

## REPORT TO GARIOCH AREA COMMITTEE – 28 AUGUST 2018

### ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 4 REPORTING – JANUARY TO MARCH 2018

#### 1 Recommendations

The Committee is recommended to:

1. **note the content of the IJB Performance Q4 Report;**
2. **provide feedback and/or recommend actions to the IJB for their consideration.**

#### 2 Background / Discussion

- 2.1 The attached report (Appendix A) was approved at the Integration Joint Board on 20 June 2018 for circulation to all Area Committees for noting and recommending improvement actions as appropriate. An additional appendix containing the 'locality' performance against the Aberdeenshire-wide performance has been attached in Appendix B. These indicators are currently under review to bring them into line with the Health and Social Care locality plan priorities and as part of a broader review of the H&SCP performance framework. This will give context and baseline figures for the local H&SC Planning groups (amongst other resources of information).
- 2.2 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and had no comments to make, and are satisfied that the report complies with the Scheme of Governance and relevant legislation.

#### 3 Scheme of Governance

- 3.1 The Committee is able to consider this item in terms of Section B.1.2 of the List of Committee Powers in Part 2A of the Scheme of Governance, which allows the Area Committee to consider, comment on and make recommendations to any other appropriate Committee on any matter or policy which impacts their area.
- 3.2 This report provides relevant performance information to support the Area Committee in making recommendations to the IJB for improvements to the delivery of the Social Work service.
- 3.3 This report is for information only where it relates to the performance and delivery of services provided by NHS Grampian.

## 4 Implications and Risk

4.1 An equality impact assessment is not required for the Performance Framework because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.

4.2 There are no staffing or financial implications.

4.3 The following Risks have been identified as relevant to this matter on a Corporate Level:

- ACORP 007 – Social Risk (e.g. population changes, demographic changes) – link to [Corporate Risk Register](#)

The following Risks have been identified as relevant to this matter on a Strategic Level:

- IJB risk 10 (Service Standards). To monitor service performance against an agreed set of performance measures.
- IJB risk 7 (Effective Leadership of IJB). To ensure appropriate information is presented to IJB to allow it to deliver this function.

4.4 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

4.5 A Town Centre First Impact Assessment (TCFIA) is not required for this report.

**Angie Wood**  
**Partnership Manager (Central)**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by:  
Caroline Morrison, Senior Information Officer, Aberdeenshire Health and Social Care Partnership

6 August 2018

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 20 JUNE 2018

### ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 4 REPORTING – JANUARY TO MARCH 2018

#### 1 Recommendation

It is recommended that the IJB:-

##### 1.1 Note the content of the IJB Performance Q4 Report

##### 1.2 Comment on performance against the Strategic Commissioning Plan by Exception (Appendices 1 and 2)

##### 1.3 Note this Report will be circulated to the Area Committees for their information and reflections (including localities information where possible) and that any feedback from the Area Committees will be shared with IJB members to ensure there is an interactive process.

#### 2 Risk

2.1 IJB risk 10 (Service Standards). To monitor service performance against an agreed set of performance measures.  
IJB risk 7 (Effective Leadership of IJB). To ensure appropriate information is presented to IJB to allow it to deliver this function.

2.2 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.

#### 3 Background/Discussion

3.1 The purpose of this report is to ensure the Integration Joint Board (IJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the Strategic Plan.

3.2 This report presents the HSCP performance information reported against the strategic priorities for the period January to March 2018 (Q4) for the Board's consideration. It includes as an Exception Report those indicators which are currently a red status (not meeting local targets and out with tolerances) which can be seen in Appendix 2.

3.3 The performance information is to allow IJB scrutiny. The scale and breadth of improvement projects means it is difficult to align system information to any single project as the major projects aim to hit multiple areas within the system in order to affect change.

3.4 The Quarter 4 Report will be subsequently submitted to the Area Committees, as part of the Performance and Outcomes Framework, for their information and comment.

- 3.5 As a consequence of the recent review of the strategic plan priorities and themes, a review of the performance indicators which underpin the plan is currently underway. As agreed at the IJB development session on 18 March, the current local performance indicators have been mapped against the partnership's two themes, ten strategic priorities and the four programmes of work. Partnership Managers and service leads are being consulted on any additions or other changes to these indicators, to ensure they are relevant, appropriate and can enable effective scrutiny of performance and subsequent service development. Dialogue will also take place with Location Management teams. It is intended that a report of this review and recommendations for redesign of the current performance framework will be submitted to the August meeting of the IJB. Input and overview of this work from member(s) of the IJB would be welcomed as progress is made.
- 3.6 As agreed at the April meeting of the IJB, the Core Suite of National Integration Indicators, which details Aberdeenshire performance against national indicators will now be submitted to the IJB on an annual basis, as the data is updated annually by ISD.

### **Report Structure**

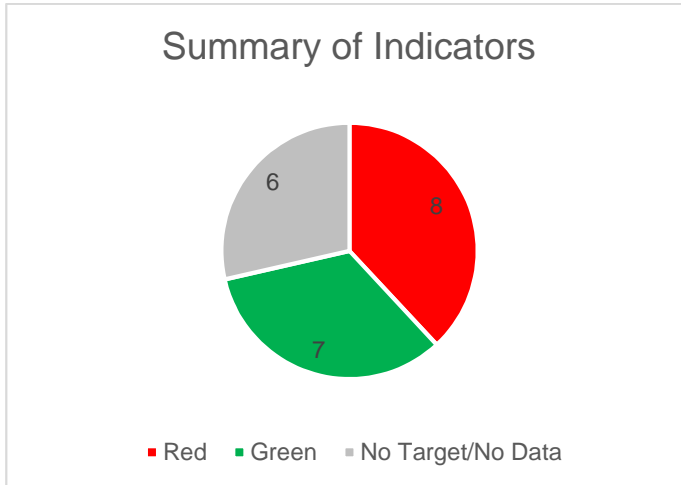
- 3.7 The front section of this report gives an overview of any national or service updates. Appendix 1 details all the Local measures which are reported to management. This includes the results of the IBP surveys carried out in early 2017 and initially reported in Q1. Appendix 2 considers key exceptions for further focus.

### **National**

- 3.8 The National Review of Target and Indicators for health and social care in Scotland has recently been published and makes a number of recommendations regarding the development of targets and indicators at a national and local level. These recommendations will be embedded in our approach when reviewing our local indicators as we bring them into line with the new themes and priorities.

### **Current Performance - Quarter 4 2017/18:**

- 3.9 Whilst we have a high standard of performance against our national indicators (detailed below), our local indicators have been given challenging targets to meet in terms of delivery against our Change and Implementation Programme. Targets are set using local trends and taking into consideration demographic projections.
- 3.10 Excluding the survey indicators previously reported, we have 21 local indicators, with 8 indicators in Red Status which are outwith target tolerances detailed in Appendix 2, also detailing improvement actions currently being taken to address this performance. There are 7 Green. Of the remaining 6 indicators, 3 have no set target (L03, L10 and L15); and 3 have no updated data available (L16, L17 and L20).



3.11 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

#### 4 Equalities, Staffing and Financial Implications

- 4.1 An Equality Impact Assessment is not required for the Performance Framework because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.
- 4.2 There are no specific staffing implications arising from this report.

**Mike Ogg**  
**Partnership Manager**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by:  
Katherine Regan, Strategic Development Officer & Caroline Morrison, Senior Information Officer,  
Aberdeenshire Health and Social Care Partnership

Date: 9 May 2018

### Local Indicators






| KEY                        |   |  |                                     |   |   |
|----------------------------|---|--|-------------------------------------|---|---|
| Performance Against Target | ✓ | No concern. Meeting target   | Performance Against Previous Period | I | Improved on previous reporting period by more than 2% |
|                            | ⚠ | On Review. Not meeting target but within tolerance                               |                                     | S | +/- 2% on previous reporting period                   |
|                            | ✗ | Of concern. Not meeting target, out-with tolerance. Included in exception report |                                     | W | Worsened on previous reporting period by more than 2% |

| ID. | Indicator Description   | Source       | Performance %  | Performance number | Target | Previous Period | Against Last Period | Trend line | Trend Period | Current Period |
|-----|---|--------------|----------------|--------------------|--------|-----------------|---------------------|------------|--------------|----------------|
| L01 | Percentage of Adult Protection Cases screened within 24 hours of notification                         | Carefirst    | ✓ 95%          | 58                 | 85%    | 93%             | I                   |            | 5 Quarters   | Jan-Mar 18     |
| L02 | Percentage of Adult Protection enquiries that proceed to Investigation                                | Carefirst    | ✓ 36%          | 58                 | 35%    | 41%             | W                   |            | 5 Quarters   | Jan-Mar 18     |
| L03 | Rapid response service, Home Care Responders Referrals (median minutes between referral and visit)    | Carefirst    | No target 23   | n/a                | -      | 20              | W                   |            | 5 Quarters   | Jan-Mar 18     |
| L04 | Percentage of all clients on SDS pathway  | Carefirst    | ✓ 92%          | 4970               | 100%   | 90%             | I                   |            | 5 Quarters   | Jan-Mar 18     |
| L05 | OT Assessments completed within timescales  | Carefirst    | ✗ 88%          | 967                | 95%    | 87%             | S                   |            | 5 Quarters   | Jan-Mar 18     |
| L06 | Number of people receiving community alarm and/or telecare  | Carefirst    | ✗ 2730         | 357                | 3100   | 2757            | S                   |            | 5 Quarters   | Jan-Mar 18     |
| L07 | Rate of emergency occupied bed days for over 65s per 1000 population                                  | NHS          | ✓ 2321         | n/a                | 2360   | 2323            | S                   |            | 5 Quarters   | Jan-Mar 18     |
| L08 | Emergency Admissions rate per 1000 population for over 65s  | NHS - PMS    | ✓ 193          | n/a                | 193    | 188             | W                   |            | 5 Quarters   | Jan-Mar 18     |
| L09 | Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population | NHS - PMS    | ✗ 127          | n/a                | 125    | 124             | W                   |            | 5 Quarters   | Jan-Mar 18     |
| L10 | Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population    | NHS - EDISON | No target 20.0 | n/a                | -      | 22.0            | I                   |            | 5 Quarters   | Jan-Mar 18     |
| L11 | Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)                | NHS - EDISON | ✗ 40           | n/a                | 35     | 52              | I                   |            | 5 Quarters   | Jan-Mar 18     |

| KEY                        |   |  |                                     |   |   |
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| ID.  | Indicator Description   | Source     | Performance %  | Performance number | Target    | Previous Period | Against Last Period | Trend line | Trend Period      | Current Period |
|------|---|------------|----------------|--------------------|-----------|-----------------|---------------------|------------|-------------------|----------------|
| L12  | A&E Attendance rates per 1000 population (All Ages)                               | NHS        | ✗ 21.1         | n/a                | 19.3      | 21.9            | I                   |            | 5 Quarters        | Jan-Mar 18     |
| L13  | A&E Percentage of people seen within 4 hours, within community hospitals          | NHS        | ✓ 99.5% (8153) | 8153               | 98.0%     | 99.8% (8573)    | S                   |            | 5 Quarters        | Jan-Mar 18     |
| L14  | Percentage of new dementia diagnoses who receive 1 year diagnostic support        | ISD        | ✓ 89.5%        | 51                 | 70%       | 83.6%           | I                   |            | 3 Financial Years | Apr-Dec 16     |
| L15  | Smoking cessation in 40% most deprived after 12 weeks                             | NHS        | No target 86   | n/a                | -         | 99              | W                   |            | 5 Quarters        | Oct-Dec 17     |
| L16  | Percentage of clients receiving alcohol treatment within 3 weeks of referral      | NHS        | ✗ 88.2%        | 112                | 90%       | 95.5%           | W                   |            | 5 Quarters        | Oct-Dec 17     |
| L17  | Percentage of clients receiving drug treatment within 3 weeks of referral         | NHS        | ✗ 89.0%        | 97                 | 90%       | 78.8%           | I                   |            | 5 Quarters        | Oct-Dec 17     |
| L18  | Number of Alcohol Brief Interventions being delivered                             | NHS        | ✗ 265          | n/a                | 688       | 221             | I                   |            | 5 Quarters        | Jan-Mar 18     |
| L19A | Number of complaints received and % responded to within 20 working days - NHS     | NHS        | ✗ 45.0% (20)   | 20                 | 85%       | 46. (24)        | W                   |            | 4 Quarters        | Jan-Mar 18     |
| L19B | Number of complaints received and % responded to within 20 working days - Council | SW         | ✓ 91.0% (11)   | 11                 | 85%       | 100. (14)       | W                   |            | 5 Quarters        | Jan-Mar 18     |
| L20  | NHS Sickness Absence % of Hours Lost  | NHS        | ✗ 4.9%         | not available      | 4.0%      | 4.5%            | W                   |            | 5 Quarters        | Oct-Dec 17     |
| L21  | Council Sickness Absence (% of Calendar Days Lost)                                | SW         | ✗ 6.1%         | 15335              | 4.0%      | 4.6%            | W                   |            | 5 Quarters        | Jan-Mar 18     |
| L22  | Percentage of unpaid carers who feel supported to continue in their caring role   | IBP Survey | No target 43%  |                    | No target | 39%             | I                   |            | 2 Bi-Annual       | 2017           |

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| ID. | Indicator Description  | Source     | Performance %        | Performance number | Target    | Previous Period | Against Last Period | Trend line  | Trend Period | Current Period |
|-----|--|------------|----------------------|--------------------|-----------|-----------------|---------------------|---|--------------|----------------|
| L23 | Percentage of unpaid carers who are aware of short break/respite services available locally                | IBP Survey | No target <b>51%</b> |                    | No target | -               | -                   | -   | 1 Bi-Annual  | 2017           |
| L24 | Percentage of unpaid carers who state they have PoA or other AWI Measures in place                         | IBP Survey | No target <b>59%</b> |                    | No target | -               | -                   | -   | 1 Bi-Annual  | 2017           |
| L25 | Percentage of unpaid carers who have a say in the services that are provided for the person they care for  | IBP Survey | No target <b>65%</b> |                    | No target | -               | -                   | -   | 1 Bi-Annual  | 2017           |
| L26 | Percentage of unpaid carers satisfied with the quality of services provided for the person they care for   | IBP Survey | No target <b>47%</b> |                    | No target | -               | -                   | -   | 1 Bi-Annual  | 2017           |
| L27 | Percentage of unpaid carers who feel well informed about the services provided to the person they care for | IBP Survey | No target <b>46%</b> |                    | No target | -               | -                   | -   | 1 Bi-Annual  | 2017           |
| L28 | Percentage of service users who are satisfied overall with the social care services they receive           | IBP Survey | ✓ <b>85%</b>         |                    | 85.0%     | 84%             | S                   |  | 2 Bi-Annual  | 2017           |
| L29 | Percentage of service users who are satisfied overall with their involvement in the design of their care   | IBP Survey | ⚠ <b>82%</b>         |                    | 85.0%     | 84%             | W                   |  | 2 Bi-Annual  | 2017           |
| L30 | Percentage of service users who are satisfied with the health services that they receive                   | IBP Survey | ✓ <b>86%</b>         |                    | 85.0%     | 85%             | S                   |  | 2 Bi-Annual  | 2017           |
| L31 | Percentage of service users who feel they are treated with respect   | IBP Survey | ✓ <b>98%</b>         |                    | 95.0%     | 99%             | S                   |  | 2 Bi-Annual  | 2017           |
| L32 | Percentage of service users who feel that people doing the assessment listened to what you had to say      | IBP Survey | ⚠ <b>91%</b>         |                    | 95.0%     | 94%             | W                   |  | 2 Bi-Annual  | 2017           |



| KEY                        |   |  |                                     |   |   |
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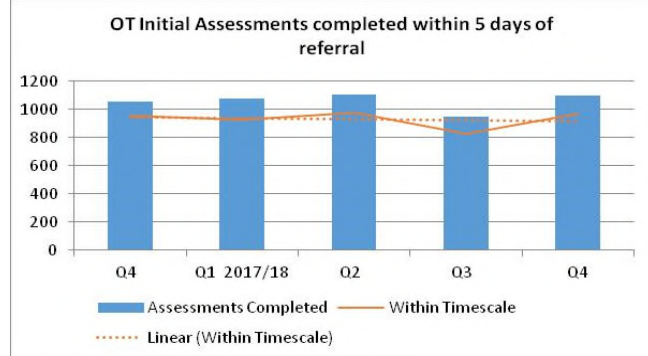
| ID. | Indicator Description  | Source     | Performance % | Performance number | Target    | Previous Period | Against Last Period | Trend line   | Trend Period | Current Period |
|-----|--|------------|---------------|--------------------|-----------|-----------------|---------------------|--|--------------|----------------|
| L33 | Percentage of service users who are satisfied with the knowledge of people doing the assessment                | IBP Survey | ! 91%         |                    | 95.0%     | 95%             | W                   |   | 2 Bi-Annual  | 2017           |
| L34 | Percentage of service users who have an Anticipatory Care Plan in place  | IBP Survey | No target 37% |                    | No target | -               | -                   | -  | 2 Bi-Annual  | 2017           |
| L35 | Percentage of service users who have an Emergency Care Plan in place   | IBP Survey | No target 41% |                    | No target | -               | -                   | -  | 2 Bi-Annual  | 2017           |
| L36 | Percentage of service users who had been asked about desired personal outcomes                                 | IBP Survey | No target 89% |                    | No target | -               | -                   | -  | 2 Bi-Annual  | 2017           |
| L37 | Percentage of service users who are aware that they can grant PoA  | IBP Survey | No target 91% |                    | No target | -               | -                   | -  | 2 Bi-Annual  | 2017           |
| L38 | Percentage of service users who have a PoA in place  | IBP Survey | No target 70% |                    | No target | -               | -                   | -  | 2 Bi-Annual  | 2017           |
| L39 | Percentage of service users who feel that people who identified my social care needs worked together as a team | IBP Survey | ! 88%         |                    | 90.0%     | 91%             | W                   |  | 2 Bi-Annual  | 2017           |
| L40 | Percentage of service users who feel health and care services are well co-ordinated                            | IBP Survey | No target 86% |                    | No target | -               | -                   | -  | 2 Bi-Annual  | 2017           |

Note Indicators shaded in grey have not been updated this quarter, this is due to updated data not being available at time of writing.

**Appendix A2**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q4 January to March 2018**

**L05 - OT Assessments completed within timescales**

| Year       | Assessments Completed | Within Timescale | %      |
|------------|-----------------------|------------------|--------|
| Q4 2016/17 | 1056                  | 957              | 90.63% |
| Q1 2017/18 | 1079                  | 927              | 85.91% |
| Q2         | 1103                  | 977              | 88.58% |
| Q3         | 946                   | 826              | 87.32% |
| Q4         | 1097                  | 967              | 88.15% |



**Key Points**

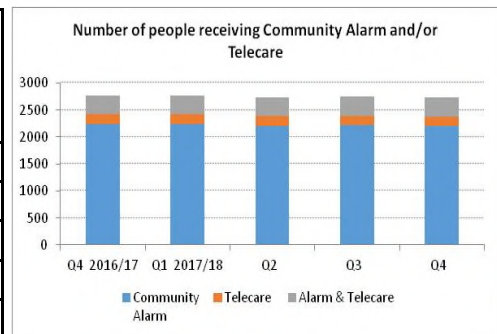
There are still staffing difficulties in Aberdeenshire with some areas continuing to be hard to fill.

**Improvement Actions**

The service is continuing to look at processes to address the current target. In addition the service is reviewing overall data collection, with SDO support, and how it measures the service with a view to improving both efficiency and quality in a sustainable way.

**L06 - Number of People Receiving Community Alarm and/or Telecare**

| Year       | Community Alarm | Telecare | Alarm & Telecare | Overall Total |
|------------|-----------------|----------|------------------|---------------|
| Q4 2016/17 | 2238            | 189      | 333              | 2760          |
| Q1 2017/18 | 2241            | 187      | 336              | 2764          |
| Q2         | 2205            | 183      | 348              | 2736          |
| Q3         | 2214            | 183      | 360              | 2757          |
| Q4         | 2203            | 170      | 357              | 2730          |



**Key Points**

Take up of community alarm and telecare services within the community has remained level over the last year. The service charge increase effective from 1 April 2018 and notified to service users during Q4 has to date had only minimal impact, with only a small number of users choosing to terminate their community alarm or telecare service due to the charging policy changes.

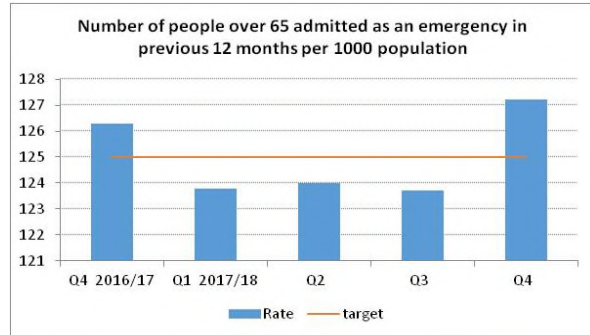
**Improvement Actions**

Initial scoping has been begun to look at how we can better embed the consideration of community alarm and telecare as a standardised part of social care assessment processes. This work will form part of the broader system-wide review of the processes, forms and pathways associated with more integrated ways of working for core teams.

**Appendix A2**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q4 January to March 2018**

**L09 - Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population**

| Year       | Count | Rate  |
|------------|-------|-------|
| Q4 2016/17 | 5899  | 126.3 |
| Q1 2017/18 | 5915  | 123.8 |
| Q2         | 5923  | 124.0 |
| Q3         | 5908  | 123.7 |
| Q4         | 6075  | 127.2 |



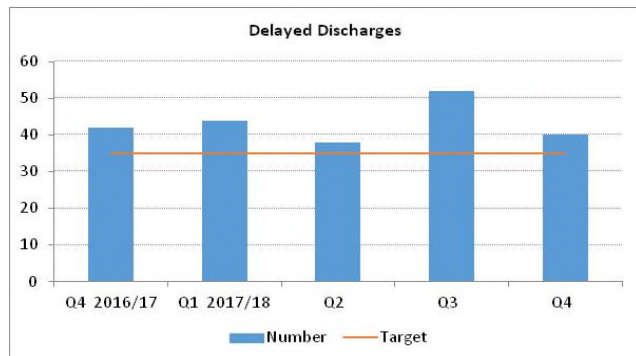
**Key Points**

The count shown here is for the last month in the reporting quarter, which for quarter 4 is March 2018. The rate for the first 3 quarters of 2017/18 remained below the target however from the start of 2018 there has been a sharp increase. A similar increase was seen in the last quarter of 2016/17 so we would expect this to fall again in the next quarter.

**Improvement Actions**

**L11 - Number of Delayed Discharges inc Code 9  
(Census snapshot, monthly average for quarter)**

| Year       | Number |
|------------|--------|
| Q4 2016/17 | 42     |
| Q1 2017/18 | 44     |
| Q2         | 38     |
| Q3         | 52     |
| Q4         | 40     |



**Key Points**

After the very high number of delayed discharges in December 2017 (60) due to adverse weather, flu and as a result closed Wards etc the number reduced to 46 in January and has since reduced further to 36 and 37 respectively in February and March 2018.

**Improvement Actions**

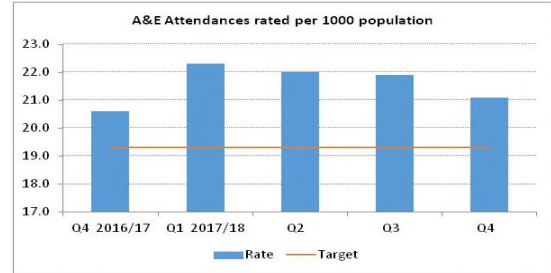
The delayed discharge numbers include a number of people with complex requirements e.g. incapacity which requires guardianship arrangements which can take a long time to have in place. The numbers also include patients in mental health who require supported living accommodation which is in short supply. The numbers continue to reduce for people waiting for a care home place or home care and it should be noted that people are cared for at home for much longer than previously. This often requires 2 staff and 4 visits a day which can be very challenging to provide in a rural area. Staff work hard to make it possible for people to remain in their own home if this is their wish.

Length of delay is reducing also and has halved since 2014. A number of people on the list have been discharged on the day of the census or within the next 5 days.

Appendix A2  
Aberdeenshire Health and Social Care Partnership  
Exception Report - Q4 January to March 2018

**L12 - A&E Attendance rated per 1000 Population (all ages)**

| Year       | Count | Rate |
|------------|-------|------|
| Q4 2016/17 | 5391  | 20.6 |
| Q1 2017/18 | 5855  | 22.3 |
| Q2         | 5762  | 22.0 |
| Q3         | 5748  | 21.9 |
| Q4         | 5538  | 21.1 |



**Key Points**

This data is for attendances at ARI, Dr Grays and Royal Aberdeen Childrens Hospital by Aberdeenshire residents. The A&E attendance rate per 1000 population has decreased throughout 2017/18 but still remains above target.

**Improvement Actions**

In Aberdeenshire continued delivery of the Virtual Community Ward model and the provision of enhanced diagnostic testing in the community and other work streams, work to enhance primary care access and minimise unnecessary admissions to A&E.

**Appendix A2**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q4 January to March 2018**

**L18 - Number of Alcohol Brief Interventions being delivered**

| Year       | No of ABIs |
|------------|------------|
| Q4 2016/17 | 399        |
| Q1 2017/18 | 251        |
| Q2         | 225        |
| Q3 2017/18 | 221        |
| Q4         | 265        |



**Key Points**

The data relates to the number of ABIs being delivered in primary care and paid for by the enhanced service contract as well as ABIs delivered in urgent care MIU settings in Aberdeenshire.

A further 1704 ABIs were delivered in what are termed wider settings. These include by the substance misuse services, criminal justice service, HMP Grampian health service and in police custody.

37 ABIs were delivered by midwifery services to pregnant women across Grampian. At the moment it is not possible to divide this data by HSCP area.

**Improvement Actions**

Review of the indicator and types of ABIs reported to reflect the performance of the whole of Aberdeenshire HSCP.

Develop a means to provide the HSCP with assurance that the delivery of this programme is sensitive and responsive to the inequalities in alcohol related harm seen in Aberdeenshire

Continue to support primary care to embed alcohol screening and ABI delivery as part of holistic patient care throughout the year. We will support staff with training and resources to link alcohol consumption to the self-management of chronic disease.

We will work with individual GP practices to identify pathways to other agencies and partners who have opportunities to discuss issues of alcohol consumption.

Provide training in June 2018 to primary care and early years professionals to raise awareness of FASD

Provide training in June 2018 to midwifery teams to raise the issue of alcohol in a consultation

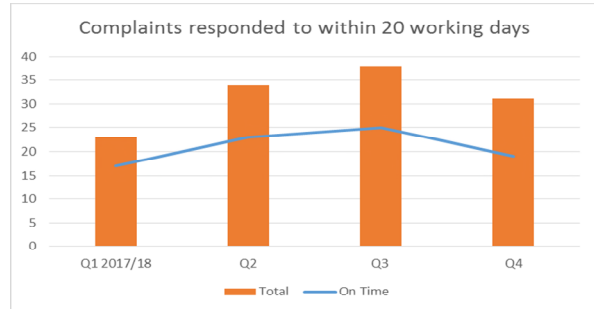
Consolidate our ability to deliver ABIs in existing wider settings by offering support for recording and reporting and refresher training.

Identify HSCP partners working with client groups where the routine and systematic screening of alcohol consumption could be embedded into existing assessment processes.

**Appendix A2**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q4 January to March 2018**

**L19 - Complaints received and responded to within 20 working days**

| Year       | On Time | Total | %     |
|------------|---------|-------|-------|
| Q1 2017/18 | 17      | 23    | 73.9% |
| Q2         | 23      | 34    | 67.6% |
| Q3         | 25      | 38    | 65.8% |
| Q4         | 19      | 31    | 61.3% |



**Key Points**

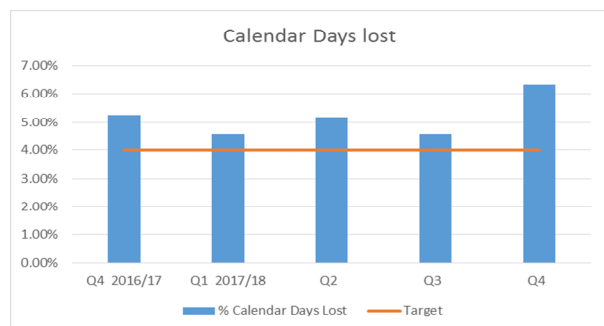
Data is only available for the last 4 quarters due to a change of source for the NHS Grampian figures. This data represents all complaints made to Aberdeenshire Council in relation to Health & Social Care, and all complaints received by NHS Grampian by Aberdeenshire residents, but not necessarily relate to services provided within Aberdeenshire. In Q4, Aberdeenshire Council has responded to 11 complaints, 10 within 20 working days and NHS Grampian have responded to 9 out of 20 complaints within the same timeframe.

**Improvement Actions**

There may be instances when additional time is required to investigate some complaints, due to the complexity of the case, for example if multiple settings are involved. Communication is ongoing with complainants to ensure they are aware of progress and status of their complaint.

**L21 - Council Sickness Absence (% of Calendar Days Lost)**

| Year       | Calendar Days lost | Available Days | % Calendar |
|------------|--------------------|----------------|------------|
| Q4 2016/17 | 12,927             | 246,150        | 5.25%      |
| Q1 2017/18 | 11,330             | 247,611        | 4.58%      |
| Q2         | 12,961             | 250,792        | 5.17%      |
| Q3         | 11,523             | 251,804        | 4.58%      |
| Q4         | 15,335             | 242,100        | 6.33%      |



**Key Points**

The majority of sickness absences during Q4 were due to colds and flu (39%). Carers accounted for almost half (47%) of all absences - this figure includes home carers and residential carers.

**Improvement Actions**

There are procedures in place to monitor absences. Managers will follow these procedures and pick up any negative patterns or behaviours and deal with these appropriately.

Aberdeenshire Health and Social Care Partnership: Locality Performance at a Glance Quarter 4 (Jan - Mar 2018)

Locality: Garioch

| KEY                        |   |  |                                     |   |   |
|----------------------------|---|--|-------------------------------------|---|---|
| Performance Against Target | ✓ | No concern. Meeting target   | Performance Against Previous Period | I | Improved on previous reporting period by more than 2% |
|                            | ! | On Review. Not meeting target but within tolerance OR concern. Not meeting target, out-with tolerance. Included in exception |                                     | S | +/- 2% on previous reporting period                   |
|                            | ✗ |  |                                     | W | Worsened on previous reporting period by more than 2% |

| ID. | Indicator Description   | Source       | Performance                                    | Target | Previous Period | Against Last Period | Trend line<br>(Dark line is Locality position, light line is Aberdeenshire position) | Trend Period | Current Period |
|-----|---|--------------|--|--------|-----------------|---------------------|--|--------------|----------------|
| L01 | Percentage of Adult Protection Cases screened within 24 hours of notification                         | Carefirst    | ✓ <b>100.0%</b>                                | 85.0%  | 100.0%          | S                   |  | 5 Quarters   | Jan-Mar 18     |
| L02 | Percentage of Adult Protection enquiries that proceed to Investigation                                | Carefirst    | ✗ <b>33%</b>                                   | 35.0%  | 60.0%           | I                   |  | 5 Quarters   | Jan-Mar 18     |
| L03 | Rapid response service, Home Care Responders Referrals (median minutes between referral and visit)    | Carefirst    | No target <b>20</b>                            | -      | 17              | W                   |  | 5 Quarters   | Jan-Mar 18     |
| L04 | Percentage of all clients on SDS pathway  | Carefirst    | ! <b>94.0%</b>                                 | 100%   | 93.0%           | I                   |  | 5 Quarters   | Jan-Mar 18     |
| L05 | OT Assessments completed within timescales  | Carefirst    | ✓ <b>99.0%</b>                                 | 95.0%  | 91.0%           | I                   |  | 5 Quarters   | Jan-Mar 18     |
| L06 | Number of people receiving community alarm and/or telecare  | Carefirst    | No target <b>464</b>                           | -      | 477             | S                   |  | 5 Quarters   | Jan-Mar 18     |
| L07 | Rate of emergency occupied bed days for over 65s per 1000 population                                  | NHS          | No target <b>193</b>                           | -      | 197             | I                   |  | 5 Quarters   | Jan-Mar 18     |
| L08 | Emergency Admissions rate per 1000 population for over 65s  | NHS - PMS    | ! <b>200</b>                                   | 193    | 194             | W                   |  | 5 Quarters   | Jan-Mar 18     |
| L09 | Number of people over 65 years admitted as an emergency in the previous 12 months per 1000 population | NHS - PMS    | No target <b>132</b>                           | -      | 128             | W                   |  | 5 Quarters   | Jan-Mar 18     |
| L10 | Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population    | NHS - EDISON | Data not currently available at locality level |        |                 |                     |  |              |                |
| L11 | Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)                | NHS - EDISON | No target <b>4</b>                             | -      | 6               | I                   |  | 5 Quarters   | Jan-Mar 18     |

|      |   |     |  |      |      |          |  |               |               |
|------|---|-----|--|------|------|----------|--|---------------|---------------|
| L12  | A&E Attendance rates per 1000 population (All Ages)                               | NHS | <b>✘ 28.0</b>                                  | 19.3 | 28.0 | <b>S</b> |  | 5<br>Quarters | Jan-Mar<br>18 |
| L13  | A&E Percentage of people seen within 4 hours, within community hospitals          | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L14  | Percentage of new dementia diagnoses who receive 1 year diagnostic support        | ISD | Data not currently available at locality level |      |      |          |  |               |               |
| L15  | Smoking cessation in 40% most deprived after 12 weeks                             | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L16  | Percentage of clients receiving alcohol treatment within 3 weeks of referral      | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L17  | Percentage of clients receiving drug treatment within 3 weeks of referral         | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L18  | Number of Alcohol Brief Interventions being delivered                             | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L19A | Number of complaints received and % responded to within 20 working days - NHS     | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L19B | Number of complaints received and % responded to within 20 working days - Council | SW  | Data not currently available at locality level |      |      |          |  |               |               |
| L20  | NHS Sickness Absence % of Hours Lost  | NHS | Data not currently available at locality level |      |      |          |  |               |               |
| L21  | Council Sickness Absence (% of Calendar Days Lost)                                | SW  | Data not currently available at locality level |      |      |          |  |               |               |