

Adults, Communities and Wellbeing Data and Intelligence Strategy

DLT – approval in principal August 23

Considered by stakeholders Sept 23 – November 23

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Author: Cheryl Hampson
Head of Quality & Performance Adult Social Care



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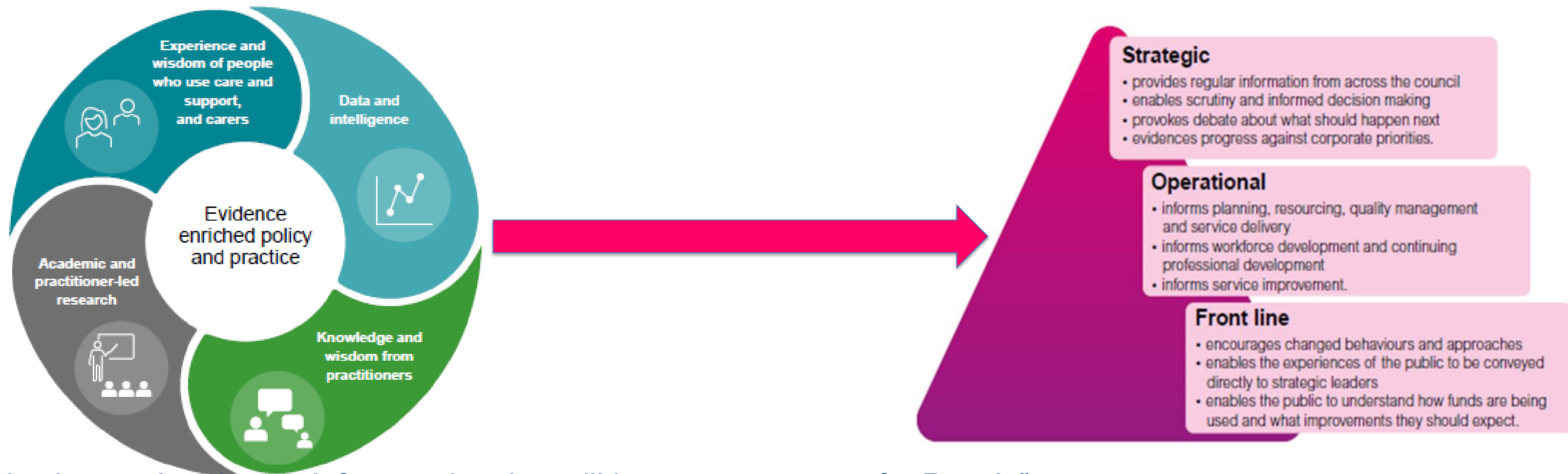
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What is Intelligence and Data & why do we need this strategy?

Aim of the Strategy: Combining intelligence, evidence and benchmarking data and being able to present it in a way to inform our decision making that will improve outcomes for our citizens, our staff and our partners.



“It is about using data to inform action that will improve outcomes for People”

(Source: Performance Management Guide for LA Officers, LGA, May 2022)

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How do we become Intelligence led?

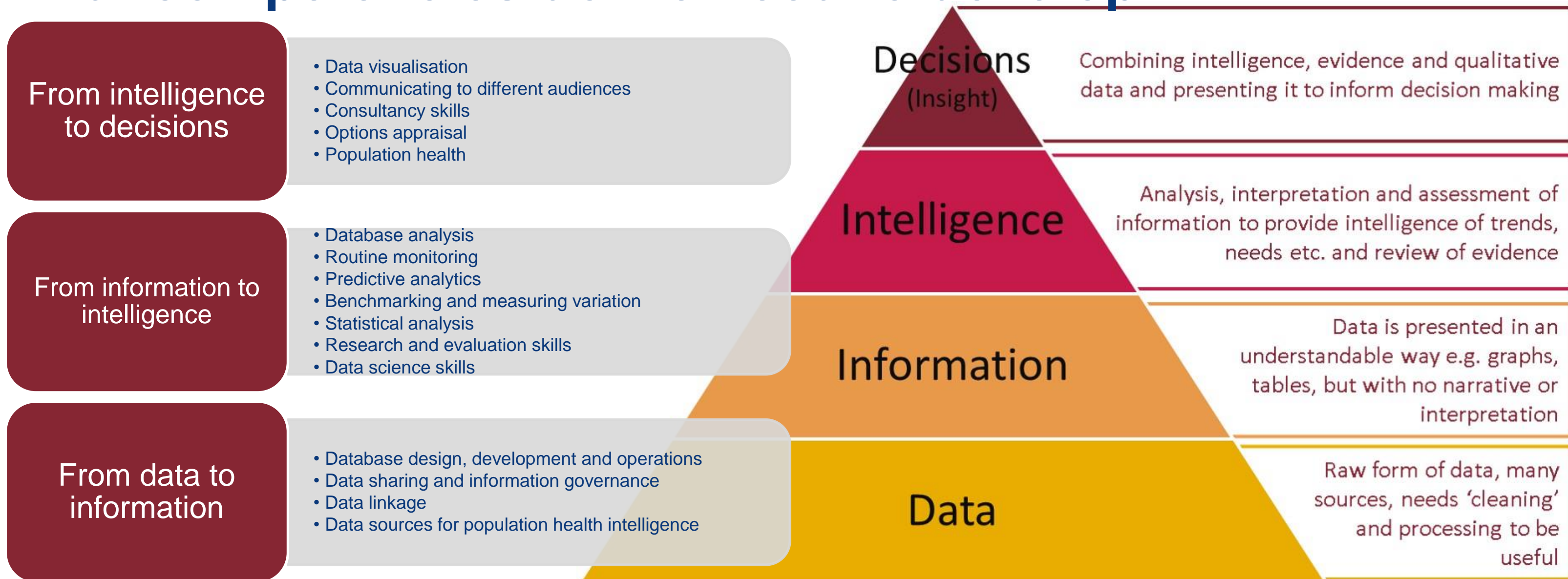
What competencies do we need to develop?



Public Health
England



NHS
England



N.B. Competencies sourced and adapted from:

- PHE Skills Framework for Public Health Intelligence Analysts & Epidemiologists
- PHE Public Health Skills & Knowledge Framework
- NHS England Analytical Skills Framework
- NHS England Population Health Intelligence Deep Dive tool
- NHS England ICS Maturity Matrix
- Alignment with [AphA Analyst Accreditation process](#)





Drivers for our improvement journey...

What?

National

Care Data Matters Strategy
New ASCOF metrics
Client Level Data (CLD)
CQC Assurance
Finance Returns (e.g., BCF, Discharge grants etc)
Legislation
National Capacity Tracker

Regionally

SW ADASS – Tableau
PAMMS

Local

ASC Roadmap (gaps)
Data flows from providers
Power BI
Quality Assurance
Linked Health & Social Care Data set
Population Health management

Why?

More joined up care for people who draw on care and support.

- Where information is shared easily between professionals to make care provided more seamless

More time and resources for people who provide and commission care and support

- So that time can be focussed on providing high quality, personalised care and support
- So that we best understand the needs of the population that we serve.

Greater understanding of people's journeys

- For local authorities delivering and commissioning care, care providers and national government and the public
- Where data is used to identify good practice, areas for improvement and research into how care is commissioned, provided and integrated.
- To understand the journey people, take through ASC to inform our improvements

Best management and oversight of the health and care system

- At local, regional and national levels, now and in the future
- To provide better care and make more effective and efficient use of resources.
- To best use data and insights to inform decision making by understanding what metrics to capture.
- Anticipating/responding to technological and legislative developments





ASC Principles for creating a Data and Intelligence led culture

Performance management creates a transparent and honest environment, remaining open to challenge with the aim of continuous development. An organisation that is accountable for the delivery of its outcomes is transparent reflective and open to challenge.

- Leadership encourages learning and an infrastructure which enables learning (for example, time resources and experience).
- Leaders will be able to identify the right things to measure to be able to understand impact and take action

Leadership



- A commitment from staff is needed to create a culture throughout the directorate

Staff Involvement and commitment



- A culture where staff are encouraged to flag risks and opportunities and create a culture where we can reflect.
- Where we are clear what data, we own and how it is stored to enable us to have intelligence to inform the work we do.
- Use of benchmarking data to drive improvement.

Transparency & assurance



- An understanding of data to drive change and continuous improvement is required

Willingness to learn from poor performance



- Good internal communication of our Directorate data and performance which will in turn drive good external communication

Communication and language



- Staff and managers should be able to access support and advice when they need it to drive continuous improvement

Support and advice



- Demonstrating the benefits of data and performance management to staff and celebrating successes is effective in raising the credibility.

Reinforcement



- Support for strategic procurement of ASC IT systems and that we specify the information governance and data flows.
- The development of Power BI Datalake and reporting suite to be co-produced with our staff.
- Our GAPS group will drive data quality in how we use systems

IT Systems that meet our needs



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5 pillars of improvement

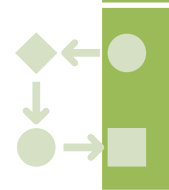
Roadmap - Improvement areas

- Metric identification, development and prioritisation
- National - Client level data, ASCOFs and
- Strategic – visibility, strategic planning, risk management
- Commissioning Reporting
- Operational Reporting
- Power BI, self-serve functionality.



Dataflows

- Delegated functions
- Commissioned providers
- Governance (DPIAs, Transparency of use of data with citizens etc)
- Reporting of KPIs into Data lake
- Use of linked Health & Social Care data to be optimised.



Processes & Systems

- How we triangulate data from all ASC Systems e.g., LAS/ContrOCC/ECM/P AMMS/e-Brokerage etc
- How we further develop systems & interfaces e.g., automation, business process improvement, BAU system changes, transformational system changes and system flow.
- How we approach procurement of ASC systems
- Targeting our problem areas for data quality



Knowledge, Skills, and resources

- Appreciative Inquiry
- How we utilise population health management and turn data and insights into decisions.
- Excel skills and other CPD opportunities.
- Power BI and self-serve skills
- How to use data to drive improvement
- Knowledge about data measurement for improvement.
- Technical Skills and competency audit.



Communication

- Development of a balanced scorecard
- How we use data to tell our story of improvement and change
- What we share externally e.g., Inform Gloucestershire / JSNAs / FOI etc



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Pillar 1 = Roadmap of improvements

We have a clear list of all the data and insights required to be developed by our Business Intelligence Team. These development areas are broken down by

1. Strategic
2. Commissioning
3. Operational

A business intelligence (BI) Prioritisation matrix will be utilised based upon risk stratification (consequence vs likelihood) against the following criteria;

- Impact (how many teams/directorates/system does not have this data result in).
- Investment (by not having this data will result in budget reduction/grant funding bid etc – i.e. the more money the higher the risk to Adult Social Care).
- External reach (how many citizens are impacted if we don't have this intelligence).
- Reputational Risk (with overview of how many stakeholders/statutory processes are impacted by not having this data).

WHY IS HAVING A ROADMAP IMPORTANT

- Develop trust, confidence and reputation
- Data and performance is a whole system priority
- We can actively demonstrate and reflect the impact we make
- Teams will feel confident that work is in progress – visibility
- To create space to reflect and learn - roadmap will evolve as priorities shift

WHAT WE WILL ACHIEVE

What this means for people

- I know the service I am receiving is being monitored.
- I know that standards are applied to my care.
- I know that improvements will be made because Adult Social Care can see and is responsive where changes are needed
- I know that my views are listened to.

WHAT WE WILL ACHIEVE

What this means for the system

- Clear links to Strategic, Commissioning and Operational priorities.
- Use data to inform our questions, which influences and underpins our decisions.
- Find opportunities to look at impact across the directorate and system organisational boundaries
- Improve understanding of evidence, impact, evaluation and outcomes

HOW WE WILL ACHIEVE IT

Areas for actions

- Ensure our staff have the capability to identify what metrics we want to measure.
- Work with internal stakeholders to develop a roadmap of data improvement areas mapped to the CQC quality statements.
- Update and test out BI Request Form using MS Forms.
- Introduce a Strategy Steering group which will oversee the Roadmap progression and advise on priority changes and mitigating actions
- Review how we capture qualitative data and work with partners to develop protocol for sharing insight.





Pillar 2 = Data flows

Without access to underlying data, we have no way to undertake independent assurance around performance and risk for people receiving our services via third party providers, our delegated functions or from within the Integrated Care System.

We have a GISPA in place, but we need to assure ourselves of any detailed operational information data flows to ensure GDPR is adhered to, and we are able to respond to any statutory return requests e.g., Client level data returns.

WHY IS HAVING CLEAR DATA FLOWS IMPORTANT

- We can actively demonstrate and reflect the impact we make or not, and take corrective action where expected outcomes are not delivered
- Commissioners can use the information to inform future commissioning strategies
- To ensure we have the right governance arrangements in place e.g. GDPR considered, DPIAs etc have been completed,
- Partnership arrangements/contracts have clear assurance and accountability lines around data flows
- Using poor quality or incorrect data leads to dangerous decision making

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HOW WE WILL ACHIEVE IT

Areas for actions

- It isn't clear to users of our services that their data might be used for commissioning – review of our consent procedures will make DPIAs more straightforward.
- Work with stakeholders to understand if DPIAs are required
- Update and test out data flow from providers/ICB to GCC Data lake
- Review and update Section 75 agreement with ICB and GHC Contract Schedule 6.
- Ensure output of qualitative data review considers data flows
- Data quality will be continuously audited and monitored.

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What are our data flows?

Data creation, storage & management

Corporate Systems (e.g. SAP)

Liquid Logic

ContrOCC

PAMMS

Systm1/ Rio

ICB Data warehouse

Bespoke systems, external flows & local storage

Data flow into single data lake and system development

Data flow into NHS Digital (ideally would need to our datalake)

Data analytics and development

Power BI (GCC)

PAMMS

Tableau

Power BI (ICB)

Automated operational reports & analytics

Manual operational reports & analytics

Non BAU Ad Hoc & Project specific products

Information & Intelligence Requirements

Conversion of data into information & intelligence to meet BAU requirements

Operational reporting

Commissioning reporting

Strategic reporting

Targeted distribution of reporting to maximise function, impact and absorption of intelligence and information

Information & Intelligence Dissemination

Activity reports

- Hospital discharge
- Demand & Flow
- Team activity
- Team Safeguarding

Safeguarding & QA reports

- QA Group
- Safeguarding Audit reports
- SARs
- Provider Compliance

Commissioning & Market Mgt reports

- Market oversight reports
- Risk profile reports
- JSNAs & CPG dashboards
- Market Position statements

Data Quality reports

- NHS Number Batch trace
- Records mgt reports

Finance & Performance reports

- Local Account
- Performance framework
- KPI/ASCOFs etc
- Homeless/Housing/Equipment

Statutory reports

- Activity & Finance Return
- Safeguarding Adults Collection
- DoLs Collection
- SU Survey
- Carers Survey
- CLD
- Transforming Care

Partnership reports

- GSAB
- ICS
- SW ADASS

Transformation Reports

- Savings
- Benefits realisation



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Pillar 3 = Processes and systems

We have some inconsistency in approach across our locality teams and we do not have oversight of variations in performance at a strategic level. We are wanting to continue performance meetings with localities and implement with specialist discipline teams (inc commissioners) with BI colleagues to inform how we act on intelligence and the opportunity to discuss how this links with practice (via PSW portfolio of work) and what actions need to be taken is a really important step to make to close the loop of continuous improvement.

We currently do not have a way of translating the data we collect about our services, performance and cost data into translated actionable analysed and benchmarked intelligence which in turn informs our improvement activity and decision making.

Our current intelligence is limited in terms of its triangulation to bring together information from a range of sources to help us tell a story e.g., LAS/ContrOCC/SQL Reports/ECM/PAMMS/e-Brokerage etc

How we further develop systems & interfaces with our governance processes through our GAPS meeting e.g., LAS to automate using forms rather than manual processes on word or spreadsheets will be a key enabler in this part of the strategy.

WHY IS HAVING CLEAR BI PROCESSES AND SYSTEMS IMPORTANT

- Reduce inconsistency in practice and standardise approach to using our IT systems to make data reporting easier, the quality of data will be improved, and processes will be automated where possible to reduce the human factor.
- We will be able to benchmark how much services are costing and look for opportunities to become more efficient by have a data led intelligence approach to improvement.

WHAT WE WILL ACHIEVE

What this means for people

- My experience of being assessed for and receiving care will improve
- I am less likely to be asked for information multiple times
- I will feel confident in the services I receive

WHAT WE WILL ACHIEVE

What this means for the system

- We will establish clear links between our governance processes and our intelligence collection/reporting processes.
- We will strengthen continuous improvement in our current process change methods, linking data collection and data quality to process improvement

HOW WE WILL ACHIEVE IT

Areas for actions

- By working through our Roadmap, we will review current data collection processes as part of scoping our BIRT with stakeholders.
- We will work with GAPS on amendments to IT systems
- Where possible we will work with our system providers to minimise scope for poor data quality
- Work with data inputters when new process for data capture is agreed to ensure compliance. This will be part of our audit programme



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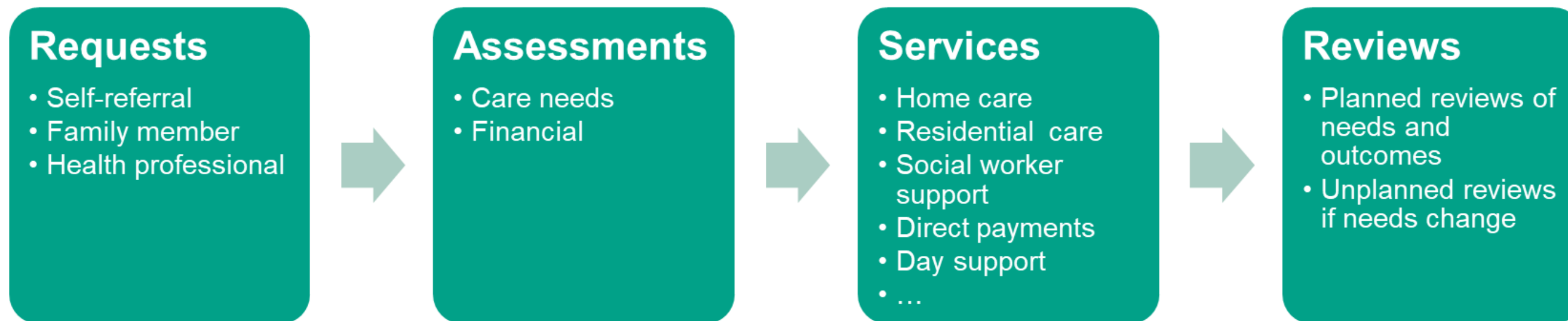
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Structure of our data? Client level data (CLD)

CLD contains details of the **main events and interventions in an adult's journey** through the Social Care system when they approach the Local Authority (LA) for funded care:



This is a stylised overview of the care user pathway – in reality, it is much more complex!

Individual event data, from LAS (our case management system), is arranged in chronological order. Each row of the database represents an event in an individual's care journey: a request; an assessment (care needs or financial); a service; or a review. These can be linked using a person ID.



Pillar 4 = Knowledge, skills and resources

We all have a shared commitment for taking accountability for performance. There needs to be staff involvement and commitment to create a good performance culture. Within this there needs to be a willingness to learn from data insights for the work that we do, not just in relation to poor performance, but more broadly in identifying and sharing what works well and how some areas of the directorate are achieving their aims and objectives can be really motivating and powerful.

Understanding and being able to interpret what the data is telling us is important to answer the “So what difference/impact” question. We want our staff and managers to self-serve through Power BI or equivalent accessible, user friendly tools placing performance insights for operational managers, commissioners and senior managers at their finger-tips. Managers need to understand how to develop metrics and using them.

Looking to the future we want to develop more technical skills in our staff and will be rolling out training to meet staff needs.

WHY IS HAVING STRONG KNOWLEDGE, SKILLS AND RESOURCES IS IMPORTANT

- There needs to be staff involvement and commitment in order to create a good performance culture.
- There needs to be a willingness to learn from data insights for the work that we do, not just in relation to poor performance, but more broadly in identifying and sharing what works well.

WHAT WE WILL ACHIEVE

What this means for people

- I know the service I am receiving is being monitored consistently by staff who use my data to improve what they do.
- I know that my data is being recorded safely to help in the delivery of my care.

WHAT WE WILL ACHIEVE

What this means for the system

- Strategic, Commissioning and Operational managers and support staff have the right skills to be able to interpret information and do their job.
- Understanding the technical side of interpreting data e.g., excel skills inform our analysis more effectively.
- Understand where knowledge gaps exist in our directorate
- Provide evidence that we are working across organisational boundaries to develop BI Resources.
- Feeds into ICB Digital workstream and digital skills analysis.

HOW WE WILL ACHIEVE IT

Areas for actions

1. Gap analysis to understand whether teams (Operational and Commissioning) are data driven, this will include a consideration of their BI skills (ATP Workforce Portfolio).
2. Utilise the staff survey to inform improvements.
3. CPD/Development of Quality Improvement approaches – Evaluation and data interpretation skills
4. Delivery of solutions to address identified skills gaps around BI (ATP Workforce portfolio).
5. Wider rollout and enhancement of the Power BI platform
6. We will work with data inputters to develop their competence and capability in understanding why data quality matters and how they can use data to inform impact (benefits ID, measurement and realisation).
7. Helping our staff understand population (and sub-population) needs, trends and inequalities faced (PHM, Core 20+5, asset based etc) to appropriately deliver or commission services.



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Pillar 5 = Communication

We want to get to the position where all our Statutory returns inc ASCOF, Client Level Data, Better Care Fund etc are published on our Inform Gloucestershire Website.

Co-production is an ongoing process that requires commitment, patience, and an open mindset from all involved parties. By incorporating co-production into this pillar, we aim to create a more inclusive, effective, and person-centered approach to using data to drive service delivery and share information about how we are performing in a consistent way.

A well-designed communication plan for our BI enhances the overall quality of adult social care by promoting collaboration, continuity, safety, and person-centeredness while safeguarding data and promoting a culture of transparency and improvement. Key to this is our communications with our staff.

WHY IS HAVING A STRONG COMMUNICATION PLAN IMPORTANT

- Information about how we work, are performing is available for stakeholders to find the information they require. Candidness in our performance, what is working well and areas for improvement are crucial for developing a continuous improvement culture.
- Overall, a well-designed communication plan for BI enhances the overall quality of adult social care by promoting collaboration, continuity, safety, and person centeredness while safeguarding data and promoting a culture of transparency and improvement.

WHAT WE WILL ACHIEVE

What this means for people

- I know where to go to obtain information about how ASC is performing and delivering is Care Act Duties.
- I can express my needs and preferences, ensuring that my voice is heard and respected.

WHAT WE WILL ACHIEVE

What this means for the system

- Information is available on Inform Gloucestershire and there is a reduction in Freedom of Information requests as people can self-serve.
- Co-ordination and collaboration Having a clear methodology for sharing how we are performing ensures that stakeholders can collaborate and share information with us
- Timely decision making Access to up to-date timely and accurate information for stakeholders to make decisions e.g., joint commissioning contracts.
- Risk management & safeguarding – by sharing concerns to ensure prompt action.
- Feedback and improvement to foster an open and transparent culture

HOW WE WILL ACHIEVE IT

Areas for actions

1. Develop a balanced scorecard approach (utilising Power BI) for improving visibility of reporting, supporting communications and enabling benchmarking
2. Work with BI and communications and Corporate governance team to review what information we can publish on Inform Gloucestershire.
3. Work with BI to further develop Power BI to self-serve with a Report Builder functionality
4. Continue our engagement with staff through our Adults Engagement & Communication Strategy e.g. EDI group, Employee Voice, Adults in Focus, Q&A Sessions etc.
5. Continue to work with partners to develop presentation of qualitative insights and agree ways we may share this information with stakeholders
6. Continue to work with the EDI group to ensure there is data to inform improvements required

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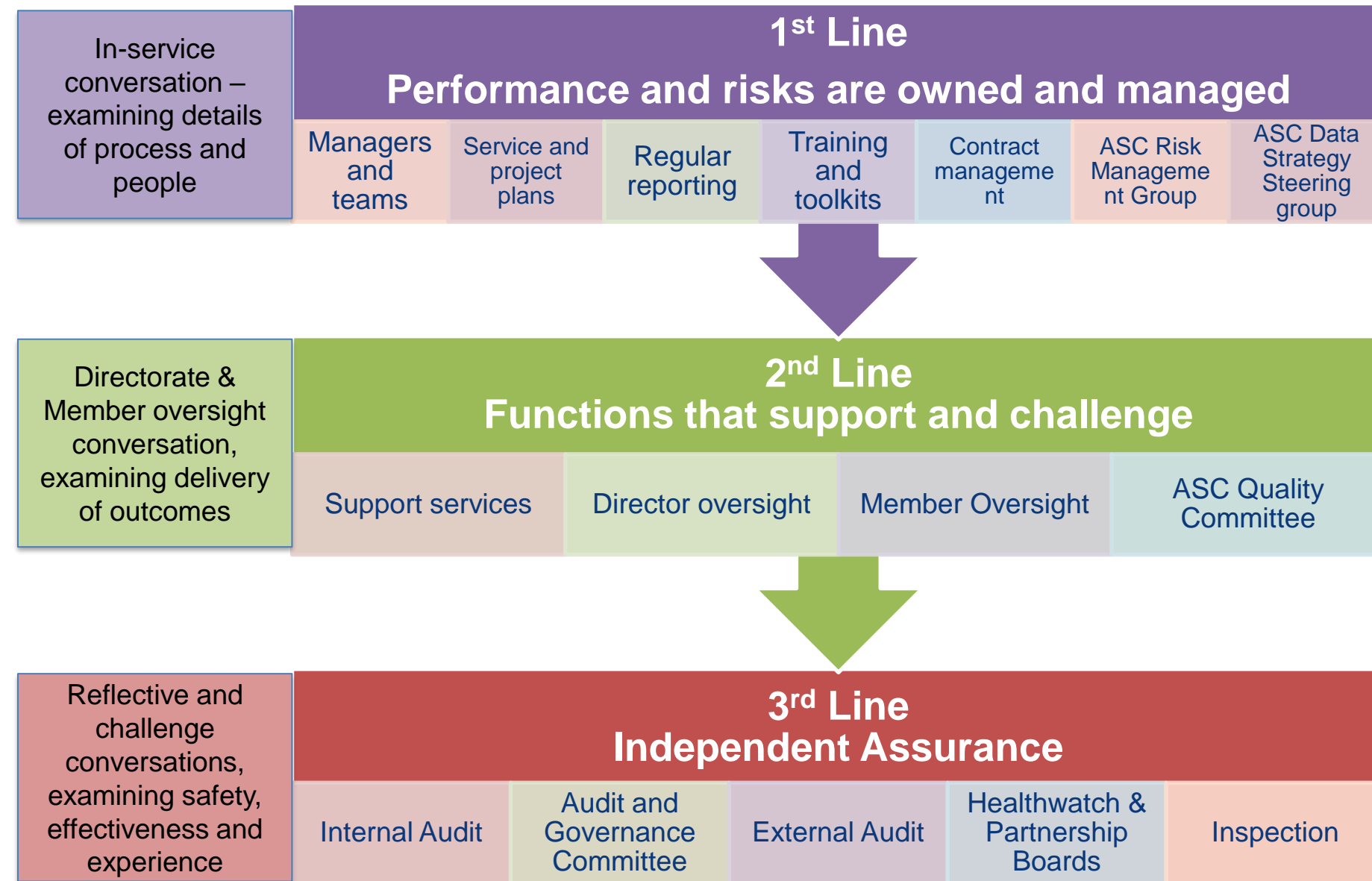


How we will deliver this strategy – Lines of assurance influencing continuous improvement

The framework is built around the following cycle of improvement and governed by a Steering group



3 lines of assurance



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How we will deliver this strategy... Tools and methodologies available

What	How	Who
CQC Self-Assessment	<ul style="list-style-type: none">Quantitative data quarterly update following FPR processQualitative data quarterly update with named Heads of Service by Quality Theme and statement	Heads of Service Business Intelligence Head of Quality & Performance
Annual Governance Statements	Portfolio Governance statement written drawing upon team service plans, feedback from audit and performance data.	Directors Heads of Service
Annual Service Plans	Team diagnostics/review of purpose of the team alongside performance focussing on looking at; <ul style="list-style-type: none">Good practice & AchievementsChallenges, risks and issuesFuture action	Team Managers Heads of Service
Audit programme	Managers and Heads of service will agree and undertake audits as scheduled and co-ordinated. <ul style="list-style-type: none">Case file audits – journey through our servicesDip sample audits on a theme based on insights e.g., supervision, care plans, risk registers, S42 enquiries etc. These audits will be re-conducted following improvement activity to ascertain impact of improvement.Multi Agency Audits with partnersManagement Audits undertaken at discretion of Heads of Service.	Practice development team Internal Audit Heads of Service
Power BI LAS / ContrOcc SQL Reports	A suite of web-based reports will be available to team managers, Commissioners, Heads of Service and Directors populated with up-to-date performance data reflecting the standards and indicators. Power BI Reports will have drill down capability to allow those with access to interrogate the data to inform timely response to performance issues.	Team Managers Heads of Service Commissioners
Inphase Scorecard (FPR Process)	A quarterly scorecard is produced on Inphase to allow senior managers to monitor trends and to track performance against key indicators.	Heads of Service Directors
Healthwatch reports	Thematic reports undertaken by Healthwatch will be utilised to inform qualitative data insights for improvement	Head of Quality & Performance Heads of Service
Partnership Board Strategies, Annual Reports and other surveys undertaken in co-production	Insights received from our Partnership Boards (Learning Disabilities, Autism, Mental Health and Wellbeing, Carers, Physical Disabilities and sensory impairment and Ageing Well), will be utilised to inform qualitative data insights for improvement.	Head of Quality & Performance Heads of Service Strategic Lead for Transformation
Comments and complaints reports	<ul style="list-style-type: none">Quarterly thematic report prepared on comments and complaints and actions we have taken to address.Annual Report	Complaints Team Manager



How we will deliver this strategy... Focus on learning

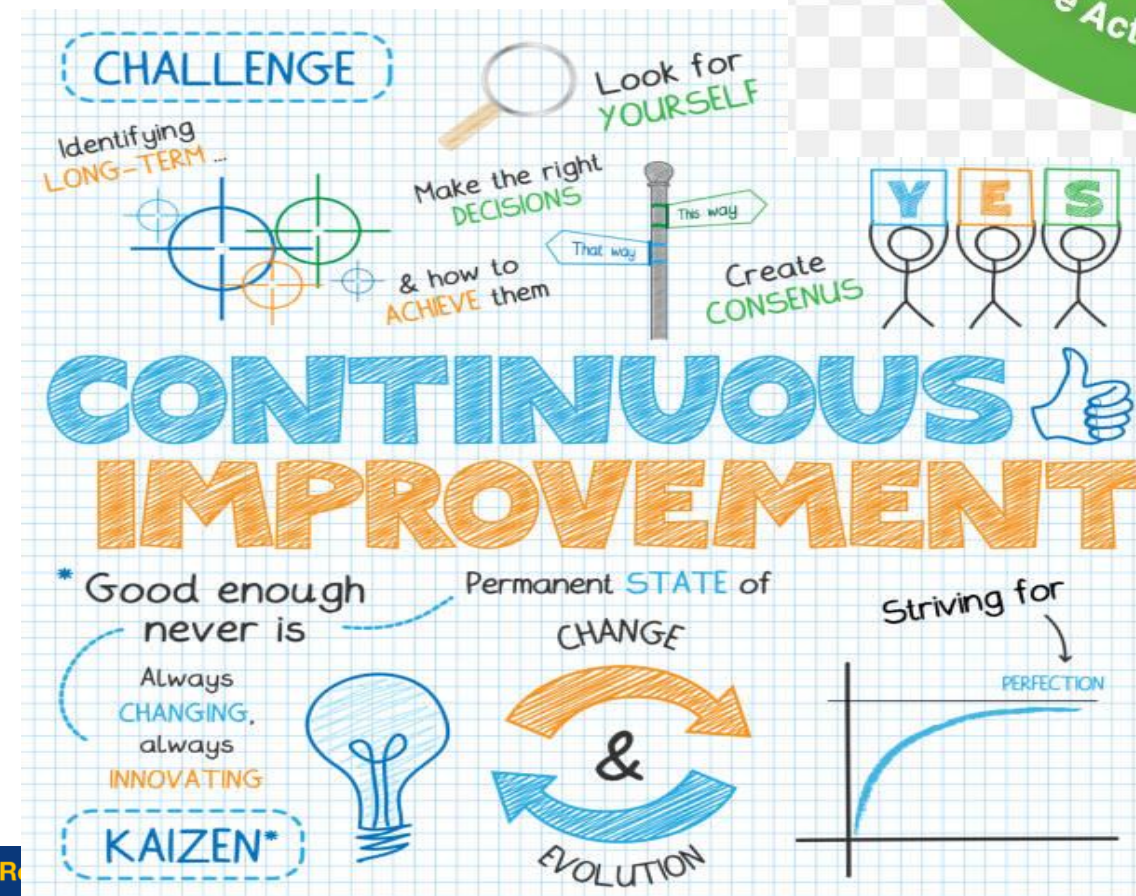
In order to encourage a culture of continuous improvement, our aim is to encourage reflective learning throughout all aspects of this strategy. We will build feedback in at all levels to ensure that a focus on quality and performance becomes embedded in everyday practice.

The results of discussions that take place amongst leaders and managers will be cascaded and communicated back to teams in a way that encourages open debate and discussion of how we can improve.

Team managers with support from the appropriate teams will take the lead in ensuring that learning from the various audit and quality assurance activity are reflected in and inform the workforce learning and development pathways.

Evidencing the impact of learning from audits will be central to making sure audit makes a difference. The ASC Operational Audit Group will ensure that case files audited and any actions requiring implementation have been completed within required timescale, this will be assured through the ASC Quality Assurance Board.

The [Framework](#) for this strategy builds into it a continuous improvement cycle the element of evaluation and review, to ensure we are focussed on seeking to continually improve performance and our data and insights collection processes.



Roles and responsibilities				
Who	Responsible for	What sort of performance questions should they be asking?	What are the behaviour changes?	What information do they need and how will it be provided?
Individual Staff	<ul style="list-style-type: none"> Impact of own work with people, carers, partners, colleagues. Hold first-hand knowledge of what is and isn't working and feeds this information back Own professional development 	<ul style="list-style-type: none"> What difference they are making to the people they work with (impact, outcomes, outputs, feedback) Am I working to best practice standards? Do I have the right information about my local community to meet the needs of the people I work with? 	<ul style="list-style-type: none"> The focus is on ensuring accuracy, completeness, and consistency in data collection processes. Staff regularly access data sources e.g. Power BI to support the work they do Staff have the skills to collaborate more effectively, leading to improved decision-making and care outcomes. 	<ul style="list-style-type: none"> Feedback from line manager and senior management Information about learning and best practice Insights from people who use their service
Team managers	<ul style="list-style-type: none"> Managing day-to-day operational performance of own team Deploying and managing team resources Writing annual service plans and managing service risk registers Implementing improvement actions and activity Addressing concerns about individual staff performance Escalating issues and concerns that they cannot resolve Helping teams to understand the organisations performance framework and how their role contributes to the achievement of our Directorate priorities. 	<ul style="list-style-type: none"> Are we making a difference for the people we serve? Are workloads manageable Are timescales being met? Are there any issues or patterns emerging that we need to respond to? Are individuals within my team performing and is supervision/PDRs taking place? 	<ul style="list-style-type: none"> As above plus Managers involved in care delivery and commissioning now have the skills and access to more relevant and timely information to support improved decision making 	<ul style="list-style-type: none"> Daily/Weekly reports on caseload management by individual worker Team level data on demand, workloads and timeliness Team Audit findings and learning into action initiatives
Heads of Service ASMT	<ul style="list-style-type: none"> Managing overall operational performance for their portfolio areas working with Councillors to ensure the delivery of the Council's vision, approach and policies as directed by legislation. Moving resources around between teams as required Identifying concerns and ensuring delivery of improvement actions and activity Identifying and addressing concerns in specific teams/areas Escalating strategic issues and risks and mitigating risks Communicating areas of strategic performance concern and setting clear direction and expectations for improvement 	<ul style="list-style-type: none"> How well are we meeting the needs of people, carers and system partners? Are overall targets being met and are any teams' outliers in their performance? Are operational resources in the right places? Are standards of supervision/management being met? 	<ul style="list-style-type: none"> As above Views from care staff, unpaid carers, and individuals receiving care have shaped the roadmap for improvement utilising a co-production approach Clear guidelines on data governance and ethical practices have been established utilising our 3 lines of assurance 	<ul style="list-style-type: none"> Monthly performance data at aggregate level and team level (to allow for comparison) Analytical reports to highlight trends and concerns Data on overall audit trends and findings Flagging of outlying cases and plans for mitigation Tracking of actions previously agreed Escalated issues and risks Transformational activity and thematic learning from audits
Disabilities Quality Team	<ul style="list-style-type: none"> Undertaking Quality Assurance visits and receiving insights from peer led reviews. Uploading quality concerns onto PAMMS, liaison with safeguarding, CQC, ASC Ops and Brokerage 	<ul style="list-style-type: none"> Are the QA KLOEs being met? How does this compare to the last QA Visit using a risk stratification approach. 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> PAMMS, Ebrokerage, ContrOCC, ECM etc Reports CQC Reports Market management insights
Commissioners	<ul style="list-style-type: none"> Managing overall contract performance for their portfolio areas 	<ul style="list-style-type: none"> Is my contract delivering the outcomes as outlined 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> Data from commissioned providers –

Roles and responsibilities				
Who	Responsible for	What sort of performance questions should they be asking?	What are the behaviour changes?	What information do they need and how will it be provided?
Directorate Leadership Team (DLT)	<ul style="list-style-type: none"> Managing strategic performance of the directorate, including overall responsibility for Transformation and Improvement Plan. Close working with Councillors and ASC Scrutiny Committee. Sets the culture and practices of the Directorate and leads on the development of Directorate capabilities and capacity Tracking and responding to long-term trends and strategic resourcing Ensuring effectiveness and sustainability of improvement activity and consistency across system as a whole Holding Operational Leadership to account for performance and challenges areas to improve. Resolving strategic issues and risks 	<ul style="list-style-type: none"> How well are we meeting the needs of people, carers and system partners? Are overall targets being met and are any teams' outliers in their performance? Are resources in the right places? Are there any emerging trends or concerns Are services having the right impact? Is the transformation and improvement plan resulting in the required changes? 	<ul style="list-style-type: none"> The focus is on ensuring accuracy, completeness, and consistency in data collection processes. Professionals now collaborate more effectively, leading to improved decision-making and care outcomes. Professionals involved in care delivery and commissioning now have access to more relevant and timely information which in turn supports effective planning, delivery and evaluation using a strategic approach. 	<ul style="list-style-type: none"> Monthly performance data at aggregate level and team level (to allow for comparison) Status of transformation projects. Summary of audit trends and findings Summary of expenditure against budget Tracking of actions previously agreed Escalated issues and risks Transformational activity and thematic learning from audits
Corporate Leadership Team Chief Executive and other Directors Cabinet, Adults Overview and Scrutiny Committee	<ul style="list-style-type: none"> Accountability to public for overall performance (including political accountability) and resourcing Assurance that improvement activity, performance and risk are being managed effectively, and where required takes action to deal with areas of poorer performance, making decisions (where permitted under the Council's scheme of delegation) Holding strategic leadership to account and contributing to policy development 	<ul style="list-style-type: none"> Provides challenge on performance issues Uses a range of insights to form a balanced view on performance – have they got the right information? Are our strategies working? Are we assured that the necessary leadership and management controls are in place? 	<ul style="list-style-type: none"> As above CLT can challenge where data is showing improvement is required. 	<ul style="list-style-type: none"> Data on overall performance and outcomes Assurance reports from Senior Leadership covering performance, finance, risk and delivery of projects and improvement plans Quarterly Finance, Performance & Risk meetings with P&I performance report Medium Term Financial Strategy Joint Strategic Needs Analysis
Adults Transformation Board Adults Quality Committee	<ul style="list-style-type: none"> Driving delivery of the Adult Services Transformation Plan Ensuring any CQC or Peer Challenge recommendations and concerns are addressed 	<ul style="list-style-type: none"> Is transformation happening at the necessary pace? Is improvement deep enough, embedded and sustained? What further improvements and transformation could be undertaken at scale? 	<ul style="list-style-type: none"> As DLT 	<ul style="list-style-type: none"> Performance report and scorecard Dashboard focussing on headline indicators Tracking report for Implementation of Transformation and Improvement Plan against agreed benefits
Gloucestershire Safeguarding Adults Board	<ul style="list-style-type: none"> Developing local safeguarding policies and procedures and scrutinising local safeguarding arrangements 	<ul style="list-style-type: none"> Are partners working together effectively to safeguard adults? Are there any blockages or obstacles that need to be addressed? 	<ul style="list-style-type: none"> As above 	<ul style="list-style-type: none"> Quarterly data on Adult's Safeguarding (Scorecard) Quarterly GSAB performance report on Multi-Agency activity Analytical reports to highlight trends and concerns Case list for multi-agency audits inc making safeguarding personal data