

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 22 January 2015, 10.00 am
County Hall, Worcester

All County Councillors are invited to attend and participate

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کوردی سۆزانی. ننگیر ناتوانی تێبگهی له ناوچرکی نهم بپلگهی و دهستت به ههچ کس نایگات که وهیگێزێتیوه بۆت، تکلیه تملظون بکه بۆ ژمارهی 01905 765765 و داوای رینۆینی بکه (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ 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, 22 January 2015, 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 Mr J W Parish

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
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 21 January 2015). Enquiries can be made through the telephone number/email address below.</i>	
4	Confirmation of the Minutes of the Previous Meeting <i>(previously circulated)</i>	
5	Safeguarding Adults	1 - 2
6	Performance Monitoring: Adult Services and Health	3 - 18

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Telephone: 01905 766627 Email: scrutiny@worcestershire.gov.uk

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http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

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SAFEGUARDING ADULTS

Summary

1. The Independent Chair of the Worcestershire Safeguarding Adults Board (WSAB) has been invited to discuss progress and developments in safeguarding vulnerable adults in Worcestershire. This will include work underway to ensure the Board's compliance with the Care Act, and oversight of the key risks.

2. The Director of Adult Services and Health and the Cabinet Member with responsibility for Adult Social Care have also been invited.

Background

3. Safeguarding vulnerable adults is an important and ongoing part of the work of the Adult Care and Well Being Overview and Scrutiny Panel, and regular discussions have been arranged since the Panel's more in-depth scrutiny review of safeguarding adults in 2011, which recommended regular dialogue between this Panel, the WSAB Chair and the Director and Cabinet Member, as part of the Panel's monitoring role.

4. This will be the Panel's first update with the recently appointed new Chair of the Worcestershire Safeguarding Adults Board, Kathy McAteer.

Overview and Progress Update

5. The WSAB Chair intends to provide an update to the Panel, with specific focus on the Board's work to ensure its compliance with the Care Act and an oversight of the key risks.

6. Earlier discussions with the outgoing Board Chair have included safeguarding alerts and analysis of alert trends, looking at financial challenge and transformation, the Mental Capacity Act, the Winterbourne View Action Plan and the role of scrutiny and councillors in adult safeguarding.

7. More recent areas of joint discussion with the Directorate's officers and the Cabinet Member have included domiciliary care monitoring, and how to safeguard vulnerable groups in the face of reduced available funding, the Directorate's 'Future Lives' plans and also care assessment processes as part of the new models of care, which will involve greater use of online mechanisms and self-service.

Purpose of this Meeting

8. The Panel has the opportunity to extend its understanding of the role and work of the Worcestershire Safeguarding Adults Board and to hear the Board's perspective on the challenges facing adult social care budgets.

Next Steps

9. Arising from the discussion, members are asked to determine:
 - any further information needs or potential areas for scrutiny
 - any comments to forward to the Cabinet Member.

Contact Points

County Council Contact Points:

County Council: 01905 763763

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Specific Contact Points for this Report:

Emma James/Jo Weston, Overview and Scrutiny Officers:
01905 766627

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 background papers relate to the subject matter of this report:

- Worcestershire Safeguarding Adults Board Annual Report
<http://www.worcestershire.gov.uk/cms/social-care-and-health/safeguarding-adults/safeguarding-adults-board.aspx>
- Safeguarding Adults Scrutiny Report November 2011
http://www.worcestershire.gov.uk/downloads/file/3280/safeguarding_adults
- Agenda and Minutes of:
 - Adult Care and Well Being Overview and Scrutiny Panel: 30 September 2010, 9 March and 11 May 2011, 8 December 2011, 26 June and 7 November 2012 and 5 September 2013

All of which are available on the Council's website at:

<http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agendas.aspx>

PERFORMANCE MONITORING: ADULT SERVICES AND HEALTH

Summary

1. The Director and Cabinet Members with responsibility for Adult Services and Health have been invited to give an overview of performance for Quarter 2 2014/15.

Background

2. The Council's "Balanced Scorecard" Performance Report for quarter two 2014/15 (i.e. 1 July to 31 September 2014) was considered by Cabinet on 18 December 2014.

3. The latest performance information for quarter two 2014/15 is attached at Appendix 1, and is available on the Council's website: <http://e-services.worcestershire.gov.uk/balancedScorecard/wccReport.aspx>

4. The Panel considered quarter four 2013/14 performance on 1 July 2014 and observations included:

- how to ensure care quality standards would be maintained in the face of budget pressures and commissioning?
- increased integration of social care and health – how to maintain local accountability and avoid duplication?
- concerns about sickness rates in adult social care – which was given further discussion at the Panel's 11 November 2014 meeting.

5. All of the Scrutiny Panels will be monitoring performance, and their comments will be considered by the Overview and Scrutiny Performance Board on 29 January and made available to Cabinet Members.

Future Lives Update

6. The Chairman has asked the Director to include an update on Future Lives and has invited representatives of service users and providers to the meeting, in order to hear if they have any comments in relation to the future direction of Adult Services and Health.

Quality Assurance

7. Panel Members may be aware that the role of scrutiny in quality assurance is currently being reviewed, which was one of the recommendations put forward by the 2014 scrutiny of commissioning. It is being considered that a new quality assurance scrutiny model could be trialled for the Directorate of Adult Services and Health. This piece of work is being supported by the Centre for Public Scrutiny, following a successful bid for Worcestershire to be a scrutiny development area in commissioning.

Purpose of this Meeting

8. Following the discussion of performance the Panel is asked to:

- agree any comments it would like to make to the Overview and Scrutiny Performance Board

Supporting Papers

- agree any potential areas for further scrutiny
- Appendix - Balanced Scorecard for Adult Services and Health and Directorate - Quarter two 2014/15. This information is available on the Council's website via the link:
<http://e-services.worcestershire.gov.uk/balancedScorecard/wccReport.aspx>

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Background Papers

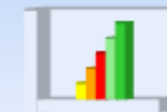
In the opinion of the proper officer (in this case the Head of Legal and Democratic Services) the following are the background papers relating to the subject matter of this report:

Agendas and Minutes of:

- Cabinet on 18 December 2014
- Adult Care and Well-being Overview and Scrutiny Panel on 28 January and 1 July 2014

All council Agendas and Minutes are available on the Council's website at
http://www.worcestershire.gov.uk/info/20013/councillors_and_committees

Worcestershire County Council Balanced Scorecard



Directorate of Adult Services and Health

30/09/2014

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

[Return to summary page](#)

Targets relate to 2014/15 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	Differences in life expectancy - Males	Maintain or Improve from baseline of 8.0 (2010-12)	8.0 (Baseline)	N/A		2010-2012	<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 is 8 years which is less than the range of 9.2 years in England as a whole.</p> <p>Activity: The council is commissioning a portfolio of</p>


							<p>work to reduce the risk of premature mortality caused by lifestyle behaviours. These include smoking cessation services, health checks, and a new living well service which will tailor the support previously provided by the health trainer service to the areas of social deprivation where premature mortality is highest. It is also recommissioning its drug and alcohol services to deliver an improved and integrated service with a greater focus on alcohol misuse. There is also a strong focus on building a broader, longer term approach to prevention, working with partners such as District Councils, parish councils, schools and business to build a health promoting environment where healthy choices are easy to make. We are working 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 supporters in commissioned services.</p>
Health & Wellbeing	Differences in life expectancy - Females	Maintain or improve from baseline of 5.3 (2010-2012)	5.3 (Baseline)	N/A		2010-2012	<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 is 5.3 years which is less than the range of 6.8 years in England as a whole.</p> <p>Activity: The council is commissioning a portfolio of work to reduce the risk of premature mortality caused by lifestyle behaviours. These include smoking cessation services, health checks, and a new living well service which will tailor the support previously</p>



							provided by the health trainer service to the areas of social deprivation where premature mortality is highest. It is also recommissioning its drug and alcohol services to deliver an improved and integrated service with a greater focus on alcohol misuse. There is also a strong focus on building a broader, longer term approach to prevention, working with partners such as District Councils, parish councils, schools and business to build a health promoting environment where healthy choices are easy to make. We are working 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 supporters in commissioned services.
Health & Wellbeing	Smoking in pregnancy	To be confirmed	13.8% (Baseline)	N/A		2012/13	<p>Data Commentary: This is a national indicator that measures the percentage of women classed as smokers at the time of delivery. The figure for Worcestershire was 13.8%, which is higher than the figure for England as a whole of 12.7%.</p> <p>Activity: WCC are working with CCGs and the Acute Trust to review and implement the Pregnancy Stop Smoking opt out referral pathway. Enhanced smoking cessation training and annual update training has been arranged for local maternity services. Local materials and campaign messages have been reviewed</p>
Health & Wellbeing	Number of health checks delivered	24,226	4761	AMBER		Jun-14	<p>Data Commentary: This is a local indicator measuring the number of health checks that have been completed in Worcestershire. The target set for the year represents an increase of about 38% on the previous year. Data for</p>




						<p>Q2 will not be available until after the corporate scorecard cut-off date.</p> <p>Activity: At the end of Quarter 1, although there had been an increase in activity from the same quarter last year, this was below the new higher target for this year. We are working to optimise the number of health check invites issued by non-providing GP practices and to increase marketing.</p>	
Health & Wellbeing	Percentage of residents aged 65 or more receiving a social care service	3.5%	3.3%	GREEN		Sep-14	<p>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+. We know from comparisons with similar authorities that Worcestershire already funds relatively low numbers of people with mainstream social care services.</p> <p>Activity: Numbers fluctuate slightly on a month to month basis but since 2011 there has been a continuing overall reduction in numbers of people with mainstream social care services, at the same time as the population of older people has increased. The role of 'prevention' and low level services has contributed to this, and those receiving mainstream services are now more likely to have a higher level of need and of services.</p>
Health & Wellbeing	Older people funded in permanent care home placements	1297 (1.09%)	1362 (1.2%)	RED		Sept-14	<p>Data Commentary: This is a local indicator giving a snapshot of the number of people funded from the Council's Older People budget for permanent care home places. The figure in brackets is the percentage of all older</p>



						<p>people in Worcestershire. Although other benchmarking information shows Worcestershire is a low user of care homes, as a Council we are trying to reduce our use of institutional care still further and there are specific savings required for this budget. The target is to reduce the number of places by one a week during 2014/15. Figures have fluctuated - from on target at the end of Q1 to significantly off target at the end of Q2. The overall trendline is more or less static, where the target requires a reduction.</p> <p>Activity:</p> <p>Turnover of existing placements has been fairly steady, but there was an increase in new placements in September. Some of these are placements where the Council has had to pick up funding eg self-funders whose resources drop below the threshold, or people placed in care homes from hospital. For new placements made by the Council itself there is a detailed process in place to ensure that placements are only made where this is the most appropriate option. Work is also taking place to challenge the use of care homes from hospital and in the longer term to increase the range of realistic alternatives to care homes, including extra care schemes.</p>
Health & Wellbeing	Number of people with a learning disability in supported living	331	304	RED		<p>Sep-14</p> <p>Data Commentary:</p> <p>This is a count of the number of service users aged 18-64 supported by LD teams who meet the service definition of 'housing with support' at a snapshot date. It is a local indicator, so there is no direct benchmarking information, although we know from national data that the proportion of people supported in residential care in Worcestershire is above our comparator averages.</p>

							<p>There has been an increase of 13 people since the 2013-14 year end result. This is below the trajectory needed to achieve the target of an increase of 40 for the full year, so is flagged as 'RED'.</p> <p>Activity: We are working currently with a number of providers of residential care currently accommodating DASH clients to either move these clients to housing with support or to change their residential care homes into housing with support. It is anticipated that enough of these clients will be living in housing with support by the end of 14/15 to meet the target, with the remainder moving during 15/16.</p> <p>Additionally, the Young Adults Team has moved a number of clients into housing with support and expects to move a similar number by the end of 14/15. Additional housing capacity for at least 12 YAT clients to move to housing with support will be available during 15/16.</p> <p>Additional housing capacity is being created through the development of blocks of self contained housing by housing associations for LD clients. 66 housing units in 'clusters' of flats are anticipated to be delivered during 2015/16.</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 at 4.8% in 2013 was</p>

						<p>significantly worse than the England average of 7.8%, hence the red rating. The figure is lower than last years but we don't have enough data to establish a robust trend yet.</p> <p>Activity: We have monitored the client files on a monthly basis reviewing quality and appropriateness of support. We have highlighted concerns with the provider and key messages have been cascaded to the workers through the service provider's management structure. Over the past months we have seen an improvement in the quality of support. We are planning a review of relevant aspects of staff files, workforce structure and training plans. We will also hold 1-2-1s with members of staff to supplement data from the staff files. Findings from this and focus groups with clients will be compiled into an agreed action plan and will be the basis of ongoing performance meetings.</p> <p>A revised integrated recovery service is to be commissioned from April 2015, and the current provider has confirmed they will not be seeking to win the new contract.</p>
Health & Wellbeing	Outcomes of short-term services	70%	78.7	GREEN		<p>Sept-14</p> <p>Data Commentary: This is a new national indicator that looks at reablement services provided to new service users, and reports the percentage who did not need ongoing care services afterwards. No benchmarking information is available yet. We have continued to monitor an old indicator which was similar, but included all service users, and have used that indicator to set a target.</p> <p>Activity: Performance on the new indicator was just under 79% at the end of Q2. This compares with 76% for the old indicator at</p>

							the end of Q2.
Health & Wellbeing	Service users who say they have control over their lives	Average of comparator authorities	77.5%	GREEN		Mar-14	<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 was slightly down from 2013 (78.7%) but remained above the average for our comparator authorities (77.1%). As part of our Future Lives programme, we are continuing to work on ways that will increase the amount of control that people have over the funding available for their care.</p>
Health & Wellbeing	Direct payments - SERVICE USERS	N/A	27.7%	N/A		Sep-14	<p>Data Commentary: This is a national indicator. The definition has been significantly changed for 2014/15 linked to the introduction of new national returns. It measures the percentage of service users who were receiving a direct payment at a snapshot date as a percentage of all people receiving long term services where a direct payment might be available. Figures provided are provisional and at this stage there is no benchmarking data available.</p> <p>Activity: During the introduction of the new indicator, we are continuing to monitor performance via the previous regional indicator. The regional indicator was similar to the new national indicator, but has some differences in what is counted. At the end of Sep 2014, for the regional indicator the percentage of service users with a direct payment had increased to 28.7% (from 27.3% at the end of March 2014).</p>

Health & Wellbeing	Contracted adult care services to which referrals are suspended or restricted	N/A	15	N/A		Sept-14 Data Commentary: This is a local indicator designed to highlight work that is taking place to monitor quality of care. Activity: Domiciliary care - there were 6 providers suspended at the end of September. Monthly figures are continuing to run at around 5-6 providers suspended at any one time, although the actual providers change as improvements are made. Care homes - there were 9 care homes suspended at the end of September. This is an increase from 4 at the end of June. During the quarter there were 12 different homes suspended at various times due to improvements made by some and new issues arising in others.
Health & Wellbeing	Annual Reviews	95%	95.2%	GREEN		Sept-14 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. Activity: Performance is still at target level but has been dropping during the year. Attention is being focussed on those that have gone the longest without a review, with a weekly list being circulated for action. A full list of all those due for a review is circulated fortnightly.
Health & Wellbeing	Delayed transfers of care - social care	3.0	5.5	RED		Sept-14 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 per 100,000 population. It counts both delays in




							acute hospitals and community hospitals. The majority of social care delays occur in non-acute hospital beds. In previous years, Worcestershire has had a slightly higher rate than the national average and its comparator authorities. Activity: Performance has deteriorated throughout the first half of the year, reflecting pressures being experienced in the system. This is part of a wider issue across the whole local health and social care system which is being addressed through a number of joint initiatives, including the Urgent Care strategy, and the new Patient Flow Centre which opened in October. This should have an impact on the numbers by the next quarter.
Health & Wellbeing	Service users who say they feel safe and secure	Average of comparator authorities	71.7%	GREEN		Mar-14	Data Commentary: This is a national indicator and is based on a national survey of service users. We benchmark our performance against the results for similar authorities. Activity: Our result for the 2014 survey was in line with the result for 2013, and was significantly better than the average of comparator authorities (66%).
Health & Wellbeing	Timeliness of adult protection strategy discussions	85%	78.7%	AMBER		Sep-14	Data Commentary: The first major stage in the adult protection pathway is a strategy discussion. This indicator measures the percentage of strategy discussions that met the national standard of completion within 5 working days of the referral taking place. The target was raised to 85% for 2014/15. There is no benchmarking data available. Activity: Performance has remained around 80% during the year, and is slightly below the level achieved in the previous year. Social

						work teams are responsible for this work, and have seen a significant increase in the number of strategy discussions and social care assessments in the first half of the year. Both have increased by 30% compared to the first six months of 2013/14. Work is taking place to review the adult protection pathway to ensure it works as effectively and efficiently as possible.
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Financial perspective




	Performance Indicator	Target	Latest Performance	Direction of Travel	Data Period	Comments
	Capital Scheme outturn within +/- 5% of budget	£1,952,000	£1,952,000	GREEN	Q2 2014/15	Data Commentary: Activity:
	Expected budget position at end of financial year - Forecast Outturn (April to March) (Revenue)	£140,662,000	£141,520,000	GREEN	Q2 2014/15	Data Commentary: Forecast overspend will need to be accommodated from Adult Social Care reserves. Activity:
	Financial savings achieved (Future Fit)	£13,202,000 (14/15)	Of the target £8,541,000 has been delivered to date and £3,938,000 is on-target	GREEN	Q2 2014/15	Data Commentary: Of the 14/15 target of £13.2m - £8.5m (64%) has been delivered, £4.0m (30%) is on target, £0.5m (4%) has been rated at amber risk and £0.2m (2%) has a RAG red rating. Activity: Since last quarter projects analysed as Red risk have reduced by £0.0m and Amber by £7.7m

Internal business perspective



	Performance Indicator	Target	Latest Performance	Direction of Travel	Data Period	Comments
	Sickness Rates	7.00 days	5.30 / 0.53(Predicted YE 10.60 / 1.07)	RED 	Q2 Cumulative 2014/15	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: A full investigation into staff sickness rates has been undertaken and a report taken to Overview and Scrutiny.
	Employees - Actual FTE (Full Time Equivalents)	1194.00	1049.25	GREEN 	Q2 2014/15	Data Commentary: Number of FTE employees as at 30th September 2014 (target and RAG rating based on budgeted establishment FTE derived from 2014/15 Budget Book). Activity:
	Agency spend	Downward	£595,696.00 (27,765.00 hours)	N/A 	Q2 2014/15	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
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Statutory Adult Social Care Complaints: % of complaints received that were fully or partially upheld	N/A	43%	NO STATUS		Q2 2014/15	Data Commentary: Activity:
Statutory Adult Social Care Complaints: Number fully or partially upheld	N/A	18	NO STATUS		Q2 2014/15	Data Commentary: Activity:
Statutory Adult Social Care Complaints: Number of complaints received	N/A	41	NO STATUS		Q2 2014/15	Data Commentary: Activity: The annual complaints report includes a lot more information around the complaints received.

Learning and growth perspective

Performance Indicator	Target	Latest Performance		Direction of Travel	Data Period	Comments
% Staff Appraisals completed (SRDs)	100%	89.16%	AMBER		March 2014 to September 2014	Data Commentary: Percentage of staff appraisals (SRDs) where Part A (Objectives) for 2014/15 is completed (excludes staff who have been absent for the whole period, staff new in post 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. Activity: