

**Exception Report: Key Points to address under performance**

| Reporting Quarter | KPI Ref | KPI (state KPI which is under performing)  | Provide outline of reason(s) why KPI is not meeting expected target   | Key action(s) to be undertaken to address under performance   | Timescale for key action to be completed (link to column E) | Performance Improvement plan completed (yes / no) - if yes please submit with performance report if no complete next column | If no provide reason why no performance improvement plan attached |
|-------------------|---------|--|---|---|---|---|---|
| Q1                | 3       | Successful completion of drug treatment - Opiate Clients   |   |   |   |   |   |
| Q1                | 4       | Successful completion of drug treatment - Non Opiate Clients   |   |   |   |   |   |
| Q1                |         | Successful completion of alcohol treatment   |   |   |   |   |   |
| Q1                | 14      | Improvement of average days drinking of service users at review  |   |   |   |   |   |
| Q1                | 15      | Reduce the proportion of service users deteriorating at exit for Alcohol only  |   |   |   |   |   |
| Q1                | 16      | Mean improvement of psychological score at exit<br>Abstinence levels at review & exit - Opiates & Crack, Cocaine<br>Abstinence levels at review & exit - Amphetamines<br>Abstinence levels at review & exit - Cannabis | The NDTMS data for the next quarter is not available until end of November 2018   | Action will be remedied once NDTMS data is published  | 30/11/18  | No  | Action will be remedied when NDTMS data is published              |
| Q1                | 17      | Abstinence levels at review & exit - Other drugs<br>Abstinence levels at review & exit - Injecting<br>Abstinence levels at review & exit - Alcohol days<br>Abstinence levels at review & exit - Alcohol units          |   |   |   |   |   |
| Q1                | 30      | Greater proportion of opiate users treated within the drugs shared care scheme. *Defined by the proportion of opiate users treated in primary care compared to the total in treatment across specialist and primary.   | Number of Shared Care service users sits at 45% this is an improvement from initial data obtained within the first 2 months | A SQIP has now been developed which looks at specific actions to address the performance issue                                  | 01/10/18  | Yes   |   |
| Q1                |         | Number of patients transferred to shared care  | Data suggests that the numbers of service users transferring to shared care has decreased                                   |   |   | Yes   |   |
| Q1                | 33      | Number of patients receiving shared care treatment at the end of the quarter   | The current caseload is at 45% and as yet does not meet the target of 55%   |   |   | Yes   |   |
| Q1                |         | Number of shared care patients receiving prescribing maintenance   | The service is not able to provide this data at this point.   | We are looking at a number of improvements to the current case management system to allow us to report on this for the month of | 01/11/18  | No  | Actions to be achieved before next monthly performance report     |
| Q1                |         | Number of shared care patients involved in reduction programmes  | The service is not able to provide this data at this  |   |   | No  |   |

|    |    |  | point.  | August 2018  |          |     |
|----|----|--|---|--|----------|-----|
| Q1 | 3  | Average positive movement for all clients in 'recovery' in at least 6 of the 8 distance travelled domain | Data unable to be retrieved   | Over the next month we will be reviewing the recovery offer to improve incoming referrals into service   | 01/11/18 | Yes |
| Q1 |    | Referral acknowledgement within 2 working days   | Efficient response times to referrals, assessments and care planning has improved. We continue to focus on increasing referrals into the Recovery Service | We have successfully recruited staff into the Recovery Team and are continuing to support the Recovery Team to increase incoming referrals ensuring efficient waiting times are achieved |          | Yes |
| Q1 | 6  | Assessment within 5 days of referral being received  |   |  |          |     |
| Q1 |    | Care/recovery plan developed within 7 days of assessment   |   |  |          |     |
| Q1 | 13 | Individuals signposted/offered support to access a GP/Dentist  | The service has identified those who may need support to access GP or with smoking cessation  | We plan to make some changes to the electronic case management system to allow staff to evidence support offered to those identified as needing offer of support                         | 01/11/18 | yes |
| Q1 | 14 | Individuals signposted/offered support to access to quit smoking   | wkthough not evidencing support has being offered   | We plan to create a more structured carers offer to meet out of hours of service provision.  |          |     |
| Q1 | 15 | Identified concerned others/carers offered support   | The service does provides carers support on an adhoc based however is not evidenced   |  |          | yes |