

Performance Indicators

Neath Port Talbot Council

Appendix 1 - Partnerships & Community Cohesion Performance Indicators - Quarter 3 (1st April - 31st December) 2021/22



Print Date: 28-Feb-2022

How will we know we are making a difference (01/04/2021 to 31/12/2021)?

PI Title	Qtr. 3	Qtr. 3	Qtr. 3	Qtr. 3 Target 21/22	Perf. RAG
	Actual		Actual 21/22		
	19/20				
Organisation					
CP/034 - Percentage of incidents of domestic abuse where people are repeat victims - Independent Domestic Violence Advisor (IDVA) Service - highest risk victims	ce 41.37		34.39	32.00	Red
1130 of 378 repeat referrals for this nine month period.					
We have seen a decrease in repeat cases in quarter 3, 23.8%, compared to quarter 1 and quarter 2. However the over 34.39% remains above the Safelives suggested national average percentage of repeat cases which is around 28%. We to identify any trends and opportunities for learning. Data not reported for quarter 3 2020/21 due to the pandemic.	•			-	
CP/115 - % of children that have received the Healthy Relationship lesson to address violence against women, domest abuse and sexual violence (VAWDAVS)	tic				NA
New indicator for 2021/22.					
As per previous quarters, due to Covid restrictions in schools and funding issues, the programme has been temporarily have called together a Task & Finish Group to look at a pilot in 1 school to address missed lesson delivery during the prolling this out across all schools.					
There are some lessons planned across secondary schools during quarter 4, now that restrictions are lifting.					
PI/153 - Number of referrals of high risk victims to the IDVA (Independent Domestic Violence Advisor) service	307.00		378.00	338.00	
					Red
	ceived over 50	0 referrals o	f high risk case	s for the peri	od April
Q3 referrals continue to be consistent with referral rates seen in Q1 and Q2 and it is predicted that the service will rec 2021 to March 2022. As multi agency responses to risk management and safety planning in high risk cases have return Team have appeared to return to a more manageable level however the intensity of the work in these cases remains v	ned to some so		_	oads within t	-

0.00	231.00	Г	Green t we are
1	ne new Omicro	Г	
1	ne new Omicro	Г	: we are
		55.00	NA
live events in	2021/22. Plar	nning is under	way to re-
		98.00	NA
live events in	2021/22. Plar	nning is under	way to re-
34.00	52.00	51.00	Green
		r, and one no	t held with
	46.00	51.00	Red
,	vithout a Seni	vithout a Senior Practitione PB has maintained. 46.00	vithout a Senior Practitioner, and one not PB has maintained.

Due to the introduction of a new information management system across western bay substance misuse services (WCCIS) and the issues affecting the ability of services to record on that system, it has not been possible to obtain performance management information for Q3 21/22. Work is on-going to find ways to fix the issues with the system.

3 (out of 18) services have been identified as underperforming:

- CDAT Swansea; CDAT NPT: both have waiting lists, which means that Individuals are unable to access the support that they need. This is being address with the Health Board.
- Platfform Counselling service: this is currently not being delivered due to redundancies made as a result of funding changes. They are currently considering their options for the future of this service.

	Qtr. 3 Actual 19/20	Actual	Qtr. 3 Actual 21/22	Qtr. 3 Target 21/22	Perf. RAG
PI/484 - Percentage of non-fatal over-doses notified through the protocol that received appropriate advice and or other intervention		53.78	69.70	50.00	Green

There was an error in reporting for quarter 2 due to the cumulative recording of percentages. This has now been corrected from 133% to 70%. The numbers of overdoses reported were correct.

Qtr 3 data is as follows:

13 non-fatal overdoses. 9 of which received an intervention or advice.