

## Appendix 4: Social Services and Well-being Directorate Q2 PERFORMANCE

It has been an unprecedented and challenging year for the Social Services and Wellbeing Directorate. We have responded positively to – and continue to respond to – the significant challenges presented by the global COVID-19 pandemic, but this has clearly impacted on the commitments and targets agreed at the beginning of the year. Whilst pandemic management must continue to take priority there is also a need to review the other commitments that were set, particularly those in relation to the Transformation Programme, given the need for robust sustainability plans as the fixed term investment ends in 21/22 and the implementation of the original business case has been impacted by the pandemic. Despite these challenges, positive and significant progress has been made during the last 6 months. The directorate has reported against 7 commitments – of which 1 is reported as green, and is on-track for completion by the required timescales, and 6 are reported as amber, meaning they are off-track for full completion by the planned date.

There are 20 performance indicators in this Q2 report. Of the 11 indicators where targets have been set, 4 (36%) are reporting as meeting or exceeding targeted performance, 4 (36%) are off targeted performance by less than 10%, and 3 (27%) are missing targets by over 10%. There are detailed explanations within the body of this report as to why performance has not been met in these circumstances, and focussed work is taking place to ensure that performance improves by year end. There are 6 indicators that can be directly compared to Q2 2019/20; of these, for 5 (83%) indicators performance has either improved or stayed the same, and for 1 (17%) indicator performance has comparably dropped.

| Commitments 2020-21   |  |  |  |  | RAG – progress against commitment |     |       |       | All Indicators (incl. Finance and sickness PIs) |  |                     |                       | Corporate Plan Indicators |                     |  |  |
|---|--|--|--|--|-----------------------------------|-----|-------|-------|---|--|---------------------|-----------------------|---------------------------|---------------------|--|--|
| Q2 2020-21 Directorate Commitments to delivering Wellbeing objectives |  |  |  |  | Total                             | Red | Amber | Green | Performance vs Target                           |  | Trend vs Q2 2019-20 | Performance vs Target |                           | Trend vs Q2 2019-20 |  |  |
| Wellbeing Objective One – Supporting a successful economy             |  |  |  |  | 0                                 | 0   | 0     | 0     |   |  |                     |                       |                           |                     |  |  |
| Wellbeing Objective Two – Helping people to be more self-reliant      |  |  |  |  | 5                                 | 0   | 5     | 0     |   |  |                     |                       |                           |                     |  |  |
| Wellbeing Objective Three – Smarter use of resources                  |  |  |  |  | 2                                 | 0   | 1     | 1     |   |  |                     |                       |                           |                     |  |  |

### Finance

**Revenue Budget**

- The Directorate’s net budget for 2020-21 is **£72.111 million**.
- The current year’s projected outturn is **£72.531m**, meaning an **overspend of £420,000**.

**Capital Budget**

- The capital budget for the Directorate for 2020-21 is **£2.291m** with no foreseen under or over spend to planned budget.

#### Efficiency Savings

| Savings (£000)                     | Savings carried forward | 2020-21 | % 2020-21 |
|------------------------------------|-------------------------|---------|-----------|
| Savings Target                     | 452                     | 820     | 100%      |
| Likely to be Achieved (in 2020-21) | 452                     | 537     | 65.5%     |
| Variance                           | 0                       | 283     | 34.5%     |

Additional financial information is provided in the Budget Monitoring 2020-21 – Quarter 2 Revenue Forecast report presented to Cabinet on 20 October 2020.

### High Corporate Risks

| Residual Risk  | Wellbeing Objective | Likelihood | Impact | Overall |
|--|---------------------|------------|--------|---------|
| The council is unable to make robust medium to long term decisions requiring service change        | 3                   | 3          | 5      | 15      |
| The council is unable to identify and deliver infrastructure required in the medium to longer term | 1 and 3             | 3          | 5      | 15      |

## Implications of Financial Reductions on Service Performance and other Key Issues/challenges

- The social services element of the Social Services and Wellbeing budget is always volatile, as it is based on individuals' care plans and can fluctuate considerably if and when an individual with significant and complex care and support needs requires services to meet those needs.
- The current forecasted overspend of £420,000 primarily links to individuals with such specific needs within adult social care
- Every year social service budgets benefit from one off grant funding from Welsh Government that becomes available in the final quarters of the financial year which cannot be included in budget setting or reporting until final amounts are confirmed.
- Whilst the budget remains a challenge, there is confidence that the right set of programmes and actions are in place to continue to meet need and meet our financial requirements

## ADULT SOCIAL CARE

### Wellbeing Objective Two: Helping people and communities to be more healthy and resilient

| Code                     | Action Planned  | Status | Comments   | Next Steps (amber and red only)                     |
|--------------------------|---|--------|--|---|
| <a href="#">WBO2.1.1</a> | Expand a range of integrated community services – over an extended day  | AMBER  | The project plan continues but progress has been impacted by the pandemic. Sustainability plans are being developed linked to ensure a smooth transition at the end of the Transformation Fund investment.   | To have sustainable, joint plans agreed with CTMUHB |
| <a href="#">WBO2.3.1</a> | Improve the quality of care and support provided to individuals at home through a multidisciplinary team around people in our Community Cluster Networks, ensuring timely and responsive assessments that are people centred and meet need. This will also improve our ability to anticipate future need and ensure contingency plans are in place. | AMBER  | All staff have been recruited for the multi-disciplinary team approach in the Community Cluster Networks. However, the impact of the pandemic has delayed and changed some of the implementation progress. Work is ongoing on referral pathways, and the interface with existing services. In addition the development of the quantitative and qualitative performance measures, as well as ensuring robust stakeholder feedback, are being established. | To have sustainable, joint plans agreed with CTMUHB |

### Performance Indicators

| Ref No, PI Type, Link to WBO                                 | PI Description and Preferred Outcome  | Annual Actual 18-19 | Annual Target 19-20 | Annual Actual 19-20 & RAG | Annual Target 20-21 | Q2 Cum Target | Q2 Cum Actual & Rag            | Trend Q2 vs 19-20 | Comments  |
|--|---|---------------------|---------------------|---------------------------|---------------------|---------------|--------------------------------|-------------------|---|
| <a href="#">PM19 (PAM/025) (SCA/021)</a><br>PAM, SSWBPM WBO2 | Rate of delayed transfers of care for social care reasons per 1,000 population aged 75 and over<br><b>Lower Preferred</b> | 4.79                | 4                   | 5.45                      | 7.00                | 7.00          | Data not available for 2020-21 | 3.92              | Quarterly Indicator<br><b>Target Setting:</b> Based on Public Health Wales' guidance on admissions into Care homes<br><b>Performance:</b> Welsh Government have temporarily ceased several national data collections and also temporarily stopped reporting performance statistics, which includes the release of the DTOC figure. This figure will not be available for 2020-21. |
| <a href="#">SSWB37</a><br>CP WBO2                            | Number of people aged 65+ referred to Community Resource Team (CRT)<br><b>Higher Preferred</b>                            | New 20.21           | New 20.21           | New 20.21                 | 2,200               | 1,100         | 993                            | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Based on current data<br><b>Performance:</b> Referral patterns during the COVID-19 are altered, also staffing resources have been diverted to assist other areas.   |
| <a href="#">SSWB38a (AD/011a)</a><br>CP, SSWBPM WBO2         | Percentage of reablement packages completed that reduced need for support<br><b>Higher Preferred</b>                      | New 20.21           | New 20.21           | New 20.21                 | Establish baseline  | N/A           | 36.82%                         | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish Baseline - this is a new PI<br><b>Performance:</b> Percentages will be affected by reduced referral numbers, although performance rate still satisfactory.  |
| <a href="#">SSWB38b (AD/011b)</a><br>CP, SSWBPM WBO2         | Percentage of reablement packages completed that maintained same level of support<br><b>Lower Preferred</b>               | New 20.21           | New 20.21           | New 20.21                 | Establish baseline  | N/A           | 8.79%                          | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish Baseline - new PI<br><b>Performance:</b> Percentages will be affected by reduced referral numbers, although performance rate still satisfactory.  |
| <a href="#">SSWB38c (AD/011c)</a><br>CP, SSWBPM WBO2         | Percentage of reablement packages completed that mitigated need for support<br><b>Higher Preferred</b>                    | New 20.21           | New 20.21           | New 20.21                 | Establish baseline  | N/A           | 47.70                          | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish Baseline - new PI<br><b>Performance:</b> Percentages will be affected by reduced referral numbers, although performance rate still satisfactory.  |

| Ref No, PI Type, Link to WBO            | PI Description and Preferred Outcome   | Annual Actual 18-19 | Annual Target 19-20 | Annual Actual 19-20 & RAG | Annual Target 20-21 | Q2 Cum Target | Q2 Cum Actual & Rag | Trend Q2 vs 19-20 | Comments   |
|---|--|---------------------|---------------------|---------------------------|---------------------|---------------|---------------------|-------------------|--|
| <a href="#">SSWB43</a><br>CP<br>WBO2    | Proportion (%) of individuals in managed care supported in the community<br><b>Higher Preferred</b>      | New 20.21           | New 20.21           | New 20.21                 | 74%                 | 74%           | 73.92%              | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Based on current data<br><b>Performance:</b> This performance measures must be considered in the context of the global pandemic and the rapid flow in and out of our services. The impact of COVID-19 has changed usual patterns of commissioning within services particularly those for older adults. |
| <a href="#">SSWB44</a><br>CP<br>WBO2    | Proportion (%) of individuals in managed care supported in a care home setting<br><b>Lower Preferred</b> | New 20.21           | New 20.21           | New 20.21                 | 26%                 | 26%           | 26.08%              | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Based on current data<br><b>Performance:</b> Like the performance measure SSWB43 there has been an impact on the usual commissioning placement activities in the care home sector during the global pandemic.  |
| <a href="#">SSWB45</a><br>Local<br>WBO2 | Numbers of Anticipatory Care Plans (ACP) in place<br><b>Higher Preferred</b>                             | New 20.21           | New 20.21           | New 20.21                 | Establish baseline  | N/A           | 124                 | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish baseline<br><b>Performance:</b> It is envisaged that there will be a significant increase in this figure once the MDT modelling is fully operationalised. This should increase significantly over the next 12 months.  |

## CHILDREN'S SOCIAL CARE

### Wellbeing Objective Two: Helping People and communities to be more healthy and resilient

| Code                     | Action Planned  | Status | Comments  | Next Steps (for amber and red only) |
|--------------------------|---|--------|---|-------------------------------------|
| <a href="#">WBO2.2.1</a> | Continue the safe reduction of looked after children to ensure young people are supported to live with their families and where this is not possible alternative permanence options are achieved at the earliest opportunity. | AMBER  | During this quarter there has been a further increase in the number of children looked after by Bridgend CBC. Our focus remains on children and young people ceasing to be looked after and a key piece of Bridgend's CLA strategy action plan is to increase the revocation of Placement with Parent placements, the number of Care Order discharges and the use of alternative orders such as SGO's. There has been increased senior management focus on this matter, and we are currently looking at innovative ways that would support the Local Authority to increase the number of children who cease to be looked after. Much of this activity has been adversely impacted upon by the COVID-19 pandemic and competing pressures in safeguarding teams. Despite this we will continue with the initiatives and actions incorporated in our expectation plan in order to continue to focus on safely reducing the numbers in line with our corporate strategy during 2020/21. |                                     |

### Performance Indicators

| Ref No, PI Type, Link to WBO  | PI Description and Preferred Outcome   | Annual Actual 18-19 | Annual Target 19-20 | Annual Actual 19-20 & RAG | Annual Target 20-21 | Q2 Cum Target | Q2 Cum Actual & Rag | Trend Q2 vs 19-20 | Comments   |
|---|--|---------------------|---------------------|---------------------------|---------------------|---------------|---------------------|-------------------|--|
| <a href="#">PM24</a><br><a href="#">(PAM/028)</a><br>PAM,<br>SSWBPM<br>WBO2 | The percentage of assessments completed for children within statutory timescales<br><b>Higher Preferred</b>  | 71.50%              | 85%                 | 73.84%                    | 85%                 | 85%           | 97.5%               | 62.40%<br>↑       | Quarterly Indicator<br><b>Target Setting:</b> In line with average Wales performance<br><b>Performance:</b> The majority of child assessments are carried out within the Information, Advice and Assistance Team who have proactively addressed underperformance in the previous year to the point where we are now exceeding target.  |
| <a href="#">PM33</a><br><a href="#">(PAM/029)</a><br>PAM,<br>SSWBPM<br>WBO2 | The percentage of looked after children on 31st March who have had three or more placements during the year.<br><b>Lower Preferred</b>   | 10.24%              | 12%                 | 9.39%                     | 11.00%              | 5.5%          | 4.29%               | 4.43%<br>↑        | Quarterly Indicator<br><b>Target Setting:</b> Target moved in-line with performance in 19/20<br><b>Performance:</b> During Q2 we have seen a slight increase in placement instability as lockdown restrictions began to relax, however, we still remain within target and we continue to work closely with our carers, providing support where necessary with the challenges they face.  |
| <a href="#">SSWB24</a><br><a href="#">(SCC001b)</a><br>Local<br>WBO2        | For those children looked after whose second review (due at 4 months) was due in the year, the percentage with a plan for permanence at the due date.<br><b>Higher Preferred</b> | 100.0%              | 100%                | 100%                      | 100%                | 100%          | 100%                | 100%<br>↔         | Quarterly Indicator<br><b>Target Setting:</b> Every child should have a plan for permanence<br><b>Performance:</b> The Independent Reviewing Service continue to be consistent in its practice of recording the permanence plan at the second review for all children looked after.  |
| <a href="#">SSWB39</a><br><a href="#">(CH/039)</a><br>CP,<br>SSWBPM<br>WBO2 | The number of children and young people looked after<br><b>Lower Preferred</b>   | 381                 | 378                 | 394                       | 375                 | 375           | 396                 | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Linked to WG target<br><b>Performance:</b> During this year the number of children who have become looked after has remained steady. However, the rate of children ceasing to be looked after continues to be below what is required to safely decrease the overall CLA population. It has been a challenge for Social Workers to be able to move forward Care Order discharges and prospective Special Guardianship arrangements during this period, due to competing pressures. Focused pieces of work are being carried out in respect of increasing the number of Special Guardianship Orders and Care Order discharges. An action plan is being finalised to track this focused activity. |

| Ref No, PI Type, Link to WBO                      | PI Description and Preferred Outcome  | Annual Actual 18-19 | Annual Target 19-20 | Annual Actual 19-20 & RAG | Annual Target 20-21 | Q2 Cum Target | Q2 Cum Actual & Rag | Trend Q2 vs 19-20 | Comments   |
|---|---|---------------------|---------------------|---------------------------|---------------------|---------------|---------------------|-------------------|--|
| <a href="#">SSWB40 (CH/047)</a><br>SSWBPM<br>WBO2 | The number of children looked after who are placed within Wales, but outside of the responsible local authority<br><b>Lower Preferred</b> | New 19.20           | 83                  | 101                       | 87                  | N/A           | N/A                 | N/A               | Annual Indicator<br><b>Target Setting:</b> Linked to WG target<br><b>Performance:</b> No Performance Comments  |
| <a href="#">SSWB41 (CH/048)</a><br>SSWBPM<br>WBO2 | The number of children looked after who are placed outside of Wales<br><b>Lower Preferred</b>   | N/A                 | 7                   | 10                        | 9                   | N/A           | N/A                 | N/A               | Annual Indicator<br><b>Target Setting:</b> Linked to WG target<br><b>Performance:</b> No Performance Comments  |
| <a href="#">SSWB42</a><br>Local<br>WBO2           | Total number of apprenticeships taken by looked after children across all employers<br><b>Higher Preferred</b>                            | New 20.21           | New 20.21           | New 20.21                 | Establish baseline  | N/A           | 3                   | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish Baseline<br><b>Performance:</b> We are already exceeding the Q2 figure from 2019/20 and will continue to promote and facilitate opportunities for children looked after. |

## CORPORATE DIRECTOR

### Wellbeing Objective Two: Helping people and communities to be more healthy and resilient

| Code                     | Action Planned   | Status | Comments  | Next Steps (for amber & red only) |
|--------------------------|--|--------|---|-----------------------------------|
| <a href="#">WBO2.3.2</a> | Rebuild participation in leisure and cultural activities by improving accessibility, removing barriers to involvement and creating age friendly communities  | AMBER  | As a result of the pandemic, all leisure and cultural venues were closed until September and restrictions placed on outdoor activities. Despite this, opportunities were created with the Bridgend Wellbeing Hub being repurposed and creating 4,362 physical activity visits. Three Super-Ager community programmes were established; 2 outdoor programmes with 58 beneficiaries, and an active at home programme with telephone mentoring that supported 128 beneficiaries. |                                   |
| <a href="#">WBO2.3.3</a> | Work with partners to develop a mental health strategy and action plan to support children, young people and all adults particularly with the added and often acute pressures from Covid-19 and lockdown | AMBER  | Work has been scoped-out, and a paper will be presented to PSB Chairs in January 2021 to set out the plan for developing separate but aligned strategies, with partners, for children/young people and adults.  |                                   |

## Performance Indicators

| Ref No, PI Type, Link to WBO                     | PI Description and Preferred Outcome  | Annual Actual 18-19 | Ann Target 19-20 | Ann Actual 19-20 & RAG | Annual Target 20-21 | Q2 Cum Target | Q2 Cum Actual & Rag | Trend Q2 vs 19-20 | Comments   |
|--|---|---------------------|------------------|------------------------|---------------------|---------------|---------------------|-------------------|--|
| <a href="#">PAM/017 (LCS002b)</a><br>PAM<br>WBO2 | Number of visits to local authority sport and leisure facilities during the year per 1,000 population where the visitor will be participating in physical activity<br><b>Higher Preferred</b> | 9,223               | 9,150            | 8,788                  | N/A                 | N/A           | No data available   | 8,870             | Quarterly Indicator<br><b>Target Setting:</b> No target set as leisure centres closed due to COVID-19<br><b>Performance:</b> As a result of the pandemic all centres and pools were closed until September. Restrictions on outdoor sports in place via Welsh Government will have prevented participation. We will continue to rebuild and develop programmes as restrictions ease.   |
| <a href="#">PAM/041</a><br>PAM<br>WBO2           | Percentage of National Exercise Referral Scheme (NERS) clients who continued to participate in the exercise programme at 16- weeks<br><b>Higher Preferred</b>                                 | 57.04%              | 44%              | Not yet published      | N/A                 | N/A           | N/A                 | N/A               | Annual Indicator<br><b>Target Setting:</b> Establish Baseline<br><b>Performance:</b> No Performance Comments   |
| <a href="#">PAM/042</a><br>PAM<br>WBO2           | Percentage of National Exercise Referral Scheme (NERS) clients who reported an increase in leisure minutes at 16-weeks<br><b>Higher Preferred</b>   | Not yet published   | N/A              | Not yet published      | N/A                 | N/A           | N/A                 | N/A               | Annual Indicator<br><b>Target Setting:</b> Establish Baseline<br><b>Performance:</b> No Performance Comments   |
| <a href="#">SSWB46</a><br>CP<br>WBO2             | Number of individuals engaged in targeted programmes linked to leisure and cultural facilities and services<br><b>Higher Preferred</b>  | New 20.21           | New 20.21        | New 20.21              | Establish baseline  | N/A           | 653                 | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish baseline<br><b>Performance:</b> Between April and September there were 4,507 contacts made and 80 participants in Feel Good for Life (for people with dementia and carers). There were 136 NERS clients, including all pathways, and 437 individuals benefited from books at home. The Stronger Together Bridgend digital platform has been created for cultural activities/creative at home programmes. |
| <a href="#">SSWB47</a><br>CP<br>WBO2             | Number of people who have improved access to leisure and cultural activities by reducing cost as a barrier to taking part<br><b>Higher Preferred</b>  | New 20.21           | New 20.21        | New 20.21              | Establish baseline  | N/A           | No data available   | N/A               | Quarterly Indicator<br><b>Target Setting:</b> Establish baseline<br><b>Performance:</b> As a result of the pandemic, leisure facilities remained closed until September.   |

## Wellbeing Objective Three: Smarter Use of Resources

| Code                     | Action Planned   | Status | Comments   | Next Steps (for amber and red only) |
|--------------------------|--|--------|--|-------------------------------------|
| <a href="#">WBO3.2.3</a> | Implement the planned budget reductions identified in the MTFS, in particular for the 2020-21 financial year, set annual balanced budgets and establish long term financially sustainable solutions. | AMBER  | The pandemic has highlighted the need for resilience in social care, so there is a need for the MTFS to be reviewed for future years so that they do not impact on further workforce reductions.   |                                     |
| <a href="#">WBO3.2.5</a> | Identify opportunities for new ways of working and for service delivery  | GREEN  | Throughout the pandemic new ways of working have been implemented both digitally and through agile and flexible working. These need to be reviewed so as to inform strategic programmes going forward. An example here is the innovative work and approaches within Day Opportunities. |                                     |

## Performance Indicators

| PI Ref No                       | PI Description   | Annual target 19-20<br>£'000 | Performance as at Q2 |       |       |    |       |       | Comments   |
|---------------------------------|--|------------------------------|----------------------|-------|-------|----|-------|-------|--|
|                                 |  |                              | Red                  |       | Amber |    | Green |       |  |
|                                 |  |                              | £'000                | %     | £'000 | %  | £'000 | %     |  |
| DWB6.1.1iii<br>(SSWB12)<br>WBO3 | Value of planned budget reductions achieved (SS & Wellbeing) | 820                          | 283                  | 34.5% | 0     | 0% | 537   | 65.5% | See comment on 'Implications of Financial Reductions on Service Performance' |

## OTHER

## Performance indicators

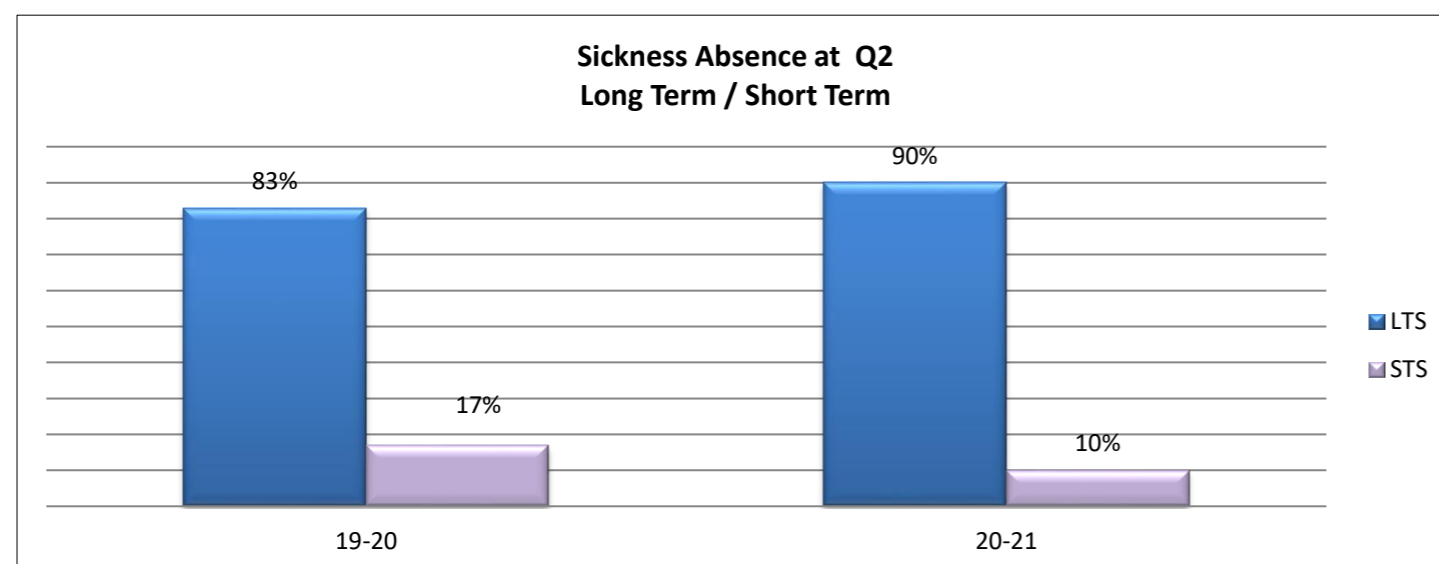
| Ref No, PI Type, Link to WBO                                      | PI Description and Preferred Outcome  | Annual Actual 18-19 | Ann Target 19-20 | Ann Actual 19-20 & RAG | Annual Target 20-21 | Q2 Cum Target | Q2 Cum Actual & Rag | Trend Q2 vs 19-20 | Comments  |
|---|---|---------------------|------------------|------------------------|---------------------|---------------|---------------------|-------------------|---|
| <a href="#">CHR002iii</a><br>(SSWB13)<br>Local<br>Other priority  | Number of working days per full time equivalent lost due to sickness absence (SS & Wellbeing)<br><b>Lower Preferred</b> | 19.12 days          | 19.11 days       | 17.76 days             | 17.75 days          | 8.88 days     | 7.37 days           | 7.99 days<br>↑    | Quarterly Indicator<br><b>Target Setting:</b> Corporate target<br><b>Performance:</b> The more flexible working arrangements available to staff during the pandemic has supported an improvement in sickness levels, in particular short term sickness. |
| <a href="#">DWB5.6.8.5</a><br>(SSWB14)<br>Local<br>Other priority | Number of working days lost per FTE due to industrial injury (SS & Wellbeing)<br><b>Lower Preferred</b>                 | 0.11 days           | 0 days           | 0.41 days              | 0 days              | 0 days        | 0.04 days           | 0.31 days<br>↑    | Quarterly Indicator<br><b>Target Setting:</b> Corporate target<br><b>Performance:</b> This is monitored in line with corporate policy.  |
| <a href="#">SSWB15</a><br>Local<br>Other priority                 | Number of individual injury incidences (SS & Wellbeing)<br><b>Lower Preferred</b>                                       | 6                   | 0                | 8                      | 0                   | 0             | 5                   | 4<br>↓            | Quarterly Indicator<br><b>Target Setting:</b> No Target Setting Comments<br><b>Performance:</b> This is monitored in line with corporate policy.  |

### Sickness broken down by Service Area

| Unit   | FTE<br>30.09.2020 | QTR2 2019/20           |                    |                 | QTR2 2020/21           |                    |                 | Cum Days<br>per FTE<br>2019/20 | Cum Days<br>per FTE<br>2020/21 | Target<br>2020/21 |
|--|-------------------|------------------------|--------------------|-----------------|------------------------|--------------------|-----------------|--------------------------------|--------------------------------|-------------------|
|  |                   | No of FTE<br>days lost | No. of<br>Absences | Days<br>per FTE | No of FTE<br>days lost | No. of<br>Absences | Days per<br>FTE |                                |                                |                   |
| Adult Social Care  | 605.10            | 2496.39                | 211                | 4.42            | 2160.67                | 197                | 3.57            | 7.92                           | 8.15                           | 17.75             |
| Business Support - SS&W                                    | 35.31             | 226.93                 | 11                 | 5.83            | 3.00                   | 2                  | 0.08            | 12.81                          | 0.49                           |                   |
| Children's Social Care                                     | 190.10            | 661.64                 | 50                 | 3.62            | 737.85                 | 46                 | 3.88            | 7.73                           | 6.91                           |                   |
| Prevention and Wellbeing                                   | 19.53             | 13.57                  | 5                  | 0.76            | 0.00                   | 0                  | 0.00            | 0.76                           | 0.00                           |                   |
| <b>Social Services and Wellbeing<br/>Directorate Total</b> | <b>850.04</b>     | <b>3398.52</b>         | <b>277</b>         | <b>4.22</b>     | <b>2901.52</b>         | <b>245</b>         | <b>3.41</b>     | <b>7.99</b>                    | <b>7.37</b>                    |                   |

### Sickness broken down by absence reason

| Absence Reason                                | Social Services & Wellbeing Directorate |                           |                              |                       |
|---|---|---------------------------|------------------------------|-----------------------|
|   | Q1 No of FTE<br>days lost               | Q2 No of FTE<br>days lost | Total No of FTE<br>Days Lost | % of Cum<br>days lost |
| Cancer  | 36.41                                   | 0.06                      | 36.47                        | 0.58%                 |
| Chest & Respiratory                           | 109.65                                  | 94.79                     | 204.44                       | 3.23%                 |
| Coronavirus COVID - 19                        | 0.00                                    | 35.14                     | 35.14                        | 0.56%                 |
| Eye/Ear/Throat/Nose/Mouth/Dental              | 111.77                                  | 49.11                     | 160.88                       | 2.54%                 |
| Genitourinary / Gynaecological                | 16.04                                   | 0.07                      | 16.11                        | 0.25%                 |
| Heart / Blood Pressure / Circulation          | 159.65                                  | 159.65                    | 319.30                       | 5.05%                 |
| Infections                                    | 123.59                                  | 207.53                    | 331.12                       | 5.23%                 |
| MSD including Back & Neck                     | 654.82                                  | 494.48                    | 1149.30                      | 18.16%                |
| Neurological                                  | 5.68                                    | 76.98                     | 82.66                        | 1.31%                 |
| Other / Medical Certificate                   | 0.00                                    | 0.68                      | 0.68                         | 0.01%                 |
| Pregnancy related                             | 73.20                                   | 80.69                     | 153.89                       | 2.43%                 |
| Return to Work Form Not Received              | 0.00                                    | 0.00                      | 0.00                         | 0.00%                 |
| Stomach / Liver / Kidney / Digestion          | 250.99                                  | 164.13                    | 415.12                       | 6.56%                 |
| Stress / Anxiety / Depression / Mental Health | 1884.04                                 | 1538.22                   | 3422.26                      | 54.09%                |
| <b>TOTALS</b>                                 | <b>3425.84</b>                          | <b>2901.53</b>            | <b>6327.37</b>               |                       |



**KEY:**

| Commitments                           |  | Action   |  |
|---------------------------------------|--|--|--|
| Red                                   | <p><b>A RED status usually means one or more of the following:</b></p> <ul style="list-style-type: none"> <li>A significant negative variance against the budget or savings of more than 10%.</li> <li>Delays against key milestone/s of more than 10% of the total length of the planned action.</li> <li>Problems with quality that lead to significant additional costs/work.</li> <li>Significant lack of resources which cannot be resolved by the directorate.</li> <li>PIs identified to measure success of the commitment are mostly red.</li> <li>Dissatisfaction or resistance from stakeholders that mean acceptance may be delayed all the benefits not achieved.</li> </ul>                           | CPA/Scrutiny committee should ask the pertinent chief officer/s to provide an explanation or conduct a review to identify the root causes of the red status and put in place an action plan to prevent further deterioration and minimise the damage caused to the overall organisation. |  |
|                                       |  | <b>Performance Indicators (RAG)</b>  |  |
|                                       |  | Red (alert)  | Performance is worse than target by 10% or more    |
| Amber                                 | <p><b>An AMBER status usually means one or more of the following:</b></p> <ul style="list-style-type: none"> <li>A negative variance against the budget or savings of less than 10%.</li> <li>Delays against critical milestones less than 10% of the total length of the planned action.</li> <li>Problems with quality but not causing delay.</li> <li>Lack of resources which can be resolved by the pertinent chief officer/s (e.g. via virement within the budget or managing vacancies).</li> <li>PIs identified to measure success of the commitment are a mixture of red, amber and green.</li> <li>Dissatisfaction or resistance from stakeholders addressed by the pertinent chief officer/s.</li> </ul> | CPA/Scrutiny Committee should maintain a watching brief over Amber projects/commitments but not necessarily intervening. They may ask chief officers to provide mitigation actions to prevent amber from moving into the red.  |  |
|                                       |  | <b>Performance Indicators (RAG)</b>  |  |
|                                       |  | Amber (caution)  | Performance is worse than target by under 10%      |
| Green                                 | <p><b>A GREEN status usually means one or more of the following:</b></p> <ul style="list-style-type: none"> <li>The forecast expenditure is on budget.</li> <li>Milestone/s on track to complete on time.</li> <li>Quality at expected levels.</li> <li>No resource problems.</li> <li>PIs identified to measure success of the commitment are mostly green.</li> <li>Stakeholders satisfied with the outcome.</li> </ul>  | CPA/Scrutiny Committee can let officers progress with the delivery of the planned actions. Assurance from the underlying data should indicate that the milestone is truly green.   |  |
|                                       |  | <b>Performance Indicators (RAG)</b>  |  |
|                                       |  | Green (clear)  | Performance is equal to or better than target      |
| <b>Performance Indicators (Trend)</b> |  | <b>Performance Indicator types</b>   |  |
| ↑                                     | Performance improved vs same quarter of previous year  | CP   | Corporate Plan indicator                           |
| ↔                                     | No change in performance vs same quarter of previous year  | PAM  | Public Accountability Measure (National Indicator) |
| ↓                                     | Performance declined vs same quarter of previous year  |  |  |