

Report Summary			
Report to	Clinical Governance Committee	Date of Meeting	11 May 2022
Report Title	Looked After Children (LAC) Annual Report	Agenda Item	5.7
Executive/ Non-Executive Lead	Fiona Burton, Chief Nursing Officer	Report Author(s)	Carla Elliott. Named Nurse Children in Care, Warwickshire
Report Previously Discussed at	Audit and Operational Governance Group Family Health Division on 26 April 2022.		

Purpose of the Report		
This report is provided to present the evidence of the Children in Care (CiC) Teams operational activity of how the statutory health needs of Warwickshire children and young people (CYP) residing in care are met.	For Approval	
	For Discussion	
	For Information	√

Recommendations and Action Required
The Committee is asked to receive and note this report.

Impact (is there any impact arising from the report on the following?)			
Quality	√	Equality	
Finance	√	Risk	
Performance	√	Compliance	√
Workforce		Legal	

Applicable Quality Improvement Priorities			
Elective Hub		Health Inequalities	
Electronic Patient Record (EPR) Mobilisation		Patient Portal	
Children and Young People in Crisis		Remote Monitoring Technology	
Maternity Workforce		Living Well with Cancer	
Autism Strategy			

Trust Values (which of the Trust Values is the report helping to deliver?)			
Safety	√	Compassionate	√
Effectiveness	√	Trusted	√

Relationship to the Board Assurance Framework (BAF) and Risk Register	
Are any existing risks on the BAF/Risk Register affected?	
Identify the BAF/Risk Register risk ID and description – explain how the risk has been affected – reduced or increased as a consequence of the evidence within the report – N/A	
Do you recommend a new entry to the BAF and/or Risk Register is made as a result of this report? If yes, describe the new risk – N/A.	

## **South Warwickshire NHS Foundation Trust**

### **Report to the Clinical Governance Committee – 11 May 2022**

#### **Looked After Children (LAC) Annual Report**

##### **Executive Opinion and Assurance**

This is a reassuring report that provides information regarding the Children in Care (CiC) team recovery and improvement work over the past year from what was a very challenging position. I would recommend that the Committee congratulate the lead nurse for this recovery and her leadership in this. It would be useful to understand how assured the lead nurse is in this sustained recovery given the ask from out of area and the increasing numbers of adoptions and asylum families in the area.

Fiona Burton  
Chief Nursing Officer

##### **Executive Summary**

This year has proven difficult for the CiC Service. There has been a complete turnover of both nursing and administrative staff following extended periods of long-term sickness and vacancies, including senior management. This period caused a significant backlog of health assessments being offered and completed; this was recorded on the risk register. The new Named Nurse for CiC and the new team have worked through a recovery plan and have completed all of the required actions and are now working towards restoration, continuing to recognise gaps and potential risks

As with many teams, there has been significant change and adaptation due to the Covid 19 pandemic and for a short period of time all health assessments were carried out virtually, however from July 2021 face to face appointments were offered to all children and young people (CYP). Health outcomes for Children in Care (CiC) have demonstrably improved over the last year and impetus has been sustained during the pandemic. All health providers, clinical staff and social care staff have worked very hard to adapt to new ways of working and engaging with children and families. Agencies have worked well together in challenging times to meet the needs of CiC and to keep foster carers informed and up to date.

This report sets out the CiC Teams activity and progress over the past year.

The report incorporates:

- Key activities within the Trust and the challenges of providing a service during a period of team instability and continued change, alongside the ongoing Covid 19 pandemic.
- A review of the current quality assurance methods used to ensure CYP are receiving a high standard of service delivery.
- A demonstration of the increase in demand upon the services delivering care to CYP across Warwickshire.
- Performance data for Initial Health Assessments (IHA) and Review Health Assessments (RHA) delivery for April 2021- March 2022.

- Plans in place to ensure there is evidence of continued strategies to further improve the service for CiC.

## **Introduction**

Looked after children are amongst the most vulnerable groups in society. It is well recognised that children often come into care with poorer physical and mental health than their peers, and that longer term outcomes are also worse for them. Supporting health needs and recognising looked after children as individuals helps to overcome disadvantage, improves life chances and assists children to reach their full potential.

Under the [Children Act 1989](#), a child is legally defined as ‘looked after’ by a local authority if he or she:

- has accommodation from the local authority for a continuous period of more than 24 hours
- is subject to a care order (the CYP is in the care of the local authority)
- is subject to a placement order (part of the adoption process)

The terms looked after child (LAC) or child in care (CIC) are used interchangeably and mean the same thing. Looked after children are, by legal definition, under 18 years of age.

The Local Authority becomes the Corporate Parent but all professionals around the child have corporate parenting responsibilities.

## **Warwickshire CiC**

The CiC population within Warwickshire, is a mix between those who originate from this area and those who are under the care of other Local Authorities living in this area.

Data provided to the CiC team from Warwickshire Local Authority evidences the increase in numbers of CYP entering the care system. The table below indicates that from March 2020 to March 2022 the total amount of CiC increased by 148 CYP with Unaccompanied Asylum Seeking Children (UASC) increasing by 47.

### **Overall Numbers of Children in Care at Year End**

	<b>31/03/2020</b>	<b>31/03/2021</b>	<b>31/3/22*</b>
<b>Warwickshire CIC (including UASC) at 31 March</b>	754	860	822
<b>Warwickshire CIC (excluding UASC) at 31 March</b>	681	776	728

\*Data for 2021/22 is provisional as it has not yet been quality assured as part of the LA returns process to the government.

## Age Breakdown of Children in Care at year end (Grouped)

Age Group	31-Mar-20	31-Mar-21	31-Mar-22*
<b>Under 1</b>	42	33	36
<b>1 – 4 years</b>	119	145	124
<b>5- 9 years</b>	130	161	133
<b>10 – 15 years</b>	263	313	297
<b>16 – 17 years</b>	200	208	232
<b>Total Children in Care</b>	<b>754</b>	<b>860</b>	<b>822</b>

\*Data for 2021/22 is provisional as it has not yet been quality assured as part of the LA statutory returns process to the government.

The data for Adoption Medicals will be included in all future reports.

The Children in Care (CiC) team complete statutory Initial Health Assessments (IHA) and Review Health Assessments (RHA) for CiC.

Initial Health Assessment (IHA) – this is a statutory health assessment that is required to be completed within 20 working days for all children and young people (CYP) coming into care. This is completed by a Paediatrician.

Review Health Assessment (RHA) – these are undertaken 6 monthly for children aged under 5 years and 12 monthly aged 5 years until their 18<sup>th</sup> birthday. These are completed by a Children in Care (CiC) Nurse/Health Visitor/School Nurse or a Paediatrician if clinically indicated.

Public Health England commission RHA's to be completed by School Nurses (Connect for Health) for Warwickshire children who attend a Warwickshire school and Health Visitors, children 0-5 years of age (both Warwickshire and Non-Warwickshire) who reside in the county. The CiC team are commissioned to conduct IHA's and RHA's for all CYP living within a 20 mile radius of Warwick and Nuneaton that do not fit into these acceptance criteria's.

Statutory Health Assessments are an opportunity to assess a CYP physical and mental health status, review the health care plan and provide health promotion advice, information, and counselling. Older children need advice on lifestyle choices, drugs, alcohol, and sexual health.

The Children in Care Team Paediatricians carry out all Warwickshire CYP Adoption Medicals. These are conducted in clinics where a full medical examination and consultation will take place.

## **How do we know we are safe?**

### **Staffing**

The CiC Team have now worked through a significant period of instability caused by long term sickness and vacancies. Staffing has been a priority over the last 8 months and it has been fundamental to recruit to both nursing and administration posts and manage the long standing sickness. Staffing levels are now near to reaching a full established team and there are plans to increase both nursing and administrative staff with developmental roles which will ensure that there are opportunities for staff with no CiC experience to learn the role and progress.

All staff have access to regular clinical and peer supervision.

The CiC Team have continued to work efficiently and effectively to deal with the challenges as discussed above as well as the pressures Covid 19 has produced and continue to provide a reliable and consistent service to ensure that the health needs for all CYP living in Warwickshire are met and health plans provided.

### **Raising the CiC Team Profile**

It has been a priority to raise the profile of the CiC Team across both the organisation and outside agencies to ensure we are contactable to that we are approached for support and information sharing as needed. The CiC Team have established a single point of contact with one direct telephone number which is documented on all emails and appointment letters. The Intranet has been updated with this as well as all team member's names.

### **Mandatory Training/Appraisals**

There is a 100% compliance with both training and appraisals and all appraisals for next year are all booked.

### **Health Assessments**

The Key Performance Indicators (KPI's) of offering and completing an Initial Health Assessment (IHA) within 20 working days are now being met and all assessments are booked as face to face appointments. The data for this report is captured by a mixture of manual and electronic spreadsheets. In January 2022, the CiC spreadsheets were transferred to an electronic system.

From the information captured, 215 assessments were requested and 185 IHA's have been recorded as completed between April 2021 and March 2022 and 658 RHA assessments were requested and 484 have been recorded as completed between April 2021 and March 2022.

Older CYP are more likely to decline their health assessment, however a robust health plan is always provided by the CiC Nurses.

### **Rag Rating RHA's for level of complexity**

The Specialist Nurses attend allocation meetings weekly to rag rate the RHA requests and then book in priority order. This framework is used to capture and gain an improved

understand of the impact of working with CYP who have complex and continuing health needs. It is important to note that all children who come in care, whether they require a basic or intensive level of support, have most likely been exposed to harm and trauma. Therefore, compared to their peers and the general population they will have additional complexity.

### **Quality Review of Initial and Review Health Assessments (IHA) (RHA)**

This is a process to ensure that the standard of the health assessment meets the national guidance and to ensure that reports are of a high quality for our children and young people to support their health needs. The aim is to provide a feedback sheet which will provide the practitioner with specific guidance to update their report.

Audits include all Health Visitors RHA's, all out of area RHA's, a sample of 10 School Nursing RHA's every month, the CiC nurses quality review each other's complex reports and the Named Nurse and CCG will audit a sample of the CiC Nurses RHA's from April 22.

All out of area Initial health assessments are quality reviewed by the CiC Pediatricians.

All health assessments are disseminated to the Local Authority/GP and Carers/Young Person. Themes are then shared with the health practitioner/teams as part of the quality improvement programme.

The CiC Team are now meeting the targets for ensuring that all young people are mental health, sexual health, substance misuse, dental and optician referred and or signposted as appropriate when required.

### **Adoption Medicals**

The request for adoption medicals have increased significantly and the next report will show an even bigger increase. These are prioritised appointments and are all offered within the required timeframe. There were 72 requests for Adoption medicals April 2021 – March 2022.

### **Incidents**

There were 2 incidents reported in January 2022. These were both breach of information;

- A General Practitioner (GP) surgery sending the CiC Team another patients details; the GP Operational Manager contacted immediately and the wrong information shredded.
- A child's health assessment was filed in the wrong child's secure CiC Team shared drive folder; this was removed immediately. The CiC team only, have access this shared drive.

All incidents are actioned and any lessons learnt are shared with the team.

### **Covid**

The team continue to work with a mix of agile and home working. PPE is worn at all clinical visits. All staff are fully vaccinated.

## **What has improved since the last annual report?**

### **Staffing and Team Building**

It has been imperative to complete a period of intensive work around staffing and team building. Prior to August 2021 there were a number of unresolved HR and staffing issues registered on the risk register. There has been a comprehensive recovery plan completed with the actions achieved. See Appendix 1 for the Recovery Action Plan. There has been a successful recruitment drive and the long term sickness managed with the long standing risk over 12 months closed and removed from the risk register.

The CiC Team have now been allocated communal office space that enables all of the team to work together rather than in 3 separate offices.

Team Building sessions have been organised for the whole team with the second session booked for May 17<sup>th</sup> 2022. This session will concentrate on Team visioning, reflection and action planning our future working together and next steps.

### **KPI Data**

A new dashboard, which is still in its early stages of development is currently being trialled. The dashboard takes its feed from the CIC spreadsheet which is manually populated by the CIC admin team, so currently the data that we see is reliant on accurate input on the spreadsheet. The user is able to toggle between IHA and RHA data and also between the different areas – Appendix 2 shows an example of the RHA data dashboard. The dashboard is based on the current KPIs and will update automatically, as an entry is made on the spreadsheet. This will make capturing the KPIs in the future more streamlined and accurate and also allow month by month performance accessible.

## **What has made us most proud since our last Annual report?**

### **Staff Resilience**

We have now worked through a recovery plan working through a backlog of health assessments dating back to March 2021; the team have shown commitment to the responsibility of their role and working together to;

- Meet the KPI's of offering a health assessment within 20 working days.
- Raising the profile of the Children in Care Team
- From January 2022, CiC Specialist Nurses have provided a higher level of support and supervision to the Health Visitors and School Nurses.
- Provide monthly training to all staff who complete a health assessment.
- Building good links/networking with SWFT Staff, the Local Authority and many other outside agencies.
- 100% attendance at all required meetings, both internally and externally.

## **Team Structure/Developmental Posts**

There is currently some restructuring of the team; once the job descriptions are written, the team will be advertising for a Band 6 CiC Nurse and a Band 2 Clerical Post. These post will offer staff developmental opportunities within the CiC team as well as providing a marked improvement in service provision, improved joint working with the Local Authority and better outcomes for the CYP and their carers.

## **Team Building**

We are following a team building programme with SWFT Organisational Development Department. We have a follow up session 17<sup>th</sup> May 2022 and this will involve the team exploring and working on a team vision.

## **Unaccompanied Asylum Seeking Children (UASC) Nurse**

In March 2022 our full time UASC Specialist Nurse commenced post. This is a new post that has been developed to provide a seamless service to these CYP whilst working within the Children in Care Team. Our UASC Nurse will work closely with the Local Authority UASC Team to ensure that these CYP are assessed and are provided with a health plan and support. As this is a new post, the next report will have more information to share.

## **What are we worried about since our last Annual Report?**

### **Validated Data**

This report has covered an overview of the latest data as it has been difficult to collect the figures from the spreadsheets. Appendix 2 is a KPI reporting template that is collected quarterly and shared with the CCG. The report I have sent is for the months December 2021/January 2022 and February 2022 as the health assessment figures for March 2022 are not completed. This data was collated manually so there is no assurance that this is a true data reflection of the CiC Teams work. I am assured that this is a good estimate. The next governance and annual report for information on Q1 will be collated from the electronic dashboard so I am confident that we will be reporting up to date/accurate information.

There has been a significant increase in the number of children and young people entering care and demand for health assessments have increased. In January 2022, there was influx of over 40 requests sent to the team from the Local Authority in one week due to a backlog, this was additional to the other RHA's that were also due/requested. This has meant that meeting the 20 working day deadline was difficult to achieve. COVID has also been a factor in meeting the deadlines as both staff and carers have had to postpone some assessments.

The RHA Part A (request for health assessments) on occasions have to be sent back to the Local Authority to be updated with consent or change of placement for example, this can cause a delay in meeting the deadline.

SWFT Health Visiting Service is experiencing significant staff shortages and are struggling with completing the RHA's currently. The CiC Team are working closely with the Health Visiting Teams that are struggling and will endeavour to support them in completing the RHA's.



The School Nursing Service has some vacancies and the Lead for RHA's within this service has left and are struggling to fill that vacancy. The CiC Team have provided a Link Nurse and meetings to support are held twice weekly.

### **Backlog of completion of Health Assessments**

There is a significant backlog of Warwickshire children and young people (CYP) placed in Birmingham, Staffordshire and Shropshire waiting to have their Health Assessments booked.

This has been raised as a risk with the CCG and a plan has been devised after reviewing our service capacity. As a short term solution, there has been an agreement that for the months of April/May/June 2022, the CiC Team will provide extra clinics to reduce the backlog. This will ensure that 18 CYP that have been waiting in excess of 20 weeks for their IHA will have their health need assessed and a health plan.

### **Conclusion and Priorities going forward**

The CiC Team have now worked through a significant period of instability and staffing levels have increased due to a successful recruitment drive. Team building remains paramount with away day sessions over the next year booked. There are plans to employ both nursing and administrative staff into developmental roles which will ensure that there are opportunities for staff to join the team with no CiC experience.

The CiC Team have continued to work efficiently and effectively to deal with the challenges as discussed above, as well as the pressures Covid 19 has produced and continue to provide a reliable and consistent service to ensure that the health needs for all CYP living in Warwickshire are met and health plans provided.

### **Priorities;**

- Continue to develop and support the team by following the recruitment plan, enhanced supervisor and team building programme.
- Review of the current Service Specification. This was last reviewed in 2019. There has been recruitment within the CCG with a new position, Designated Children in Care Nurse. The Service Specification will be a joint working task.
- To attend the quarterly held Health of Looked after Children operational group meetings (HeLAC) which the Clinical Commissioning Group (CCG) will be reinstating this year to address and ensure a multi-agency response in addressing health outcomes for Looked after Children ensuring collaborative working and good communication.
- To update the Integrated Care Record which will bring access to key health and social care data.
- Training – to complete a new ESR e learning package in completing a health assessment for all staff required to complete a RHA.

- Review and update the Rag rating/service levels of the RHA's.
- Patient feedback; the team are currently researching the feedback forms as there has been issues/ non-compliance with carers and the CYP completing them due to the time it takes with the amount of questioning plus there is also a questionnaire about emotional health that also needs to be completed so it is felt by practitioners that these current feedback forms need to be condensed and bespoke. there are plans to trial 'smiley faces' from May 2022
- To work with the CCG to revise both the questions, parameters and wording of the KPI's as some of them do not reflect and capture the true data. For example; the completed assessment will be those requested in the previous quarter data.
- To review the Leaving Care summaries /Health Passports to ensure they reflect the correct information required by the young person for any future health needs with up to date signposting to services.

## Appendix 1

### Administrative Processes Recovery Plan; August 2021 - October 2021

Objective	Measures	Timeframe	Progress
<p>Immediate priorities were felt to be the admin email inbox as this holds all the requests for and dissemination of Health Assessments, Adoption Medicals, and general queries.</p>	<p>The CIC Team attend a weekly Priority and Risk Planning meeting; this meeting is minuted and shared with the team and management</p> <p>The Admin Team have an overview of the emails and they have been categorised so that they can be filtered and easily found by subject</p> <p>The health assessments date back to mid July 21. The KPI's will not be met for these, and this is captured on the Risk Register.</p> <p>Once the email folder is up to date, we will also be able to monitor if the LA are sending the requests in a timely manner so that we can action by informing them of such data.</p>	<p>October 21 for all actions to be completed.</p>	<p><b>August 3<sup>rd</sup>, 2021, the estimated figures were;</b>            228 emails;            33 for dissemination            22 for Initial Health assessments            44 for Review Health assessments.            0 Adoption Medical requests.</p> <p><b>September 14<sup>th</sup>, 2021, the estimated figures were;</b>            111 emails            116 for dissemination            27 for Initial Health assessments            49 for Review Health assessments.            0 Adoption Medical requests.            217 All about Me Minutes.</p> <p><b>October 19<sup>th</sup>, 2021 the estimated figures were;</b>            22 emails            37 for dissemination            16 for Initial Health assessments            21 for Review Health assessments.            0 Adoption Medical requests.            347 All about Me Minutes.</p> <p>All adoption medicals are dealt with immediately so no referrals will be waiting.</p>

Objective	Measures	Timeframe	Progress
<p>This risk was documented on the Risk Register in June 2021.</p>			<p><b>October 21</b></p> <p>Risk has been removed from the Risk Register.</p> <p>The contact details on all paperwork now state Named Nurse in place of a name.</p> <p>CIC Team have established a single point of contact with one direct telephone number, this is now on all emails and appointment letters.</p> <p>The Intranet has been updated with the new Nurses names and single point of contact and this information was communicated to the Trust via Epulse</p> <p>The admin team have had a member of staff return from long term sickness. Admin is now working at full establishment.</p> <p>Admin are organising priorities daily – health assessments are being disseminated to staff.</p> <p>The inbox is now streamlined and the emails are prioritised</p>
<p>The CIC Nurses are receiving minutes from the Local Authority (LA) 'All About Me Meetings'. On occasions there can be 8-10 a day. This process needs to be</p>	<p>The CiC team are liaise with the Local Authority to understand these minutes and then create a storage of documentation process.</p>		<p>There is a process now where the LA send these minutes to the Nurses generic inbox but once Admin are in a better position these will be sent to the admin inbox. A process</p>

Objective	Measures	Timeframe	Progress
handed over to the Admin Team	Discuss with SWFT Information Governance Team		<p>is currently being written for this and will be shared once we have had confirmation from IG that these notes are not required to be uploaded onto Lorenzo.</p> <p>The CIC Nurses are keeping a record of the amount sent and the figures are added to our data sharing information at our weekly work stream priority and risk meetings</p> <p><b>October 21</b> Admin are uploading all minutes to the CYP health folder on the shared drive</p>
To identify/understand/ risk assess and action the IHA's and RHA's to ensure that they are meeting the KPI's	<p>To review and update the Chasing Spreadsheets on a weekly basis. Work through the data and input.</p> <p>Looking at ways of analysing data electronically.</p> <p>There is a data document that is shared every evening with the CCG by the Local Authority with up-to-date CIC numbers. This has been requested to be shared with the CIC Team.</p>		<p>Admin are updating the spreadsheets as they deal with the HA's. These spreadsheets are currently not up to date.</p> <p>Plan to update the spreadsheets to ensure that up to date data and KPI targets can be shared with the CCG and LA</p> <p>Admin Staff are transferring all relevant information into the child's folder when the request is processed. GP requests are also added to the child's folder as it is received preventing delay in feedback.</p>

Objective	Measures	Timeframe	Progress
			<p>Some requests for HA's are being made prior to the 6-week window by the Local Authority (LA). We agreed that this would be attributing to our failure to meet the 28-day KPI so have agreed that Admin will monitor the email inbox for HA's that have been requested too soon and send them back to ask for them to be sent back to us when required. This process will be monitored and reviewed.</p> <p><b>October 21</b> There has been work completed on the streamlining of the spreadsheets. There is a plan for these spreadsheets to be electronic.</p>
Reduce no of outstanding disseminations	These health assessments are all sent to Social Workers/Carers and GP's. post completion		<p>0.2 WTE Admin Bank staff worked during September and October 2021- this has had a significant impact in the reduction of the HA's waiting to be disseminated (see data at the top of the document)</p> <p><b>October 21</b> This remains a priority and there is a marked reduction in the backlog – plan to keep this strategy to clear the backlog.</p>

Objective	Measures	Timeframe	Progress
<p>Ensure that data is available for the Audits to be completed.</p>	<p>There has not been a Quality Review Audit carried out since March 2021.</p> <p>With the dissemination process being behind there are currently no HV/SN HAs uploaded to be audited.</p>		<p>All out of area Quality Reviews are being completed.</p> <p>With the dissemination paperwork now available, the Quality Review Audits for the HV, SN and CIC Nurses will commence November 2021.</p>
<p>Positive team, by supporting cultural change, equality, and ensure that the team have appraisal and mandatory training.</p>	<p>Work with Organisational development to enhance team dynamics and team working</p> <p>Support staff attendance at work through adherence to sickness management policy and SWFT Health and Wellbeing strategy.</p>		<p>1:1's have been set up with the Admin Team</p> <p>Appraisals were out of date so have been booked for November 2021.</p> <p>Mandatory training up to date for the Admin Team – 1 member who has been on long term sick now has all his booked in to complete.</p> <p>AL is booked and a grid is used by the team to check prior to requesting to ensure that where possible there is only one Admin Team member on AL at one time.</p> <p>Team building session booked for 15<sup>th</sup> November 21 – this will be a series of sessions over the next 12 months.</p>

## Appendix 2

### KPI Quarterly Report template – October/November/December 2021

Oct/Nov/Dec 21	Target	Warwickshire children In county	Warwickshire children out of county	Non Warwickshire (living in Warwickshire from another area who Warwickshire LAC team are asked to see)
No. of IHA referrals	N/A	55	43	2
No. of referrals for RHAs	N/A	111	43	35
No. of referrals for Adoption Medicals	N/A	18	N/A if carried out by out of county teams.	0
No. of adoption reports written	N/A	15	N/A if carried out by out of county teams.	0
No. and % of RHAs undertaken by school nurses	N/A	66	N/A if carried out by out of county teams.	0
		<b>38 %</b> (135 Warks +38 OOA in Warks = 173 - Combined total)		
No. and % of RHAs undertaken by health visitors	N/A	19	N/A if carried out by out of county teams.	6
		<b>14%</b> (135 Warks +38 OOA in Warks = 173 - Combined total)		
No. and % of RHAs undertaken by CIC nurses	N/A	32	N/A if carried out by out of county teams.	30
		<b>36 %</b> (135 Warks +38 OOA in Warks = 173 - Combined total)		
No. and % of RHAs undertaken by Paediatricians	N/A	18	N/A if carried out by out of county teams.	2
		<b>12 %</b> (135 Warks +38 OOA in Warks = 173 - Combined total)		
% of IHAs <u>offered</u> within 28 days of accepting the request**	95%	97%	N/A if carried out by out of county teams.	No up to date information
% of RHAs <u>offered</u> within 28 days of accepting the request**	95%	76%	N/A if carried out by out of county teams	No up to date information



