

Appendix 4 - Commentary on City Local Indicators Jan 2018

Safe

The number of complaints received has reduced from 26 to 19 perhaps indicating increasing satisfaction with services provided. The percentage of those complaints received responded to within 20 working days has increased from 92% to 100%. The percentage of vacant posts in Adult Services has reduced from 5.01% to 4.90%. A very slight improvement but achieved in what remains a very challenging environment for the recruitment and retention of Adult Social Care staff. Other measures in the Safe category such as the number of referrals to Adult Protection, the number of new Community Payback Orders and the number of Criminal Justice Social Work Reports submitted to Court have all increased however it could be argued that all of these increases are in fact evidence of Adult Social Care carrying out the work they are remitted to do and ultimately keeping the citizens of Aberdeen safe. Increased referrals to Adult Protection can mean that staff and others feel more confident to make referrals as a result of training or awareness-raising.

Well Led

We are identifying ways to capture and report on staff experiences using qualitative data, and some of these have been reported previously (e.g. employee engagement index). Sickness absence is a measure of staff health and well-being and we have seen a 0.3% increase in absence amongst NHS staff during the quarter July to September 2017. We are working with Aberdeen City Council to obtain similar absence data for Adult Social Care staff and it is hoped this can be included in the next version of this performance report.

Effective

Many of the indicators of effective care are covered by the national 'core suite', as set out in the previous section of this report. The increase in the smoking cessation after 12 weeks indicator is very welcome and the activity which brought this about is being examined to see if lessons can be learned and shared in other areas of work.

Responsive

Minimising the number and wider effects of and for individuals delayed in their discharge from hospital is an indication of system responsiveness. The monthly census shows there to have been a 36% reduction in the number of 'Standard' delays from October 2016 to October 2017, and a 30% reduction in the beds days lost due to these delays. The number of 'Code 9' (complex) delays increased by 10% from October 2016 to October 2017, however this was associated with a 3% reduction in the number of bed days and a 29% reduction in the average length of stay for 'Code 9' delays from October 2016 to October 2017. Despite the reduction in the number of 'Standard' delays and corresponding bed days the average length

of delay for 'Standard' delays has increased by 58% from 24 to 38 days and this is an area of focus for the Delayed Discharge Working Group.