# Care Quality Commission
## Overall Scorecard

**Gloucestershire COUNTY COUNCIL**

### Theme 1 - Working with People

| Code | Measure Name | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Target (if applicable) | Comments | Confidence Level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KPI IR3.001 | No. of formal complaints received by Adult Social Care | 6 | 8 | 6 | 11 | 6 | 3 | 6 | 5 | 8 | 3 | 5 | | | 70 formal complaints have been received in the 12 month period or just under 6 per month on average. | High |
| KPI IR3.002 | % of complaints received by Adult Social Care upheld/partially upheld | 100% | 80% | 17% | 50% | 60% | 50% | 50% | 60% | 100% | 67% | 67% | | | The overall upheld rate for the year was 71% with 50 of the 70 complaints upheld. | High |
| KPI IR3.003 | % of complaints received by Adult Social Care acknowledged within 2 working days of receipt | 67% | 50% | 67% | 64% | 67% | 67% | 50% | 60% | 50% | 67% | 100% | | | The overall % of complaints acknowledge within 2 working days was 60%. March 2023 was the lowest at only 33% and Feb 2024 the highest at 100% and 5 complaints all acknowledged within the timeframe | High |
| KPI IR3.004 | % of complaints received by Adult Social Care responded to within 20 working days | 67% | 20% | 100% | 80% | 50% | 100% | 80% | 60% | 100% | 100% | 67% | | | The overall average for the year is 77% or 54 of the 70 complaints received. 100% acknowledgement within timeframe was achieved in 4 of the 12 months. | High |
| KPI IR3.005 | No. of complaints received: Communication | 8 | 5 | 2 | 3 | 3 | 0 | 2 | 3 | 11 | 2 | 3 | | | 42 of the 146 complaint themes relate to issues around communications this is th single largest category and 29% of the total | High |
| KPI IR3.006 | No of complaints received: Quantity, frequency or charge for service | 2 | 1 | 0 | 3 | 1 | 1 | 2 | 3 | 1 | 2 | 1 | | | 17 of the 146 complaints themes relate to charging for a service or 12% of the total | High |
| KPI IR3.007 | No. of complaints received: Delay in decision making | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | | | 5 of the 146 complaints themes relate to delay in decision making or  3% of the total. | High |
| KPI IR3.008 | No. of complaints received: Discrimination | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | No complaints relating to discrimination were recorded in the year | High |
| KPI IR3.009 | No. of complaints received: Application of eligibility and assessment criteria | 1 | 4 | 3 | 3 | 1 | 1 | 1 | 0 | 0 | 1 | | | 16 of the 146 complaints themes relate to eligibility for service decisions this is 11% of the total | High |
| KPI IR3.010 | No. of complaints received: Unwelcome or disputed decision | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 0 | | | 5 of the 146 complaints themes relate to disputed decisions or  3% of the total. | High |
| KPI IR3.011 | No. of complaints received: Quality or appropriateness of a service | 2 | 3 | 1 | 6 | 3 | 1 | 2 | 3 | 0 | 1 | 1 | | | 25 of the 146 themes realted to quality or appropriateness of service this is 17% of the total and second most common complaints theme. | High |
| KPI IR3.012 | No. of complaints received: Delivery or non delivery of a service | 1 | 4 | 3 | 0 | 1 | 1 | 2 | 0 | 2 | 1 | 2 | | | 17 of the 146 commplaint themes relate to delivery of service or 12% of the total | High |
| KPI IR3.013 | No. of complaints received: Attitude or behaviour of staff | 1 | 3 | 2 | 2 | 1 | 3 | 2 | 3 | 1 | 0 | 0 | | | 19 of the 146 complaints themes relate of attitude or behavior of staff this is 13% of the total. | High |
| KPI IR3.014 | No. of outcome to complaints: Apology &/or explanation | 5 | 5 | 6 | 10 | 5 | 2 | 4 | 5 | 3 | 2 | 3 | | | 53 of the 117 complaint outcomes called for an apology or explanation this is the single largest outcome at 45% of all outcomes | High |
| KPI IR3.015 | No. of outcome to complaints: Charges waived or adjusted | 3 | 2 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | | | 10 of the 117 complaint outcomes was charges waived or adjusted this is 9% of all outcomes | High |
| KPI IR3.016 | No. of outcome to complaints: Alteration of service/ recording | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | | | 6 complaint outcome was an alteration of service or recording this is 5% of all outcomes | High |
| KPI IR3.017 | No. of outcome to complaints: Discussion with team/ staff member, or Training or disciplinary action taken | 3 | 3 | 1 | 3 | 3 | 2 | 1 | 2 | 1 | 1 | 0 | | | 20 of the 117 complaint outcomes was discussion with staff or training action  this is 17% of all outcomes | High |
| KPI IR3.018 | No. of outcome to complaints: Financial resolution | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 2 of the 117 complaint outcomes was a financial resolution  this is 2% of all outcomes | High |
| KPI IR3.019 | No. of outcome to complaints: Policy/ procedure reviewed | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | | | 5 of the 117 complaint outcomes was a policy or procceudre review  this is 4% of all outcomes | High |
| KPI IR3.020 | No. of outcome to complaints: Provision of service | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | | | 3 of the 117 complaint outcomes was a change in provision of service this is 2% of all outcomes | High |
| KPI IR3.021 | No. of outcome to complaints: Not yet decided | 0 | 4 | 0 | 1 | 0 | 1 | 1 | 0 | 7 | 0 | 2 | | | 16 of the 117 outcomes have not yet been decided this is 14% of all outcomes Measure Added/KLOE - we will want to check whether responses have in fact gone to these complaints | High |
| KPI IR3.022 | No. of outcome to complaints: Not recorded | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | | | 2 complaint outcomes were not recorded  this is 2% of all outcomes | High |
| KPI IR3.023 | No. of complaints received by the LG/SCO | 2 | 1 | 0 | 2 | 1 | 1 | 2 | 1 | 0 | 0 | 0 | | | 11 complaints were receveid by the LG/SCO in the year | High |
| KPI IR3.025 | Total no. of complaints upheld by the LG/SCO | 2 | | | | | 1 | 1 | 1 | | | | | | | High |
| KPI IR3.024 | LG/SCO decisions: closed after initial enquiry | | 1 | | 1 | | | 1 | | | | | | | | High |
| KPI IR3.024a | LG/SCO decisions: withdrawn | | | | | | 1 | | | | | | | | | High |
| KPI IR3.026 | LG/SCO decisions: Referred for local resolution | | | | 1 | | | | | | | | | | | High |
| KPI IR3.027 | LG/SGO decisions: Not upheld: No fault | | | | 1 | | | | | | | | | | One no fault determination by the LG/SCO was received in the year | High |
| KPI IR3.028 | LG/SGO decisions: Upheld: Fault/Injustice | 1 | | | | | 1 | 1 | | | | | | | 3 No Fault/Injustice determinations were received in the year. | High |
| KPI IR3.029 | LG/SGO decisions: Upheld: No further action | 1 | | | | | | | | | | | | | | High |
| KPI IR3.030 | No. of compliments received | 8 | 8 | 14 | 16 | 17 | 16 | 15 | 15 | 8 | 13 | 11 | | | 150 compliments were received in the year this is just over 12 per month on average | High |
| KPI IR5.001 | No. of Contacts received | 5618 | 6067 | 6660 | 6214 | 6444 | 6235 | 6056 | 5891 | 4642 | 6733 | 6027 | 4879 | | Over the last 12 months the average number of contacts received by the Helpdesk and referral centres is around 5956 contacts monthly. March 24 is a partial month, up until the 27th March, and shows a current total of 4872 contacts; numbers are on track to that similar to previous month. | Medium |
| KPI IR5.001a | No. of contacts signposted | 2377 | 2554 | 2857 | 2562 | 2797 | 2693 | 2669 | 2523 | 1782 | 2606 | 2451 | 1988 | | The proportion of contacts Signposted/Information and Advice/NFA for the overall year is 42% of all contacts received over 12 months. Of the contacts received in March up until March 27th the proportion Signposted/Information and Advice/NFA is 41% which is in line with the 12 months average. Target for Signposted/Information and Advice/NFA is 33%. | Medium |
| KPI IR5.002 | No. of people pending an assessment | 520 | 491 | 452 | 438 | 435 | 398 | 339 | 312 | 354 | 375 | 486 | 506 | | The average number of people pending an assessment over the last 12 months is 432. | Medium |
| KPI IR5.003 | Average no. of working days from pending to allocation | 35.6 | 46.1 | 42.3 | 34.6 | 35.0 | 41.7 | 40.4 | 39.9 | 33.4 | 36.5 | 31.1 | 28 | | The average number of days a person has been on pending waiting allocation is 36.8 working day | Medium |
| KPI IR5.004 | Average no. of working days pending allocation | 36.9 | 46.8 | 49.1 | 36.6 | 40.1 | 45.7 | 43.0 | 39.0 | 38.3 | 36.1 | 30.3 | 33.5 | | The average number of days a case has been on pending is 36.9 working days. This has been falling in the last half of the year. | Medium |
| KPI IR5.004a | Maximum waiting time for allocation | 182 | 158 | 166 | 140 | 124 | 169 | 149 | 116 | 142 | 129 | 157 | 114 | | The longest wait times for an assessment has been 182 days for both March 2023 and April 2023. The lowest was March 2024 at 114 working days. | Medium |
| KPI IR5.005 | No. of assessments completed in period | 769 | 825 | 934 | 869 | 866 | 892 | 866 | 1048 | 859 | 932 | 994 | 777 | | On Average 886 Assessments are completed each month. Rolling Year (By Primary Support Reason): Physical Support 70% 7426 (18-64 year olds 13% & 65+ year olds 87%) Learning Disability 10% 1074 (18-64 year olds 18% & 65+ year olds 82%) Support with Memory and Cognition 9% 996 (18-64 year olds 11% & 65+ year olds 89%) Unknown 6% 583 (18-64 year olds 23% & 65+ year olds 77%) Social Support 2% 254 (18-64 year olds 48% & 65+ year olds 52%) Mental Health 2% 226 (18-64 year olds 40% & 65+ year olds 60%) Sensory Support 1% 72 (18-64 year olds 31% & 65+ year olds 69%) March 24 to-date (By Primary Support Reason): Physical Support 66% 511 (18-64 year olds 12% & 65+ year olds 88%) Learning Disability 12% 91 (18-64 year olds 81% & 65+ year olds 19%) Support with Memory and Cognition 8% 67 (18-64 year olds 7% & 65+ year olds 93%) Unknown 7% 53 (18-64 year olds 23% & 65+ year olds 77%) Social Support 4% 30 (18-64 year olds 47% & 65+ year olds 53%) Mental Health 2% 18 (18-64 year olds 44% & 65+ year olds 56%) Sensory Support 1% 7 (18-64 year olds 14% & 65+ year olds 86%) | Medium |
| KPI IR5.012 | No. of assessments started in month | 786 | 828 | 916 | 827 | 896 | 884 | 870 | 1027 | 792 | 1003 | 975 | 709 | | On Average 876 Assessments are started each month. Rolling Year (by Primary Support Reason): Physical Support 68% 7157 (18-64 year olds 12% & 65+ year olds 88%) Support with Memory and Cognition 9% 960 (18-64 year olds 9% & 65+ year olds 91%) Unknown 9% 944 (18-64 year olds 12% & 65+ year olds 87%) Learning Disability 9% 921 (18-64 year olds 79% & 65+ year olds 21%) Social Support 2% 246 (18-64 year olds 45% & 65+ year olds 55%) Mental Health 2% 215 (18-64 year olds 36% & 65+ year olds 64%) Sensory Support 1% 70 (18-64 year olds 24% & 65+ year olds 76%) March 24 to-date (by Primary Support Reason): Physical Support 51% 361 (18-64 year olds 10% & 65+ year olds 90%) Unknown 30% 212 (18-64 year-olds 4% & 65+ year olds 96%) Learning Disability 9% 63 (18-64 year olds 83% & 65+ year olds 17%) Support with Memory and Cognition 5% 38 (18-64 year olds 8% & 65+ year olds 92%) Social Support 2% 17 (18-64 year olds 41% & 65+ year olds 59%) Mental Health 2% 13 (18-64 year olds 38% & 65+ year olds 62%) Sensory Support 1% 5 (18-64 year olds 20% & 65+ year olds 80%) | Medium |
| KPI IR5.019 | No. of open assessments | | 341 | 483 | 461 | 446 | 472 | 493 | 464 | 430 | 406 | 428 | 419 | | Over the last 11 months the average number of assessments open as a snapshot at the end of a month is 440. As at the 25th March 2024 the number of assessment open was better than year average at 419 open assessments. | Medium |
| KPI IR5.020 | Average working days to complete an assessment | 14 | 15 | 14 | 13 | 14 | 11 | 14 | 12 | 13 | 12 | 13 | 10 | | Longest time to complete assessment Rolling Year 331 work days and for March 2024 to date 326 work days. Average Workdays to complete and Assessment Rolling year 13 workdays and March 2024 to date 10 work days. | Medium |
| KPI IR5.020a | Average working days an assessment is open | | 35.0 | 44.7 | 43.0 | 39.1 | 37.1 | 35.2 | 34.3 | 38.4 | 34.6 | 39.9 | 26.2 | | The average number of days an assessment has been open is 37 working days. | Medium |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KPI IR5.021 | No. of carers assessments completed | 102 | 124 | 207 | 154 | 203 | 221 | 273 | 238 | 195 | 243 | 241 | 144 | | On Average 195 carers Assessments are completed each month.<br><br>Rolling Year:<br>Carers Act (carers) Compliant – 511 Assessments (Avrg 35 work days)<br>Carers Assessment Eligibility - 515 Assessments (Avrg 35 work days)<br>Parent Carers Assessment – 55 (Avrg 46 work days)<br>Triage/Hollistic Assessment- 1266 (Avrg 1 work days)<br>Longest Assessment took 119 work days to complete this was a Carers Act (carers) compliant Assessment.<br><br>March to date:<br>Carers Act (carers) Compliant – 34 Assessments (Avrg 37 work days)<br>Carers Assessment Eligibility - 34 Assessments (Avrg 35 work days)<br>Parent Carers Assessment – 8 (Avrg 36 work days)<br>Triage/Hollistic Assessment- 68 (Avrg 1 work days)<br>Longest Assessment took 106 work days to complete this was a Carers Act (carers) compliant Assessment. | Medium |
| KPI IR5.021a | Average working days to complete a Carers Assessment | 2 | 6 | 12 | 12 | 18 | 19 | 20 | 17 | 23 | 21 | 21 | 20 | | Rolling Year:<br>Carers Act (carers) Compliant – Avrg 35 work days<br>Carers Assessment Eligibility - Avrg 35 work days<br>Parent Carers Assessment – Avrg 46 work days<br>Triage/Hollistic Assessment- Avrg 1 work days<br>Longest Assessment took 119 work days to complete this was a Carers Act (carers) compliant Assessment.<br><br>March to date:<br>Carers Act (carers) Compliant – Avrg 37 work days<br>Carers Assessment Eligibility - Avrg 35 work days<br>Parent Carers Assessment – Avrg 36 work days<br>Triage/Hollistic Assessment- Avrg 1 work days<br>Longest Assessment took 106 work days to complete this was a Carers Act (carers) compliant Assessment. | Medium |
| KPI IR5.024 | No. of young carers who have had a carers assessment | | | 63 | | | 50 | | | 64 | | | | | Data reported quarterly.<br>On average 60 young carers have had an assessment each quarter. | High |
| KPI IR5.024a | Young Carers Assessment Completed within 6 weeks of referral | | | 49% | | | 82% | | | 80% | | | | | A high proportion of Young Carers Assessments are complete within 6 weeks. Performance has significantly improved over the last two quarters. | High |
| KPI IR5.024b | Young Carers Assessment Completed within 8 weeks of referral | | | 75% | | | 90% | | | 98% | | | | | The majority of Young Carers Assessments are complete within 8 weeks. Performance has significantly improved over the last two quarters. | High |
| KPI IR5.025 | No. of reviews completed | 639 | 735 | 764 | 720 | 702 | 765 | 693 | 790 | 662 | 693 | 548 | 205 | | On average around 700 reviews are completed each month. Current performance for March is less but this is due to March only being a partially reported month; data as at 25th March. | Medium |
| KPI IR5.025a | No. of short term plan reviews | 346 | 371 | 409 | 368 | 358 | 377 | 341 | 387 | 327 | 354 | 258 | 67 | | | Medium |
| KPI IR5.025b | No. of long term plan reviews | 293 | 364 | 355 | 352 | 344 | 388 | 352 | 403 | 335 | 339 | 290 | 138 | | | Medium |
| KPI IR5.026 | No. of reviews completed within timescales | 483 | 549 | 586 | 544 | 565 | 584 | 538 | 623 | 489 | 515 | 403 | 128 | | | Medium |
| KPI IR5.026a | % of Short Term completed reviews within timescales | 89.0% | 86.8% | 87.5% | 86.4% | 90.2% | 89.9% | 89.7% | 91.0% | 86.5% | 87.3% | 87.6% | 91.0% | | | Medium |
| KPI IR5.026b | % of Long Term completed reviews within timescales | 59.7% | 62.4% | 64.2% | 64.2% | 70.4% | 63.1% | 65.9% | 67.3% | 61.5% | 60.8% | 61.0% | 48.6% | | | Medium |
| KPI IR5.026c | % of completed reviews within timescales | 75.6% | 74.7% | 76.7% | 75.6% | 80.5% | 76.3% | 77.6% | 78.9% | 73.9% | 74.3% | 73.5% | 62.4% | | Over the last 12 months 76% of completed reviews were within 12 months of the previous review date. Of the reviews completed from the 1st March till the 25th March 62.4% have been completed within 12 months of the previous review. | Medium |
| KPI IR5.027 | No. of people with an active care & support plan with a review within the last 12 months | 1979 | 2120 | 2245 | 2453 | 2496 | 2665 | 2823 | 3039 | 3308 | 3414 | 3508 | 3642 | | | Medium |
| KPI IR5.027a | No . of active care & support short term plans with a review in last 12 months | 321 | 324 | 321 | 402 | 333 | 346 | 371 | 431 | 556 | 645 | 791 | 822 | | | Medium |
| KPI IR5.027b | No . of active care & support long term plans with a review in last 12 months | 1658 | 1796 | 1924 | 2051 | 2163 | 2319 | 2452 | 2608 | 2752 | 2769 | 2717 | 2820 | | | Medium |
| KPI IR5.027c | % Short Term Service review of Support plan within 12 months | 70.1% | 68.2% | 66.3% | 68.1% | 63.4% | 63.4% | 64.6% | 68.3% | 72.7% | 89.6% | 96.7% | 97.2% | | | Medium |
| KPI IR5.027d | % Long Term Service review of Support plan within 12 months | 53.9% | 46.3% | 48.0% | 47.0% | 49.4% | 50.4% | 51.1% | 51.7% | 52.9% | 60.4% | 61.7% | 64.1% | | | Medium |
| KPI IR5.027e | % of people who have had a review of their support plan within 12 months | 55.6% | 48.7% | 50.0% | 49.6% | 50.9% | 51.8% | 52.6% | 53.6% | 55.4% | 64.3% | 67.2% | 69.4% | 75.0% | As at the 25th March 69% of people with an active care and support plan have had a review within the last 12 months. There are currently 1606 people with an overdue review as at 25th March. Longest overdue review dates back to 2006, however this is due to data input quality and as a result of system migration actual last review is 2021 for this person. The average length of time someone currently waits for a review of their care and support plan is 12 months. | Medium |
| KPI IR5.028 | No. of FAB referrals in month | 205 | 159 | 251 | 244 | 252 | 234 | 201 | 154 | 105 | 162 | 63 | 15 | | Over 12 months the average of referrals received monthly is around 170 referrals. | Low |
| KPI IR5.029 | No. of FAB assessments started in month | 239 | 206 | 243 | 259 | 237 | 285 | 216 | 193 | 191 | 179 | 147 | 77 | | Over 12 months the average of assessments started monthly is around 206 Assessments. | Low |
| KPI IR5.030 | No. of FAB assessments completed in month | 166 | 123 | 126 | 136 | 149 | 166 | 176 | 157 | 166 | 181 | 166 | 80 | | Over 12 months the average of assessments completed monthly is around 150 Assessments. | Low |
| KPI IR5.031 | Average working days to complete a FAB assessment | 234 | 226 | 225 | 231 | 246 | 230 | 222 | 264 | 260 | 306 | 307 | 248 | | Over a 12 month period of all the completed FAB assessments the average working days to complete is 231 working days. Current performance is above the 12 months average. | Low |
| KPI IR5.033 | Number of Approved Mental Health assessments completed | 78 | 102 | 119 | 101 | 98 | 113 | 95 | 79 | 84 | 69 | 100 | | | There was a total of 785 assessments completed of which 511 led to the detention of the person or 65% of the number assessed. | High |
| KPI IR5.034 | Number of Homefirst/Reablement Service Requests (GHC) | 157 | 215 | 244 | 233 | 223 | 234 | 312 | 239 | 268 | 350 | 323 | 253 | | GHC Data (Tableau) Referrals | Low |
| KPI IR5.035 | Number of Occupational Therapy Service Requests (GHC) | 573 | 615 | 675 | 696 | 647 | 588 | 607 | 621 | 493 | 792 | 690 | 493 | | GHC Data (Tableau) Referrals | Low |
| KPI IR5.037 | Proportion of MH Packages of Care reviewed with an up to date review (GHC) | | | | | | | | | | | | 31.11% | | Data to be improved as part of the dataflows project with GHC.<br><br>As at end of March 2024:  of 318 packages of care 99 have been reviewed in the last 12 months – 31.11%<br>Recruitment continues to be a challenge, and where able to recruit, some candidates are less experienced and need extra support. | Low |
| KPI IR5.038 | Number of new referrals to MH Social Work Team | | | | | | | | | | 4 | 4 | 1 | | Data to be treated with caution,The current systems and data do not enable extraction of data specifically for MH Social Care. | Low |
| KPI IR5.039 | Number of people awaiting a MH Social Work Assessment | | | | | | | | | | 18 | 20 | 19 | | Data to be improved as part of the dataflows project with GHC.<br>On average 19 people a month are awaiting a MH Social Work Assessment. (Around 16% waiting in East Locality and 84% waiting in West Locality) | Low |
| KPI IR5.040 | Average days people are awaiting MH Social Work Assessment (East Locality) | | | | | | | | | | 81 | 112 | 131 | | As at end of March 2024 the average time awaiting an assessment in East Locality is 131 days and the longest outstanding assessment is 151 days. | Low |
| KPI IR5.041 | Average days people are awaiting MH Social Work Assessment (West Locality) | | | | | | | | | | 116 | 124 | 146 | | As at end of March 2024 the average time awaiting an assessment in West Locality is 146 days and the longest outstanding assessment is 354 days. | Low |
| KPI IR6.001 | No. of Financial Appeals (Panel) | 2 | 1 | 1 | 4 | 1 | 5 | 1 | 3 | | | | | | Data only up to November 2023:<br>The total number of cases that have gone to a financial panel from Apr-23 to Nov-23 is 18 cases. 15 (83%) to consider Disability expenditure, 2 (11%) to consider deprivation and 1 (6%) to consider client contribution queries. | Medium |
| KPI IR7.001 | No. of people receiving Direct Payments within last 12 months | 463 | 448 | 451 | 452 | 458 | 461 | 454 | 459 | 453 | 447 | 442 | 435 | | The average number of people receiving Direct Payments has been 452 per month. | Medium |
| KPI IR7.002 | No. of Direct Payments (18-64) | 167 | 161 | 167 | 169 | 168 | 173 | 168 | 171 | 171 | 168 | 168 | 168 | | The average number of people aged 18-64 years old receiving direct payment is 168 per month with 171 the highest and 164 to lowest | Medium |
| KPI IR7.003 | No. of Direct Payments (65+) | 153 | 146 | 145 | 143 | 149 | 143 | 140 | 142 | 137 | 136 | 132 | 129 | | The average number of people aged 65 and over receiving Direct Payments was 142 with the high of 153 early in the year falling to 129 at the end. | Medium |
| KPI IR7.004 | No. of Direct Payments (LD) | 127 | 127 | 126 | 128 | 129 | 132 | 133 | 132 | 131 | 129 | 128 | 124 | | The average number of people with a Learning Disability receiving Direct Payments was 129 with a high of 133 and a low of 124 | Medium |
| KPI IR7.005 | No. of Direct Payments (MH) | 16 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | | The average number of people receiving directy payments with Mental Health needs was 14 this was steady for the last 11 months. | Medium |
| KPI IR7.006 | No. of Direct Payments ceased within last 12 months | 17 | 11 | 10 | 10 | 10 | 10 | 6 | 10 | 5 | 9 | 3 | 3 | | The number of Direct Payments stopping was 109 for the year or 8 per month. | Medium |
| KPI IR7.007 | No of people who have stopped using DP to meet ongoing care needs within last 12 months | 6 | 3 | 4 | 4 | 4 | 4 | 3 | 7 | 4 | 4 | 1 | 3 | | The number of Direct payments stopping as this no longer met their need was 51. This was people who went in to residential placement or carers DP where the cared for no longer needed support for an example. | Medium |
| KPI IR9.005 | Total no. of requests for equipment | 2415 | 2469 | 2665 | 2532 | 2760 | 2422 | 2766 | 2773 | 2183 | 2809 | 2680 | 1468 | | The total number of request for equipment from April 2023 to March 2024 was 29942 or 2495 on average per month. November 2023 was the highest month at 2773 | High |
| KPI IR9.006 | Number of non stock Equipment ordered | 37 | 43 | 59 | 80 | 53 | 50 | 80 | 69 | 60 | 63 | 47 | 8 | | Total number of non stock items ordered was 649 from April 2023 to March 2024 | High |
| KPI IR9.007 | Total no. of requests for equipment - Priority 1 | 495 | 466 | 522 | 465 | 534 | 493 | 545 | 449 | 298 | 387 | 390 | 202 | | The number of Priority 1 request is delivered in 24 hours was 5246 or 437 on average per month. | High |
| KPI IR9.008 | Total no. of requests for equipment - Priority 2 | 718 | 742 | 825 | 745 | 827 | 755 | 851 | 943 | 854 | 1021 | 984 | 633 | | The number of Priority 2 request is delivered in 2 days  was 9898 or 825 on average per month. | High |
| KPI IR9.009 | Total no. of requests for equipment - Priority 3 | 1165 | 1217 | 1253 | 1242 | 1340 | 1121 | 1278 | 1301 | 966 | 1319 | 1242 | 617 | | The number of Priority 3 request is delivered in 5 days  was 14061 or 1172 on average per month. | High |
| KPI IR9.010 | Number of Out of County deliveries | 0 | 1 | 6 | 0 | 6 | 3 | 12 | 11 | 5 | 19 | 17 | 8 | | Total number of out of county deliveries was 88 or 7 per month on average | High |
| KPI IR9.011 | Average delivery time for Priority 1 requests | 4.5 | 5.3 | 4 | 4.3 | 3 | 3.2 | 3 | 3.4 | 3.7 | 3 | 3.1 | 2.6 | | The average number of days to deliver for this priority is over the service level agreement | High |
| KPI IR9.012 | Maximum wait time for P1 priority | 94 | 90 | 109 | 47 | 51 | 64 | 56 | 73 | 47 | 54 | 44 | 10 | | The longest wait was 109 days in June 2023 | High |
| KPI IR9.013 | Average delivery time for Priority 2 requests | 7.4 | 6.1 | 6.1 | 5.1 | 4.6 | 4.2 | 4.3 | 4.7 | 7.0 | 4.7 | 4.5 | 3.0 | | The average number of days to deliver for this priority is over the service level agreement. March 2024 comes close to the two day target. | High |
| KPI IR9.014 | Maximum wait time for P2 priority | 113 | 106 | 147 | 158 | 69 | 133 | 77 | 70 | 75 | 63 | 40 | 15 | | The longest wait was 158 days in July 2023 | High |
| KPI IR9.015 | Average delivery time for Priority 3 requests | 11.1 | 9.6 | 10.4 | 9.6 | 7.1 | 5.8 | 6.7 | 9.1 | 11.5 | 8.6 | 7.6 | 5.2 | | The average number of days to deliver for this priority is over the service level agreement however this was nearly achieved in March 2024 | High |
| KPI IR9.016 | Maximum wait time for P3 priority | 326 | 253 | 268 | 163 | 147 | 151 | 115 | 125 | 94 | 58 | 40 | 20 | | The longest wait was 326 days in April 2023 | High |
| KPI IR9.017 | Number of requests for telecare equipment | 3 | 9 | 12 | 7 | 11 | 10 | 17 | 16 | 15 | 10 | 4 | 18 | | The total number of requests for telecare equipment was 132 in the year or an average of nearly 11 per month. | High |
| KPI IR10.001 | Your Circle - Service Record Views | | | 78,161 | | | 56,532 | | | 92,417 | | | | | | High |
| KPI IR10.002 | Your Circle - Unique Searches (search bars) | | | 8,570 | | | 7,095 | | | 7,988 | | | | | | High |
| KPI IR10.003 | Your Circle - Searches via categories | | | 4,790 | | | 3,547 | | | 3,798 | | | | | | High |

## Theme 2 - Providing Support

| Code | Measure Name | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Target (if applicable) | Comments | Confidence Level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KPI IR17.001 | Total no. of people placed out-of-area | | | | | | | | | | | | 116 | | Total in last 12 months. 48% are Residential or Nursing, 13% Domiciliary Care and 39% All Other Services. | Medium |
| KPI IR17.002 | No. of out-of area placements made within the last 12 months | 3 | 9 | 12 | 7 | 11 | 10 | 17 | 16 | 15 | 10 | 4 | 2 | | On average 10 out-of-area placements per month. Additional Data on distance and reasons included separatley. | Medium |
| KPI IR18.001 | No. of Providers | | | | | | | | | | | | 338 | | Snapshot - 01/03/2024 - Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.002 | No. of CQC provider rated as Outstanding | | | | | | | | | | | | 21 | | Snapshot - 01/03/2024 - Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.003 | No. of CQC provider rated as Good | | | | | | | | | | | | 272 | | Snapshot - 01/03/2024 - Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.004 | No. of CQC provider rated as Requires Improvement | | | | | | | | | | | | 45 | | Snapshot - 01/03/2024 - Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.005 | No. of CQC provider rated as Inadequate | | | | | | | | | | | | 0 | | Snapshot - 01/03/2024 - Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.006 | No. of CQC provider rated as awaiting rating | | | | | | | | | | | | 0 | | Snapshot - 01/03/2024 - Filtered on Social Care Organisations in Gloucestershire | High |

| Code | Measure Name | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Target (if applicable) | Comments | Confidence Level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KPI IR18.006a | % of Care Homes judged to be outstanding or good by the CQC | | | 87.3% | | | 86.4% | | | 87.0% | | | 87.0% | 90.0% | Most Gloucestershire Adult Social Care providers continue to be judged as good or outstanding by the Care Quality Commission (CQC) (87%) Performance is in line with Quarter 3 (87%) and within tolerance of target. 293 providers were rated as either good or outstanding, with 45 providers rated as requires improvement. No providers were rated as inadequate | High |
| KPI IR18.007 | No. of Gloucestershire ASC providers rated as requires improvement or Inadequate | | | | | | | | | | | | 54 | | 54/518 (333 Good/outstanding and 131 unknown CQC rating) This is higher than CQC, due to the fact we have some out of LA providers | Medium |
| KPI IR18.008 | No. of Gloucestershire ASC providers rated as Good/Outstanding | | | | | | | | | | | | 333 | | 333/518 (54 Requires Improvement and 131 unknown CQC rating) This is higher than CQC, due to the fact we have some out of LA providers | Medium |
| KPI IR18.009 | No. of Gloucestershire ASC providers rated as awaiting rating | | | | | | | | | | | | 0 | | | Medium |
| KPI IR18.010 | Number of people in Requires Improvement/Inadequate providers | | | | | | | | | | | | 810 | | There are currently, most recent data, 810 people in a requires improvement provider. We also have 783 People in unknown CQC rating | Medium |
| KPI IR18.011 | Number of people in Good/Outstanding providers | | | | | | | | | | | | 4449 | | There are currently, most recent data, 4449 people in a Good or Outstanding provider. We also have 783 People in unknown CQC rating | Medium |
| KPI IR18.012 | Number of New Advocacy Cases (Care Act) | | | 113 | | | 147 | | | 113 | | | | | Data reported quarterly, most recent data up until quarter 3. On average 124 new advocacy cases (care act) are started each quarter. Up until the end of December 2023 there were 373 new advocacy case FYTD. | High |
| KPI IR18.013 | Number of Closed Advocacy Cases (Care Act) | | | 123 | | | 158 | | | 99 | | | | | Data reported quarterly, most recent data up until quarter 3. On average 127 advocacy cases (care act) are closed each quarter. Up until the end of December 2023 there were 380 closed advocacy case FYTD. Closed within 1 Month of opening- 12.4% Closed within 3 Months of opening- 36.1% Closed within 6 Months of opening- 39.2% Closed within 12 Months of opening- 11.6% Closed after 12 Months of opening- 0.7% | High |
| KPI IR18.014 | Proportion of Closed Advocacy cases acknowledged in 48 hrs (Care Act) | | | | | | | | | 98% | | | | 100% | Within tolerance of target | High |
| KPI IR18.015 | Proportion of Closed Advocacy cases contacted by an advocate in 5 working days (Care Act) | | | | | | | | | 98% | | | | 100% | Within tolerance of target | High |
| KPI IR18.016 | Number of Ongoing Advocacy Cases (Care Act); Snapshot | | | 185 | | | 174 | | | 188 | | | | | Data reported quarterly, most recent data up until quarter 3. As at the end of December 2023 there were 188 open ongoing advocacy cases. | High |
| KPI IR19.001 | Staffing - Headcount of staff in ASC | | | 1122 | | | 1155 | | | 1131 | | | | | | High |
| KPI IR19.002 | Staffing - No. of contracts | | | 1126 | | | 1119 | | | 1136 | | | | | | High |
| KPI IR19.003 | Staffing - No. of agency staff | | | 45 | | | 35 | | | 33 | | | | | | High |
| KPI IR19.004 | Days lost to sickness/absence per FTE (Adults) | | | 2.63 | | | 2.78 | | | 3.83 | | | | 2.79 | | High |
| KPI IR19.005 | Staff Turnover (staff leaving as a % of all staff - Adults | | | 13.28 | | | 12.91 | | | 10.96 | | | | | | High |
| KPI IR20.001 | Average Number of Homecare Packages Open Per Day | 1834 | 1838 | 1881 | 1908 | 1938 | 1947 | 1978 | 1998 | 1998 | 1994 | 2033 | | | Most recent data as at end of Feb 2024 shows we have on average 2033 Homecare Packages open per day for People in Domiciliary Care Services (Excluding Shared Care, Extra Sheltered Housing or D2A Domiciliary Care) | High |
| KPI IR20.002 | Average Number of Residential Packages Open Per Day | 1182 | 1178 | 1188 | 1210 | 1222 | 1244 | 1251 | 1251 | 1232 | 1226 | 1220 | | | Most recent data as at end of Feb 2024 shows we have on average 1220 Packages open per day for People in Residential or Residential Dementia Services (Excluding D2A Beds) | High |
| KPI IR20.003 | Average Number of Nursing Packages Open Per Day | 989 | 997 | 1014 | 1036 | 1047 | 1043 | 1035 | 1025 | 998 | 968 | 939 | | | Most recent data as at end of Feb 2024 shows we have on average 939 Packages open per day for People in Nursing or Nursing Dementia Services | High |
| KPI IR20.004 | Average Number of Supported Living Packages Open Per Day | 1089 | 1096 | 1102 | 1107 | 1114 | 1121 | 1130 | 1136 | 1135 | 1131 | 1138 | | | Most recent data as at end of Feb 2024 shows we have on average 1138 Packages open per day for People in Support Services | High |
| KPI IR21.001 | Demand (Waiting+In Service) Homecare Packages | 1928 | 1933 | 1966 | 1979 | 2017 | 2015 | 2045 | 2062 | 2078 | 2090 | 2141 | | | This is not including the people who are pending allocation, so the actual figure would be higher. This metric is in development. | Medium |
| KPI IR21.002 | Demand (Waiting+In Service) Residential Packages | 1260 | 1250 | 1258 | 1280 | 1291 | 1303 | 1302 | 1306 | 1282 | 1274 | 1274 | | | This is not including the people who are pending allocation, so the actual figure would be higher. This metric is in development. | Medium |
| KPI IR21.003 | Demand (Waiting+In Service) Nursing Packages | 1027 | 1025 | 1039 | 1066 | 1082 | 1062 | 1057 | 1049 | 1016 | 990 | 966 | | | This is not including the people who are pending allocation, so the actual figure would be higher. This metric is in development. | Medium |
| KPI IR21.004 | Demand (Waiting+In Service) Supported Living Packages | | | | | | | | | | | | | | We currently cant identify if brokerage form is for Supported Living therefore cannot understand the waiting demand for this service. This is in progress. | Low |
| KPI IR21.005 | Average lenth of time waiting a service | 19 | 17 | 19 | 15 | 18 | 16 | 12 | 11 | 13 | 14 | 12 | | | | Medium |
| KPI IR24.002 | No. of people discharged from hospital to provision of service | 180 | 160 | 187 | 160 | 160 | 180 | 254 | 225 | 246 | 364 | 399 | 216 | | The average number of people discharged from hospital to a provision of service over a 12 month period is 227 people. From the 1st March 2024 to 26th March 2024 we had 216 people discharged from hospital to provision of service. | High |
| KPI IR24.003 | No. of people moved from a Tier 2 to Tier 3 provision | 507 | 590 | 570 | 572 | 518 | 555 | 587 | 551 | 504 | 481 | 373 | 256 | | The average number of people moving from tier 2 to tier 3 in the year was 505. Performance over the past 4 months is below this; March is only a partial month return. | Medium |
| KPI IR24.004 | No of young people between the age of 18 and 21 having a first ASC service | 1 | 5 | 3 | 2 | 7 | 17 | 4 | 5 | 6 | 4 | 7 | 12 | | 54 of the 76 (71%) people receiving a serivce for the first time are with the countywide cohort (LD services). Two are with MH, and 13 are with the localities. | Medium |
| KPI IR24.005 | No. of people starting a service who previously funded their own care | 10 | 11 | 11 | 15 | 15 | 15 | 15 | 24 | 14 | 11 | 14 | 4 | | On average 13 people a month starting a service previously funded their own serivce. | High |
| KPI IR24.006 | Permanent admission 18-64 residential/nursing care per 100K pop | 10.3 | 10.3 | 10.3 | 10.8 | 10.8 | 11.8 | 11.8 | 11.8 | 11.8 | | | | | | High |
| KPI IR24.007 | Permanent admission 65+ residential/nursing care per 100K pop | 434.7 | 434.7 | 434.7 | 478.2 | 478.2 | 511.7 | 511.7 | 511.7 | 511.7 | | | | | | High |

## Theme 3 - How Local Authorities provide safety in the system

| Code | Measure Name | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Target (if applicable) | Comments | Confidence Level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KPI IR25.001 | No. of BIA's required (Business Impact Assessment) | | | | | | | | | | | | 30 | | | High |
| KPI IR25.002 | No. of BIA's up to date | | | | | | | | | | | | 30 | | BC performance is excellent. Four departments have outstanding BCP reviews: ISCM Stroud, Day Services Tewkesbury and Bed base – Great Western Court – learning Disability Respite Service | High |
| KPI IR25.003 | No. of BCP's required (Business Continuity Plan) | | | | | | | | | | | | 30 | | | High |
| KPI IR25.004 | No. of BCP's up to date | | | | | | | | | | | | 26 | | BC performance is excellent. Four departments have outstanding BCP reviews: ISCM Stroud, Day Services Tewkesbury and Bed base – Great Western Court – learning Disability Respite Service | High |
| KPI IR29.001 | No. of Safeguarding concerns | 165 | 224 | 223 | 231 | 246 | 242 | 253 | 247 | 202 | 255 | 248 | 127 | | The total number of Concerns evaluated by the Safeguarding Team 2663. The avereage number for the year was 222 per month. | Medium |
| KPI IR29.002 | No. of S42 enquiries started | 39 | 50 | 73 | 56 | 49 | 56 | 77 | 55 | 58 | 78 | 63 | 23 | | The total number of S42 Enquiries started was 677 or 56 per month on average. | Medium |
| KPI IR29.003 | % of concerns resulting in S42 enquiries | 24% | 22% | 33% | 24% | 20% | 23% | 30% | 22% | 29% | 31% | 25% | 18% | | The overall conversion rate from Concern to S42 Enquiry is 25%. This has been constant for the team for some tiem. June 2023 was the highest rate at 33%. | Medium |
| KPI IR29.004 | No. of S42 enquiries completed | 47 | 50 | 36 | 46 | 61 | 60 | 60 | 55 | 67 | 44 | 62 | 62 | | The number of S42 Enquiries completed by ASC was 650 or an average of 54 per month. | Medium |
| KPI IR29.005 | Average working days to complete S42 enquiries | 80 | 58 | 96 | 72 | 78 | 86 | 88 | 98 | 76 | 81 | 98 | 71 | | The average number of working days to complete a S42 Enquiry is 86 working days. | Medium |
| KPI IR29.006 | No. of S42 enquiries where risk reduced or removed | 27 | 32 | 28 | 30 | 38 | 40 | 37 | 31 | 40 | 31 | 42 | 37 | | The total number of S42 Enquiries where risk was reduced or removed was 431 or 34 on average per month. | Medium |
| KPI IR29.007 | % of Section 42 enquiries this where the risk was reduced or removed | 57% | 64% | 78% | 65% | 62% | 67% | 62% | 56% | 60% | 70% | 68% | 60% | | The overall average was 66% or 2 in 3 completed Enquiries | Medium |
| KPI IR29.008 | No. of S42 enquiries open | 167 | 167 | 196 | 214 | 201 | 191 | 206 | 218 | 206 | 232 | 241 | 222 | | The average number of open S42 Enquiries was 205 per month. This has been rising since Sept 2024. | Medium |
| KPI IR29.009 | No. of S42 enquiries open more than 26 weeks | 37 | 33 | 22 | 27 | 41 | 23 | 24 | 18 | 20 | 19 | 24 | 34 | | Up until this March the average number of S42 Enquiries open for more than 26 weeks has been falling. | Medium |
| KPI IR29.010 | % of S42 Enquiries open for more than 26 weeks | 22% | 20% | 11% | 13% | 20% | 12% | 12% | 8% | 10% | 8% | 10% | 15% | 20% | The percentage of S42 Enquiries open has been falling from 20% earlier in the year to closer to 12%. | Medium |
| KPI IR29.011 | Number of DoLS Applications Received | 266 | 292 | 271 | 274 | 344 | 289 | 294 | 340 | 328 | 319 | 341 | 103 | | The total number of DoLS applications received was 3461 or 288 on average per month | High |
| KPI IR29.012 | Number of New DoLS Applications received | 218 | 244 | 237 | 228 | 287 | 241 | 263 | 283 | 295 | 287 | 316 | 93 | | The total number of New Applications was 2992 or 87% of the total | High |
| KPI IR29.013 | Number of Reauthorisation DoLS Applications Received | 24 | 14 | 12 | 30 | 29 | 32 | 30 | 40 | 22 | 24 | 13 | 7 | | The total number of Reauthorisation Applications received was 2778% of the total | High |
| KPI IR29.014 | Number of DoLS reviews Received | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 1 | | The total number of DolS reviews received was 12. | High |
| KPI IR29.015 | Number of Withdrawn DoLS Applications | 24 | 34 | 20 | 15 | 28 | 15 | 1 | 17 | 11 | 7 | 9 | 2 | | The number of applications withdrawn in the year was 183 or 5% o f the number received | High |
| KPI IR29.016 | Number of DoLS Authorisations Recevied | 51 | 75 | 76 | 54 | 55 | 52 | 57 | 52 | 59 | 53 | 58 | 27 | | 669 DoLS authorisations were received or 56 per month on average | High |
| KPI IR29.017 | Number on outstanding DoLS applications | | | | | | | | | | | | 1765 | | 1765 outstanding applications of which 7 are from 2015/2016 with the oldest at 3 applications from 26/06/2015. | High |
| KPI IR29.018 | Number of Contacts received by Single Point of Access | | | | | | | 517 | 508 | 444 | 549 | 484 | 289 | | The number of contacts into the Single Point of Access (SPA ) for the last 6 months was 2791 or 461 on average per month. | High |
| KPI IR29.019 | Average number of working days for a Single Point of Access decision | | | | | | | 4.0 | 3.2 | 3.3 | 2.3 | 2.9 | 3.3 | | The average number of working days from contact submission to the SPA decision is 3.6 days. | High |

## Theme 4 - Leadership

| Code | Measure Name | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 | Target (if applicable) | Comments | Confidence Level |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KPI IR36.001 | % of appraisals completed - Adults | | | 88.3% | | | 83.7% | | | 85.7% | | | | | | High |
| KPI IR19.004 | Days lost to sickness/absence per FTE (Adults) | | | 2.63 | | | 2.78 | | | 3.83 | | | | 2.79 | | High |
| KPI IR19.005 | Staff Turnover (staff leaving as a % of all staff - Adults | | | 13.28 | | | 12.91 | | | 10.96 | | | | | | High |
| KPI IR19.001 | Staffing - Headcount of staff in ASC | | | 1122 | | | 1155 | | | 1131 | | | | | | High |
| KPI IR19.002 | Staffing - No. of contracts | | | 1126 | | | 1119 | | | 1136 | | | | | | High |
| KPI IR19.003 | Staffing - No. of agency staff | | | 45 | | | 35 | | | 33 | | | | | | High |
| KPI IR36.002 | % of Staff 100% Compliant with My Compliance training sessions - Adults | | | | | | | | | 29% | | | | | 29% Staff are 100% compliant; 46% Staff are 80%-100% compliant 55% Staff are 60%-100% compliant 67% Staff are 40% - 100% compliant 76% Staff are 20% - 100% compliant 24% Staff are non-compliant | High |

## Care Quality Commission- Strategic Risk

| Code | Risk | | Jun-23 | | Sep-23 | | Dec-23 | | Mar-24 | Inherent Risk | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| SR5.3 | Provider failures in the Adult Social Care market result in the council being unable to achieve its strategic objectives | High 20 | High 20 | High 20 | | High 25 | No change in risk. The independent market continues to be in a state of uncertainty due to the economic tensions in relation to costs for staff, utilities, food, and fuel. This continues to be demonstrated with the increasing number of disabilities providers asking for in year uplifts in their fees. The risk is higher in bed and building based services such as care homes, than it is in the non-building-based sector (home care).  We continue to have a shortage of residential nursing provision across the County, in particular the market struggles to recruit and retain nurses in rural localities.  The latest Skills for Care State of Care Sector and Workforce Report (released on 12 October) noted that in 2022/2023 there were 550 filled social care nursing posts and 150 nurses had left, 37% of this workforce is aged 55 +

Care homes are still holding high levels of vacancies and coupled with increased costs, the risk of homes becoming unviable/unsustainable remains high. Mitigations include ongoing planning for provider failure, with a focus on supporting people receiving care as quickly as possible and developing work on provider support. Home care is stronger with a continued upward trajectory in terms of delivery of home care hours with the same number of staff. Hyper local commissioning of home care continues to make a positive impact to the financial stability of providers.

Alongside the work of financial sustainability mitigations for provider failure are targeted at workforce, as a major factor in failure and delivery gaps.  We continue to work with the sector through our Proud to Care Initiative to improve recruitment and retention of the adult social care workforce and to try and balance supply of staff with the need for home care across the county. Our market Sustainability Plan has been drafted and this will be a way to communicate with the market what the demand will look like and our commissioners will continue to work with providers to shape the market to meet these needs. |
| SR7.1 | Failure to protect vulnerable adults in Gloucestershire from abuse neglect in situations that potentially could have been predicted and prevented. | High 15 | High 15 | High 15 | | High 20 | The safeguarding single point of access started in August 2023 and is seeing a positive impact.  The safeguarding team now screen all safeguarding concerns raised in Gloucestershire through the Safeguarding portal. However, this has led to a significant increase in the number of concerns received by the team - 56% in October, 40% in November and 32% in December compared to the same period last year. This is leading to an increased number of concerns awaiting decisions. Work is underway to address this, including introducing a new role into the team to work primarily on assisting in decision making on the safeguarding concerns. QA, performance, and inspections controls in place. SAC data collated and statutory returns made.  Close working relationships with CQC, Brokerage and Disabilities Commissioners means we can act on quality and safeguarding concerns in a timely manner.

GSAB Risk register and performance dashboard in place, but the risk of accurate and meaningful data regarding adult safeguarding activity (including making safeguarding personal data) continues to be a challenge and we are working with performance colleagues to address the gaps as Power BI continues to be tested.

59% Performance where risk was reduced or removed (target 85%) (this reduced performance is being driven by the increased demand at Safeguarding Single Point of Access)  there were 178 Section 42 enquiries during the Quarter, of which 119 remain open. Of the S42 enquiries 118 were in their own home, the most prevalent type of abuse was emotional/psychological (87 enquiries), followed by financial/material abuse (74) and neglect (44). (Multiple abuses frequently occur simultaneously, therefore the numbers don't match to the number of enquiries). |
| SR7.6 | Unable to support all those who can, to live independently at home, because demand for home care services outstrips available capacity. Resulting in the reliance on temporary respite/alternative bed based care in lieu of home care | High 16 | High 16 | High 16 | | High 20 | No change in risk. Work on the intermediate care pathway continues to develop alongside UEC Programme of improvement work with plans to reduce the number of short term and temporary bed-based care (the D2A beds) and to increase capacity in care at home, both through work on Home First and re-ablement (delivered by GHC) and through the domiciliary care sufficiency work (hyper localised commissioning). There have been delays in distributing the Market sustainability fund, and this may have had an impact on providers, particularly providers of nursing homes.
We are working with partner organisations to establish stronger data flow governance practices to ensure we have assurance in respect of the delivery of delegated functions

There is ongoing risk due to the need to manage multiple changes across several organisations and the private, independent, and voluntary provider market. |
| SR 7.8 | Risk of legal action being taken against the Local Authority due to failure to complete a Deprivation of Liberty assessment within the stated time lines. Since a significant and sudden change in the law due to a Supreme Court Judgement in March 2014 there is an excessively high demand for best interest assessments to be carried out for Deprivation of Liberty (DoLS) authorisations. | Moderate 9 | Moderate 12 | Moderate 12 | | High 20 | No change to controls/enablers this quarter: The DoLS team continues to triage applications in line with the ADASS guidance to ensure the most urgent cases are assessed and those people have the appropriate authorisations in place. The DHSC has announced that implementation of the Liberty Protection Safeguards, will be delayed beyond the life of this Parliament, which means that the current regime will continue for the foreseeable future.

We continue to review ways of streamlining the current process for authorisation and working with the regional network on identifying priorities, including deprivations of liberty in the community. There are concerns regarding the shortage of qualified Best Interests Assessors and we are looking at ways to address this shortfall within the team and with regional partners.

Some concerns over the number of young people transitioning who will require Court of Protection DoLs in place and whether we have enough legal capacity to support this additional workload.  This continues to be reviewed by ASC Operations with GCC Legal colleagues. |

# Care Quality Commission
## Confidence Level and Measure Definitions

**Gloucestershire** COUNTY COUNCIL

| Confidence Level Definitions |
|---|

**Data Source:**

Where data has been received/exported/uploaded from. Sources for example; CLD/system/spreadsheet/report.

**Definition/Calculation:**

How measure has been defined and/or calculated. Inclusions and exclusions are noted where applicable.

**Confidence levels:**

**High Confidence (equal to or greater than 90% within range of accuracy):**
**High degree of confidence in data source, data points or reports, quality of data input and process.**

**Medium Confidence (equal to or greater than 70% and less than 90% within range of accuracy):**
**Medium degree of confidence somewhat certain with data points or reports and/or quality of data input and process.**

**Low Confidence (Less than 70% within range of accuracy):**
**Low degree of confidence uncertain with data points or reports and the quality of data input and process.**

| Measure Definitions | | | | |
|---|---|---|---|---|
| **Code** | **Objective Name** | **Measure Name** | **Measure Definition (Include Data Source/Definition Calculation/Confidence Level Reason** | **Confidence** |
| KPI IR3.001 | CQC - Working with People | No. of formal complaints received by Adult Social Care | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: Number of complaints received by ASC within the repoting month **(this date differs from the received by GCC date)** | High |
| KPI IR3.002 | CQC - Working with People | % of complaints received by Adult Social Care upheld/partially upheld | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC that were upheld/No. of complaints received by ASC within the reporting month **(no.s of upheld complaints are recorded against the month within which they were received (rather than the month in which they were replied to)** | High |

| KPI IR3.003 | CQC - Working with People | % of complaints received by Adult Social Care acknowledged within 2 working days of receipt | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC that were acknowledged within two w.days/No. of complaints received by ASC within the reporting month **(no.s of complaints acknowledged are recorded against the month within which they were received (rather than the month in which they were acknowledged, if different). The count of days from receipt to acknowledgement is based on the date received by ASC and not GCC.** | High |
|---|---|---|---|---|
| KPI IR3.004 | CQC - Working with People | % of complaints received by Adult Social Care responded to within 20 working days | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC that were acknowledged within 20 w.days/No. of complaints received by ASC within the reporting month **(no.s of complaints acknowledged are recorded against the month within which they were received (rather than the month in which they were acknowledged, if different). The count of days from receipt to acknowledgement is based on the date received by ASC and not GCC.** | High |
| KPI IR3.005 | CQC - Working with People | No. of complaints received: Communication | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the communication sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.006 | CQC - Working with People | No of complaints received: Quantity, frequency or charge for service | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the quantity, frequency or charge for service sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |

| KPI IR3.007 | CQC - Working with People | No. of complaints received: Delay in decision making | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the delay sub-category themes/No. of complaints received by ASC within the reporting month (no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints. | High |
|---|---|---|---|---|
| KPI IR3.008 | CQC - Working with People | No. of complaints received: Discrimination | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the discrimination sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.009 | CQC - Working with People | No. of complaints received: Application of eligibility and assessment criteria | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the eligibility of assessment sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint ay raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.010 | CQC - Working with People | No. of complaints received: Unwelcome or disputed decision | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the unwelcom or disputed decision sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.011 | CQC - Working with People | No. of complaints received: Quality or approriateness of a service | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the appropriateness of a service sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |

| KPI IR3.012 | CQC - Working with People | No, of complaints received: Delivery or non delivery of a service | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the delivery or non-delivery sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |
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| KPI IR3.013 | CQC - Working with People | No. of complaints received: Attitude or behaviour of staff | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC relating to any of the attitude or behvaiour sub-category themes/No. of complaints received by ASC within the reporting month **(no.s of complaints by theme are recorded against the month within which they were received. A complaint may raise a number of different themes for response, the total numbers recorded against complaint themes in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.014 | CQC - Working with People | No. of outcome to complaints: Apology &/or explanation | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved and apology &/or explanation/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.015 | CQC - Working with People | No. of outcome to complaints: Charges waived or adjusted | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved charges waived or adjusted/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.016 | CQC - Working with People | No. of outcome to complaints: Alteration of service/ recording | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved an alteration of service/recording/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |

| KPI IR3.017 | CQC - Working with People | No. of outcome to complaints: Discussion with team/ staff member, or Training or disciplinary action taken | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved a discussion with team/staff member, or training or disciplinary action taken/recording/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |
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| KPI IR3.018 | CQC - Working with People | No. of outcome to complaints: Financial resolution | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved a financial resolution/recording/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.019 | CQC - Working with People | No. of outcome to complaints: Policy/ procedure reviewed | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved a policy/procedure reviewed/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |
| KPI IR3.020 | CQC - Working with People | No. of outcome to complaints: Provision of service | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome involved provision of service/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.** | High |

| KPI IR3.021 | CQC - Working with People | No. of outcome to complaints: Not yet decided | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome was not yet decided/No. of complaints received by ASC within the reporting month **(no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.**<br>Confidence level reason: Medium **- a check on outstanding complaints needs to be undertaken to determine whether recording is reflective of activity, and action taken if it is** | High |
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| KPI IR3.022 | CQC - Working with People | No. of outcome to complaints: Not recorded | Data Source: Complaints Team's tracker spreadsheet<br>Definition/Calculation: No. of complaints received by ASC where the outcome was not recorded/No. of complaints received by ASC within the reporting month (no.s of complaints by outcome are recorded against the month within which they were received. A complaint may have a number of outcomes, the total numbers recorded against complaint outcome categories in a reporting month will therefore exceed the total number of complaints.<br>Confidence level reason: Medium - processes should be in place to ensure that an outcome is always captured once a response date is confirmed | High |
| KPI IR3.023 | CQC - Working with People | No. of complaints received by the LG/SCO | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations: The number of complaints and contacts received by the LGSO | High |
| KPI IR3.024 | CQC - Working with People | LG/SCO decisions: closed after initial enquiry | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The number of contacts received by the LGSO that were closed after an initial enquiry and not investigated | High |
| KPI IR 3.024a | CQC - Working with People | LG/SCO decisions: withdrawn | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The number of contacts received by the LGSO where the complainant has withdrawn their complaint | High |
| KPI IR3.025 | CQC - Working with People | Total no. of complaints upheld by the LG/SCO | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The total number of complaints investigated by the LGSO where the decision was upheld | High |
| KPI IR3.026 | CQC - Working with People | LG/SCO decisions: Referred for local resolution | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The number of complaints that were referred back by the LGSO as the internal complaints process has not been exhausted | High |
| KPI IR3.027 | CQC - Working with People | LG/SGO decisions: Not upheld: No fault | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The number of complaints investigated by the LGSO where the decision was Not Upheld and no fault found | High |

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| KPI IR3.028 | CQC - Working with People | LG/SGO decisions: Upheld: Fault/Injustice | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The number of complaints investigated by the LGSO where the decision was Upheld: Fault and Injustice | High |
| KPI IR3.029 | CQC - Working with People | LG/SGO decisions: Upheld: No further action | Data Source: LGSO complaints spreadsheet held by Legal<br>Definition/Calculations:The number of complaints investigated by the LGSO where the decision was Upheld but the LGSO have not imposed any further action required | High |
| KPI IR3.030 | CQC - Working with People | No. of compliments received | Data Source: E-mail from Complaints Team<br>Definition/Calculation: No. of compliments received by ASC within the reported month | High |
| KPI IR5.001 | CQC - Working with People | No. of Contacts received | Data Source: PowerBI LIVE ASC Contacts<br>Definition/Calculation: Number of contacts completed in period (Completed by the Contact Centre and 6 Referral Centres).<br>Confidence level reason: Medium- PowerBI report needs review. | Medium |
| KPI IR5.001a | CQC - Working with People | No. of contacts signposted | Data Source: PowerBI LIVE ASC Contacts<br>Definition/Calculation: Number of contacts completed in period with outcome NFA,Signposted,Info & Advice. (Completed by the Contact Centre and 6 Referral Centres)<br>Confidence level reason: Medium- PowerBI report needs review. | Medium |
| KPI IR5.002 | CQC - Working with People | No. of people pending an assessment | Data Source ASC 10937 Pending SQL Report<br>Definition/Calculation: March 24 pending 26.3.24. Number of cases in locality pending tray on the last working day of the month | Medium |
| KPI IR5.003 | CQC - Working with People | Average no. of working days from pending to allocation | Data Source ASC 10689 Allocations SQL Report<br>Definition/Calculation: March 2024 taken from data 25.3.24. Number of working days from assignment to pending tray to ending. | Medium |
| KPI IR5.004 | CQC - Working with People | Average no. of working days pending allocation | Data Source ASC 10689 Allocations SQL Report<br>Definition/Calculation: March 2024 taken from data 25.3.24. Number of working days from assignment to pending tray to last day of month. | Medium |
| KPI IR5.004a | CQC - Working with People | Maximum waiting time for allocation | Data Source ASC 10689 Allocations SQL Report<br>Definition/Calculation: March 2024 taken from data 25.3.24. Longest number of working days in Pending Tray | Medium |
| KPI IR5.005 | CQC - Working with People | No. of assessments completed in period | Data Source: CLD<br>Definition/Calculation: Number of Assessments completed in reporting timeframe as per CLD. **(Narrative broken down by Primary Support reason)**<br>Confidence level reason: We are still testing CLD to ensure full confidence. | Medium |

| KPI IR5.012 | CQC - Working with People | No. of assessments started in month | Data Source: CLD<br>Definition/Calculation: Number of Assessments started each month in reporting timeframe as per CLD.<br>**(Narrative broken down by Primary Support reason)**<br>Confidence level reason: We are still testing CLD to ensure full confidence. | Medium |
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| KPI IR5.019 | CQC - Working with People | No. of open assessments | Data Source: LAS Report Assesmsents by Assessors.<br>Definition/Calculation: Number of assessments without completion date and end of reporting month. | Medium |
| KPI IR5.020 | CQC - Working with People | Average working days to complete an assessment | Data Source: CLD<br>Definition/Calculation: Event Start to End. (From Assessment Form Start and End date) Average work days of all.<br>Confidence level reason: We are still testing CLD to ensure full confidence. | Medium |
| KPI IR5.020a | CQC - Working with People | Average working days an assessment is open | Data source LAS Assessment report<br>Definition/Calculation: Average number of working days all open assessments on the last day of the month (From Assessment Form dates). | Medium |
| KPI IR5.021 | CQC - Working with People | No. of carers assessments completed | Data Source: CLD<br>Definition/Calculation: Data received from Gloucestershire Carers Hub for all Carers Assessments completed in period. | Medium |
| KPI IR5.021a | CQC - Working with People | Average working days to complete a carers assessment | Data Source: CLD<br>Definition/Calculation: Data received from Gloucestershire Carers Hub for all Carers Assessments completed in period; Event Start to End. (From Assessment Form Start and End date) Average work days of all. | Medium |
| KPI IR5.024 | CQC - Working with People | No. of young carers who have had a carers assessment | Data Source:Gloucestershire Young Carers<br>Definition/Calculation: Number of young carers who have received an assessment in quarter | High |
| KPI IR5.024a | CQC - Working with People | Young Carers Assessment Completed within 6 weeks of referral | Data Source:Gloucestershire Young Carers<br>Definition/Calculation: Proportion of young carers who have had an assessment completed in the quarter that was completed within 6 weeks of referral. | High |
| KPI IR5.024b | CQC - Working with People | Young Carers Assessment Completed within 8 weeks of referral | Data Source:Gloucestershire Young Carers<br>Definition/Calculation:Proportion of young carers who have had an assessment completed in the quarter that was completed within 8 weeks of referral. | High |

| KPI IR5.025 | CQC - Working with People | No. of reviews completed | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: All people with an updated plan in period who have had a previous plan in place. (Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |
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| KPI IR5.025a | CQC - Working with People | No. of short term plan reviews completed | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: All people, Short term support, with an updated plan in period who have had a previous plan in place. (Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |
| KPI IR5.025b | CQC - Working with People | No. of long term plan reviews completed | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: All people, Long term support, with an updated plan in period who have had a previous plan in place. (Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |
| KPI IR5.026 | CQC - Working with People | No. of reviews completed within timescales | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation:Of the completed reviews in period the number that were completed within 12 months from previous plan date.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |

| KPI IR5.026a | CQC - Working with People | % of ST completed reviews within timescales | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Proportion of all people receiving short term support who have had a review of their care and support plan within 12 month in the reporting period divided by all people with a care and support plan receiving short term support who have had a review in reporting period. | Medium |
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| KPI IR5.026b | CQC - Working with People | % of LT completed reviews within timescales | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Proportion of all people receiving long term support who have had a review of their care and support plan within 12 month in the reporting period divided by all people with a care and support plan receiving long term support who have had a review in reporting period. | Medium |
| KPI IR5.026c | CQC - Working with People | % of completed reviews within timescales | Data Source:LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Proportion of all people who have had a review of their care and support plan within 12 month in the reporting period divided by all people with a care and support plan who have had a review in reporting period. | Medium |
| KPI IR5.027 | CQC - Working with People | No. of people with an active care & support plan with a review within the last 12 months | Data Source: LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Snapshot at end of each month; Number of People with an Active plan at end of month and of those People the number whose most recent Review/Plan is within 12 months from end of reporting month.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |
| KPI IR5.027a | CQC - Working with People | No . of active care & support short term plans with a review in last 12 months | Data Source: LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Snapshot at end of each month; Number of People, short term support, with an Active plan at end of month and of those People the number whose most recent Review/Plan is within 12 months from end of reporting month.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |

| KPI IR5.027b | CQC - Working with People | No . of active care & support long term plans with a review in last 12 months | Data Source: LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Snapshot at end of each month; Number of People, Long term support, with an Active plan at end of month and of those People the number whose most recent Review/Plan is within 12 months from end of reporting month.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH)<br>Confidence level reason: Confidence level set as medium; report in final sign of phase (Draft) and process changed in December 2023 for carrying out reviews may affect data input quality. | Medium |
|---|---|---|---|---|
| KPI IR5.027c | CQC - Working with People | % Short Term Service review of Support plan within 12 months | Data Source: LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Snapshot at end of each month; Number of People, receiving short term support, with an Active plan at end of month and of those People the proportion whose most recent Review/Plan is within 12 months from end of reporting month.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH) | Medium |
| KPI IR5.027d | CQC - Working with People | % Long Term Service review of Support plan within 12 months | Data Source: LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Snapshot at end of each month; Number of People, receiving long term support, with an Active plan at end of month and of those People the proportion whose most recent Review/Plan is within 12 months from end of reporting month.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH) | Medium |
| KPI IR5.027e | CQC - Working with People | % of people who have had a review of their support plan within 12 months | Data Source: LAS; data extract Web report ASC10995 Reviews KPI Dataset.<br>Definition/Calculation: Snapshot at end of each month; Number of People with an Active plan at end of month and of those People the proportion whose most recent Review/Plan is within 12 months from end of reporting month.(Excl.s Self-Funders/Excl.s CHC Solely Funded clients,Excl.s People who have died, Excl.s MH) | Medium |
| KPI IR5.028 | CQC - Working with People | No. of FAB referrals in month | Data Source:LAS; FAB Data SQL script<br>Definition/Calculation:Number of FAB referral in month (From FAB Referral Date in FAB referral form)<br>Confidence level reason: Low - currently data in initial draft phase | Low |

| KPI IR5.029 | CQC - Working with People | No. of FAB assessments started in month | Data Source:LAS; FAB Data SQL script<br>Definition/Calculation:Number of FAB Assessments Started in month (From FAB Assessment Start Date; FAB Assessment form)<br>Confidence level reason: Low - currently data in initial draft phase | Low |
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| KPI IR5.030 | CQC - Working with People | No. of FAB assessments completed in month | Data Source:LAS; FAB Data SQL script<br>Definition/Calculation:Number of FAB Assessments completed in month (From FAB Assessment Completion Date; FAB Assessment form)<br>Confidence level reason: Low - currently data in initial draft phase | Low |
| KPI IR5.031 | CQC - Working with People | Average working days to complete a FAB assessment | Data Source:LAS; FAB Data SQL script<br>Definition/Calculation: Of Total FAB Assessment completed in month; How long to complete from Start date to Completion date and average of all completion times (Working days).<br>Confidence level reason: Low - currently data in initial draft phase | Low |
| KPI IR5.033 | CQC - Working with People | Number of Approved Mental Health assessments completed | Data Source: AMPH Dashboard: Assessments - Detention & Admissions section | High |
| KPI IR5.034 | CQC - Working with People | Number of Homefirst/Reablement Service Requests  (GHC) | Data Source: Tableau (GHC)<br>Definition/Calculation: Referrals Recieved<br>Confidence level reason: There are known data quality issues within this data set and we are working with the service to understand this in more detail. | Low |
| KPI IR5.035 | CQC - Working with People | Number of Occupational Therapy Service Requests (GHC) | Data Source: Tableau (GHC)<br>Definition/Calculation: Referrals Recieved<br>Confidence level reason: There are known data quality issues within this data set and we are working with the service to understand this in more detail. | Low |
| KPI IR5.037 | CQC - Working with People | Proportion of MH Packages of Care reviewed with an up to date review (GHC) | Data Source: Social Care GHC (Mental Health funded cases where a review is required)<br>Definition/Calculation: Of the total number of MH packages of care the proportion who have an up to date review at reporting period end; Snapshot. All those individuals with an existing funded package of care should receive an initial review within 8 weeks of the package starting and then an annual review going forwards.<br>Confidence level reason: Data to be improved as part of the dataflows project with GHC. | Low |

| KPI IR5.038 | CQC - Working with People | Number of new referrals to MH Social Work Team | Data Source: Social Care GHC (Mental Health funded cases)<br>Definition/Calculation: This information is gathered from a referral by the relevant community team to the Social Care Specialist; Data to be treated with caution,The current systems and data do not enable extraction of data specifically for MH Social Care.<br>Confidence level reason: Data to be improved as part of the dataflows project with GHC. | Low |
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| KPI IR5.039 | CQC - Working with People | Number of people awaiting a MH Social Work Assessment | Data Source: Social Care GHC (Mental Health funded cases)<br>Definition/Calculation: Mental Health Social Care Pending lists; information identifies the individuals who are waiting for a new Care Act / section 117 aftercare assessment of needs or a reassessment where they don't have an existing package of care.<br>Confidence level reason: Data to be improved as part of the dataflows project with GHC. | Low |
| KPI IR5.040 | CQC - Working with People | Average days people are awaiting MH Social Work Assessment (East Locality) | Data Source: Social Care GHC (Mental Health funded cases)<br>Definition/Calculation: Mental Health Social Care Pending lists have been split into West and East Localities. West includes Gloucester and the Forrest of Dean, whilst East includes Stroud, Cheltenham, Tewkesbury and North Cotswolds.  Of the people waiting  for a new Care Act / section 117 aftercare assessment of needs or a reassessment where they don't have an existing package of care the length of time each person has waited then the average of all these times in calendar days.<br>Confidence level reason: Data to be improved as part of the dataflows project with GHC. | Low |
| KPI IR5.041 | CQC - Working with People | Average days people are awaiting MH Social Work Assessment (West Locality) | Data Source: Social Care GHC (Mental Health funded cases)<br>Definition/Calculation: Mental Health Social Care Pending lists have been split into West and East Localities. West includes Gloucester and the Forrest of Dean, whilst East includes Stroud, Cheltenham, Tewkesbury and North Cotswolds.  Of the people waiting  for a new Care Act / section 117 aftercare assessment of needs or a reassessment where they don't have an existing package of care the length of time each person has waited then the average of all these times in calendar days.<br>Confidence level reason: Data to be improved as part of the dataflows project with GHC. | Low |
| KPI IR6.001 | CQC - Working with People | No. of Financial Appeals | Data Source: Finance & Improvement Spreadsheet<br>Definition/Calculation: Number of Financial panels by month | Medium |
| KPI IR7.001 | CQC - Working with People | No. of people receiving Direct Payments within last 12 months | Data Source:Power BI ASC Cohort<br>Definition/Calculation: Number of people in receipt  of a Direct Payment service in the last year | Medium |
| KPI IR7.002 | CQC - Working with People | No. of Direct Payments 18-64 | Data Source:Power BI ASC Cohort<br>Definition/Calculation: Number of people aged 18-64 in receipt  of a Direct Payment service in the last year | Medium |
| KPI IR7.003 | CQC - Working with People | No. of Direct Payments 65+ | Data Source:Power BI ASC Cohort<br>Definition/Calculation: Number of people aged 65+ in receipt  of a Direct Payment service in the last year | Medium |
| KPI IR7.004 | CQC - Working with People | No. of Direct Payments LD | Data Source:Power BI ASC Cohort<br>Definition/Calculation: Number of people with a Learning Disability in receipt  of a Direct Payment service in the last year | Medium |

| KPI IR7.005 | CQC - Working with People | No. of Direct Payments MH | Data Source:Power BI ASC Cohort<br>Definition/Calculation: Number of people needing  Mental Health Supoort in receipt  of a Direct Payment service in the last year | Medium |
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| KPI IR7.006 | CQC - Working with People | No. of Direct Payments ceased within last 12 months | Data Source Power BI report ASC Cohort<br>Definition/Calculation: Number of DP with end date and no subsequent DP service | Medium |
| KPI IR7.007 | CQC - Working with People | No of people who have stopped using DP to meet ongoing care needs within last 12 months | Data Source Power BI report ASC Cohort<br>Definition/Calculation: Number of DP with end date and either did not require further services or started another ASC service | Medium |
| KPI IR9.005 | CQC - Working with People | Total no. of requests for equipment | Data Source GIS CSS system | High |
| KPI IR9.006 | CQC - Working with People | Number of non stock Equipment ordered | Data Source: GIS CSS system<br>Definition/Calculation: Number of items requiring to be ordered as a one off request | High |
| KPI IR9.007 | CQC - Working with People | Total no. of requests for equipment - Priority 1 | Data Source: GIS CSS system<br>Definition/Calculation: Delivery within 24 hours | High |
| KPI IR9.008 | CQC - Working with People | Total no. of requests for equipment - Priority 2 | Data Source: GIS CSS system<br>Definition/Calculation: Delivery within 2 days | High |
| KPI IR9.009 | CQC - Working with People | Total no. of requests for equipment - Priority 3 | Data Source: GIS CSS system<br>Definition/Calculation: Delivery within 5 days | High |
| KPI IR9.010 | CQC - Working with People | Number of Out of County deliveries | Data Source: GIS CSS system<br>Definition/Calculation: Delivery address outside of Gloucestershire. | High |
| KPI IR9.011 | CQC - Working with People | Average delivery time for Priority 1 requests | Data Source GIS CSS system days<br>Definition/Calculation within 24 hours average by calendar days | High |
| KPI IR9.012 | CQC - Working with People | Maximum wait time for P1 priority | Data Source: GIS CSS system<br>Definition/Calculation: Delivery within 24 hours | High |
| KPI IR9.013 | CQC - Working with People | Average delivery time for Priority 2 requests | Data Source: GIS CSS system days<br>Definition/Calculation: within 2 days, average by calendar days | High |
| KPI IR9.014 | CQC - Working with People | Maximum wait time for P2 priority | Data Source GIS CSS system days not working days. SLA is 2 days | High |

| KPI IR9.015 | CQC - Working with People | Average delivery time for Priority 3 requests | Data Source: GIS CSS system days<br>Definition/Calculation: within 25days, average by calendar days | High |
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| KPI IR9.016 | CQC - Working with People | Maximum wait time for P3 priority | Data Source GIS CSS system days not working days. SLA is 5 days | High |
| KPI IR9.017 | CQC - Working with People | Number of requests for telecare equipment | Data Source: GIS CSS system days not working days. SLA is 5 days | High |
| KPI IR10.001 | CQC - Working with People | Your Circle - Service Record Views | Data Source: Your Circle Data<br>Definition/Calculation: Number of Views | High |
| KPI IR10.002 | CQC - Working with People | Your Circle - Unique searches (search bars) | Data Source: Your Circle Data<br>Definition/Calculation: Number of searches (unique) | High |
| KPI IR10.003 | CQC - Working with People | Your Circle - Searches via categories | Data Source: Your Circle Data<br>Definition/Calculation: Number of searches (Categories) | High |
| KPI IR17.001 | CQC - Providing Support | Total no. of people placed out-of-area | Data Source : Power BI Geographical Profile<br>Definition/Calculation: The number of people placed out-of-area based on persons primary address. | Medium |
| KPI IR17.002 | CQC - Providing Support | No. of out-of area placements made within the last 12 months | Data Source : Power BI Geographical Profile<br>Definition/Calculation: The number of people placed out-of-area based on persons primary address in the last 12 months. | Medium |
| KPI IR18.001 | CQC - Providing Support | No. of Providers | Data Source: CQC Month Snapshot - 01/03/2024<br>Calculation: Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.002 | CQC - Providing Support | No. of CQC provider rated as Outstanding | Data Source: CQC Month Snapshot - 01/03/2024<br>Calculation: Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.003 | CQC - Providing Support | No. of CQC provider rated as Good | Data Source: CQC Month Snapshot - 01/03/2024<br>Calculation: Filtered on Social Care Organisations in Gloucestershire | High |

| KPI IR18.004 | CQC - Providing Support | No. of CQC provider rated as Requires Improvement | Data Source: CQC Month Snapshot - 01/03/2024<br>Calculation: Filtered on Social Care Organisations in Gloucestershire | High |
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| KPI IR18.005 | CQC - Providing Support | No. of CQC provider rated as Inadequate | Data Source: CQC Month Snapshot - 01/03/2024<br>Calculation: Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.006 | CQC - Providing Support | No. of CQC provider rated as awaiting rating | Data Source: CQC Month Snapshot - 01/03/2024<br>Calculation: Filtered on Social Care Organisations in Gloucestershire | High |
| KPI IR18.006a | CQC - Providing Support | % of Gloucestershire ASC Providers rated Good/Outstanding by CQC | Data Source: Quality Care Commision Website<br>Definition/Calculation: Most recent extract; Filtered by Gloucestershire LA/Social Care Org/Overall- Individual provider rating divided by total providers. | High |
| KPI IR18.007 | CQC - Providing Support | No. of Gloucestershire ASC providers rated as requires improvement or Inadequate | Data Source: Controcc<br>Calculation: Link Controcc Current Providers to Current CQC Snapshot to see latest CQC rating.<br>Reason for Confidence: CQC ID was not a mandatory field so there were quite few gaps. This is needed to link, so a recent project was set up to fill in all gaps and improve recording going forward. Progress is good, but full evaluation is needed. | Medium |
| KPI IR18.008 | CQC - Providing Support | No. of Gloucestershire ASC providers rated as Good/Outstanding | Data Source: Controcc<br>Calculation: Link Controcc Current Providers to Current CQC Snapshot to see latest CQC rating.<br>Reason for Confidence: CQC ID was not a mandatory field so there were quite few gaps. This is needed to link, so a recent project was set up to fill in all gaps and improve recording going forward. Progress is good, but full evaluation is needed. | Medium |
| KPI IR18.009 | CQC - Providing Support | No. of Gloucestershire ASC providers rated as awaiting rating | Data Source: Controcc<br>Calculation: Link Controcc Current Providers to Current CQC Snapshot to see latest CQC rating is blank<br>Reason for Confidence: CQC ID was not a mandatory field so there were quite few gaps. This is needed to link, so a recent project was set up to fill in all gaps and improve recording going forward. Progress is good, but full evaluation is needed. | Medium |

| KPI IR18.010 | CQC - Providing Support | Number of people in Requires improvement/Inadequate providers | Data Source: Controcc<br>Calculation: Link Controcc Current Providers to Current CQC Snapshot to see latest CQC rating. Removed services in Day Care, Direct Payments and Property as they are not CQCd.<br>Reason for Confidence: CQC ID was not a mandatory field so there were quite few gaps. This is needed to link, so a recent project was set up to fill in all gaps and improve recording going forward. Progress is good, but full evaluation is needed. | Medium |
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| KPI IR18.011 | CQC - Providing Support | Number of people in Good/Outstanding providers | Data Source: Controcc<br>Calculation: Link Controcc Current Providers to Current CQC Snapshot to see latest CQC rating. Removed services in Day Care, Direct Payments and Property as they are not CQCd.<br>Reason for Confidence: CQC ID was not a mandatory field so there were quite few gaps. This is needed to link, so a recent project was set up to fill in all gaps and improve recording going forward. Progress is good, but full evaluation is needed. | Medium |
| KPI IR18.012 | CQC - Providing Support | Number of New Advocacy Cases (Care Act) | Data Source: POhWER; Community Advocacy Report for Gloucestershire Care Act - B79<br>Calculation: Number of New Advocacy Cases started in quarter, Only Care Act. | High |
| KPI IR18.013 | CQC - Providing Support | Number of Closed Advocacy Cases (Care Act) | Data Source: POhWER; Community Advocacy Report for Gloucestershire Care Act - B79<br>Calculation: Number of Advocacy Cases Closed in quarter, Only Care Act. | High |
| KPI IR18.014 | CQC - Providing Support | Proportion of Closed Advocacy cases acknowledged in 48 hrs (Care Act) | Data Source: POhWER; Community Advocacy Report for Gloucestershire Care Act - B79<br>Calculation: Number of Advocacy Cases Closed in quarter, Only Care Act. Of these closed cases proportion that were acknowledged within 48 hours of receipt. | High |

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| KPI IR18.015 | CQC - Providing Support | Proportion of Closed Advocacy cases contacted by an advocate in 5 working days (Care Act) | Data Source: POhWER; Community Advocacy Report for Gloucestershire Care Act - B79<br>Calculation: Number of Advocacy Cases Closed in quarter, Only Care Act. Of these closed cases proportion that were contacted by an advocate within 5 working days of receipt. | High |
| KPI IR18.016 | CQC - Providing Support | Number of Ongoing Advocacy Cases (Care Act); Snapshot | Data Source: POhWER; Community Advocacy Report for Gloucestershire Care Act - B79<br>Calculation: Snapshot at end of quarter; Number of open and ongoing advocacy cases. | High |
| KPI IR19.001 | CQC - Providing Support | Staffing - Headcount of staff in ASC | Data Source:SAP (HR quarterly Scorecard)<br>Definition/Calculation: Number of people (Headcount) working for ASC directorate (incls Public Health and excls Agency staff)<br>Confidence level reason: High | High |
| KPI IR19.002 | CQC - Providing Support | Staffing - No. of contracts | Data Source:SAP (HR quarterly Scorecard)<br>Definition/Calculation: Number of contracts held in the ASC directorate (incls Public Health and excls Agency staff)<br>Confidence level reason: High | High |
| KPI IR19.003 | CQC - Providing Support | Staffing - No. of agency staff | Data Source:SAP (HR quarterly Scorecard)<br>Definition/Calculation: Number of people agency staff (Headcount) working for ASC directorate.<br>Confidence level reason: High | High |
| KPI IR19.004 | CQC - Providing Support | Days lost to sickness/absence per FTE - Adults | Data Source: SAP (HR quarterly Scorecard)<br>Definition/Calculation: In quarter number of days lost per FTE due to sickness and abscense | High |
| KPI IR19.005 | CQC - Providing Support | Staff Turnover (staff leaving as a % of all staff) - Adults | Data Source: SAP (HR quarterly Scorecard)<br>Definition/Calculation: Rolling year from end of quarter; number of leavers as a proportion of all staff. | High |

| KPI IR20.001 | CQC - Providing Support | Average Number of Homecare Packages Open Per Day | Data Source: SQL Balance of Care<br>Definition/Calculation: Average number of people with service where Service Group is Domiciliary Care not including Shared Care, D2A, Sheltered Housing, Live in carer or self funders.<br>Confidence level reason: Methodology decided on last year, methodology could do with a refresh to ensure this is still correct. | High |
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| KPI IR20.002 | CQC - Providing Support | Average Number of Residential Packages Open Per Day | Data Source: SQL Balance of Care<br>Definition/Calculation: Average number of people with open residential  service level.<br>Confidence level reason: Methodology decided on last year, methodology could do with a refresh to ensure this is still correct. | High |
| KPI IR20.003 | CQC - Providing Support | Average Number of Nursing Packages Open Per Day | Data Source: SQL Balance of Care<br>Definition/Calculation: Average number of people with open nursing service level.<br>Confidence level reason: Methodology decided on last year, methodology could do with a refresh to ensure this is still correct. | High |
| KPI IR20.004 | CQC - Providing Support | Average Number of Supported Living Packages Open Per Day | Data Source: SQL Balance of Care<br>Definition/Calculation: Average number of people with open supported living service level.<br>Confidence level reason: Methodology decided on last year, methodology could do with a refresh to ensure this is still correct. | High |
| KPI IR21.001 | CQC - Providing Support | Demand (Waiting+In Service) Homecare Packages | Data Source: SQL Balance of Care + Brokerage Form Sourcing<br>Definition/Calculation: Average number of people with service where Service Group is Domiciliary Care not including Shared Care, D2A, Sheltered Housing, Live in carer or self funders + the average number of people waiting for a Domiciliary Care Package.<br>Confidence level reason: We are missing the people waiting in the pending tray of LAS - In development. | Medium |
| KPI IR21.002 | CQC - Providing Support | Demand (Waiting+In Service) Residential Packages | Data Source: SQL Balance of Care + Brokerage Form Sourcing<br>Definition/Calculation: Average number of people with open residential service level.<br>Confidence level reason: We are missing the people waiting in the pending tray of LAS - In development. | Medium |

| KPI IR21.003 | CQC - Providing Support | Demand (Waiting+In Service) Nursing Packages | Data Source: SQL Balance of Care + Brokerage Form Sourcing<br>Definition/Calculation: Average number of people with open nursing service level.<br>Confidence level reason: We are missing the people waiting in the pending tray of LAS - In development. | Medium |
|---|---|---|---|---|
| KPI IR21.004 | CQC - Providing Support | Demand (Waiting+In Service) Supported Living Packages | We can't define if the service being waited for us Supported Living (this currently sits in 'other' with many other services. This is in development - new form options imminent. | Low |
| KPI IR21.005 | CQC - Providing Support | Average lenth of time waiting a service | Data Source: Brokerage Forms (LAS)<br>Definition/Calculation: Average number of days between Brokerage Start Date (when the request was first received) and Brokerage End Date (Sourced or Closed).<br>Confidence level reason: Still a few DQ issues. | Medium |
| KPI IR24.002 | CQC - Providing Support | No. of people discharged from hospital to provision of service | Data Source: Brokerage Forms (LAS)<br>Definition/Calculation: Number of people requesting service, where the Source is 'Hospital Discharge'<br>Confidence level reason: This field is consistently used. | High |
| KPI IR24.003 | CQC - Providing Support | No. of people Moved from tier 2 to tier 3 provision | Data Source : Power BI Geographical Profile<br>Definition/Calculation: Number of people who have moved from short to long term sevices. | Medium |
| KPI IR24.004 | CQC - Providing Support | No.of young people between the age of 18-21 having a first ASC service | Data Source : Power BI ASC Cohort<br>Definition/Calculation: Those starting a first time service between the age of 18-21 years old | Medium |
| KPI IR24.005 | CQC - Providing Support | No. of people starting a service who previously funded their own care | Data Source: Brokerage Forms (LAS)<br>Definition/Calculation: Number of people requesting service, where the Request Type is 'Capitol Drop'<br>Confidence level reason: This field is consistently used. | High |
| KPI IR24.006 | CQC - Providing Support | Permanent admission 18-64 residential/nursing care per 100K pop | Data Source: Inbuilt LAS report<br>Definition/Calculation: As per SALT definition. | High |
| KPI IR24.007 | CQC - Providing Support | Permanent admission 65+ residential/nursing care per 100K pop | Data Source: Inbuilt LAS report<br>Definition/Calculation: As per SALT definition. | High |

| KPI IR25.001 | CQC - Provide Safety | No. of BIA's required (Business Impact Assessment) | Data Source:BCM data<br>Definition/Calculation: Number of Adult Services (excl. Public Health) BIAs required. | High |
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| KPI IR25.002 | CQC - Provide Safety | No. of BIA's up to date | Data Source:BCM data<br>Definition/Calculation: Of the number of Adult Services (excl. Public Health) BIAs required the number that are up to date. | High |
| KPI IR25.003 | CQC - Provide Safety | No. of BCP's required (Business Continuity Plan) | Data Source:BCM data<br>Definition/Calculation: Number of Adult Services (excl. Public Health) BCPs required. | High |
| KPI IR25.004 | CQC - Provide Safety | No. of BCP's up to date | Data Source:BCM data<br>Definition/Calculation: Of the number of Adult Services (excl. Public Health) BCPs required the number that are up to date. | High |
| KPI IR29.001 | CQC - Provide Safety | No. of Safeguarding concerns | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of Contactsclosed as Safeguarding may be required | Medium |
| KPI IR29.002 | CQC - Provide Safety | No. of S42 enquiries started | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of Start Safeguarding Enquiry forms opened in a month | Medium |
| KPI IR29.003 | CQC - Provide Safety | % of concerns resulting in S42 enquiries | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of S42 Enquiries Started divided by the number of Concerns per month | Medium |
| KPI IR29.004 | CQC - Provide Safety | No. of S42 enquiries completed | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of S42 Enquiries closure forms with an end date. | Medium |
| KPI IR29.005 | CQC - Provide Safety | Average working days to complete S42 enquiries | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Average number of working days from Enquiry form Start Date to Closure form Closed date | Medium |
| KPI IR29.006 | CQC - Provide Safety | No. of S42 enquiries where risk reduced or removed | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of closed S42 forms with outcome recorded as risk reduced or removed | Medium |

| KPI IR29.007 | CQC - Provide Safety | % of Section 42 enquiries this where the risk was reduced or removed | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of closed S42 forms with outcome recorded as risk reduced or removed divided by total number of closed S42 Enquiries | Medium |
|---|---|---|---|---|
| KPI IR29.008 | CQC - Provide Safety | No. of S42 enquiries open | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of Open Enquiry forms without a closure date | Medium |
| KPI IR29.009 | CQC - Provide Safety | No. of S42 enquiries open more than 26 weeks | Data Source Power Bi Safeguarding Report<br>Definition/Calculation: Number of Open Enquiry forms opened over 26 weeks. | Medium |
| KPI IR29.010 | CQC - Provide Safety | % of S42 Enquiries open for more than 26 weeks | Data Source Power Bi Safeguarding Report Data as of 22/03/2024<br>Definition/Calculation:Number of S42 Enquires open for more than 26 weeks divided by total number of S42 Enquiries | Medium |
| KPI IR29.011 | CQC - Provide Safety | Number of Applications Received | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 12/03/2024. | High |
| KPI IR29.012 | CQC - Provide Safety | Number of New Applications | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 12/03/2024. | High |
| KPI IR29.013 | CQC - Provide Safety | Number of Reauthorisation DoLS Applications Received | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 12/03/2024. | High |
| KPI IR29.014 | CQC - Provide Safety | Number of DoLS reviews Received | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 12/03/2024. | High |
| KPI IR29.015 | CQC - Provide Safety | Number of Withdrawn DoLS Applications | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 12/03/2024. | High |
| KPI IR29.016 | CQC - Provide Safety | Number of DoLS Authorisations Recevied | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 12/03/2024. | High |
| KPI IR29.017 | CQC - Provide Safety | Number on outstanding DoLS applications | Data Source Master DoLS Statistics spreadsheet.<br>Definition/Calculation: Snapshot at 25/03/2024 there are 1765 outstanding applications of which 7 are from 2015/2016 with the oldest at 3 applications from 26/06/2015. | High |

| KPI IR29.018 | CQC - Provide Safety | Number of Contacts received by Single Point of Access | Data Source SPA live spreadsheet data as of 22.3.24.<br>Definition/Calculation: Total number of contacts received | High |
|---|---|---|---|---|
| KPI IR29.019 | CQC - Provide Safety | Average number of working days for a Single Point of Access decision | Data Source SPA live spreadsheet data as of 22.3.24<br>Definition/Calculation: Average number of working days from form submission to SPA decision on outcome | High |
| KPI IR36.001 | CQC - Leadership | % of Staff appraisals complete (and entered on SAP) - Adults | Data Source: SAP (HR quarterly Scorecard)<br>Definition/Calculation: Over a rolling year proportion of staff at quarter end who had a PDR within the last 12 months. | High |
| KPI IR36.002 | CQC - Leadership | % of Staff 100% Compliant with My Compliance training sessions - Adults | Data Source: IMS<br>Definition/Calculation: Number of staff required to complete training who are 100% compliant divided by the number of staff required to undertake training. | High |