel that the County Council has a clear vision for the future	N/A	53%	N/A		2014/15	Data Commentary: 53% of staff in DASH feel that the Council has a clear vision for the future. Activity:
Staff who feel that their manager keeps them informed	N/A	70%	N/A		2014/15	Data Commentary: 70% of staff in DASH feel that their manager keeps them informed. Activity:
Staff who feel valued for their contribution to the County Council	N/A	19%	N/A		2014/15	Data Commentary: 19% of staff within DASH report that they feel valued for their contribution to the County Council. However, 39% of staff in DASH report that they do not feel valued for their contribution.

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