

To: Renfrewshire Integration Joint Board

On: 24 June 2022

Report by: Head of Strategic Planning and Health Improvement

Subject: Performance Management Report 2021/22

Direction Required to Health Board, Council or Both	Direction to:	
	1. No Direction Required	X
	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde and Renfrewshire Council	

1. Summary

- 1.1 The purpose of this report is to update the IJB on year end performance for the financial year 2021/22; the Performance Framework for 2022/23 and the Annual Performance Report for 2021/22. The full Scorecard updating all performance measures is attached as Appendix 1 and covers the period April 2021 to March 2022.
- 1.2 While this report is for the period April 2021 to March 2022, data is not yet available for all performance measures to March 2022. As such, the information provided in the report is the most up to date available at this point.
- 1.3 The report builds on the mid-year performance report presented at the November 2021 IJB Meeting. There are 57 indicators of which 37 have targets set against them. Performance status is assessed as either red, more than 10% variance from target; amber, within 10% variance of target; or green, on or exceeds target.
- 1.4 At the financial year end 2021/22 the Scorecard shows an improved position compared to 2020/21. The status of the 37 indicators that have targets set against them includes:
 - 12 red indicators (32%)
 - 8 amber indicators (22%)
 - 17 green indicators (46%)

2. Recommendations

It is recommended the IJB:





- Approves the Performance Management End of Year Report 2021/22;
- Notes an update on the Performance Framework for 2022/23 will be presented at the September 2022 IJB meeting;
- Approves an extension, advised by the Scottish Government, to publish the Annual Performance Report for 2021/22 in November 2022.

3. Performance for the period April 2021 to March 2022

- 3.1 The Performance Scorecard is included as Appendix 1. Section 5 of this paper shows the performance indicators that have improved and section 6 shows the indicators where performance has deteriorated. Section 8 gives an update on our unscheduled care indicators.

4. Performance Indicators that have changed RAG (red, amber, green) Status

- 4.1 Table 1 shows an improved performance position at 31.03.22 compared to 31.03.21. Our performance indicators show an improving position where those with red status have reduced by two; amber reduced by one; and those with green status have increased by one.

Performance Indicator Status	31.03.22	31.03.21
	Alert: 12	Alert: 14
	Warning: 8	Warning: 9
	Target achieved: 17	Target achieved: 16
	No targets: 20	No targets: 18

5. Improvements in Performance

- 5.1.1 The % of patients who started treatment within 18 weeks of referral to **Psychological Therapies (Outcome 3)** has seen an increase in performance from 86.8% in March 2021 to 90.9% at March 2022.
- 5.1.2 This performance measure has moved from Amber to Green status despite a slight increase in referrals (2.2%) for 2021/22 compared to 2020/21. This could potentially be attributed to a reduction in staffing turnover in the

Community Mental Health Team combined with the recruitment of a Consultant Psychologist covering maternity leave.

- 5.2 The number of **emergency admissions from care homes (Outcome 4)** has decreased with a reduction of nearly 21% from 506 admissions at March 2021 to 400 admissions at March 2022. Work is ongoing with our Local Intelligence Support Team to capture the impact of the support provided by our Advanced Nurse Practitioners within Renfrewshire Care Homes to reduce avoidable emergency hospital admissions.
- 5.3 There has been a good increase in the **uptake rate of child health 30-month assessments (Outcome 4)** from 87% at March 2021 to 94.9% at March 2022 against a target of 80%. This increase was attributable to staffing increases and positive engagement on a face to face basis with parents and carers. We are keen to ensure this increase in performance is maintained in 2022/23. All outstanding, incomplete or pending assessments will be reviewed on a quarterly basis to identify any further staff training required.
- 5.4.1 The **number of adult support plans completed for carers (age 18+) (Outcome 6)** has increased from 86 at March 2021 to 148 at March 2022 against a target of 114 for the financial year. 2021/22 saw the highest number of new unpaid carers supported since the HSCP started recording against this indicator. The COVID pandemic has resulted in unpaid carers carrying out more personal care tasks leading to more unpaid carers requiring support. This is reflected in the increase in the number of Adult Carer Support Plans completed.
- 5.4.2 The **number of carers accessing training (Outcome 6)** has increased from 165 at March 2021 to 282 at March 2022 against a target of 220 for the financial year 2021/22. The increase in carers accessing training mirrors a general trend in the number of new carers accessing support.
- 5.4.3 In 2021/2022 the Carers' Centre continued a blended approach of online and face to face training courses, ensuring carers have options when it comes to attending courses. The Centre acted on feedback from carers and ran new sessions supporting carers looking after someone with Alzheimer's and ADHD/ neuro diversity conditions. In addition, and due to the impact of the pandemic on carers, the Centre ran self-care training sessions on positive mental health which focused on managing anxiety and stress.
- 5.5 The **% of health staff with a completed TURAS profile/PDP (Outcome 8)** has increased from 41.7% at March 2021 to 50.5% at March 2022. The Senior Management Team is proactively working with services to ensure a renewed focus on personal development and, as COVID pressures ease, to further improve performance in 2022/23.

- 5.6 The % of **complaints the HSCP responded to within 20 days (Outcome 8)** increased from 82% at March 2021 to 90% at March 2022 against a target of 70%. This improvement in response rate has been achieved through ongoing work in reviewing the complaints process and delivering training to key staff in both effectively handling and responding to complaints.
- 5.7 The % of **foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)** increased from 77% at March 2021 to 84.6% at March 2022. In response to challenges posed by limited clinical accommodation and reduced capacity of accommodation due to social distancing and high staffing absence levels, the Podiatry Service has prioritised patients with the greatest clinical need as evidenced by the improvement in performance.

6. Areas for Improvement

- 6.1.1 There has been a decline in the % of **patients seen within the 18-week target for the Child and Adolescent Mental Health Service (CAMHS) (Outcome 3)** from 70.1% at March 2021 to 58.8% at March 2022.
- 6.1.2 The service has not recovered to the level of performance reported in March 2021 due to a number of factors:
- The demand for emergency and urgent care is at an unprecedented high and must be prioritised
 - There are considerable staffing pressures within the service. Due to a combination of vacancies and long term sickness, the service is currently operating with 55% of the WTE establishment staffing capacity available.
 - The continued impact of social distancing has reduced the number of face to face appointments available. The nature of this work requires good acoustics and visuals, and current digital solutions/remote working do not always meet the needs of service users. In addition, some families do not have access to the technology required to access remote assessments.
- 6.1.3 Performance has improved from the reported mid-year position of 50.4% at September 2021 and service improvement work to improve the waiting times for CAMHS is ongoing. Some examples of the work underway includes:
- The use of bank staff and additional hours from existing staff to offer initial appointments at the weekend and in the evening; providing more flexibility for families. This provided an additional 125 appointments between January and March 2022 and will offer an additional 111 appointments between April and June 2022

- The introduction of an 'opt in' system for initial appointments. Families still requiring CAMHS can arrange an appointment at a time that suits them. To date approximately a third of patients who receive an 'opt in' letter no longer require CAMHS and can be discharged
 - Development of a recruitment and retention plan to increase capacity and treatment options within the service.
- 6.2.1 The **Number of Alcohol Brief Interventions (ABIs) (Outcome 1)** undertaken between April – December 2021 was recorded as 7. ABIs are traditionally carried out face to face and COVID 19 has had a considerable impact on our ability to do this.
- 6.2.2 An ABI Coordinator and Health Improvement Senior with a focus on Alcohol Prevention started in post in January 2022. Since commencing post they have undertaken the following:
- Attended ABI Training for Trainers and then adapted this training to suit an online platform. Following this piece of work, ABI Training can now be delivered in a way that suits the participants needs, either as a half day online or a half day face to face training session
 - A robust recording and reporting process for trained staff has been developed, as well as an ABI Recording Form for trained staff to use when delivering a Screening or ABI. This new process should make it easier for trained staff to deliver, record and report the Screening and ABIs and have a positive impact on Screening and ABI numbers in 2022/23
 - A mapping exercise of organisations in Renfrewshire who have previously received training has been completed. These organisations have subsequently been offered refresher training along with on-going support.
- 6.2.3 The pilot delivery phase of online training content commenced in May and the delivery of face to face and online ABI training to external partners will commence in June. The proposed target for Renfrewshire HSCP 2022/23 is 100 ABIs being delivered within the wider setting
- 6.3.1 There has been a reduction in the **% of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)** from 63% at March 2021 to 52.7% at March 2022 as the service manages increasing demand.
- 6.3.2 The volume of referrals received to the service have increased from an average of 30 per month in 2019 and 2020 to 41 per month for the financial year 2021/22 representing a 36.7% increase in the average monthly accepted referrals compared to previous years.

- 6.4.1 The **Sickness absence rate for HSCP NHS staff (Outcome 8)** has increased from 5.65% at March 2021 to 6.52% at March 2022, against the national NHS target of 4%. The rate across NHSGGC was 6.59% at March 2022.
- 6.4.2 The **Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)** has increased from 13.5 at March 2021 to 19.54 (provisional) at March 2022 against a 15.3 target. This indicator has moved from green to red status.
- 6.4.3 Absence levels during the latter half of 2021 up until March 2022 have been challenging, however there have been recent signs of improvement with levels for 2022 currently below the 2021 average. Long term absence is a key area of focus and Heads of Service are implementing action plans where absence levels are persistently above 4%. Both the HSCP NHS and Adult Social Work staff absence indicators exclude long and short term COVID related absences.
- 6.4.4 The use of phased return plans, incorporating statutory and mandatory training with blended working where applicable, has had a positive impact in assisting with the return of employees following a period of long term sickness absence. Additionally, best practices of absence management from services with low absence rates are shared across HSCP services.
- 6.5.1 There has been a decline in performance on the **percentage of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)** from 50.4% at September 2021 to 41.4% at March 2022. Performance across NHSGGC has also dropped from 47.9% at September 2021 to 41% at March 2022.
- 6.5.2 Performance continues to be adversely influenced by long sub speciality waits for new appointments in musculoskeletal (MSK) conditions and elective nail surgery. In March 2022, of the new patients self-referring into the general Podiatry Service within Renfrewshire and the whole NHSGGC Service 92.7% and 86.1% received clinical telephone triage within 4 weeks respectively.
- 6.5.3 The Podiatry Service has experienced unprecedented demand since the pandemic began and referral rates are now higher than pre-COVID rates.
- 6.5.4 While there is an on-going recovery programme to restart sub-speciality working, challenges to this remain with reduced clinical accommodation availability due to social distancing and staff availability. 23.9% of our substantive workforce are not deployable due to unfilled vacancies and absence. Specific waiting list improvement work is on-going including, novel workforce activity with fixed term appointments to waiting list administration

and associate practitioner roles, recruiting to seconded posts in MSK, waiting list reviews and increased clinical activity in nail surgery.

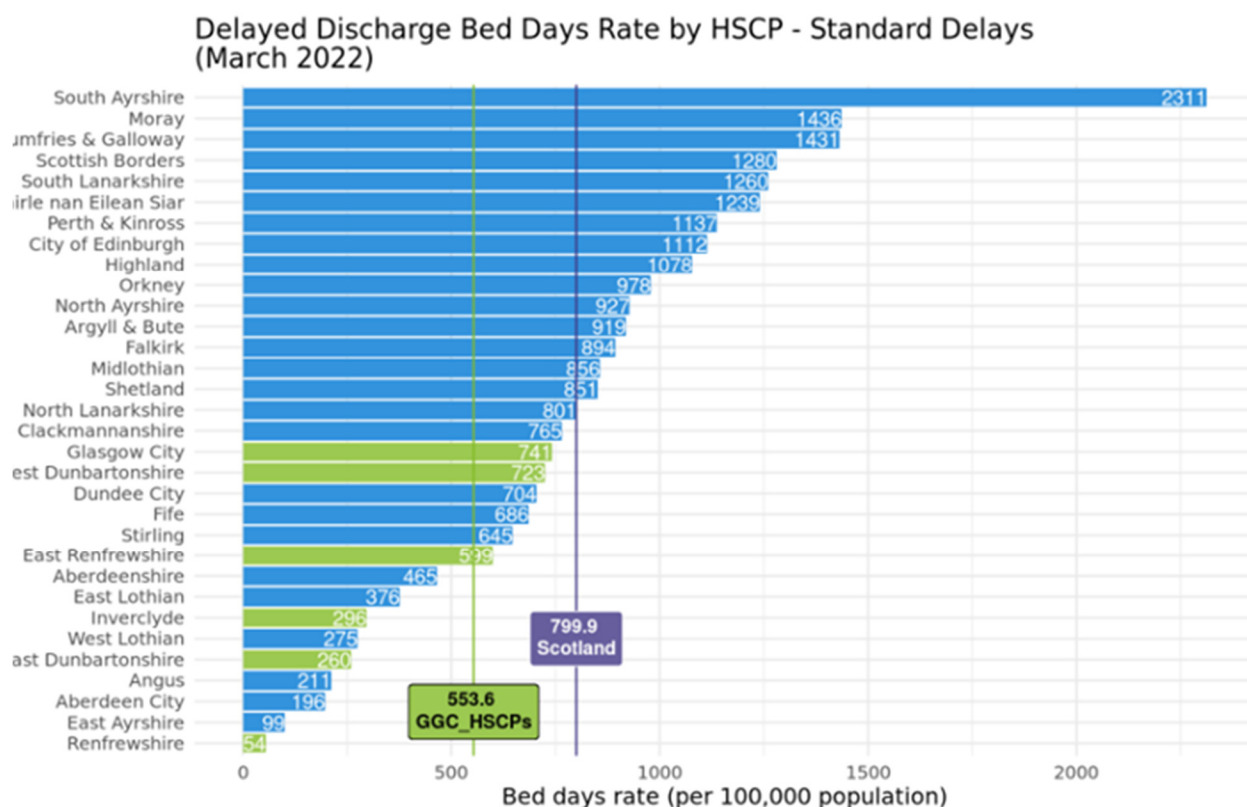
7. Sensitive Routine Enquiry Indicators

- 7.1 Due to a number of issues with e-health systems, an accurate reading of Sensitive Routine Enquiry Indicators has not been possible. This is an issue nationally and e-health is working to resolve this, however it is likely that data will not be available until later in 2022.
- 7.2 Children Services continue to undertake bi-annual audits. The June 2021 audit showed sensitive routine enquiries took place in 91% of the records audited. In March 2022 sensitive routine enquiries took place in 90% of the records audited.

8. Unscheduled Care Indicators

- 8.1 As expected, all MSG unscheduled care indicators have seen a decline in performance relative to year end 2020/2021 as service demand has now increased to pre-pandemic levels. This mirrors both national and NHSGGC trends as public behaviours change again as the pandemic eases.
- 8.2 A&E attendances have increased substantially and while data is not yet available for the full 2021/22 year, an approximate 37% increase is expected in attendances compared to 2020/21. NHSGGC continues to urge people to only attend A&E if their condition is life-threatening. Recent figures show that approximately 32% of the people attending A&E Departments did so with minor injuries and issues including sprained ankles, lower back pain, cut fingers and bruising. Attending A&E with these minor conditions not only adds to the pressures staff are facing but also impacts on waiting times.
- 8.3.1 The number of delayed discharge bed days lost was 9,177 for 2021/22 which has returned to a similar level of 9,122 recorded for 2019/20. In 2020/21, the number had reduced to 8,759.
- 8.3.2 The split for the 9,177 delayed discharge bed days lost in 2021/22 was 3,299 for standard delays and 5,878 for Code 9s. Examples of those patients included in Code 9s are Adults with Incapacity (AWI) going through a Guardianship process; patients delayed awaiting availability of a place in a specialist facility, where no facilities exist and an interim move would not be appropriate; patients delayed due to infection control measures; and patients for whom an interim move is not possible or reasonable.

- 8.3.3 While timescales for AWI/Guardianships are not within our control, we have a pro-active approach with families and solicitors on a case-by-case basis. Cases are regularly reviewed, and solicitors are contacted frequently to ensure cases are progressed as swiftly as possible.
- 8.3.4 A number of patients recorded as Code 9 delays have very specific care needs requiring highly specialised individual care. There is a limited number of service providers at both local and national level which, at current available capacity, is insufficient to meet the present demand for care packages.
- 8.3.5 Within a national context, Renfrewshire was the highest performing Local Authority area in Scotland at March 2022 for standard delays with 80 bed days lost. This equates to a rate of 54 per 100,000 population. The national average rate at March 2022 was 799.9 and the Greater Glasgow and Clyde average was 553.6 per 100,000 population.



- 8.3.6 Renfrewshire HSCP maintains a pro-active home first approach to managing discharges from hospital. Where care needs are identified, referrals are made to the appropriate service at the earliest possible stage, concurrent to treatment, to ensure when a patient is medically fit for discharge there is service provision and capacity available to meet their care needs. Delays are scrutinised by key service leads at daily meetings to review any issues with care provision and to identify where capacity can be allocated to ensure any delay is kept to a minimum.

9. Occupational Therapy Indicators

- 9.1 The mid-year update reported a figure of 100% at October 2021 for the **% of routine OT referrals allocated within 9 weeks (Outcome 2)** and a figure of 14 for the **Number of clients on the Occupational Therapy waiting list (Outcome 2)**. Further scrutiny of the data highlighted a reporting issue arising due to lack of standardisation of processes across localities. This issue is being further investigated and when confirmed, the data will be updated in the Annual Performance Report for 2021/22.

10. Performance Framework 2022/23

- 10.1 Over the next few months, we will carry out a review of the HSCP's Performance Framework for 2022/23. Similar to previous years, we will review the Scorecard performance indicators in collaboration with Heads of Service and Service Managers to ensure we have meaningful indicators with realistic and achievable targets. The 2022/23 Performance Framework will be presented to the IJB for approval at the September 2022 meeting.

11. Annual Performance Report 2021/22

- 11.1 The Scottish Government moved legislation to extend the Coronavirus Scotland Act (2020) through to the 30th September 2022. The Scottish Government has advised that IJBs are able to extend the date of publication of Annual Performance Reports for 2021/22 through to November 2022. In taking advantage of this extension the data in the Report will be more robust, having been validated through the appropriate structures. With agreement from the IJB, the Annual Performance Report for 2021/22 will be presented to the IJB for approval at the November 2022 meeting.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None








List of Background Papers – None.

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Renfrewshire Integration Joint Board Scorecard 2021-2022

National Health and Wellbeing Outcomes	
1	People are able to look after and improve their own health and wellbeing and live in good health for longer
2	People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3	People who use health and social care services have positive experiences of those services, and have their dignity respected
4	Health and social care services are centred on helping to maintain or improve the quality of life of service users
5	Health and social care services contribute to reducing health inequalities
6	People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing
7	People using health and social care services are safe from harm
8	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged in the work they do
9	Resources are used effectively in the provision of health and social care services







Performance Indicator Status		Direction of Travel		Target Source	
	Alert: 12		Improvement	N	National
	Warning: 8		Deterioration	B	NHSGGC Board
	Target achieved: 17		Same as previous reporting period	L	Local
	No targets: 20 (includes 2 OT indicators where the data is still to be confirmed)			M	MSG











This Performance Scorecard is for the financial Year 2021/22 and contains full financial year data for April 2021 to March 2022. In light of the exceptional circumstances surrounding the COVID-19 pandemic, some data for 2021/22 remains unvalidated and should be seen as indicative.


As previously outlined to the IJB, while the Scorecard Report continues to highlight how the Partnership has performed against the measures normally used for comparison year on year, it is difficult to draw direct comparisons to previous performance data due to the pandemic. The HSCP will therefore continue to

proactively monitor performance trends to assess the impact of the pandemic throughout 2022/23.

Section 1 – Performance Indicators with Targets

12 Red Indicators	Performance is more than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
1. Number of adults with a new Anticipatory Care Plan (Outcome 2)	159	201	185	221			L
2. Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks (Outcome 3)	66.7%	70.1%	58.8%	80%			N
3. Percentage of Primary Care Mental Health Team patients referred to first appointment offered within 4 weeks (Outcome 3)	90.5%	89.0%	88%	100%			B
4. A&E waits less than 4 hours (Outcome 3)	87.4%	88%	67.1%	95%			N
5. Percentage of NHS staff who have passed the Fire Safety LearnPro module (Outcome 3)	80.2%	84.4%	80.2%	90%			B
6. Reduce drug related hospital stays - rate per 100,000 population (Outcome 4)	303.35	2020/21 data not available until Oct 2022	2021/22 data not available until Oct 2023	170			N
7. Percentage of children seen within 18 weeks for paediatric Speech & Language Therapy assessment to appointment (Outcome 4)	100%	63%	52.7%	95%			B









Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
8. % of health staff with completed TURAS profile/PDP (Outcome 8)	49.3%	41.7%	50.5%	80%			B
9. Sickness absence rate for HSCP NHS staff (Outcome 8)	4.75%	5.65%	6.52%	4%			N
10. Sickness absence rate for HSCP Adult Social Work staff (work days lost per FTE) (Outcome 8)	18.08	13.5	19.54p	15.3			L
11. % of new referrals to the Podiatry Service seen within 4 weeks in Renfrewshire (Clyde) (Outcome 9)	90.1%	67.0%	41.4%	90%			B
12. % of new referrals to the Podiatry Service seen within 4 weeks in NHSGGC (Outcome 9)	91.4%	62.0%	41%	90%			B











8 Amber Indicators	Performance is less than 10% variance from target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
13. Percentage of long term care clients receiving intensive home care (national target: 30%) (Outcome 2)	27%	29%	29%	30%			N
14. Reduce the percentage of babies with a low birth weight (<2500g) (Outcome 4)	6.7%	6.2%	6.3% (Dec 21)	6%			B
15. Smoking cessation - non-smokers at the 3-month follow-up in the 40% most deprived areas (Outcome 5)	173	161	167	182			B
16. Improve the overall iMatter staff response rate (Outcome 8)	Paused during COVID 19.		58%	60%			B
17. Formulary compliance (Outcome 9)	78.1%	77.6%	76.56%	78%			L
18. Prescribing cost per treated patient (Outcome 9)	£91.34	£87.71	£88.28	£86.63			L
19. % of foot ulcers seen within 2 working days in NHSGGC (Outcome 9)	81.2%	75.0%	83.7%	90%			B
20. % of foot ulcers seen within 2 working days in Renfrewshire (Clyde) (Outcome 9)	81.7%	77.0%	84.6%	90%			B







17 Green Indicators	Performance is on or exceeds target						
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
21. Exclusive breastfeeding at 6-8 weeks (Outcome 1)	24.4%	26.8%	24.1% (Dec 21)	21.4%	↓	✓	B
22. Percentage of clients accessing out of hours home care services (65+) (Outcome 2)	90%	90%	93%	85%	↑	✓	L
23. Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies (Outcome 3)	92.3%	86.8%	90.9%	90%	↑	✓	N
24. Uptake rate of child health 30-month assessment (Outcome 4)	95.5%	87%	94.9%	80%	↑	✓	N
25. Percentage of children vaccinated against MMR at 24 months (Outcome 4)	95.0%	98.5%	97.3% (Q3)	95%	↓	✓	N
26. Percentage of children vaccinated against MMR at 5 years (Outcome 4)	99.0%	96.8%	96.8% (Q3)	95%	—	✓	N
27. Reduce the rate of alcohol related hospital stays per 1,000 population (now rolling year data) (Outcome 4)	7.2	6.3	Data unavailable (expected in June 22)	8.9	↑	✓	N
28. Percentage of paediatric Speech & Language Therapy wait times triaged within 8 weeks (Outcome 4)	100%	100%	100%	100%	—	✓	B
29. Alcohol and Drugs waiting times for referral to treatment. % seen within 3 weeks (Outcome 4)	95.9%	98%	92%*	91.5%	↓	✓	N



Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
30. Emergency admissions from care homes (Outcome 4)	746	506	400	692			L
31. Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population) (Outcome 4)	1.5 (2017)	1.0 (2018)	1.1 (2019)	1.6			L
32. At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation (Outcome 4)	94.4%	94.4%	93.7%	80%			N
33. Exclusive breastfeeding at 6-8 weeks in the most deprived areas (Outcome 5)	16.7%	23.3%	21.7% (Dec 21)	19.9%			B
34. Number of adult support plans completed for carers (age 18+) (Outcome 6)	162	86	148	114			L
35. Number of adult support plans declined by carers (age 18+) (Outcome 6)	34	51	36	46			L
36. Number of carers accessing training (Outcome 6)	255	165	282	220			L
37. % of complaints within HSCP responded to within 20 days (Outcome 8)	78%	82%	90%	70%			B


Section 2 – Performance Indicators without Targets

Sensitive Routine Enquiry Indicators (4)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
38. Number of routine sensitive enquiries (Outcome 3)	200	1,382	No data available	-			-
39. Number of referrals made as a result of the routine sensitive enquiry being carried out (Outcome 3)	1	* Paused due to COVID-19	No data available	-			-
40. Number of staff trained in sensitive routine enquiry (Outcome 5)	28	* Paused due to COVID-19	* Paused due to COVID-19	-			-
41. Number of staff trained in Risk Identification Checklist and referral to MARAC. (Outcome 5)	64	* Paused due to COVID-19	* Paused due to COVID-19	-			-

Ministerial Scottish Government Indicators (5)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
42. Number of unscheduled hospital bed days; acute specialties (18+) (Outcome 2)	126,904	112,609	111,157p (April 21 – Feb 22)	-			M
43. Number of emergency admissions (18+) (Outcome 2)	18,173	14,399	14,210p (April 21 – Feb 22)	-			M
44. Number of delayed discharge bed days (Outcome 2)	9,122	8,759	8,487 (April 21– Feb 22)	-			M
45. Total number of A&E attendances (Outcome 9)	60,238	39,432	49,525 (April 21– Feb 22)	-			M
46. Number of A&E attendances (18+) (Outcome 9)	47,297	31,892	37,267 (April 21– Feb 22)	-			M

Safe from Harm Indicators (6)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
47. Number of Alcohol Brief Interventions (Outcome 1)	224	53	7	-	↓		-
48. Number of suicides (Outcome 7)	16 (2019)	22 (2020)	Not Yet Available	-	-		-
49. Number of Adult Protection contacts received (Outcome 7)	3,106	3,487	Not Yet Available	-	-		-
50. Total Mental Health Officer service activity (Outcome 7)	683	627	653	-	-		-
51. Number of Chief Social Worker Guardianships (as at position) (Outcome 7)	110	115	125	-	-		-
52. Percentage of children registered in this period who have previously been on the Child Protection Register (Outcome 7)	11%	29%	30.4%	-	-		-

Social Care Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
53. Homecare hours provided - rate per 1,000 population aged 65+ (Outcome 2)	414	390	411	-	-		-
54. Population of clients receiving telecare (75+) - Rate per 1,000 (Outcome 2)	50	46	58	-	↑		-

Prescribing Indicator (1)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
55. Prescribing variance from budget (Outcome 9)	2.61% under budget	5.72% under budget	3.43% under budget	-	↓		-

Section 3 – Occupational Therapy Indicators

Occupational Therapy Indicators (2)							
Performance Indicator	19/20 Value	20/21 Value	21/22 Value	Target	Direction of Travel	Status	Target Source
56. Percentage of routine OT referrals allocated within 9 weeks (Outcome 2)	42%	41%	TBC	45%	-	-	L
57. Number of clients on the Occupational Therapy waiting list (as at position) (Outcome 2)	315	159	TBC	350	-	-	L

Notes

p Denotes provisional data

*Data for Alcohol and Drugs waiting times for referral to treatment is unconfirmed. The transition to a new recording system has had an impact on data quality and recording.