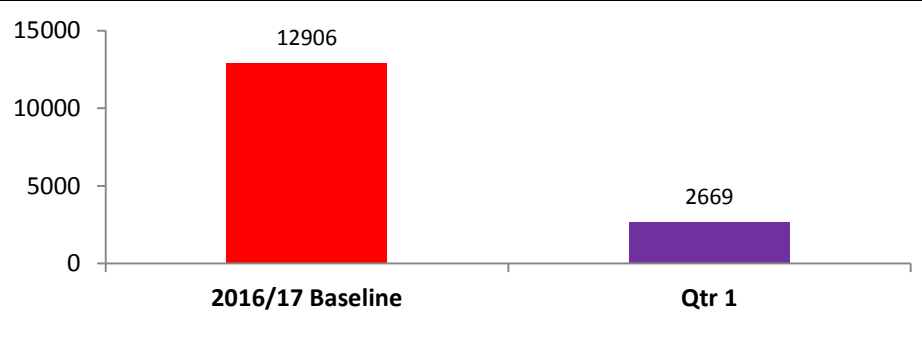
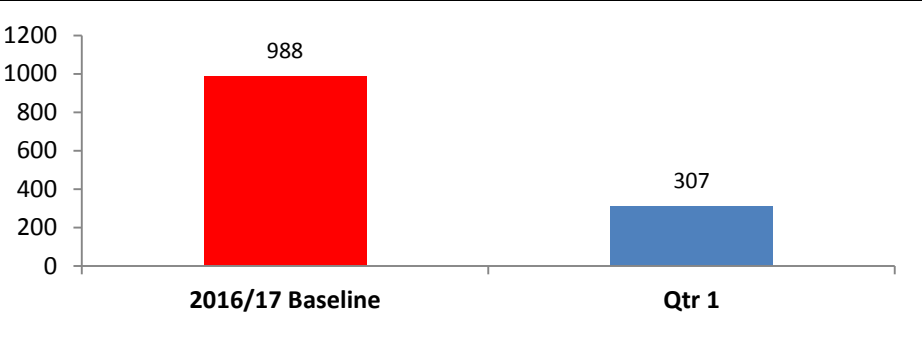
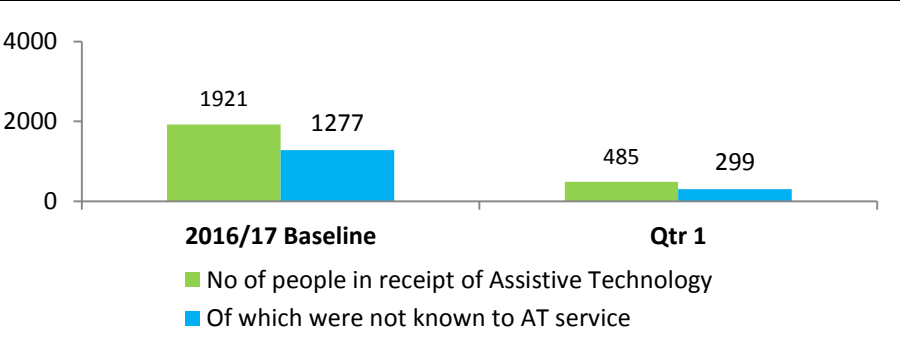
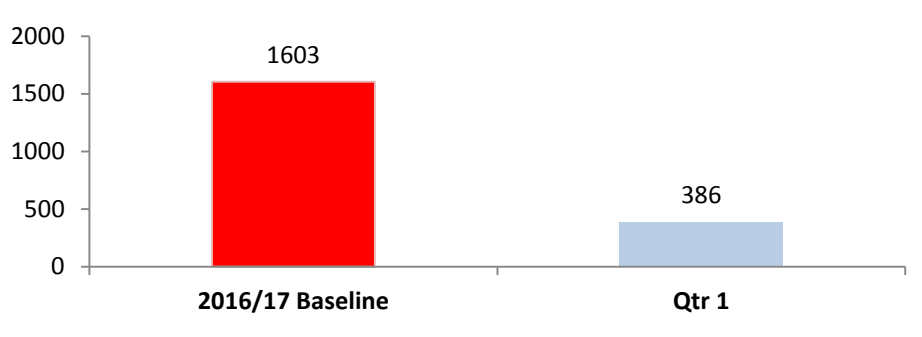
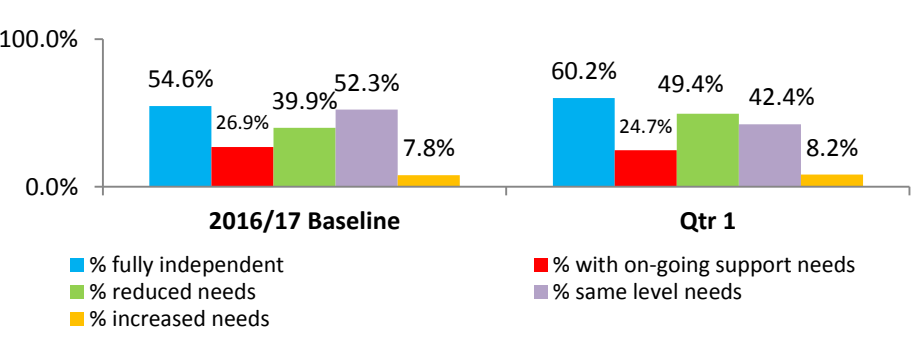
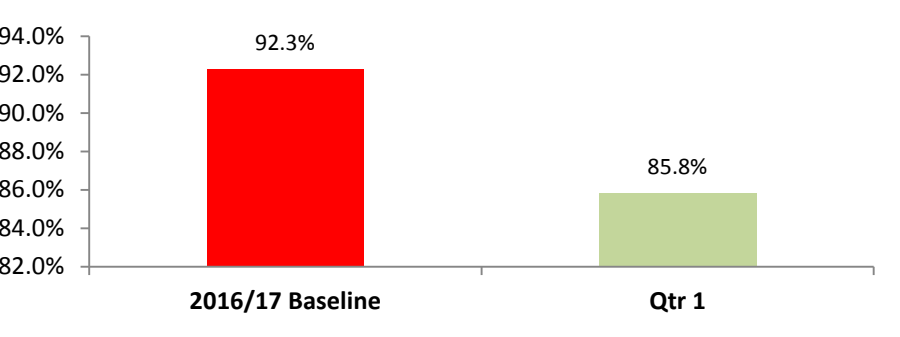
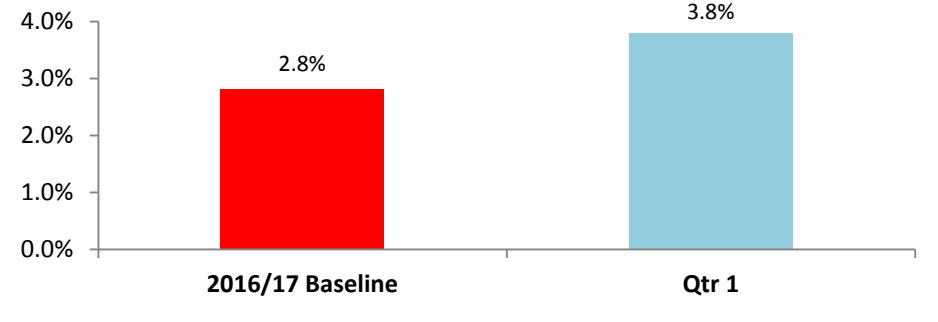
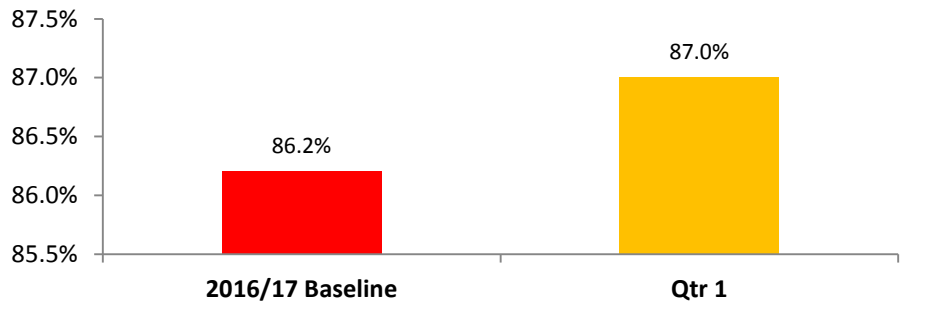
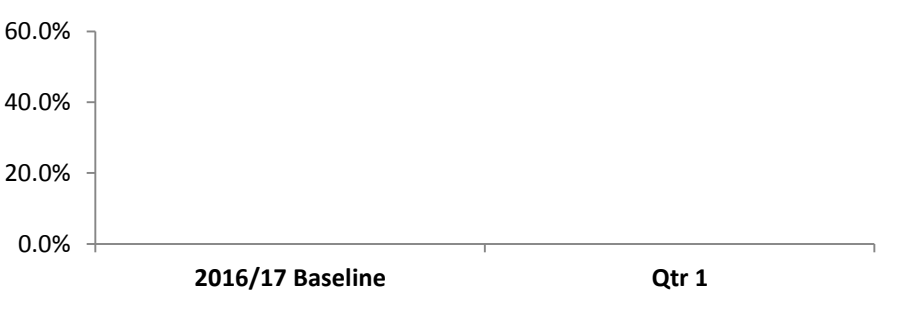
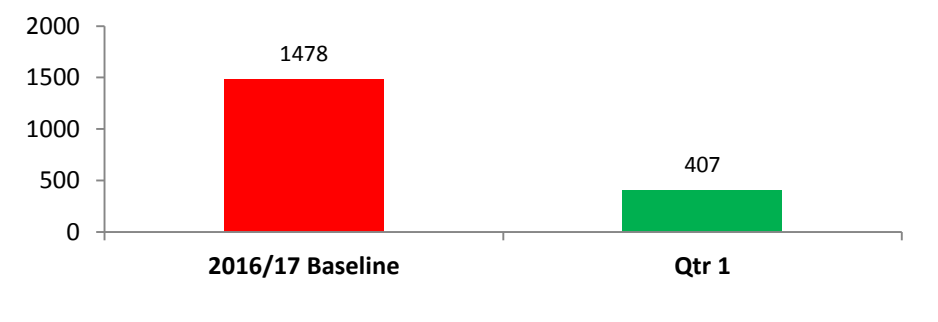
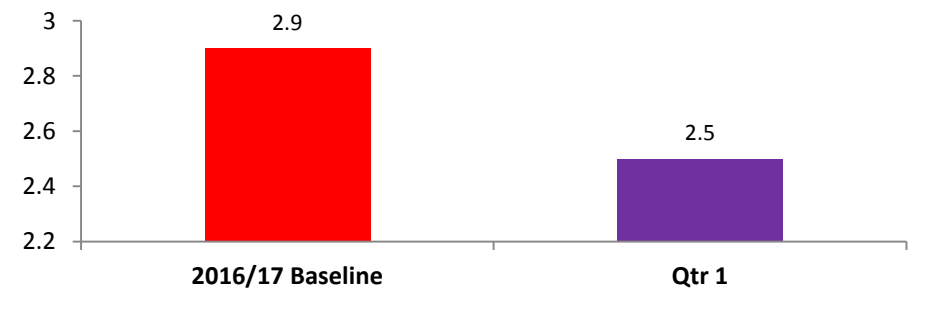
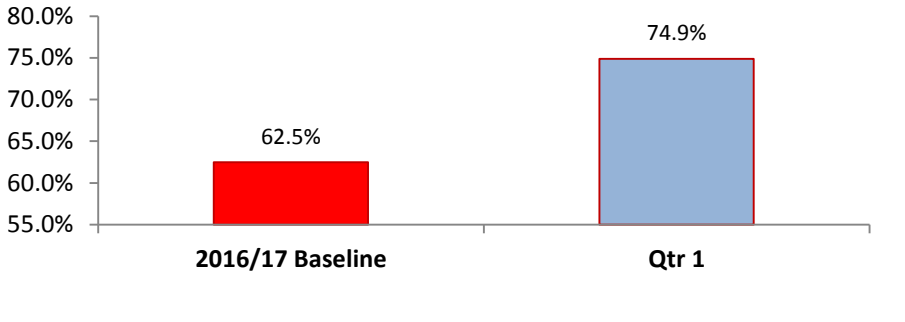


APB1a - ASC Portal (JM)	APB1b - Total number of ASC contacts received (LK)	ABP1c - Effectiveness of call handling: (LK)																											
<table border="1"> <caption>APB1a - ASC Portal (JM)</caption> <thead> <tr> <th>Period</th> <th>Number of visits to portal</th> <th>Number of people who click to IAG links</th> <th>Number of people who submitted portal eligibility form</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>7112</td> <td>2277</td> <td>160</td> </tr> <tr> <td>Qtr 1</td> <td>2183</td> <td>1206</td> <td>21</td> </tr> </tbody> </table>	Period	Number of visits to portal	Number of people who click to IAG links	Number of people who submitted portal eligibility form	2016/17 Baseline	7112	2277	160	Qtr 1	2183	1206	21	<table border="1"> <caption>APB1b - Total number of ASC contacts received (LK)</caption> <thead> <tr> <th>Period</th> <th>Total number of ASC contacts received</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>18394</td> </tr> <tr> <td>Qtr 1</td> <td>3306</td> </tr> </tbody> </table>	Period	Total number of ASC contacts received	2016/17 Baseline	18394	Qtr 1	3306	<table border="1"> <caption>ABP1c - Effectiveness of call handling: (LK)</caption> <thead> <tr> <th>Period</th> <th>Abandonment Rate</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1.8%</td> </tr> <tr> <td>Qtr 1</td> <td>2.6%</td> </tr> </tbody> </table>	Period	Abandonment Rate	2016/17 Baseline	1.8%	Qtr 1	2.6%			
Period	Number of visits to portal	Number of people who click to IAG links	Number of people who submitted portal eligibility form																										
2016/17 Baseline	7112	2277	160																										
Qtr 1	2183	1206	21																										
Period	Total number of ASC contacts received																												
2016/17 Baseline	18394																												
Qtr 1	3306																												
Period	Abandonment Rate																												
2016/17 Baseline	1.8%																												
Qtr 1	2.6%																												
<p>DATA - Thought will need to be given to data capture for 17-18 to demonstrate the varying and increasing usages of the portal as more channels of ASC contact move online [via the portal]. Initially all visits to the portal were assumed to be in connection with SU needs or Carer needs - but no actual assessments. Portal visits can now be for wider issues [e.g. OT] and are inclusive of on line assessments. As new channels move online they all have vigorous testing which also skews figures as it is not possible to differentiate "real" users from testers.</p> <p>REVIEW - The portal is now also used for Carers Assessments and OT referrals from both customers and professionals. In the first 2 months of launch the OT portal visits accounted for over 50% of all visits, with the majority being from professionals. Additionally - as individuals cannot be fully tracked on the portal it is not possible to ascertain if a visit to online IAG [where this is the end of their online journey] fulfills needs for the customer or if they still make further contact in person.</p> <p>ACTION - Work is ongoing to open the portal up to current service users as a means of communicating with them and forwarding documents online - such as support plans. This will again enhance the number of visits to the portal as this new contact method goes on line in Q3. Staff are also establishing which other professionals could refer via the portal based on C&R top 10 [volume] professional referrers following the success of moving OT referrals online</p>	<p>DATA - Current decrease in volume of referrals from 16/17. In part this shows a decrease in equipment/adaptation contacts (from 395 in same period from 450 last year). All sources of referral are showing percentage decreases. The exception is referrals from hospitals where there is an increase of 30% on last year.</p> <p>REVIEW - Numbers were expected to decrease as demand management project impacts. This has seen a shift in OT pathways meaning OTs are screening calls and more calls are being redirected without a Contact being recorded. The increase in hospital referrals is in part due to a realigning of referral sources in the contact record which now reflects LPT wards under hospital referral - previously coded as other health. "Other" categories have also been standardised to assist understanding of profile of referrers and users.</p> <p>ACTION - Standardise OT recording of contacts to reflect true picture of demand. Standardising practice generally access ASC i.e. Care Navigator & ICRS recording is likely to lead to further change in numbers recorded but a more accurate representation of demand.</p>	<p>DATA - Abandonment rates are seeing an increase which is in line with our expected direction of travel.</p> <p>REVIEW - Current staffing availability impacts on call handlers and demonstrates a subsequent increase in abandonment figures. This figure is in line with our higher tolerance level of 3%. However, corporate ACD connectivity issues have been present throughout the full quarter negatively affecting call abandonment rates.</p> <p>ACTION - This ACD connectivity issue will be fixed in July. Monitor call abandonment rates once ACD is fixed to establish actual impact on difference in call handling. Further impact likely at end of quarter 2 as initial call triaging moves to customer services.</p>																											
ABP1d - Number of repeat contacts within 12 months with same contact reason for the repeat contact (LK)	ABP1e - Action taken as a result of contact: (LK)	ABP1f - Percentage of contacts leading to: (LK)																											
<table border="1"> <caption>ABP1d - Number of repeat contacts within 12 months with same contact reason for the repeat contact (LK)</caption> <thead> <tr> <th>Period</th> <th>Number of repeat contacts</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>2575</td> </tr> <tr> <td>Qtr 1</td> <td>1192</td> </tr> </tbody> </table>	Period	Number of repeat contacts	2016/17 Baseline	2575	Qtr 1	1192	<table border="1"> <caption>ABP1e - Action taken as a result of contact: (LK)</caption> <thead> <tr> <th>Period</th> <th>Number of contacts deflected</th> <th>IAG</th> <th>Signposting</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>6503</td> <td>2630</td> <td>3873</td> </tr> <tr> <td>Qtr 1</td> <td>992</td> <td>441</td> <td>551</td> </tr> </tbody> </table>	Period	Number of contacts deflected	IAG	Signposting	2016/17 Baseline	6503	2630	3873	Qtr 1	992	441	551	<table border="1"> <caption>ABP1f - Percentage of contacts leading to: (LK)</caption> <thead> <tr> <th>Period</th> <th>No further action / services</th> <th>IAG / Signposting to universal services</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>5.5%</td> <td>31.80%</td> </tr> <tr> <td>Qtr 1</td> <td>10.5%</td> <td>32.1%</td> </tr> </tbody> </table>	Period	No further action / services	IAG / Signposting to universal services	2016/17 Baseline	5.5%	31.80%	Qtr 1	10.5%	32.1%
Period	Number of repeat contacts																												
2016/17 Baseline	2575																												
Qtr 1	1192																												
Period	Number of contacts deflected	IAG	Signposting																										
2016/17 Baseline	6503	2630	3873																										
Qtr 1	992	441	551																										
Period	No further action / services	IAG / Signposting to universal services																											
2016/17 Baseline	5.5%	31.80%																											
Qtr 1	10.5%	32.1%																											
<p>DATA - Decrease in numbers of repeat referrals from same period last year which is positive. This is in part due to the decrease in equipment referrals being recorded</p> <p>REVIEW - The method of reporting has been changed to discount the 1st contact as by definition repeat means more than 1 and the decrease will be in part to this. However, at last analysis it was identified that the reporting mechanism needs adapting to only measure where there is the reason for contact and same outcome. This remapping has not been applied to this data. It will be picked up for quarter 2 and the true impact will be noted</p> <p>ACTION - remapping of data mechanism required asap. Further work is required on double contacts where consent has not been fully explored or duplicate referrals have been made by different people</p>	<p>DATA - Numbers of contacts signposted or provided with IAG has decreased to 29.5% in this quarter which continues to reflect the data downturn in quarter 4 16/17.</p> <p>REVIEW - This is felt to relate to the increase in people using the portal and receiving IAG from that forum. During this period a "hard stop" has been introduced in the portal to prevent people who only require IAG being also referred into ASC. This is positive and contributes to wider deflection, although cannot be measured here as the date is picked up from contacts</p> <p>ACTION - Cross refine deflections from the portal to the IAG/signposting from the front door.</p>	<p>DATA - Numbers of contacts being concluded as no further action/services has almost doubled. This numbers had doubled between 15/16 and again between 16/17. Proportions of deflections for IAG and signposting are stable as a percentage of lower numbers of contacts referred.</p> <p>REVIEW - Initial review of the no further action contacts show double recording brought about by change in the SA alert. This requires further understanding and remedy.</p> <p>ACTION - Further analysis of the no further action contact to establish the reason what these categories continue to raise</p>																											

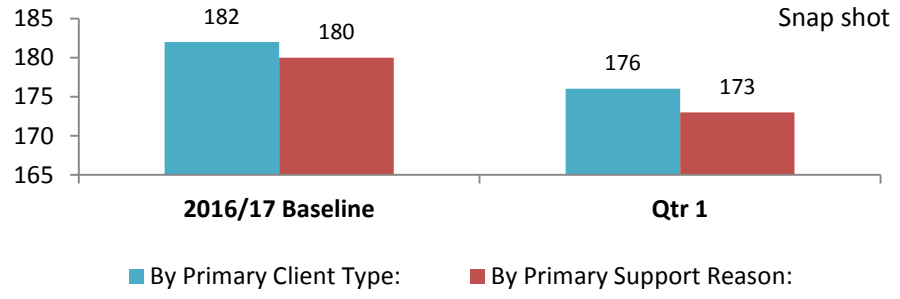
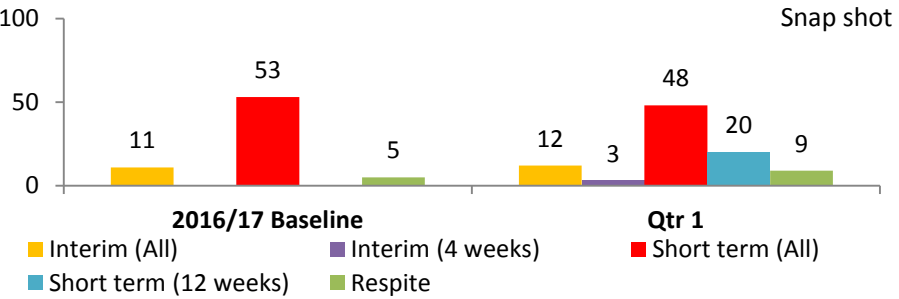
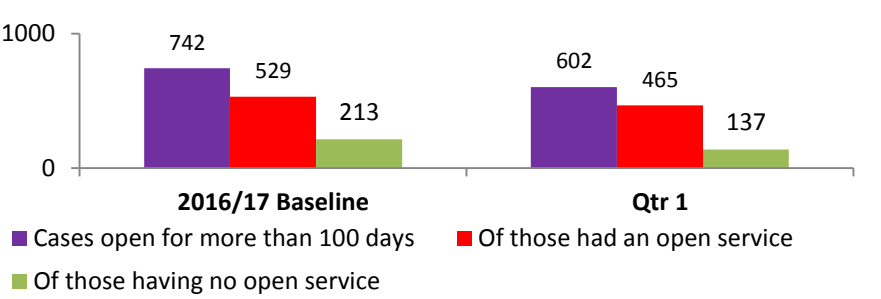
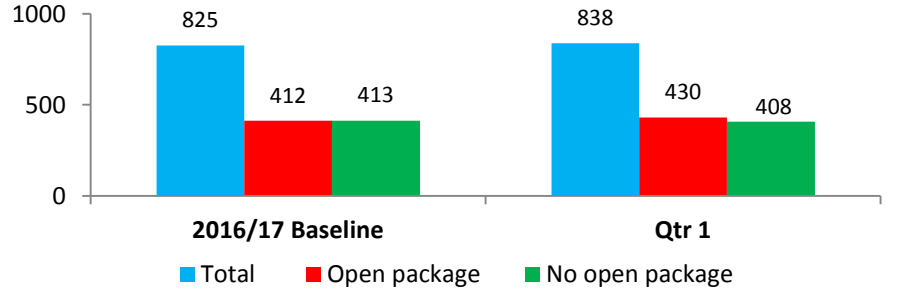
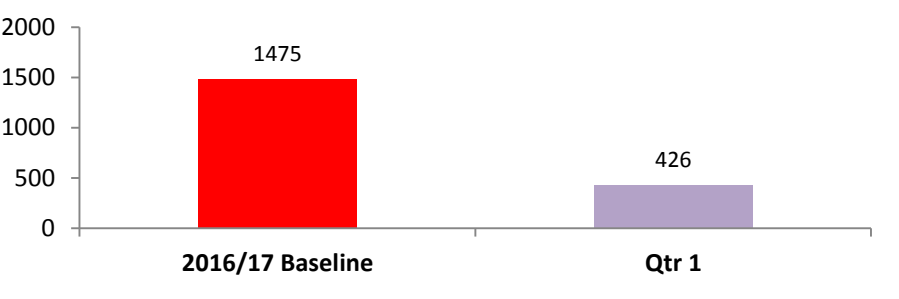
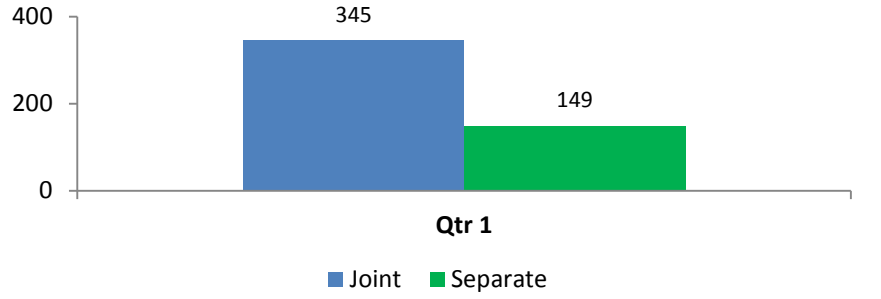
ABP1g - Percentage of contacts acted upon with 24 hours (LK)	ABP1h - Percentage of new contacts who progress to a new case (LK)																																		
<table border="1"> <caption>ABP1g - Percentage of contacts acted upon with 24 hours (LK)</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>68.70%</td> </tr> <tr> <td>Qtr 1</td> <td>65.8%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	68.70%	Qtr 1	65.8%	<table border="1"> <caption>ABP1h - Percentage of new contacts who progress to a new case (LK)</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>34.20%</td> </tr> <tr> <td>Qtr 1</td> <td>36.2%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	34.20%	Qtr 1	36.2%																						
Period	Percentage																																		
2016/17 Baseline	68.70%																																		
Qtr 1	65.8%																																		
Period	Percentage																																		
2016/17 Baseline	34.20%																																		
Qtr 1	36.2%																																		
<p>DATA - Percentage of contacts being resolved within 24 hours of start continues to show a slight decline. Fewer contacts are being resolved within 24 hours of start. Guidance is still required around pausing contacts which will make this more meaningful</p> <p>REVIEW - This is felt to be due to process change of including the IC within contact record which began on 17/5/17 and became fully operational on 1/6/17. Impact of delays in contacting people to follow up on portal referrals are expected to be contributing, together with continued activity from 3rd party referrals lacking the person's consent. Non urgent referrals are not being progressed as quickly as they were due to staffing availability, this will be contributing to delays in concluding.</p> <p>ACTION - Measure to be reviewed to pick up either end date of contact (when IC has not been completed) or 'date IC is required' if IC is required. Given significant change in assessment process at the front door this will more accurately measure the time taken to determine if more detailed screening is required/or contact is concluded.</p>	<p>DATA - Data shows a small increase in contacts that have progressed to a new case (and is measured with the same metrics of the previous indicator)</p> <p>REVIEW - The measure needs a better indicator to reflect the significant changes in not assessing at the front door. Progression to a new case does not mean that people have had services or will have further assessment, it only shows where a case is required on LL, often to reflect transfers between the front door and locality teams</p> <p>ACTION - Indicator has been remodelled from quarter 2 to reflect the percentage of contacts who go to go receive preventative support services (reablement, enablement and ILS) and other services: (commissioned POC via CSD and emergency placement). This will provide a more effective indicator of numbers passing through the front door into support provided by ASC and what type of support that is</p>																																		
APB2a - Number of assessments completed by type (LK/MW)	ABP2b - Outcomes following assessment - numbers found to be: (LK)	ABP2c - Percentage of assessments completed with 28 days / agreed timescales. (MW)																																	
<table border="1"> <caption>APB2a - Number of assessments completed by type (LK/MW)</caption> <thead> <tr> <th>Category</th> <th>2016/17 Baseline</th> <th>Qtr 1</th> </tr> </thead> <tbody> <tr> <td>Number of assessments completed</td> <td>6878</td> <td>1521</td> </tr> <tr> <td>Contact</td> <td>3558</td> <td>631</td> </tr> <tr> <td>SAQ /Supported SA</td> <td>1991</td> <td>566</td> </tr> <tr> <td>OT</td> <td>1209</td> <td>177</td> </tr> </tbody> </table>	Category	2016/17 Baseline	Qtr 1	Number of assessments completed	6878	1521	Contact	3558	631	SAQ /Supported SA	1991	566	OT	1209	177	<table border="1"> <caption>ABP2b - Outcomes following assessment - numbers found to be: (LK)</caption> <thead> <tr> <th>Outcome</th> <th>2016/17 Baseline</th> <th>Qtr 1</th> </tr> </thead> <tbody> <tr> <td>i) Eligible needs</td> <td>4844</td> <td>1077</td> </tr> <tr> <td>ii) No eligible needs</td> <td>1151</td> <td>230</td> </tr> <tr> <td>iii) Screened</td> <td>288</td> <td>62</td> </tr> </tbody> </table>	Outcome	2016/17 Baseline	Qtr 1	i) Eligible needs	4844	1077	ii) No eligible needs	1151	230	iii) Screened	288	62	<table border="1"> <caption>ABP2c - Percentage of assessments completed with 28 days / agreed timescales. (MW)</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>84.1%</td> </tr> <tr> <td>Qtr 1</td> <td>87.70%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	84.1%	Qtr 1	87.70%
Category	2016/17 Baseline	Qtr 1																																	
Number of assessments completed	6878	1521																																	
Contact	3558	631																																	
SAQ /Supported SA	1991	566																																	
OT	1209	177																																	
Outcome	2016/17 Baseline	Qtr 1																																	
i) Eligible needs	4844	1077																																	
ii) No eligible needs	1151	230																																	
iii) Screened	288	62																																	
Period	Percentage																																		
2016/17 Baseline	84.1%																																		
Qtr 1	87.70%																																		
<p>DATA - Contact assessments showing significant decline following pilot replacing the document with an Initial Contact from 17th May. From this date the first assessment with be the SSA. Numbers are expected to continued decline to nil for contact.</p> <p>ACTION - continue to monitor contacts assessment until they are all concluded</p>	<p>DATA - Numbers show a reduction in people being determined eligible, not eligible and screened. following assessment from last year,</p> <p>REVIEW - The removal of the contact assessment the end of the period is beginning to show a difference as less people are assessed generally. A truer picture of assessment activity and outcomes will be available at the next quarter as the last contact assessment are concluded</p> <p>ACTION - Remodel to ensure this measure picks up "screening" from IC outcome but monitor to ensure the impact of screening overall is not skewed, given the IC is not an assessment.</p>	<p>DATA - 16/17 Q1 - 75.8%, Q2 - 79.7%, Q3 - 77.5%, Q4 - 84.1%</p> <p>REVIEW - Continuing the upward trend from last year. This is almost certainly as result of the emphasis placed by Leadership on staff completing 2.5 pieces of transactional work per week. Only completed assessments count towards this target and as such staff are prioritising completing assessments.</p> <p>ACTION - Team Leaders to continue to keep throughput high on the staff agenda.</p>																																	

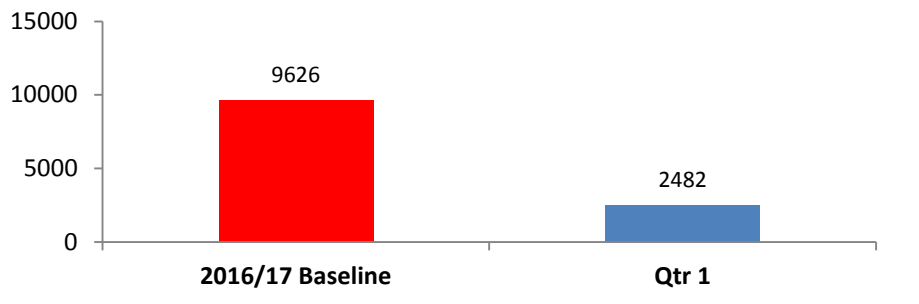
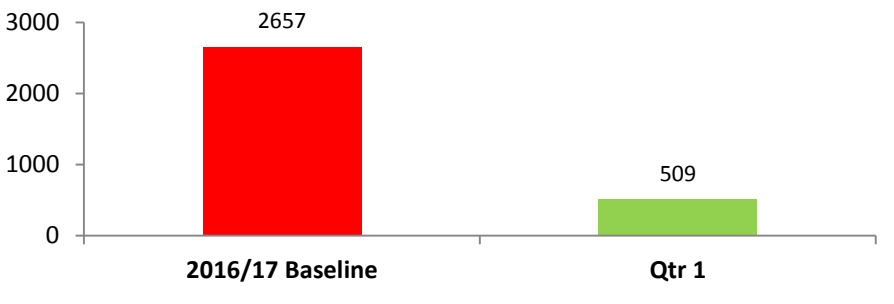
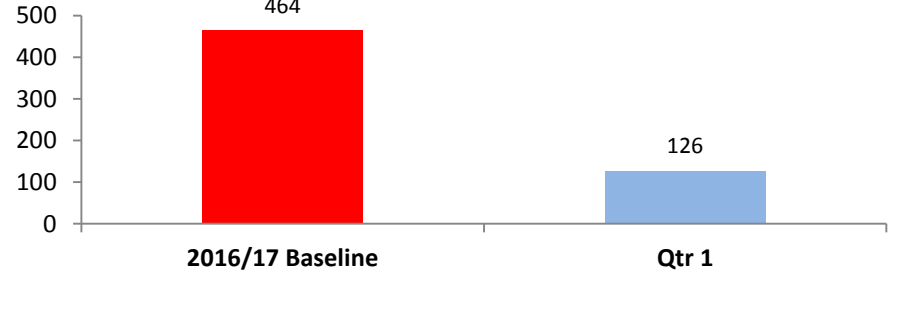
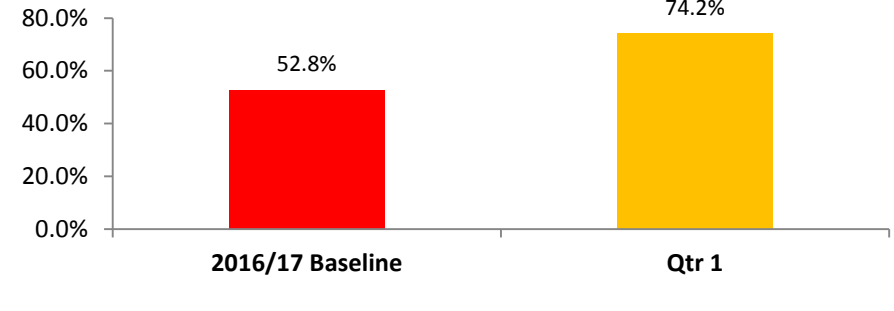
<p>ABP2d - Number of requests for new clients broken by route of access (RoA) and Outcome to that request for support (MW)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of requests</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>12906</td> </tr> <tr> <td>Qtr 1</td> <td>2669</td> </tr> </tbody> </table>	Period	Number of requests	2016/17 Baseline	12906	Qtr 1	2669	<p>ABP2e - Number of people entering ASC to receive a long term-support (LTS) package of care – new starters (MW)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of new starters</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>988</td> </tr> <tr> <td>Qtr 1</td> <td>307</td> </tr> </tbody> </table>	Period	Number of new starters	2016/17 Baseline	988	Qtr 1	307	<p>ABP2f - Number of people in receipt of Assistive Technology (JS-B)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>No of people in receipt of Assistive Technology</th> <th>Of which were not known to AT service</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1921</td> <td>1277</td> </tr> <tr> <td>Qtr 1</td> <td>485</td> <td>299</td> </tr> </tbody> </table>	Period	No of people in receipt of Assistive Technology	Of which were not known to AT service	2016/17 Baseline	1921	1277	Qtr 1	485	299									
Period	Number of requests																															
2016/17 Baseline	12906																															
Qtr 1	2669																															
Period	Number of new starters																															
2016/17 Baseline	988																															
Qtr 1	307																															
Period	No of people in receipt of Assistive Technology	Of which were not known to AT service																														
2016/17 Baseline	1921	1277																														
Qtr 1	485	299																														
<p>DATA - Apr - June 17 Q1 No of contacts made = 2669, Apr - Jun 16 Q1 No of contacts = 3272 - 603 less contacts as compared to same period last yr. Particularly Apr17 and May 17 have seen a decline. As compared to the same period last year a lot of the outcome activity is similar but apart the following: - A considerable drop in ongoing low level support Q1 17/18 - 71 compared to Q1 16/17 - 428, - No services provided for any reason Q1 17/18 - 874 as compared to Q1 16/17 - 1031, - 100% NHS funded Q1 17/18 - 58 as compared to Q1 16/17 - 59 REVIEW - Figure are, on the whole fairly static. The fall in low level support noted above is attributable to OT referrals being processed via a different route. ACTION - Now that this has been identified, the figure have been added back in manually and the OTs will be amending their process on LL going forward.</p>	<p>DATA - In Q1 17/18 there are 307 new starters as compared to 252 in the same period last year. Please note the residential/nursing entrants may be over inflated in this report. Further work will be undertaken at the end of the year to reconcile numbers for the SALT return REVIEW - The number of community packages are similar to the figures from this time last year. The increase is in residential placements and these figures have been highlighted as suspect due to choices staff have made when recording on LL. ACTION - Guidance notes to be reissued to staff to ensure correct sequels are recorded after completing assessments</p>	<p>DATA - During Q1 there has been a change on how AT referrals are processed (change of front door) and the OR for the AT Service has progressed further. This has had both positive and negative impact on the processing of AT referrals but it is envisaged that changes will lead to continued improvements as new systems become embedded. There is still a greater emphasis of service users acquiring low level and inexpensive AT items for themselves compared to previous years. ACTION - Completion of the OR for the AT Service and recruiting into vacancies. Raising awareness of AT within ASC. Enhancing the expertise of AT within the AT staff. Support and improved guidance and training for ASC staff requesting AT and for service user seeking to acquire AT directly themselves.</p>																														
<p>APB3a Number of contacts that go on to receive reablement (short term support to maximise independence) - SALT (JS-B)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Number of contacts</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1603</td> </tr> <tr> <td>Qtr 1</td> <td>386</td> </tr> </tbody> </table>	Period	Number of contacts	2016/17 Baseline	1603	Qtr 1	386	<p>APB3b - Reablement - Outcomes post reablement: (JS-B)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>% fully independent</th> <th>% with on-going support needs</th> <th>% reduced needs</th> <th>% same level needs</th> <th>% increased needs</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>54.6%</td> <td>26.9%</td> <td>39.9%</td> <td>52.3%</td> <td>7.8%</td> </tr> <tr> <td>Qtr 1</td> <td>60.2%</td> <td>24.7%</td> <td>49.4%</td> <td>42.4%</td> <td>8.2%</td> </tr> </tbody> </table>	Period	% fully independent	% with on-going support needs	% reduced needs	% same level needs	% increased needs	2016/17 Baseline	54.6%	26.9%	39.9%	52.3%	7.8%	Qtr 1	60.2%	24.7%	49.4%	42.4%	8.2%	<p>ABP3c - Proportion of people (65+) who are still at home 91 days after discharge from hospital into reablement /rehabilitation services (JS-B)</p>  <table border="1"> <thead> <tr> <th>Period</th> <th>Proportion at home</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>92.3%</td> </tr> <tr> <td>Qtr 1</td> <td>85.8%</td> </tr> </tbody> </table>	Period	Proportion at home	2016/17 Baseline	92.3%	Qtr 1	85.8%
Period	Number of contacts																															
2016/17 Baseline	1603																															
Qtr 1	386																															
Period	% fully independent	% with on-going support needs	% reduced needs	% same level needs	% increased needs																											
2016/17 Baseline	54.6%	26.9%	39.9%	52.3%	7.8%																											
Qtr 1	60.2%	24.7%	49.4%	42.4%	8.2%																											
Period	Proportion at home																															
2016/17 Baseline	92.3%																															
Qtr 1	85.8%																															
<p>DATA -In Q1 17/18 386 people went on to receive reablement services as compared to 362 for same period last year. This equates to similar activity in both periods REVIEW - Similar pattern to numbers receiving reablement to same period last year. ACTION - To ensure that the service runs at maximum capacity.</p>	<p>DATA - In Q1 17/18 - 60.2% are fully independent post completing reablement. This is a large increase from the same period last year which equated to 50.3%. Those requiring ongoing support has seen a considerable drop throughout the months from April 16 being 40.3% to 15.9% in April 17 even though May 17 and Jun 17 has seen an increase to 29.2% and 28% respectively. REVIEW - seems to be a relatively high percentage of service users independent after the service, up nearly 10% from previous years. In addition a large drop in on going needs in April but a more realistic resumption to previous years levels in May and June of 1st quarter returns. ACTION - No action required at this stage.</p>	<p>DATA - This measure has seen a considerable drop in performance from 95% (Q1 - 16/17) to 85.8% (Q1 - 17/18) In Q1 16/17 following 91 days outcomes - 12 people deceased and none went into residential/nursing care. In Q1 17/18 following 91 days outcomes - 26 people have deceased with 7 going into residential homes The above explains the difference is percentage reduction REVIEW - The data shows a marked increase in the number of death for period one within 91 days after service. This could be attributable to the high dependency cases that the service is now expecting with the majority of service users who are over the age of 85 plus with co-morbidities. ACTION - To look at these and criteria for service to ensure that suitable service users will benefit in long term from services.</p>																														

ABP3d - Proportion of older people (65 and over) offered reablement services following discharge from hospital. (JS-B)	ABP3e - Percentage of new enablement cases allocated with 48 hrs (MM)	ABP3f - The percentage of those service users effectively enabled (QoL factors improved) (MM)																		
 <table border="1"> <caption>ABP3d Data</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>2.8%</td> </tr> <tr> <td>Qtr 1</td> <td>3.8%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	2.8%	Qtr 1	3.8%	 <table border="1"> <caption>ABP3e Data</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>86.2%</td> </tr> <tr> <td>Qtr 1</td> <td>87.0%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	86.2%	Qtr 1	87.0%	 <table border="1"> <caption>ABP3f Data</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>0.0%</td> </tr> <tr> <td>Qtr 1</td> <td>0.0%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	0.0%	Qtr 1	0.0%
Period	Percentage																			
2016/17 Baseline	2.8%																			
Qtr 1	3.8%																			
Period	Percentage																			
2016/17 Baseline	86.2%																			
Qtr 1	87.0%																			
Period	Percentage																			
2016/17 Baseline	0.0%																			
Qtr 1	0.0%																			
<p>DATA - NHS Digital no longer publish the no of live discharges from hospital. This information was previously received from Arden & GEM and is no longer available to calculate and monitor this measure</p> <p>REVIEW - The data shows a marked increase in the number of death for period one within 91 days after service. This could be attributable to the high dependency cases that the service is now expecting with the majority of service users who are over the age of 85 plus with co-morbidities.</p> <p>ACTION - To look at these and criteria for service to ensure that suitable service users will benefit in long term from services.</p>	<p>DATA - The 2016/17 baseline of 86.2% is based on a service that does not respond to crises and urgent cases.</p> <p>REVIEW - Quarter 1 has exceeded the baseline by 8%.</p> <p>ACTION - Performance to remain at 87% or over requires weekly scrutiny on the enablement referral decision tray.</p>	<p>Under Development</p>																		
ABP3g - Reablement / intermediate care outcomes; result from intervention: Sequel to ST Max as per SALT (JS-B / MM)	ABP4a - Delayed transfers of care (attributable to ASC) per 100,000 pop. (MW)	ABP4b - Percentage of discharges completed without a discharge notice. (MW)																		
 <table border="1"> <caption>ABP3g Data</caption> <thead> <tr> <th>Period</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>1478</td> </tr> <tr> <td>Qtr 1</td> <td>407</td> </tr> </tbody> </table>	Period	Count	2016/17 Baseline	1478	Qtr 1	407	 <table border="1"> <caption>ABP4a Data</caption> <thead> <tr> <th>Period</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>2.9</td> </tr> <tr> <td>Qtr 1</td> <td>2.5</td> </tr> </tbody> </table>	Period	Value	2016/17 Baseline	2.9	Qtr 1	2.5	 <table border="1"> <caption>ABP4b Data</caption> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>62.5%</td> </tr> <tr> <td>Qtr 1</td> <td>74.9%</td> </tr> </tbody> </table>	Period	Percentage	2016/17 Baseline	62.5%	Qtr 1	74.9%
Period	Count																			
2016/17 Baseline	1478																			
Qtr 1	407																			
Period	Value																			
2016/17 Baseline	2.9																			
Qtr 1	2.5																			
Period	Percentage																			
2016/17 Baseline	62.5%																			
Qtr 1	74.9%																			
<p>DATA - Enablement is a smaller cohort with 34 early cessation and 12 for long term support. 0 went to residential/nursing and 12 in the community. 8 on going support (low level) and 3 short term. 37 - sign posted and 47 support declined.</p> <p>REVIEW - Quarter 1 for enablement is positive compared to the baseline showing 2 ongoing low level support. 5 short term, 7 sign posted and 8 no identified needs.</p> <p>ACTION - Numbers with no identified needs and support declined to be increased.</p>	<p>DATA - No of patients delayed on the last Thursday of each month is no longer available. This measure is under development by NHS Digital. Locally it is calculated by the average no of beds delayed in the month.</p> <p>REVIEW - The figure do not currently compare like for like. This year a proxy measure is being used until clarification is provided by NHS Digital.</p> <p>ACTION - NHS Digital to provide the exact definition they wish us to use when counting DToCs.</p>	<p>DATA - SU's discharged: 398 Section 5 received: 100 74.87% of Service Users discharged without receipt of a Discharge Notice</p> <p>REVIEW - There has been an overall fall in the number of discharges facilitated, but an even greater fall in the number of Discharge Notices received, leading to an increase in the number of discharges made without having received a Discharge Notice. This indicates that we continue to improve relationships with ward staff and our increasingly able to parallel plan for discharge.</p> <p>ACTION - Continue to monitor figures as the next quarter will give a better indication of the impact the Integrated Discharge Team is having on discharges/Discharge Notices overall.</p>																		

<p>APB5a - Allocations by team: (I) Number of cases allocated to each team (SD)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Total number of cases</th> <th>Total number of cases in allocation trays awaiting allocation to a worker awaiting</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>7603</td> <td>508</td> </tr> <tr> <td>Qtr 1</td> <td>7060</td> <td>383</td> </tr> </tbody> </table> <p>Legend: Total number of cases (Purple), Total number of cases in allocation trays awaiting allocation to a worker awaiting (Red)</p>	Period	Total number of cases	Total number of cases in allocation trays awaiting allocation to a worker awaiting	2016/17 Baseline	7603	508	Qtr 1	7060	383	<p>ABP5d - Number of people in receipt in receipt of a long-term support (LTS) package of care by support setting and delivery mechanism (RR)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>During the year</th> <th>Snapshot</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>6212</td> <td>4911</td> </tr> <tr> <td>Qtr 1</td> <td>5246</td> <td>4914</td> </tr> </tbody> </table> <p>Legend: During the year (Blue), Snapshot (Green)</p>	Period	During the year	Snapshot	2016/17 Baseline	6212	4911	Qtr 1	5246	4914	<p>ABP5e - Number of permanent admissions into Residential / Nursing Care by narrow age-band and Primary Support Reason (BP)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Admissions</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>322</td> </tr> <tr> <td>Qtr 1</td> <td>74</td> </tr> </tbody> </table>	Period	Admissions	2016/17 Baseline	322	Qtr 1	74			
Period	Total number of cases	Total number of cases in allocation trays awaiting allocation to a worker awaiting																											
2016/17 Baseline	7603	508																											
Qtr 1	7060	383																											
Period	During the year	Snapshot																											
2016/17 Baseline	6212	4911																											
Qtr 1	5246	4914																											
Period	Admissions																												
2016/17 Baseline	322																												
Qtr 1	74																												
<p>DATA - The latest snapshots for team allocations are showing reductions in total caseloads in most areas. This will reflect the efforts made to increase deflections from the “front door” and consequently fewer new cases being initiated and also work undertaken to progress long standing cases to closure.</p> <p>ACTION - Monthly monitoring continues of cases open for more than 100 days and prompt closure (where appropriate) and effective demand management should result in sustaining reduced caseloads and hopefully further reductions.</p>	<p>DATA -During the period 1/4/16 to 30/6/16 there were 5246 people in receipt of long term support (LTS). During the period 1/4/17 to 30/6/17 there were 5246 people in receipt of LTS. 149 (2.8%) less people receiving LTS as compared to Q1 16/17. The drop in numbers is those receiving community based support (CBS). In Q1 16/17 was 4075 whereas Q1 17/18 is 3923. Snapshot as at 30th June. As at 30/6/16, 5072 people were receiving LTS. As at 30/6/17, 4914 people were receiving LTS. 132 (2.6%) less people receiving LTS as compared to Q1 16/17. The drop in numbers is those receiving community based support (CBS). In Q1 16/17 was 3846 whereas Q1 17/18 is 3694</p> <p>REVIEW - Generally the direction of travel is steadily going in the right direction. With a better response at the front door, we have been able to divert people away from ASC and through the enablement and Reablement offer we are able to support more people into independent services.</p> <p>ACTION - Ongoing</p>	<p>DATA - Total admissions for Q1 for 16/17 and 17/18 a similar pattern of activity is seen. Q1 16/17 had 80 admissions in comparison to 74 in 17/18. Please be mindful that numbers for 17/18 are likely to increase due to late updates on Liquid Logic eg inputting of NoP's, non planned services etc.</p>																											
<p>ABP5f - Number of Leavers from residential / nursing care by narrow age-band and Primary Support Reason (BP)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Leavers</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>386</td> </tr> <tr> <td>Qtr 1</td> <td>84</td> </tr> </tbody> </table>	Period	Leavers	2016/17 Baseline	386	Qtr 1	84	<p>ABP5g - Number of people who have had a review in a period by age-band and PSR (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Reviews</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>3655</td> </tr> <tr> <td>Qtr 1</td> <td>1188</td> </tr> </tbody> </table>	Period	Reviews	2016/17 Baseline	3655	Qtr 1	1188	<p>ABP5h - Number and Percentage of people in receipt of a service who has not been reviewed for: (SM)</p> <table border="1"> <thead> <tr> <th>Period</th> <th>12 to 24 Months (%)</th> <th>12 to 24 Months (Count)</th> <th>16 to 24 Months (%)</th> <th>16 to 24 Months (Count)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>22.5%</td> <td>1178</td> <td>13.21%</td> <td>784</td> </tr> <tr> <td>Qtr 1</td> <td>21.53%</td> <td>1110</td> <td>13.21%</td> <td>681</td> </tr> </tbody> </table> <p>Legend: 12 to 24 Months (Green line with diamond), 16 to 24 Months (Blue square)</p>	Period	12 to 24 Months (%)	12 to 24 Months (Count)	16 to 24 Months (%)	16 to 24 Months (Count)	2016/17 Baseline	22.5%	1178	13.21%	784	Qtr 1	21.53%	1110	13.21%	681
Period	Leavers																												
2016/17 Baseline	386																												
Qtr 1	84																												
Period	Reviews																												
2016/17 Baseline	3655																												
Qtr 1	1188																												
Period	12 to 24 Months (%)	12 to 24 Months (Count)	16 to 24 Months (%)	16 to 24 Months (Count)																									
2016/17 Baseline	22.5%	1178	13.21%	784																									
Qtr 1	21.53%	1110	13.21%	681																									
<p>DATA - As compared to Q1 16/17 (96) there are 12 less leavers from LT residential / nursing care in Q1 17/18 (84)</p> <p>The main ages of decline are:</p> <ul style="list-style-type: none"> - 18-64 Q1 16/17 - 17 Q1 17/18 - 10 - 75-84 Q1 16/17 - 24 Q1 17/18 - 16 <p>REVIEW - Reduction in mortality is a good sign however will impact on cost responsibility for LA.</p> <p>ACTION - Need to monitor trends</p>	<p>DATA - In Q1 17/18, 1188 people had been reviewed as compared to 948 in the same period last year</p> <p>REVIEW - Performance is better than it was at this point last year. Prioritising work to move people from residential care may have a negative impact on performance in this indicator as the work will be time-consuming.</p> <p>ACTION - Tls have access to regular reports detailing reviews required. Tls also monitor the number of assessments/reviews undertaken by individual workers and targets have been set.</p>	<p>DATA - As at 30/6/17 there are 1110 people who have not been reviewed for 12-24m. Comparing this to the same period last year there were 1288. A movement in a positive direction</p> <p>REVIEW - The numbers for 12-24 and 16-24 continue to improve, whilst the numbers for 12-15 have declined as teams have concentrated on open cases and the most out of date reviews. There will be a risk to the continued improvements of this PI if we lose workers and have to re-prioritise tasks. Performance is monitored monthly by Programme Board.</p> <p>ACTION - Allocated cases with out of date reviews are being highlighted to ensure workers complete and record those reviews.</p>																											

ABP5i - Number and percentage of people in receipt of a service who has not been reviewed for 24 months or more (SM)	ABP5j - Direct Payments: (SD)	ABP5k - Number of people receiving domiciliary care (TS)
<p>2016/17 Baseline: 366 (7.0%) Qtr 1: 272 (5.28%)</p> <p>Snap shot</p>	<p>2016/17 Baseline: 2081 (DPs), 740 (DPSS support), 646 (Pre-paid cards) Qtr 1: 1832 (DPs), 740 (DPSS support), 646 (Pre-paid cards)</p> <p>Legend: ■ The number of service users receiving DPs ■ The number of services users receiving DPs with only set-up support from DPSS. ■ The number of users issued with pre-paid cards (new and existing service users)</p>	<p>2016/17 Baseline: 7700 Qtr 1: 1855</p> <p>for the period</p>
<p>DATA - As at 30/6/17 there are 272 people who have not been reviewed for 24m or more. Comparing this to the same period last year there were 927. A significant improvement in the year</p> <p>REVIEW - The position continues to improve and teams have been concentrating on completing the most out of date reviews. The target is to reduce this to 1% (allowing for the odd discrepancy) by the end of the financial year. There will be a risk to this if we lose workers and have to re-prioritise tasks</p> <p>ACTION - Data tidy up as a number of reassessments have been completed but are not being counted. Monthly reports highlight to TLs the most out of date reviews.</p>	<p>DATA - Ongoing monitoring and discussions with PPC Team and continuously promote DP hence the number of PPCs are increasing</p> <p>i) The number of service users receiving DPs - 1832 ii) The number of services users receiving DPs with only set-up support from DPSS - 740 iii) PPC cases - 646</p> <p>ACTION - Continued monitoring. A programme of audit is in progress by Internal Audit about the PPC and DP process which will further inform performance in this area. PPC CMOs secondment will end in Dec 2017 and the Care Management Teams will need to deal with activating the PPC cards</p>	<p>DATA - The consistent decrease across 2016-17 in terms of the number of individuals in receipt of directly commissioned Dom Care, has continued into quarter 1 2017/18. Whilst this may be representative of actual activity, there are many other factors that could potentially account for this.</p> <p>For example, it may be that a greater number of individuals are receiving Dom Care through a Direct Payment, which would therefore mask net activity as a seeming reduction. 2016-17 quarterly breakdown: Q1 16-17 = 1948, Q2 16-17 = 1945, Q3 16-17 = 1915, Q4 16-17 = 1892</p> <p>ACTION - It is recommended that an additional indicator is added to measure the total number of individuals, and associated hours of Domiciliary Care provided through a Direct Payment. To be discussed at SMT</p>
ABP5l - Number of domiciliary care hours delivered (TS)	ABP5m - Number of working age customers moved out of residential care into supported accommodation (RR)	ABP5n - The number of people with mental health needs (including dementia) in residential care (SM)
<p>2016/17 Baseline: 909236 Qtr 1: 225286</p>	<p>2016/17 Baseline: 14 Qtr 1: 10</p>	<p>2016/17 Baseline: 145 (By Primary Client Type), 147 (By Primary Support Reason) Qtr 1: 152 (By Primary Client Type), 154 (By Primary Support Reason)</p> <p>Snap shot</p>
<p>DATA - The downward trend from Q3 & Q4 in 2016/17 has stopped and Q1 is showing an increase and not following a consistent decrease with CA8. However, the figure for Q1, is nearly an exact match for Q1 2016/17 - 224,909, which could indicate that for the rest of 2017/18 will follow the same trend as 2016/17.</p> <p>REVIEW - Data is based on individuals with an open care package and as such many cases will span multiple periods. This data relates to directly commissioned Dom Care only, and cannot attribute Dom Care provided through a Direct Payment.</p>	<p>DATA - 10 service users moved from residential care into supporting living during the first quarter of 2017/18. This compares favourably to the 7 moving in the same period last year.</p> <p>REVIEW - Supported by the IAG group, this work is going in the right direction with 10 people moved in the first quarter, which makes the overall target for the year achievable.</p> <p>ACTION - Ongoing</p>	<p>DATA - No of people aged 18-64 with mental health needs have seen a slight increase from 142 as at 30/6/16 to 152 as at 30/6/17</p> <p>REVIEW - A couple of these recent increases are younger people with dementia. However, this is not a significant increase within the overall cohort and the overall increase is concerning as the priority is to reduce the number of younger people in residential care. A number of people eligible for S117 have moved from being Health funded to being joint funded. This has had a negative impact upon ASC's figures.</p> <p>ACTION - Work to move people out of residential care is being monitored monthly with targets set and Team Leaders updating the multi disciplinary meeting. Homes which wish to consider converting to SL are being supported to do so. All new res care placements have to be authorised by HoS</p>

ABP5o - The number of people with a learning disability in residential care (RR)	ABP5p - The number of people in interim residential care placements (BP)	ABP5q - Case management – Cases allocated to worker for more than 100 days (BP)
 <p>2016/17 Baseline: 182 (By Primary Client Type), 180 (By Primary Support Reason) Qtr 1: 176 (By Primary Client Type), 173 (By Primary Support Reason)</p>	 <p>2016/17 Baseline: Interim (All) 11, Interim (4 weeks) 5, Short term (All) 53, Short term (12 weeks) 12, Respite 3 Qtr 1: Interim (All) 12, Interim (4 weeks) 3, Short term (All) 48, Short term (12 weeks) 20, Respite 9</p>	 <p>2016/17 Baseline: Cases open for more than 100 days 742, Of those had an open service 529, Of those having no open service 213 Qtr 1: Cases open for more than 100 days 602, Of those had an open service 465, Of those having no open service 137</p>
<p>DATA - People with LD aged 18-64 yrs. have seen a peak to 188 in Nov 16 to 176 as at 30/6/17</p> <p>REVIEW - This measure is complemented by the ABP5m measure (residential care to supported living) and we are steadily moving more people out of residential care. We are also exercising controls on new admissions. Meeting our target of 170 in residential care by the end of 2017/18 is thought to be achievable.</p> <p>ACTION - Ongoing</p>	<p>DATA - As at 30/6/16 there were 5 interim placements with 37 short term placements. As at 30/6/17 there were 12 interim placements with 48 short term placements. A increase in both interim and short term placements can be seen in Q1 17/18 as compared to the same period last year</p> <p>REVIEW - Substance abuse placements are always for 6 months so will always exceed the timescales, other placements exceeded the timescales due the inability to return to their property either due to work not being completed on property or property remains inhabitable. Some placements exceeded as appropriate housing was not made available so remained in the placement.</p> <p>ACTION - HOS to monitor placements in their area and unsure speedy decisions are reached so that placements do not go over the 4 weeks or 12 weeks for interim or short stay. For future reporting substance misuse time scale monitoring will be excluded from the measure.</p>	<p>REVIEW - Trend is going down however acknowledged that there will always be a number of cases hitting this due to complexity and our inability to close the case. These do not always necessarily mean they are not receiving any services as could be CHC, self funding or funded by another authority.</p> <p>ACTION - HOS to monitor their respective areas and report to performance team.</p>
ABP5r - Number of Section 117 cases – with and without an open care package (SM)	ABP6a - Number of Carers receiving needs assessment (SD)	ABP6b - Number of separate assessments /Joint assessments (SD)
 <p>2016/17 Baseline: Total 825, Open package 412, No open package 413 Qtr 1: Total 838, Open package 430, No open package 408</p>	 <p>2016/17 Baseline: 1475 Qtr 1: 426</p>	 <p>Qtr 1: Joint 345, Separate 149</p>
<p>DATA - Numbers continue to rise. Some of this will be due to better recording.</p> <p>REVIEW - Conversations continue within AMH to support staff to understand our responsibilities (and the limit of these) under S117. Increased life expectancy will increase numbers as more people live longer with dementia.</p> <p>ACTION - Continue to work to ensure good data recording and improved understanding of the MHA and S117.</p>	<p>DATA - The no of carers who have had a carers needs assessment in Q1 = 426. Forecasting this to year end equates to 1704</p> <p>REVIEW - Team Leaders check carers data to make sure that information has been correctly entered and that reviews and support plans completed have been accurately counted.</p> <p>ACTION - Further enquiry and analysis needs to be undertaken in view of the services provided for carers which are not capturing the commissioning activities for carers.</p>	<p>DATA - Baseline not comparable due to a change in methodology. Previously if a carer had more than one assessment/review in the year only one was being counted. From 17/18 onwards all activity will be counted</p>

ABP6c - Take up of carers services delivered by commissioned voluntary sector activity (KG)	ABP7a - Number of Alerts received (JB)	ABP7b - Percentage of threshold decisions made within seven days of receipt of alert (JB)																		
 <table border="1"> <caption>ABP6c - Take up of carers services</caption> <thead> <tr> <th>Period</th> <th>Value (KG)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>9626</td> </tr> <tr> <td>Qtr 1</td> <td>2482</td> </tr> </tbody> </table>	Period	Value (KG)	2016/17 Baseline	9626	Qtr 1	2482	 <table border="1"> <caption>ABP7a - Number of Alerts received</caption> <thead> <tr> <th>Period</th> <th>Value (JB)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>2657</td> </tr> <tr> <td>Qtr 1</td> <td>509</td> </tr> </tbody> </table>	Period	Value (JB)	2016/17 Baseline	2657	Qtr 1	509	 <table border="1"> <caption>ABP7b - Percentage of threshold decisions</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>50.6%</td> </tr> <tr> <td>Qtr 1</td> <td>60.90%</td> </tr> </tbody> </table>	Period	Value (%)	2016/17 Baseline	50.6%	Qtr 1	60.90%
Period	Value (KG)																			
2016/17 Baseline	9626																			
Qtr 1	2482																			
Period	Value (JB)																			
2016/17 Baseline	2657																			
Qtr 1	509																			
Period	Value (%)																			
2016/17 Baseline	50.6%																			
Qtr 1	60.90%																			
<p>DATA - This is the first time we have been able to report on this measure, the baseline of 9,626 was established at year end. This first quarters data showed an uptake of 2,482, which if performance is maintained would lead to a modest increase on last years uptake.</p> <p>REVIEW - To monitor this new measure</p> <p>ACTION - None at this stage</p>	<p>DATA - Q1 figures are broadly in line with 16/17 activity.</p> <p>REVIEW - The metric provides simple volume data and is largely outside the direct control of ASC, although an increase in awareness raising within the community might lead to an increase in the number of alerts received over 17/18. There is work being undertaken at the front door in terms of adding clarity and consistency for staff regarding alerts and this might also impact on numbers going forward.</p> <p>ACTION - Monitor numbers over next quarter and drill down into specific increases / decreases in activity</p>	<p>DATA - This is a new measure introduced to focus on the timeliness of threshold decisions being made due to identified concerns.</p> <p>REVIEW - Improvement noted to 16/17 baseline, but further work needed. 60.90% is the average over Q1 - the percentage for June is 72%. A process change has been introduced at the front door with the aim of making threshold decisions at the earliest opportunity, whilst still adhering to the principles of MSP and ensuring that there is sufficient information available to make a robust decision.</p> <p>ACTION - Monitor over next quarter to ascertain impact of process change and identify whether further work is required to improve performance.</p>																		
ABP7c - Number of alerts where threshold is met (JB)	ABP7d - % of cases where action to make safe took place within 24 hrs following the decision that the threshold has been met (JB)	ABP7e - Percentage of enquiries completed within 28 days of the threshold decision (JB)																		
 <table border="1"> <caption>ABP7c - Number of alerts where threshold is met</caption> <thead> <tr> <th>Period</th> <th>Value (JB)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>464</td> </tr> <tr> <td>Qtr 1</td> <td>126</td> </tr> </tbody> </table>	Period	Value (JB)	2016/17 Baseline	464	Qtr 1	126	 <table border="1"> <caption>ABP7d - % of cases where action to make safe</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>52.8%</td> </tr> <tr> <td>Qtr 1</td> <td>74.2%</td> </tr> </tbody> </table>	Period	Value (%)	2016/17 Baseline	52.8%	Qtr 1	74.2%	 <table border="1"> <caption>ABP7e - Percentage of enquiries completed</caption> <thead> <tr> <th>Period</th> <th>Value (%)</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>51.6%</td> </tr> <tr> <td>Qtr 1</td> <td>51.30%</td> </tr> </tbody> </table>	Period	Value (%)	2016/17 Baseline	51.6%	Qtr 1	51.30%
Period	Value (JB)																			
2016/17 Baseline	464																			
Qtr 1	126																			
Period	Value (%)																			
2016/17 Baseline	52.8%																			
Qtr 1	74.2%																			
Period	Value (%)																			
2016/17 Baseline	51.6%																			
Qtr 1	51.30%																			
<p>DATA - This is a new simplified measure introduced for 17/18</p> <p>REVIEW - Revised threshold Guidance has been recently issued and there is awareness raising at the front door in terms of threshold decisions that are likely to impact during 17/18. The oversight and reporting arrangements for S42 enquiries in NHS settings are now more robust and changes have been made to LL that mean that MSP outcomes will not adversely affect this measure.</p> <p>ACTION - Monitor over next quarter to ascertain impact of recent changes and identify whether further work is required.</p>	<p>DATA - This is a new simplified measure introduced for 17/18</p> <p>REVIEW - Although Q1 performance is significantly improved from the 16/17 baseline, performance still falls far short of the 95% target and this requires further investigation to identify the cause and take remedial action. There is anecdotal comment that the performance level is related to lack of timeliness in recording or potential data issues.</p> <p>ACTION - Monitor over next quarter and investigate potential reasons for performance level</p>	<p>DATA - This is a new simplified measure introduced for 17/18.</p> <p>REVIEW - The reasons behind the apparent lack of timeliness in concluding S42 enquiries needs to be understood and to assist with this, a process has been established to obtain feedback from HoS on causative factors.</p> <p>ACTION - Monitor over next quarter and review findings from reports circulated to HoS on enquiries open longer than 28 days to identify any key causes, which might be able to be addressed through a process change.</p>																		

<p>ABP7f - Number of repeat alerts relating to unallocated cases in a 12 month rolling period (JB)</p>	<p>ABP8a - Proportion of contracted providers to be compliant at the point of assessment, of those eligible to receive a QAF assessment (TS)</p>	<p>ABP8b - Proportion of contracted providers to be compliant with Quality Assurance Framework within 12 weeks of initial QAF evaluation (TS)</p>																		
<table border="1"> <thead> <tr> <th>Period</th> <th>Number of Repeat Alerts</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>No baseline data</td> </tr> <tr> <td>Qtr 1</td> <td>207</td> </tr> </tbody> </table>	Period	Number of Repeat Alerts	2016/17 Baseline	No baseline data	Qtr 1	207	<table border="1"> <thead> <tr> <th>Period</th> <th>Compliance Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>81.8%</td> </tr> <tr> <td>Qtr 1</td> <td>80.65%</td> </tr> </tbody> </table>	Period	Compliance Percentage	2016/17 Baseline	81.8%	Qtr 1	80.65%	<table border="1"> <thead> <tr> <th>Period</th> <th>Compliance Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>83.3%</td> </tr> <tr> <td>Qtr 1</td> <td>47.4%</td> </tr> </tbody> </table>	Period	Compliance Percentage	2016/17 Baseline	83.3%	Qtr 1	47.4%
Period	Number of Repeat Alerts																			
2016/17 Baseline	No baseline data																			
Qtr 1	207																			
Period	Compliance Percentage																			
2016/17 Baseline	81.8%																			
Qtr 1	80.65%																			
Period	Compliance Percentage																			
2016/17 Baseline	83.3%																			
Qtr 1	47.4%																			
<p>DATA - This is an amended measure introduced for 17/18 and looks at data over a rolling 12 month period. As such, it is important to note that any changes in performance will only become apparent relatively slowly over the time frame.</p> <p>REVIEW - The 207 repeat alerts relate to 150 people. Of these 111 have had 2 alerts over the 12 month rolling period, with the remaining 39 having 3 or more alerts. Further analysis of this data is required to determine any emergent themes or trends - team, location, alert type.</p> <p>ACTION - Monitor over next quarter and undertake desk top review of repeats to help inform next steps.</p>	<p>DATA - In Q1 2017-18, we have seen a slight decrease in terms of the total rate of QAF eligible QAF providers to be compliant with the QAF process (80.6% compliance). This trend continues a slight downturn we saw in the previous quarter, but at this time is insignificant.</p> <p>REVIEW - We are currently reviewing the way we record and monitor contracted service on our QAF tracking database. An updated version of this is currently in development and will be used to add all Substance Misuse and Public Health contracts</p> <p>ACTION - All providers deemed to be non-compliant with the Quality Assurance Framework (QAF) will be subject to a follow up process by CaAS, which will include action planning and subsequent QAF reviews. It is expected that following this intervention by CaAS, all providers should be compliant within 12 months of their initial QAF assessment.</p>	<p>DATA - We have changed the way we report in this are from Q1 2017-18. Rather than expecting compliance within 12 months of the original QAF outcome, we expect a contracted provider to achieve compliance with the QAF within 12 weeks of their initial QAF evaluation (this is due to a revised mechanism of working with providers following a non-compliant QAF outcome). the baseline established (highlighted) is included for reference only, and is non-comparable against 2017-18 data.</p> <p>ACTION - As part of the Quality Assurance Framework (QAF), any provider that is assessed to be non-compliant will be subject to a remedial action plan. CaAS staff will work closely with the provider for them to improve standards. Following an agreed period for implementing any improvements, the provider will receive a reassessment. Those providers seen in the KPI return to still be non-compliant will have been subject to this process</p>																		
<p>ABP8d - Proportion of all QAF evaluations completed within 13 weeks of the start date (TS)</p>	<p>ABP8f - The proportion of NOCs directly related to 'Contractual Concerns' to be completed and closed within the target period, based on complexity (TS)</p>																			
<table border="1"> <thead> <tr> <th>Period</th> <th>Completion Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>53.2%</td> </tr> <tr> <td>Qtr 1</td> <td>34.40%</td> </tr> </tbody> </table>	Period	Completion Percentage	2016/17 Baseline	53.2%	Qtr 1	34.40%	<table border="1"> <thead> <tr> <th>Period</th> <th>Completion Percentage</th> </tr> </thead> <tbody> <tr> <td>2016/17 Baseline</td> <td>41.2%</td> </tr> <tr> <td>Qtr 1</td> <td>43.30%</td> </tr> </tbody> </table>	Period	Completion Percentage	2016/17 Baseline	41.2%	Qtr 1	43.30%							
Period	Completion Percentage																			
2016/17 Baseline	53.2%																			
Qtr 1	34.40%																			
Period	Completion Percentage																			
2016/17 Baseline	41.2%																			
Qtr 1	43.30%																			
<p>DATA - Compared to the 2016-17 baseline, Q1 2017-18 performance has clearly decreased. However, this does coincide with the launch of the new CaAS structure following a recent Organisational Review, with many new staff recently being inducted. We would expect performance in this area to improve once staff have greater knowledge of their portfolio and of competing priorities etc. We will nonetheless monitor this situation and address if performance does not improve</p> <p>ACTION - CaAS will monitor this over the next reporting period, as new staff are fully inducted into the role and are able to take ownership of their portfolios</p>	<p>DATA - Overall, we have seen a slight increase in terms of the overall proportion of IMR cases that have been closed within 28 days. This is a good indication of performance early in the year, and slightly exceeds the baseline established in 2016-17. However, please note that we will soon be amending our reporting against this indicator, in order to align reporting with the new categories for IMR</p> <p>ACTION - CaAS have recently set up a new NOC dashboard to monitor and track NOC closure activity within the team. This will be used operationally by staff and management to monitor performance.</p>																			