

ADULT SERVICES

PERFORMANCE REPORT

QUARTER 4 2023-24



#GweithioDrosGaerdydd
#GweithioDrosochChi

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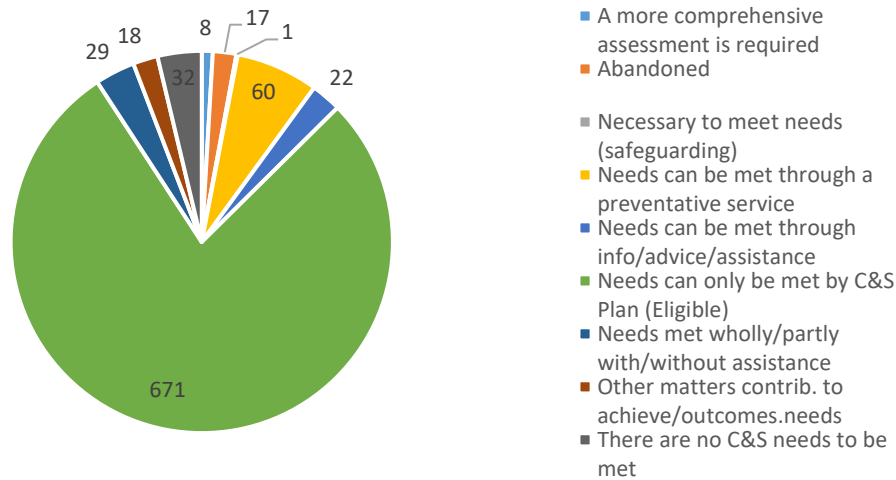
Section 1 - Information, Advice and Assistance

IIA & Prevention	2022/23	2023/24	2023/24																																							
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Total																																			
Number incoming of calls to First Point of Contact	15,954	No Target	3684	3737	3107	3507	14,035																																			
KPI - The percentage of new cases assisted by First Point of Contact where a more comprehensive assessment is not required	New Measure	65%	64%	68%	73%	72%	69%																																			
<table border="1"> <thead> <tr> <th>FPOC Referrals</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>Referrals received for a wellbeing assessment</td> <td>1038</td> <td>1015</td> <td>870</td> <td>969</td> </tr> <tr> <td>Number of referrals received that were urgent</td> <td>107</td> <td>82</td> <td>51</td> <td>83</td> </tr> <tr> <td>Total Assessments completed by Contact Officers</td> <td>552</td> <td>622</td> <td>468</td> <td>564</td> </tr> <tr> <td>Total Assessments resolved by Contact Officers</td> <td>352</td> <td>429</td> <td>347</td> <td>403</td> </tr> <tr> <td>Number of cases sent to FPOC SW for a more comprehensive or immediate assessment</td> <td>195</td> <td>177</td> <td>124</td> <td>159</td> </tr> <tr> <td>Resolved at FPOC (FPOC Community Only)</td> <td>64%</td> <td>68%</td> <td>73%</td> <td>72%</td> </tr> </tbody> </table>	FPOC Referrals	Q1	Q2	Q3	Q4	Referrals received for a wellbeing assessment	1038	1015	870	969	Number of referrals received that were urgent	107	82	51	83	Total Assessments completed by Contact Officers	552	622	468	564	Total Assessments resolved by Contact Officers	352	429	347	403	Number of cases sent to FPOC SW for a more comprehensive or immediate assessment	195	177	124	159	Resolved at FPOC (FPOC Community Only)	64%	68%	73%	72%	<p>Total Incoming calls for the year was 14,035, which is a reduction on the previous 2 years.</p> <p>72% of referrals were resolved at FPOC and didn't require further involvement from a Social Worker during Q4, for the full year this was 69%. This is an improvement on 2022/23 and above target.</p> <p>More referrals were received in Q4 than the previous quarter, which is the trend due to Christmas occurring during the period.</p> <p>8.5% of Referrals were classed as urgent, back to the level prior to Q3.</p>						
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Resolved at FPOC (FPOC Community Only)	64%	68%	73%	72%																																						
% Adults who have received advice and assistance from the information, advice and assistance service and have not contacted the service for 6 months	89.3%	All Wales Average 65% Cardiff Average since 2017 is 86%	89.8%	90.2%	90%	90.9%	90.2%																																			
KPI - The percentage of clients who felt able to live independently in their homes following support from Independent Living Services	98%	95%	96%	98%	98%	100%	98%																																			

Section 2 - Assessments, Reviews & Care Plans – All Teams

Assessment	2022/23	2023/24	2023/24				Result
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	
Number of Well-being Assessments – Full Assessments completed	2,788	No Target	777	724	865	848	3,219
Number of Well-being Assessments - Proportionate Assessments completed	3,009	No Target	930	866	936	1,259	3,990
Total Number of Well-being Assessments	5,797	No Target	1,707	1,590	1,801	2,107	7,209
Caseload – Total Number of Cases Open to Adult Services	6,034	6,020	No Target	6,107	6,123	6,068	6,007

Q4 WB Full Assessment Outcomes



There has been an increase in assessments from 1,795 in Q3 to 2,120 in Q4, with a significant increase in proportionate assessments. The total number of assessments for the year has increased by 1,412 when compared to 2022/3, a 24% increase.

Since October 2023 Occupational Therapists (OT) are now Trusted Assessors and complete low-level social care assessments. Home Care Managers within the Community Resource Team have also become Trusted Assessors, and they too complete proportional assessments, at entry into the Community Resource Team. This has led to an increase in the number of proportionate assessments that have been completed in 2023/24.

The outcomes of Full Assessments show that there has been an increase in the number of people having their needs met by a preventative service in Q3 and Q4. This total was less than 10 people in the first half of the year and was 130 for the 2nd half of the year. This is a result of the triage at the front door from Occupational Therapy who are finding preventative solutions.

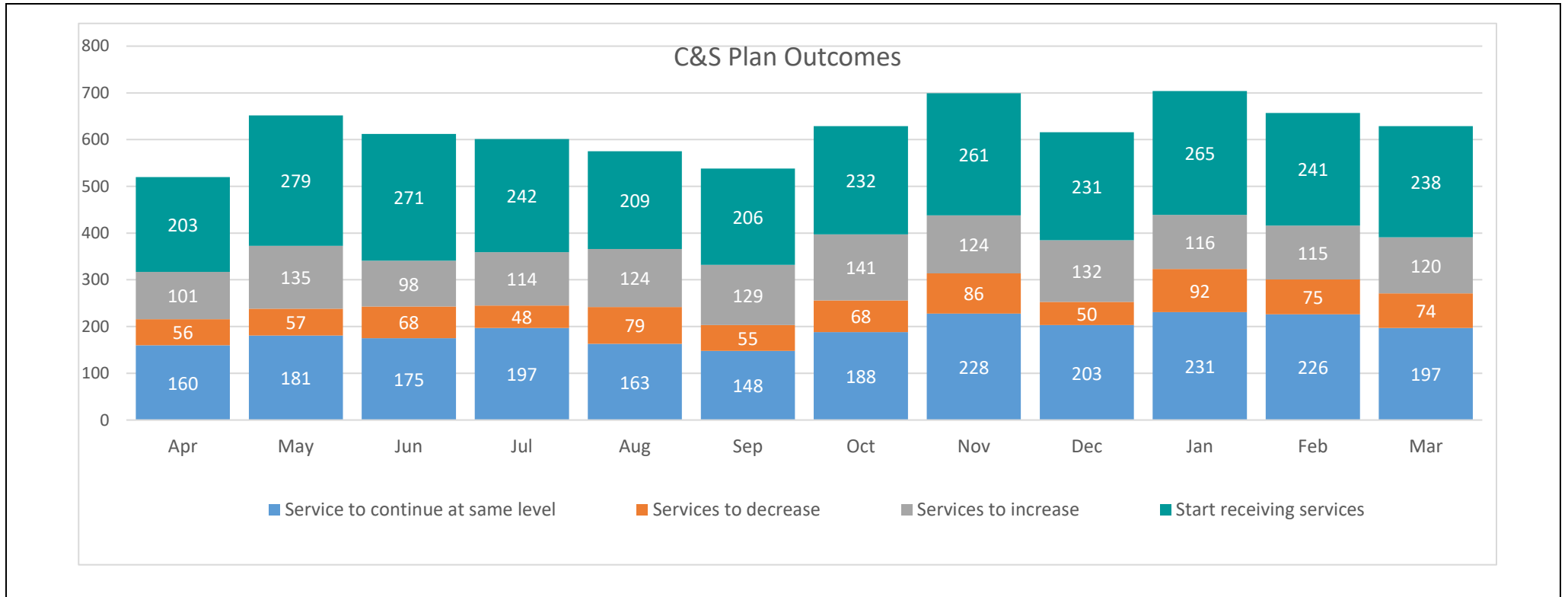
The total number of Carer’s Assessments completed increased during the period (see below), however the percentage of eligible carers accepting an assessment decreased.

Carers	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
Number of Well-being Carers Assessments completed	610	No Target	152	116	93	102	463

463 Carers Assessments were completed this year, almost 150 less than last year. The completion of carers assessments has been low due to staff shortages. The service has recently moved into the Independent Living Service to increase its accessibility and recruitment has taken place to vacant posts. It is envisaged that this will result in an increase in assessments accepted and completed in the coming year.

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KPI - Percentage of eligible adults who are caring for adults that are offered a carers assessment.	48.2%	60%	83.5%	85%	87%	88%	86%
The percentage of eligible new carers who accepted the offer.	N/A	N/A	54%	51%	52%	46%	51%



Reviews & Care Plans	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
Number of Care & Support Plan reviews completed	2,831	No Target	989	916	963	798	3,666

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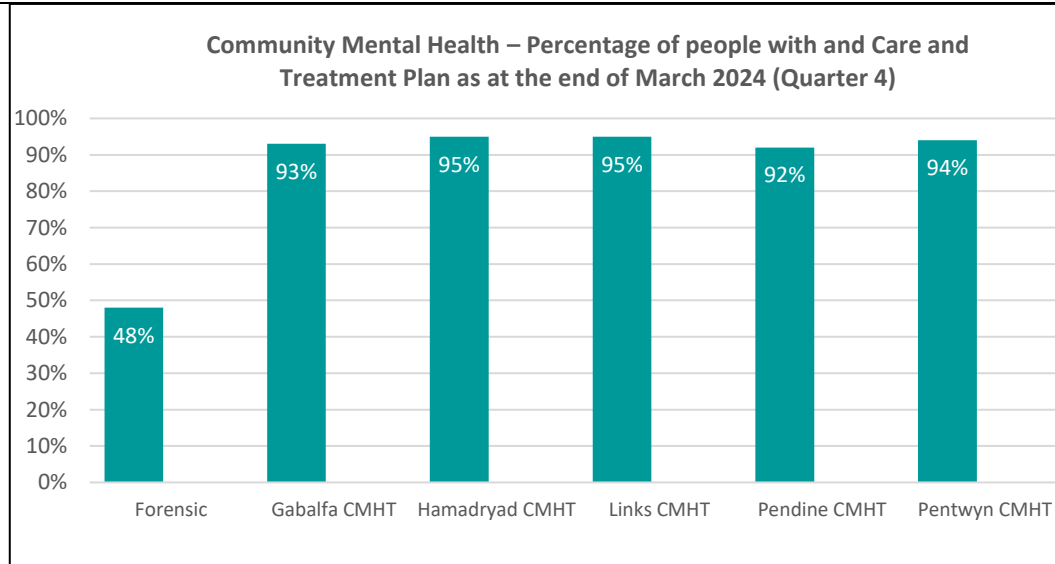
<p>While Q4 has seen a decrease in the amount of Care Plan reviews completed, overall, for the year there were 3,666 reviews completed, over 800 more than last year, a 22% increase.</p> <p>84.6% of reviews that became due in the quarter were completed during the quarter.</p> <p>There are currently 1,593 overdue reviews across the teams, where either a review or re-assessment has not been completed in time. Further work is being done to analyse and cleanse this data and to develop new reporting arrangements by team.</p>	% Reviews due for completion during the quarter that were completed during that quarter	2022/23 Q4	2023/2 Q1	2023/2 Q2	2023/2 Q3	2023/2 Q4
	Case Management & Review	86.2%	86.3%	96.2%	94.7%	92.1%
	CADT	92.1%	87.8%	94.7%	90.2%	100%
	MHSOP	94.3%	75.9%	95.2%	88.8%	84.5%
	Hospitals	87.9%	86.1%	96.6%	94.5%	100%
	LD	55.0%	46.5%	83.6%	46.4%	47.8%
	Total	81.8%	79.1%	93.6%	85.5%	84.6%

Learning Disabilities	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
KPI - Number of people with Learning Disabilities supported by the Complex Needs Days Service to continue living at home through preventative services	N/A	TBC	69	69	70	66	66
Annual KPI - Number of young people with complex support needs in transition from school to Adult Services referred to the Complex Needs Day Service	6 referrals - 3 accepted						
Annual KPI - Number of young people with Learning Disabilities with complex support needs in transition from school to Adult Services who chose to stay in local education	0						
Unfortunately, Vale College (CAVC) ended a pilot course for young people within Further Education. Council officers are working with CAVC with the aim to restart this in September 2025.							

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Community Mental Health	2021/22	2022/23	2023/24	2023/24			
	Result	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Community Mental Health – Number of people open to Community Mental Health Services who have a Care and Treatment Plan	2593	2556	No Target	2598	2625	2658	2742
Community Mental Health – Percentage of people open to Community Mental Health Services who have a Care and Treatment Plan	94%	89%	No Target	89%	89%	90%	89%

Of the 3,079 people open to Community Mental Health services in Health’s Paris System at the end of quarter 4, 89% (2,742) had a Care & Treatment Plan. The Forensic team will always be a lower percentage due to the people being in a secure setting (majority of referrals to this team are received from Prison Medical Service).



Section 3 - Reablement

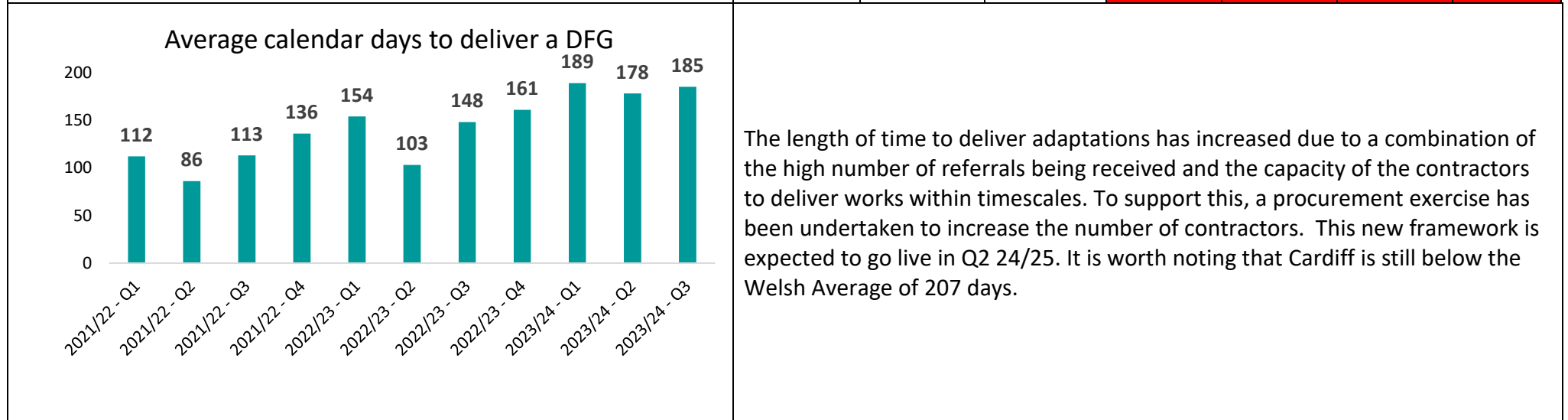
Reablement	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
The number of people who accessed the Community Resource Team (CRT)	1493	Increase on last year	361	359	414	435	1569
The total hours of support provided by the Community Resource Team	35,147	Increase on last year	7,575	7,385	7,660	8,491	31,111
<p>1,569 people accessed the services of CRT this year, 76 people more than last year. CRT have provided 31,111 hours this year, which is a decrease from previous years. However, CRT introduced a new scheduling system in January 2023 and also implemented new rota templates for carers seeing a lot of positive change across the service, which means that more care packages are being right-sized within the 6 weeks. This explains the reduction in total care compared to previous years.</p>							
SCAL23 Percentage of people helped back to independence without ongoing care services, through short term intervention	50.79%	No Target	58.23%	59.07%	63.05%	66.8%	62%
Number of Community Resource Team (CRT) assessments undertaken following a referral	1,483	No Target	314	321	330	434	1,399
<p>CRT have undertaken 1,399 assessments this year, compared to 1,483 last year. This figure is lower than the total number of people who accessed the service (1569). This is because an individual's situation may change in the time between triage/referral and when an assessment is due to be completed, meaning the assessment may not always go ahead.</p>							
KPI - The percentage of service users of the Community Resource Team – Homecare Service who were satisfied with the service received from the carers who supported them	New Measure	95%	100%	100%	98%	98%	99%
Percentage of CRT Home Care Assessments where outcome is - Appropriate for CRT	76%	No Target	76.8%	80.5%	79%	77.7%	78%
CRT Discharges by outcome – Aim Achieved	40%	No Target	46.31%	46.8%	47.9%	55%	49%

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Reablement	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
<p>The definition of “Aim Achieved” is that any care and support reablement goals have been achieved. There may be a number of reasons as to why aims are not achieved, such as the client passing away, the client declining the care and support offered or the client may go into hospital before the plan had ended.</p>							
KPI - Integrated Discharge Hub - Number of referrals triaged within 1 working day	N/A	85%	75%	73%	70%	66%	70%
<p>In 2023/24 the IDH introduced additional tasks to the triage function, including the reviewing of cases where capacity is doubted, reviewing of low-level referrals for CRT reablement and also an authorisation procedure (overseen by the new IDH professional lead). The introduction of these tasks and a decrease in staffing resource, has meant that there has been a decrease in the number of referrals triaged within 1 working day.</p> <p>However, the benefits of introducing these new tasks, has resulted in a 10% decrease in inappropriate referrals as well as a decrease in the number of referrals sent into social care for complex discharge planning, improving flow within the hospital system and maximising discharges through non-complex discharge pathways (CRT reablement and D2RA).</p> <p>Going forward into the new financial year, now that these new tasks have been implemented, it is projected that the IDH will see the percentage of cases received within 1 working day increase.</p>							

Reablement							2022/23	2023/24	2023/24																																																																																																								
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Outcome of CRT Assessments undertaken following a referral Q4							CRT Discharge Outcomes																																																																																																										
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<p>There are a number of scheduled discharges cancelled prior to the assessment taking place. This is reflective of the changing needs of the patients who are becoming medically unfit for discharge before the assessment can take place.</p> <p>Those that result in therapies only or are “not appropriate” are reviewed on a regular basis and discussed with the triaging MDT to ensure correct options are considered prior to utilising a CRT.</p>							<p>As a reablement service it is expected that a large percentage of service users will leave the service with no ongoing care needs. The admissions criteria for the service have been reviewed in line with the discharge pathways to care, to ensure the right people are receiving the right type of care at the right time therefore a sustained increase in the performance outcome has been realised in Q4.</p>																																																																																																										

Disabled Facilities	2021/22	2022/23	2023/24	2023/24			
	Result	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
KPI - The average number of calendar days taken to deliver a Disabled Facilities Grant (from initial contact to works complete and certified date)	122	141	150	189	178	185	198

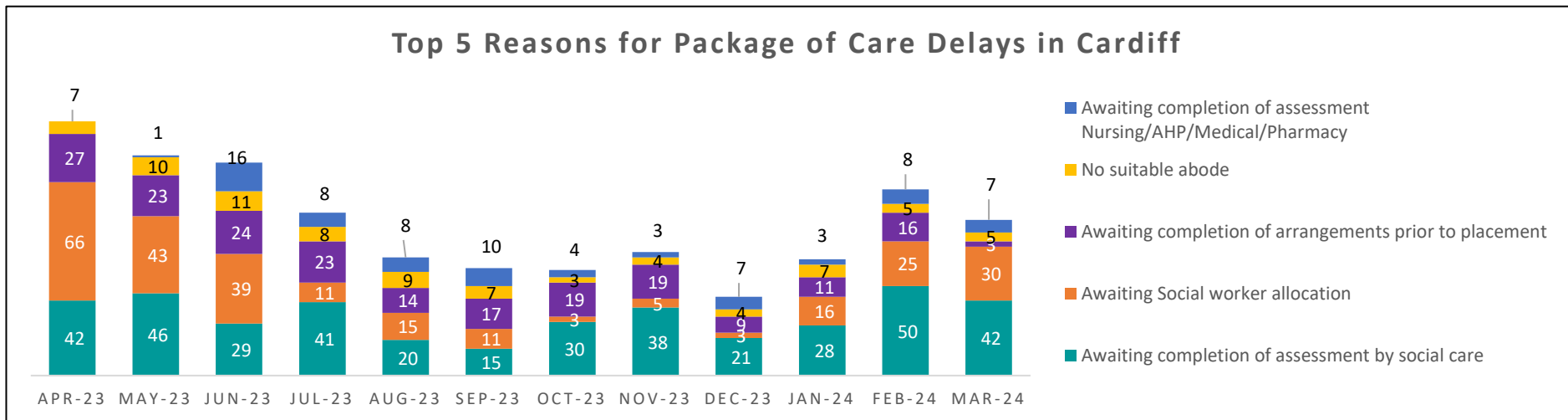


Section 4 - Hospital Discharge

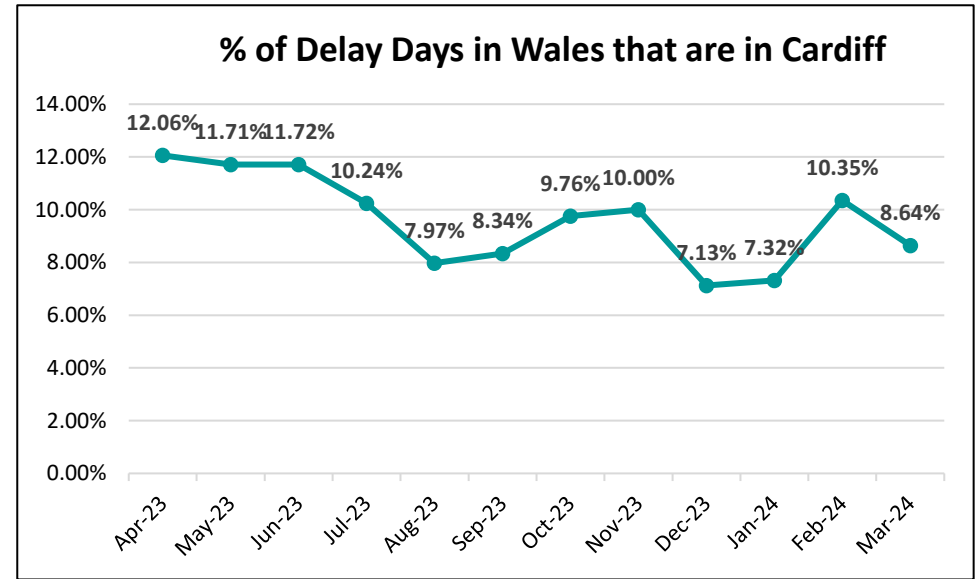
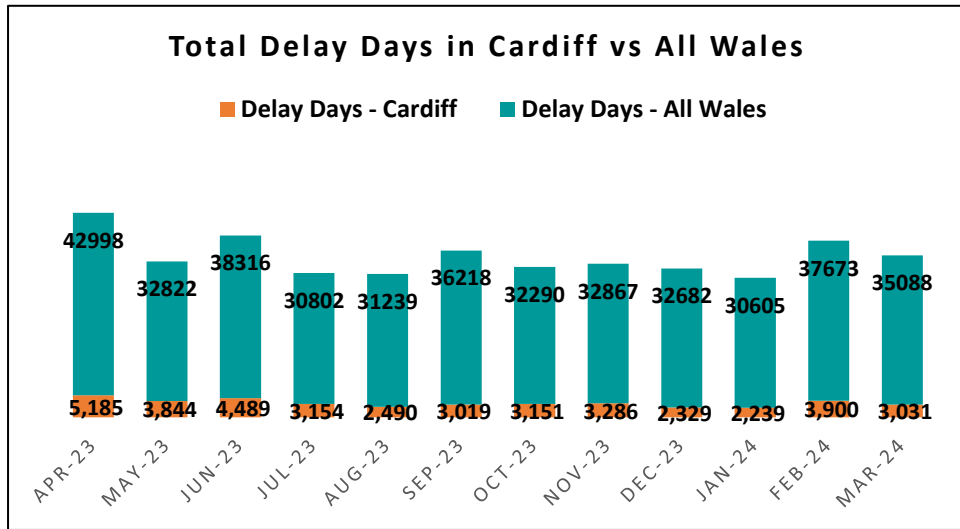
Hospital Discharge	2022/23	2023/24	2023/24			
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Total Number of Discharges from Hospital	New Measure	To Be Developed	485	550	517	596

There was an average of 44 discharges per week in 2023/24. This a 100% improvement on 22/23, which is a reflection of the collaborative working to put in place the Integrated Discharge Hub, implementation of a Trusted Assessor model, and the use of Discharge to Recover and Assess.

Package of Care Delays														
	2022/23 Result	2023/24 Target												
Total number of package of care delays for social care	No Result	No Target	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
			185	159	163	132	115	124	146	147	95	110	162	141



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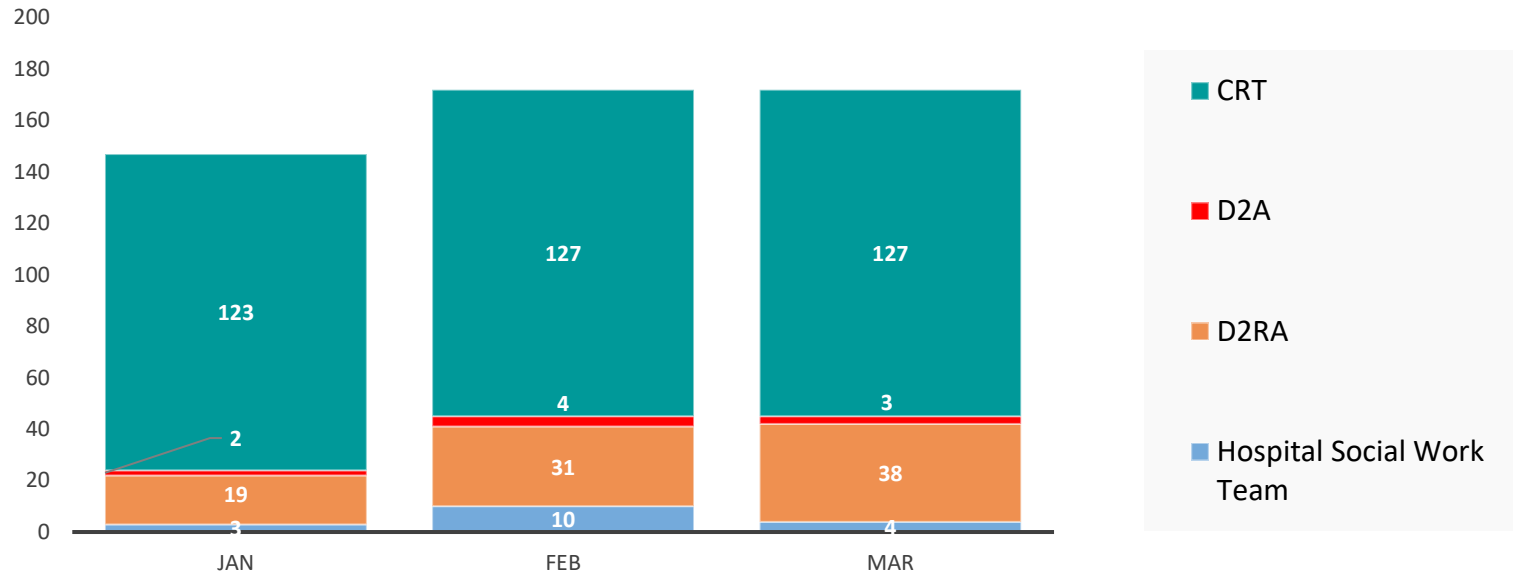


Hospital Discharge	2022/23 Result	2023/24 Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
Discharge medically fit people via the Discharge to Recover and Assess (D2RA) Pathway within 72 hours of triage	New Measure	No Target	92%	98%	98.5%	98%	95%

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KPI - Review care package following discharge within 10 days at home	New Measure	No Target	85%	87%	96.1%	76%	85%
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Discharge With Care Pathways - Overview



Section 5 – Care Provision

Care Provision – Residential Care	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
Residential Care Home - New Contracts Agreed	260	No Target	75	74	64	58	271
Nursing Care Home - New Contracts Agreed	279	No Target	82	77	62	58	279
KPI - Over 75's new to Residential Care	104	No Target but year on year reduction	31	25	29	33	118
In 2023/24, there were 118 people over the age of 75 introduced to Residential Care, 14 more than the previous year.							
The number of people in residential care aged 65 or over per 10,000 population	67.6	No Target	66.7	67.3	68.2	70.9	70.9
System issues have contributed to the increase in the figure in Quarter 4. A backlog of cases was eliminated by a concerted effort to get all packages onto the new CareFinance system in Quarter 4. Some cases uploaded to the system with no paperwork are now included in the result for the first time. If these cases were to be excluded from the measure, the result would be 68.2.							
SSWB22 Average age of adults entering residential care homes	85	No Target	82.9	82.6	83.7	81.7	81.7
SSWB21 Average length of time (days) adults aged 65 or over are supported in residential care homes	902	No Target	901.5	818.9	727.5	764.8	764.8

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Care Provision – Domiciliary Care	2021/22	2022/23	2023/24	2023/24	2023/24		
	Result	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
Total number of citizens in Domiciliary Care <i>*does not include Direct Payments</i>	n/a	2136	No Target	2189	2235	2323	2371
Total hours of Domiciliary Care provided	n/a	121,910	No Target	33,907.5	36,893.25	37,658.25	38,867.75
KPI - Average Number of days between Referral and Start of Package in Domiciliary Care	17	15	14 Days	12	12	12	11
Longest time between Referral and Start of Package in Domiciliary care (in days)	148	148	No Target	55	38	82	31
KPI - The average number of people waiting for domiciliary care at month end <i>*Only includes people that have contract award agreed</i>	N/A	14	<30	N/A	N/A	N/A	N/A
We are in the process of reviewing the 2023/24 results for the above KPI for accuracy and will finalise the results shortly.							

Direct Payments	2021/22	2022/23	2023/24	2023/24			
	Result	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
SCAL25a Total number of adults in need of care and support using the Direct Payments scheme (cumulative)	787	725	No Target	632	633	708	752
SCAL25a Total number of Children in need of care and support using the Direct Payments scheme (cumulative)	185	176	No Target	158	168	166	170

Section 6 – Quality, Complaints and Compliments

Quality, Complaints & Compliments

Escalating Concerns

Domiciliary		Residential/Nursing Care Homes		Supported Living	
Quality Assurance	2	Quality Assurance	2	Quality Assurance	3
Provider Performance Meetings	1	Provider Performance Meetings	3	Provider Performance Meetings	2
Joint Interagency Monitoring Panel	1	Joint Interagency Monitoring Panel	1	Joint Interagency Monitoring Panel	0
Closure Procedure (SOSG)	0	Closure Procedure (SOSG)	0	Closure Procedure (SOSG)	0

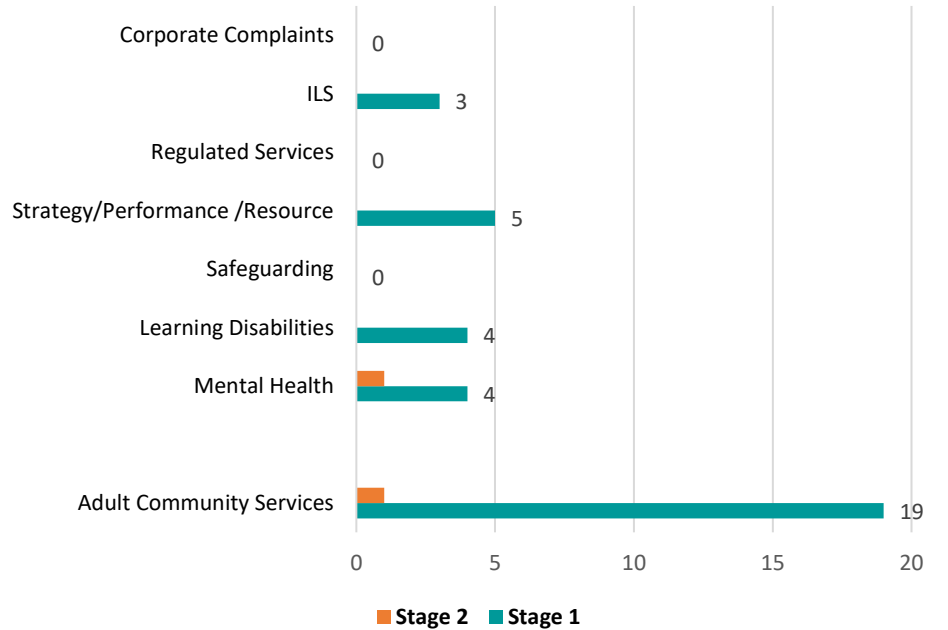
Summary of Q4 Escalating Concern Meetings
 The number of providers in the Escalating Concerns process has increased 13 in Q3 to 15 in Q4. The increase has come at Provider Performance Meeting level from 4 in Q3 to 6 in Q4. No significant trends have been identified in Q4, but changes are expected in this coming year due to Home Office concerns related to their overseas worker sponsorship licences.

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Adult Services Compliments and Complaints

Number of Adult Services Complaints										
Service Area	2022/23		2023/24 Q1		2023/24 Q2		2023/24 Q3		2023/24 Q4	
	Stage 1	Stage 1	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2	Stage 1	Stage 2
Adult Community Services	51	8	7	1	9	0	16	1	19	1
Mental Health	13	3	3	0	5	0	1	0	4	1
Learning Disabilities	22	3	3	0	2	1	4	1	4	0
Safeguarding	5	2	1	0	2	0	0	0	0	0
Strategy/Performance /Resource/Finance	10	5	5	0	7	0	3	0	5	0
Regulated Services	2	0	0	0	0	0	0	0	0	0
ILS	13	6	6	0	7	0	4	0	3	0
Corporate Complaints	10	0	0	0	1	0	1	0	0	0
Total	124		26		34		29		37	

Adult Services - Complaints Q4



Compliments

Service Areas	Compliments
Independent Living Services	77
Adult Community Services	7
Learning Disabilities	4
Mental Health	2
Safeguarding	2
Strategy/Performance/Resource	4
Total	97

There were 97 compliments received in Q4. Independent Living Services received over 75% of all compliments.

There were 126 complaints this year, 2 more than the previous year.

Annual KPI - The percentage of people satisfied with services provided by Adult Social Care

66%

This result is taken from the response a question within the Adult Services Survey conducted in 2023/24 “How satisfied are you with your care and support plan” to which the response was 66% satisfied or very satisfied. Other notable results were 93.8% agreed or strongly agreed that their Assessor interacted with me politely and treated me with respect and 72% - who felt more supported since their assessment.

Section 7 - Safeguarding

Safeguarding	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
KPI - Percentage of adult protection enquiries completed within 7 days	93%	99%	98.2%	99%	99%	99.9%	99%
Number of contacts received	1,696	No Target	660	620	689	696	2,665
In December 2022, the Adult Safeguarding Service changed the method of recording referrals received to reflect 100% of referrals into service. Prior to this, referrals triaged out at initial screening (Wales Safeguarding Procedures Section 3 Part 1) were not added to Carefirst. Since adding all referrals, the volume shown is a true reflection of demand.							
RES15 % of Adults, Housing & Communities council staff completing Safeguarding Awareness training.	85%	81.6%	92.1%	96%	96%	95%	95%
<i>*This data does not include casual workers and Schools</i>							

Section 8 – Community Support

Community Support	2022/23	2023/24	2023/24				
	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result	Result
KPI - The percentage of people who feel reconnected into their community through direct and digital interventions from the Day Opportunities team	89%	85%	91.1%	86.8%	83.75%	92%	88.44%
KPI - % of council staff completing Dementia Friends Training	54.4%	85%	58%	58%	60%	67%	67%
The year end result although under target is a significant improvement on 2022/23 performance. Efforts will continue to encourage compliance across directorates.							

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KPI - The number of businesses pledging their commitment to work towards becoming Dementia Friendly	79	40 (Year)	38	87	56	80	261
KPI - The number of ambassadors recruited to promote Dementia Friendly Cardiff	New Measure	4 Per District	4	6	10	2	22
KPI - The number of events held to support people to keep active and stay mobile	New Measure	500	124	117	113	187	541
KPI - The number of participants at the events held to support people to keep active and stay mobile	New Measure	8,000	2,953	2,224	2,404	2,296	9,517
KPI - The number of events held to support people to remain connected and stay social	New Measure	1,400	384	388	369	373	1,514
KPI - The number of participants at the events held to support people to remain connected and stay social	New Measure	15,000	4,358	4,130	3,904	4,387	16,779
KPI - The number of service user sessions delivered within Care Hub Day Services	New Measure	6,500	1,874	1,793	1,898	2,034	7,599
KPI - The number of care hours delivered by Care Hub Day Services	New Measure	40,000	11,244	10,434	11,388	12,204	45,270
KPI - The Number of digital/In Person Dementia Friendly City events held (cumulative)	2,616	2,300	935	904	851	907	3,661

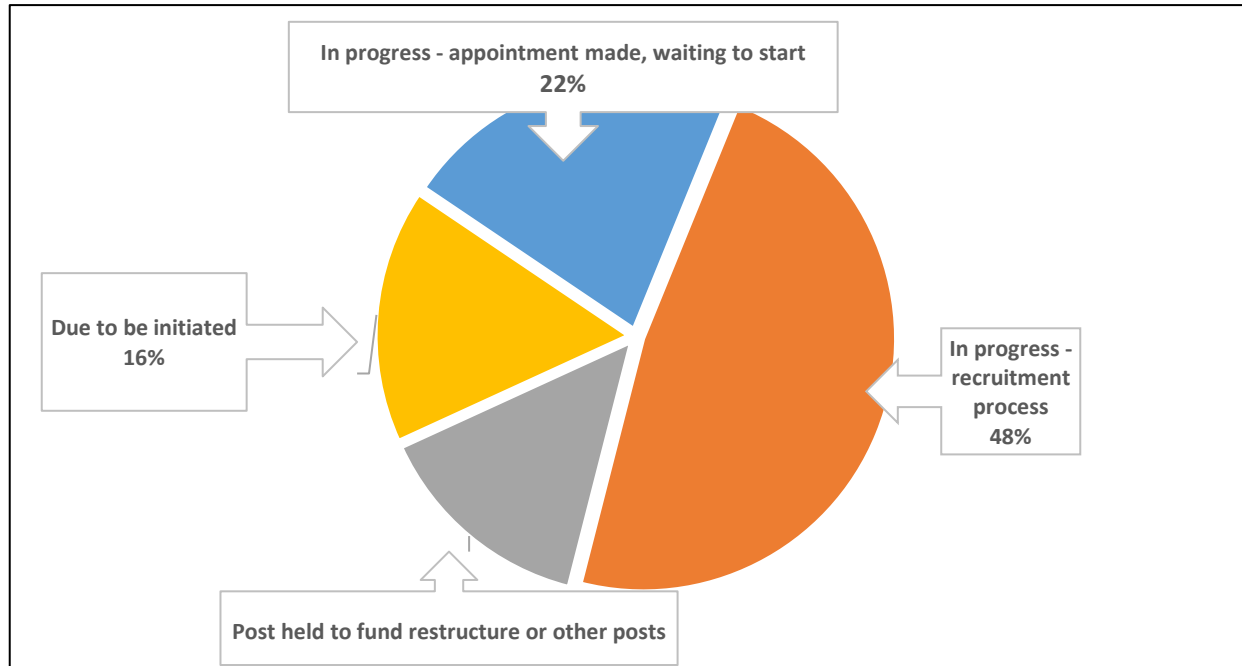
Section 9 - Workforce

Workforce	2021/22	2022/23	2023/24	2023/24			
	Result	Result	Target	Q1 Result	Q2 Result	Q3 Result	Q4 Result
KPI - Number of Domiciliary Care Workers in Cardiff Registered with Social Care Wales	2,566	4,676	2,600	2,830	3,032	3,162	3,417
KPI - The number of domiciliary care workers registered with Social Care Wales in Cardiff as a percentage of the total number of domiciliary care workers registered in Wales	8.7%	4.3%	7.5%	13.5%	13.5%	14.5%	15.84%
KPI - % of social work vacancies out of total FTE of 137.4) *Social Worker only, not including SW Assistants and Managers	12.9%	9.94%	<12%	20.31%	21.98%	19.39%	17.73%

There has been a further decrease in the percentage of social worker vacancies in Q4. A Workforce Strategy has been developed including a range of actions to improve recruitment and retention and improved monitoring is in place and a new Workforce Officer is in post to ensure proactive recruitment activity is undertaken.

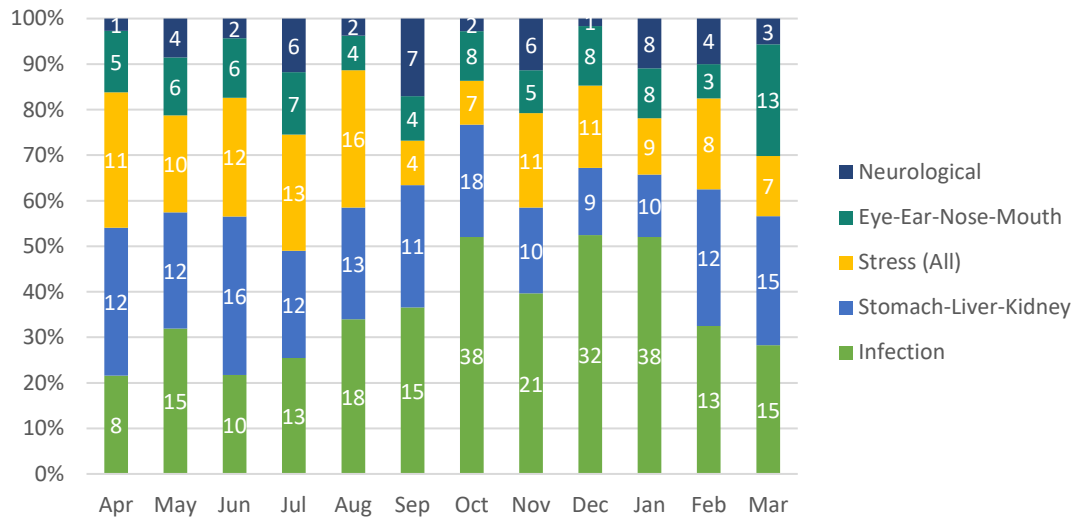
Social Worker Vacancies Breakdown									
Service	Grade 7			Grade 8			Total		
	Total Posts	Vacancies	% Vacant	Total Posts	Vacancies	% Vacant	Total Posts	Vacancies	% Vacant
Older Persons / Physical Disabilities Services	33.79	7	20.72%	18.27	3.42	18.72%	52.06	10.42	20.02%
Learning Disability	16.07	3.5	21.78%	8.99	0	0%	25.06	3.50	13.97%
Mental Health (including MHSOP and EDT)	17.73	7.81	44.05%	42.35	2.59	6.12%	60.08	10.40	17.31%
Total	67.59	18.31	27.09%	69.61	6.01	8.63%	137.20	24.32	17.73%

ADULT SERVICES – PERFORMANCE REPORT Q4 2023-24



Sickness

Highest Sickness Reasons



Adult Services saw a decrease in the total level of sickness compared to Q3.

Infection decreased from 91 in Q3 to 66 instances in Q4.

Adult Services ended the quarter and year at 17.70, lower than the 2024/3 figure of 20.80 and slightly below the set target.

97.85% of all Return-to-Work interviews were completed in Q4.

The indicative number of sickness per full time employee (FTE) - If the rate of sickness in that month was at the same level for the whole year that is what the Average FTE would have off sick. (Simply the percentage of sickness x 224 – the number of working days in a year).

Adult Services	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD	Target
2023/24	13.86	11.40	15.73	19.45	21.73	18.11	21.38	20.16	18.19	19.40	15.59	16.57	17.70	17.8
2022/23	21.43	20.23	19.26	19.34	21.43	20.85	17.53	19.34	23.98	20.85	17.53	17.57	20.80	17.0