



Item No: 17

Meeting Date: Wednesday, 21st September 2016

Glasgow City Integration Joint Board

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PERFORMANCE REPORT

Purpose of Report:

To present the first Joint Performance Report for the Integration Joint Board and to provide an update on the work undertaken to develop integrated performance management reporting within the Health and Social Care Partnership.

Recommendations:

The Integration Joint Board is asked to:

- i. Note the attached performance report and indicate whether this meets their requirements.
- ii. Note the intention to produce this report on a quarterly basis.
- iii. Note the outstanding work required to finalise targets for inclusion within future performance reports and to adopt a single Red/Amber/Green classification system.

Implications for IJB:

Financial:	None	
Personnel:	None	
Legal:	The Integration Joint Board is required by statute to produce a performance report within four months of the end of each financial year. The first report will be expected by the end of July 2017 and cover the financial year 2016/17. This will be wider than but include information from the attached report.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Equalities:	None	
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.	
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.	
Risk Implications:	None	
Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

- 1.1 The purpose of this report is to present the first Joint Performance Report for the Integration Joint Board and to provide an update on the work undertaken to develop integrated performance management reporting within the Health and Social Care Partnership.

2. Background

- 2.1 The Integration Joint Board noted an initial report on 21st March 2016 which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.
- 2.2 At this meeting, it was suggested that indicators which were too operationally focused, those which are updated annually or less frequently, and those which only give an indication of volume or demand rather than performance, were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.
- 2.3 Work has been undertaken since to review the content of the Joint Performance report. The Integration Joint Board received an update on progress on the 24th June. At this meeting, it was agreed that the Board would receive a Quarterly Performance report and a draft reporting template was presented and approved. A revised report has now been produced and is attached which adopts this template.
- 2.4 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.
- 2.5 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and by the Finance and Audit Committee, which were presented with the first version of this report at their meeting on the 12 September. This is similar to the attached Integration Joint Board report, but it contains performance information for all indicators - even if GREEN - and also includes some of the indicators which were removed from the attached Integration Joint Board report, for not meeting the criteria outlined in 2.2 above. Work is ongoing to review and update the indicators and targets

contained within this more detailed report, which may be brought into future Integration Joint Board performance reports if appropriate.

- 2.6 It should be noted that these reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

3. Summary

- 3.1 The indicators are summarised at the start of the attached report in an overall Performance Summary. For each indicator, an indication is provided as to the direction of travel over the last 12 months, and its status in terms of whether it is classified as GREEN, AMBER, or RED is highlighted. For the purposes of this report, we have made the assumption that the Integration Joint Board will focus on the overall performance of the city, so have classified performance for Glasgow as a whole within this summary rather than by individual locality, though locality level detail is provided in the subsequent sections of the report if available. Locality level scrutiny, we are assuming will primarily be undertaken by Health and Social Care Partnership Management Teams.
- 3.2 For those indicators which are AMBER or RED, a more detailed analysis including trends, improvement actions and timeline for improvement is then provided. More detailed analysis is also provided in relation to Bed Days lost to Delayed Discharges, Alcohol Brief Interventions and Smoking Cessation Quit rates. This has been provided in order to highlight areas where there has been considerable recent improvement and which have become GREEN, as was requested by the Integration Joint Board at their meeting on the 24 June.
- 3.3 Work remains to be done to agree targets for some of the indicators and this is highlighted in this summary where they are classified as GREY. When this is completed, performance will be classified as Green (G); Red (R): or Amber within future reports. Slightly different classifications have also been used at this stage for NHS and Social Work indicators, with Social Work allowing variance of up to 2.49% before performance is classified as AMBER. Both denote RED when performance is 5% or more from the target. A single classification system will be used going forward.
- 3.4 As is noted in the attached report, performance in relation to a number of indicators is being adversely affected by some data quality issues which have been identified. These are being caused within the NHS by the introduction and rollout of a new information system – EMISWeb – within community health services. Work is also underway to address data quality issues which have

been identified within Social Work services and the Carefirst 6 information system. It is expected that the accuracy of the data recorded will be improved over time as actions are being progressed to address these.

3.5 The attached report includes the following types of indicators.

- NHS Local Development Plan Standards/Indicators (specified nationally which replaced the HEAT targets/standards from 2015/16).
- Health Board/Council Indicators (specified by the parent organisations in respect to services which have been devolved to the Partnership)
- Local Health and Social Work Indicators (specified locally by the Partnership)

3.6 The National Health and Wellbeing Outcome Integration Indicators have not been included as at this stage, as they are not produced frequently enough to meet the criteria discussed at 2.2 above. The intention is that these will be included within the Annual Performance Report as required by the Public Bodies (Joint Working) (Scotland) Act 2014. As reported to the Integration Joint Board on the 24th June, the first year for which Partnerships must report is 2016/17, with the report being published by the 31 July 2017. It was noted at the meeting on the 24th June that a template for this Annual Performance report will be produced for the Integration Joint Board's approval at the October meeting, which would include a 2015/16 Performance Baseline.

4. Recommendations

4.1 The Integration Joint Board is asked to:

- i. Note the attached performance report and indicate whether this meets their requirements.
- ii. Note the intention to produce this report on a quarterly basis.
- iii. Note the outstanding work required to finalise targets for inclusion within future performance reports and to adopt a single Red/Amber/Green classification system.

PERFORMANCE SUMMARY

Key to the Report

Outlined below is a key to the classifications used in this report.

Key to Performance Status – Health Indicators		Key to Performance Status – Social Work Indicators	Direction of Travel Relates to Same Period Previous Year	
RED	Outwith 5% of meeting trajectory	Performance misses target by 5% or more	▲	Improving
AMBER	Within 5% of meeting trajectory	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
GREEN	Meeting or exceeding trajectory	Performance is within 2.49% of target	▼	Worsening
GREY	No current target or trajectory to measure performance against.	No current target or trajectory to measure performance against.	—	This is shown when no trend data is currently available or when the indicator is a reflection of volume/demand.

Performance Summary At A Glance

The table below summarises overall performance in relation to those measures contained within the Combined Performance Report.

CARE GROUPS	RED	AMBER	GREEN	GREY	TOTAL
Older People	2	1	1	1	5
Unscheduled Care	2		1	4	7
Carers			1		1
Children's Services	3		1		4
Adult Mental Health	3			1	4
Addictions			1		1
Homelessness	6				6
Criminal Justice	3		1		4
Health Improvement	1	2	7		10
Primary Care			3	1	4
Human Resources	5				5
Business Processes			4		4
TOTAL	25	3	20	7	55

Indicator	What It Tells Us	Target	Period Reported	City Wide Status	Change In Previous Year
Older People					
1. Number of community service led Anticipatory Care Plans in Place	To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers.	720 for year	Q1	AMBER	▲
2. Number of people in supported living services	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home.	1200 for year	Q1	RED	▲
3. Percentage of service users who receive a reablement service following referral for a home care service	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who then receive a reablement service following screening. This assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator.	75%	Q1	RED	▲

4. Intermediate Care:Percentage of users transferred home	To monitor the destinations of people leaving intermediate care with the aim of increasing those returning home.	30%	July 16	GREEN	▲
5. Deaths in Acute Hospitals (65+ and 75+)	To monitor the numbers of people dying within acute settings. External factors may impact upon performance, but the HSCP has a role to work with partners in reducing numbers through enhancing community/care home based palliative care provision, and supporting the development and implementation of end of life plans which enable people to indicate where they would like to die.	TBC	Jul 15 – Jun 16	Target TBC	▲
Unscheduled Care					
1. New Accident and & Emergency Attendances for NHS Greater Glasgow and Clyde locations - crude rate per 100,000 by year	To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas.	TBC	Jul 15 – Jun 16	Target TBC	▲

<p>2. Emergency Admissions – Numbers (Aged 65+ and 75+) and Rates/1000 population by month</p>	<p>To monitor the extent to which people are being admitted to hospital in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. As these are not standardised for age/sex/SIMD etc, they cannot be used to compare across areas but allow for comparisons over time within areas.</p>	<p>TBC</p>	<p>Jun 16</p>	<p>Target TBC</p>	<p>▲</p>
<p>3. Number of non-elective inpatient spells (Rolling Year - All Ages)</p>	<p>To monitor the number of non-elective inpatient spells. Partners are working together to reduce these over time and shift the balance of care towards the community. These are numbers only at the moment and are not standardised, so cannot be used to compare across areas, but allow for comparisons over time within areas.</p>	<p>TBC</p>	<p>Jul 15 – Jun 16</p>	<p>Target TBC</p>	<p>▼</p>
<p>Delayed discharge- > 72 hours 4. Adults (excluding Adults with Incapacity - AWI) 5. Older People (Aged 65+)</p>	<p>To monitor the extent to which people are being unnecessarily delayed in hospital beyond 72 hours with the aim that these are reduced.</p>	<p>0</p>	<p>Aug 16</p>	<p>RED</p>	<p>▼</p>
<p>Delayed discharge- > 14 days 6. All Adults 7. Adult Mental Health. 8. Learning Disabilities</p>	<p>To monitor the extent to which people are being unnecessarily delayed in hospital beyond 14 days with the aim that that these are reduced.</p>	<p>0</p>	<p>Jun 16</p>	<p>RED</p>	<p>▼</p>

9. Number of Acute Bed Days Lost to Delayed Discharge	To monitor the extent to which acute beds are occupied by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes all patients.	26,555 (15/16 Target)	Jun 16	GREEN (15/16 Target)	▼
10. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI)	To monitor the extent to which acute beds are occupied by people medically fit for discharge who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. Aim is to reduce these.	TBC	Jun 16	Target TBC	▼
Carers					
1. Number of Carers who have started an Assessment in quarter	To monitor the number of carer assessments completed during the reporting period. These will enable carers needs to be identified and appropriate support to be put in place as required.	Annual target of 700 per locality	Q1	GREEN	▲
Children's Services					
1. Ready to Learn Assessment (27 to 30 month assessment) – Percentage uptake between 30 and 32 months	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme and they focus on each child's language, speech and emotional development as part of their preparation for nursery and then school.	95%	Jun 16	RED	▲

2. Percentage of HPIs allocated by Health Visitor within 24 weeks	To monitor the extent to which Health Visitors are allocating Health Plan Indicators (HPIs) within the target of 24 weeks. The HPI classification provided informs future service provision and support plans. It involves an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing.	100%	Jun 16	RED	▲
3. Access to CAMHS services - Longest wait (weeks)	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and meet the national target of an 18 week maximum.	<18 weeks	Apr 16	GREEN	▶
4. Percentage of care leavers in employment, education or training.	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.	75%	Q1	RED	▶
Adult Mental Health					
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral	To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people.	90%	Jan – Mar 16	RED	▼

2. Primary Care Mental Health Team (PCMHT) – referral to 1st appointment – percentage within 28 days	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be seen for their first appointment within 28 days of referral.	100%	Mar 16	RED	▲
3. Primary Care Mental Health Team (PCMHT) – referral to 1st treatment - percentage within 63 days	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for patients to be treated within 63 days of referral.	100%	Mar 16	RED	▲
4. Mental Health Re-admissions within 28 days	To monitor the extent to which people are readmitted for mental health inpatient treatment within 28 days, with the aim being to reduce these.	TBC	Jun 16	No Target	▶
Addictions					
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred.	90%	Q4	GREEN	▲

Homelessness					
1. Percentage of decision notifications issued within 28 days of initial presentation: Settled accommodation	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.	95%	Q1	RED	▲
2. Percentage of decision notifications issued within 28 days of initial presentation: Temporary accommodation	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.	95%	Q1	RED	▲
3. Percentage of live homeless applications over 6 months (at quarter end)	To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR).	<20%	Q1	RED	▼

<p>4. Increase the provision of settled accommodation by social sector landlords (cumulative)</p>	<p>To measure progress made by Homelessness Services towards fulfilling agreed targets for the provision of settled (permanent) accommodation from Registered Social Landlords. This area is a very high priority for the Scottish Housing Regulator (SHR).</p>	<p>Annual target 3,000</p>	<p>Q1</p>	<p>RED</p>	<p>▲</p>
<p>5. Number of households reassessed as homeless or potentially homeless within 12 months</p>	<p>To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).</p>	<p><300</p>	<p>Q4</p>	<p>RED</p>	<p>▼</p>
<p>6. Number of individual households not accommodated</p>	<p>This indicator provides information on the number of households not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.</p>	<p>< 150</p>	<p>Q1</p>	<p>RED</p>	<p>▲</p>

Criminal Justice					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made.	80%	Q1	RED	▼
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.	85%	Q1	GREEN	▲
3. Percentage of CPO 3 month Reviews held within timescale	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.	75%	Q1	RED	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement.	70%	Q1	RED	▲

Health Improvement					
1. Delivery of Alcohol Brief Interventions (ABIs)	To monitor the extent to which alcohol brief interventions are being delivered within primary and community settings. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above a safe range.	2016/17 target required	Year End 2015/16	GREEN	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile.	2016/17 target required	Year End 2015/16	GREEN	▲
3. Women smoking in pregnancy – general population	To monitor the extent to which women are smoking in pregnancy. The aim is to reduce rates and meet the target of a maximum of 15%. This relates to women across all areas.	15%	Apr 15 – Mar 16	GREEN	▲
4. Women smoking in pregnancy – most deprived quintile	To monitor the extent to which women are smoking in pregnancy in the most deprived areas in the city, with the aim of reducing rates and meeting the target of a maximum of 20%.	20%	Apr 15 – Mar 16	GREEN	▲

5. Breastfeeding at 6-8 weeks (Exclusive)	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).	Variable target by locality	Jan 15 – Dec 15	GREEN	▲
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive)	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).	Variable target by locality	Jan 15 – Dec 15	RED	▲
7. Number of 0-2 year olds registered with a dentist	To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.	55%	30 Sept 15	AMBER	▼

<p>8. Number of 3 – 5 year olds registered with a dentist</p>	<p>To monitor the extent to which children 3 and over are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate</p>	<p>90%</p>	<p>30 Sept 15</p>	<p>GREEN</p>	<p>▲</p>
<p>9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage uptake at 24 months</p>	<p>To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.</p>	<p>95%</p>	<p>Mar-16</p>	<p>AMBER</p>	<p>▼</p>
<p>10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage uptake at 5 years</p>	<p>To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.</p>	<p>95%</p>	<p>Year End 2015/16</p>	<p>GREEN</p>	<p>▲</p>

Primary Care					
1. Prescribing Costs: Compliance with Formulary Preferred List	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.	78%	Jan – Mar 16	GREEN	▲
2. Prescribing Costs: Annualised cost per weighted list size	To monitor prescribing costs. This indicator divides the total prescribing costs by the total practice populations after they have been adjusted for demographic factors. All patients on a practice list are included even if they have not received any prescriptions. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages.	At or Below NHSGGC average	Apr 16	GREEN	▼
3. Prescribing Costs: Cost Per Treated Patient	To monitor prescribing costs. This indicator divides the total prescribing cost by the number of patients in a population who receive a prescription only. Approximately 75% of patients in NHSGGC received a prescription in the past financial year. This indicator does not provide information on the external factors that affect prescribing such as new drugs, guidelines or national drug shortages.	TBC	Jan – Mar 16	Target TBC	▼

4. Numbers of people with a diagnosis of dementia on dementia register and other equivalent sources	To monitor the numbers of people being placed on a dementia register in primary care. This gives an indication of whether dementia is being effectively diagnosed in order to enable appropriate interventions to be delivered. The targets are based upon population based prevalence estimates and give an indication of the numbers of people with dementia we would expect to find within a given area.	4210 (HSCP) Target varies across localities)	Mar 16	GREEN	▲
Human Resources					
1. NHS Sickness absence rate	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency.	<4%	Jun 16	RED	▼
2. Social Work Sickness Absence Rate	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency.	<5%	Q1	RED	▼
3. NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.	80%	May 16	RED	▼
4. Percentage NHS staff with standard induction training completed within the deadline	To monitor the provision of standard induction training. The aim is to provide this within the agreed deadline.	100%	Jun -16	RED	▶

5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the deadline.	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.	100%	Jun -16	RED	▶
Business Processes					
1. Percentage of NHS Complaints responded to within 20 working days	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days).	70%	Q1	GREEN	▲
2. Percentage of Social Work complaints handled within 15 working days (local deadline)	To monitor performance in relation to the locally agreed Social Work target time for responding to complaints. (15 days).	65%	Q1	GREEN	▶
3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)	To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days).	85%	Q1	GREEN	▼
4. Percentage of elected member enquiries handled within 10 working days	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.	80%	Q1	GREEN	▲

GLASGOW HSCP
INTEGRATION JOINT BOARD
PERFORMANCE REPORT
– SEPTEMBER 2016

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1. OLDER PEOPLE

Indicator	1. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
Purpose	To monitor the extent to which services are introducing and rolling out the new community service led anticipatory care plans. It should be noted that these are separate from GP led anticipatory care plans which have been in place for longer but are not included here due to a lack of available information on their numbers.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Locality	Target	Q1					
NE	240 for year	34 (A)					
NW	As above	17 (A)					
South	As above	10 (A)					
Glasgow	720 for year	62 (A)					
Performance Trend							
<p>The target of 720 is an estimate of the number of ACPs that might be generated by community nurses, rehabilitation team, respiratory teams, OPMH and intermediate care during the course of the full year. At present performance (based on a straight forward pro-rata basis) is under target at this stage, although the rate of uptake is expected to increase over the course of the year. We will look at profiling this target to reflect this for the next report, but in the meantime have classified performance as AMBER for this report.</p>							
Actions to Improve Performance							
<p>Initial efforts were concentrated on developing the appropriate documentation and delivering awareness training to over 600 staff across health, social work and other organisations. The implementation of the initiative is now being rolled out on a phased basis, with the initial focus on community nursing. Work is also now underway to roll it out in older people's mental health services as part of the dementia post diagnosis support initiative; within rehabilitation and respiratory services; and intermediate care.</p>							
Timeline for Improvement							
<p>It is not anticipated that the project will deliver the number of ACPs expected until this roll out is complete. A planning day is scheduled for September to ensure the ongoing development of the ACPs is sustainable, and will give consideration to future reporting arrangements.</p>							

Indicator	2. Number of people in supported living services
Purpose	To monitor the number of people receiving supporting living packages. These are expected to increase over the course of the year in line with the longer term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home and reduce the numbers going into residential or nursing care.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Indicator	Target	Q1 16/17				
Number of people in supported living	Reach 1200 in 16/17	231 (R)				
Performance Trend						
Performance below what would be expected at the end of Quarter 1, though the rate of uptake is expected to increase over the course of the year.						
Actions to Improve Performance						
<p>Ongoing input and support from Older People's Commissioning teams is being provided to local care management teams and provider organisations in order to facilitate increased placements. Care management teams have also created structures to offer greater levels of support to staff when they are appraising all service options and to help them identify appropriate alternatives to care home provision.</p> <p>Some issues have been identified in respect of the implementation of the Provider Enquiry Report (PER) process aligned to the 2015 Framework agreement. A review of the process is underway in order to address these.</p> <p>We are also progressing a supported living service option from Cordia. Anticipated benefits of this model will include ease of access/referral, familiarity by care management staff, and potential significant provider capacity. Early implementation in one social work area is anticipated with city-wide roll out thereafter.</p>						
Timeline for Improvement						
This target is not now expected to be achieved until 2017/18.						

Indicator	3. Percentage of service users who receive a reablement service following referral for home care.
Purpose	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted, however, that this assessment function now lies with Cordia, so Social Work has no direct control but can seek to influence this indicator.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

Area	Target	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17
Indicator	75%	47.9% (R)	43.5% (R)	50.6% (R)	59.36% (R)	60.99% (R)
Performance Trend						
The proportion has increased considerably over the course of the last year though remains below target. From quarter 2, this indicator will report separate figures for those moving home from hospital, and for community referrals						
Actions to Improve Performance						
Performance will continue to be monitored and discussed at the Cordia / Social Work Operational Meetings at which appropriate action will be agreed and implemented.						
Timeline for Improvement						
This target is not now expected to be achieved until 2017/18.						

UNSCHEDULED CARE

Delayed Discharges

Indicator	4. Total number of adults (excluding Adults with Incapacity - AWI) breaching the 72 hour discharge by sector
Purpose	To monitor the extent to which people are being unnecessarily delayed in hospital, with the aim that these are reduced. This includes learning disability and mental health patients but excludes those classified as Adults with Incapacity (AWI) under the requirements of the Adults with Incapacity Act 2000. The 72 hour targets will replace the 14 day targets (see below) in future reports.
National/ Corporate/ Local	Local HSCP Indicator. Linked to National Integration Indicator which is the percentage of people who are discharged from hospital within 72 hours of being ready
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

TARGET	AREA	16 Nov 15	14 Mar 16	18 Apr 16	16 May 16	20 Jun 16	18 Jul 16	15 Aug 16
0	NE	12	11	13	11	12	15	23(R)
	NW	21	29	31	26	24	18	20(R)
	S	30	29	23	28	36	34	30(R)
	HSCP	63	69	67	65	72	67	73(R)
Performance Trend								
Numbers fluctuate on a monthly basis.								
Actions to Improve Performance								
Work is currently underway to improve throughput in step down intermediate care services for over the 65 client group, and a tender is currently in progress to bring on stream new service provision. Other programmes are underway to target under 65s including mental health and learning disability client groups (see the narrative on the 14 week target below).								
Timeline for Improvement								
The aim is for improvement towards the end of 2016/17.								

Indicator	5. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)).
Purpose	To monitor the extent to which older people are being unnecessarily delayed in hospital with the aim that these are reduced. This relates to older people only but excludes those classified as AWI under the requirements of the Adults with Incapacity Act 2000, as well as adult mental health and learning disability patients. We will look to include separate performance data for adult mental health and learning disability in future reports.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

TARGET	AREA	16 Nov 15	14 Mar 16	18 Apr 16	16 May 16	20 Jun 16	18 Jul 16	15 Aug 16
0	NE	5	4	2	2	5	7	13(R)
	NW	12	9	12	11	10	3	6(R)
	S	10	9	8	11	18	16	9(R)
	HSCP	27	22	22	24	33	26	28(R)
Performance Trend								
Numbers fluctuate on a monthly basis.								
Actions to Improve Performance								
Work is underway to improve throughput in step down intermediate care for over 65 client group and a tender is currently in progress to bring on stream new service provision.								
Timeline for Improvement								
The aim is for improvement towards the end of 2016/17								

Indicator	6. Delayed Discharges - > 14 days - Included Codes
Purpose	To monitor the extent to which people are being unnecessarily delayed in hospital. This relates to people whose delay is categorised as being for social care reasons, healthcare reasons, patient/carer/family reasons and 'other' reasons'. It excludes adults who are classified as having 'complex needs' and who are delayed due to awaiting a place in a specialist residential facility where no facilities exist or due to requirements of the Adults with Incapacity Act.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

HSCP	Jun-15	Feb 16	Mar-16	Apr-16	May-16	Jun-16	Status
North East Sector	0 (G)	2 (R)	0 (G)	0 (G)	2 (R)	0 (G)	Green
North West	6 (R)	10 (R)	14 (R)	11 (R)	14 (R)	7 (R)	Red
South Sector	7 (R)	3 (R)	9 (R)	17 (R)	13 (R)	11 (R)	Red
Glasgow City	13 (R)	15 (R)	23 (R)	28 (R)	29 (R)	18 (R)	Red
Target	0	0	0	0	0	0	
Performance Trend							
Performance remains above target and classified as RED for the city. Slight increase over the last 12 months. Variations across areas with North East consistently the lowest. The majority of these delays are with respect to learning disability and mental health beds rather than acute beds.							
Actions to Improve Performance							
This target will be replaced by the 72 hour target in future reports							
Timeline for Improvement							
This target will be replaced by the 72 hour target in future reports.							

Indicator	7. Delayed discharge Adult Mental Health - > 14 days - Included Codes
Purpose	To monitor the extent to which adults with mental health issues are being unnecessarily delayed in hospital. This excludes older people's mental health and relates to people whose delay is categorised as being for social care reasons, healthcare reasons, patient/carer/family reasons and 'other' reasons'. It excludes those who are classified as having 'complex needs' and who are delayed due to awaiting a place in a specialist residential facility where no facilities exist or due to requirements of the Adults with Incapacity Act 2000.
National/Corporate/Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Jun-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
0	NE	0 (G)	0 (G)	0 (G)	0 (G)	0 (G)	0 (G)	0 (G)
	NW	1 (R)	1 (R)	2 (R)	3 (R)	2 (R)	1 (R)	0 (G)
	S	2 (R)	1 (R)	2 (R)	7 (R)	5 (R)	6 (R)	6 (R)
	HSCP	3 (R)	2 (R)	4 (R)	10 (R)	7 (R)	7 (R)	6 (R)
Performance Trend								
Numbers fluctuate but remain very small.								
Actions to Improve Performance								
Discussion is underway re adopting for adult services a similar organisational approach to the management of delayed discharge that exists in older adult services.								
Timeline for Improvement								
To be confirmed in the context of process above. Subject to regular review locally.								

Indicator	8. Delayed Discharge Learning Disabilities - >14 days
Purpose	To monitor the extent to which adults with learning disability are being unnecessarily delayed in hospital.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 2
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	16 Nov 15	14 Mar 16	18 Apr 16	16 May 16	20 Jun 16	18 Jul 16	15 Aug 16
0	City-wide	8(R)	11(R)	11(R)	7(R)	7(R)	7(R)	7(R)
Performance Trend								
Numbers fluctuate but remain small.								
Actions to Improve Performance								
Social Workers currently assess all individuals who have a learning disability and who are delayed discharge in NHS GGC beds. It is important to note that most individuals' previous placements have broken down and cannot return to the same. This provides an overall commissioning challenge and commissioning officers are currently scoping available and potential options with providers.								
Timeline for Improvement								
All individual assessments will be complete by October 2016. A commissioning approach agreed by January 2017.								

Indicator	9. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes all patients.
National/ Corporate/ Local	Health Board Indicator/Linked to National Integration Indicator which is the number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

AREA	13/14 Total	14/15 Total	15/16 Total	Jun- 15	Apr -16	May- 16	Jun -16	16/17 Target
HSCP	39,929 (R)	38,152 (R)	21,288 (G)	1153 (G)	2359	2166	2155	TBC
NE	9203	8048	5777	646	540	614		TBC
NW	13,000	15,884	8034	676	802	864		TBC
S	17,726	14,220	7477	698	1017	688		TBC
Performance Trend								
There was a significant reduction in 2015/16, although there has been a slight increase in the monthly average in 2016/17. Variations across areas with North East generally having the lowest bed days lost. Targets to be agreed for 2016/17 but based on last year's target, performance would be GREEN so this is shown here.								
Actions to Improve Performance								
Due to new recording arrangements Adults with Incapacity (AWI) patients are not now included on the information system which is the source of this data, so further reductions will occur. Actions are in hand to promote the use of intermediate care step down placements and increased links with Housing Options for older people / home care to promote earlier discharge home.								
Timeline for Improvement								
The aim is to return to the June 2015 levels by the third quarter of 2016/17								

CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits - % uptake between 30 and 32 months
Purpose	To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

TARGET	AREA	Aug 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
95%	NE	47%(R)	66%(R)	64%(R)	72%(R)	69%(R)	73%(R)	74%(R)
	NW	58%(R)	56%(R)	58%(R)	53%(R)	55%(R)	57%(R)	50%(R)
	S	1%(R)	44%(R)	67%(R)	74%(R)	75%(R)	77%(R)	77%(R)
Performance Trend								
Variations across areas with North West the lowest over most of the period shown. Uptake increasing over time as the new community information system (EMISWeb) is rolled out, but all areas remain below target and RED.								
Actions to Improve Performance								
There is an anomaly in the current reporting system from EMISWeb which is reducing the number of assessments shown as complete. A request has been made to the developers of the system to alter the report to take these into account, which should result in increases in the percentages shown above.								
In practice, however, where there are vulnerable families with complex issues, it can be difficult to complete the assessments within the above timescales. Assessments will be completed, but this can be when the child is older than 32 months, reducing the percentages shown. Monthly reporting arrangements are being put in place, however, for the Service Managers and team leaders to monitor progress and address these and any other issues affecting uptake.								
Timeline for Improvement								
To achieve target by March 2017.								

Indicator	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor within 24 weeks
Purpose	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and those allocated as 'intensive' receive multiagency input. This classification may be subject to change as the child gets older.
National/Corporate/Local	Local HSCP Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

TARGET	AREA	Aug 2015	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
100%	NE	37% (R)	95% (R)	95% (R)	95% (R)	94% (R)	86% (R)	45% (R)
	NW	42% (R)	91% (R)	92% (R)	93% (R)	89% (R)	85% (R)	65% (R)
	S	60% (R)	95% (R)	97% (A)	96% (A)	94% (R)	84% (R)	97% (A)
Performance Trend								
Variations across areas and over time. Rates in South consistently higher than the other areas over the period shown.								
Actions to Improve Performance								
<p>There are a number of reasons for the lower rate of allocation in North East and North West which are being addressed by the teams. HPIs have been recorded on the "assessment summary" in EMISWeb, but not on the caseload section. Furthermore, some children who have been transferred into the area have incomplete assessments, preventing allocation at 24 weeks. North East and North West have action plans in place to address the variations covering the following:</p> <ul style="list-style-type: none"> • Team Leaders to meet with all health visiting and family nurse practitioner staff to examine HPI allocation at 24 weeks and to take appropriate measures to rectify any identified gaps. This will be evidenced by staff during caseload supervision • The service manager is monitoring monthly with each team leader. • HPI allocation is now being discussed monthly as part of case management supervision. • The service manager will develop and distribute a monthly performance template for team leaders to report status at supervision meetings. 								
Timeline for Improvement								
Improvements should be seen within 1 month.								

Indicator	4. Percentage of young people receiving an aftercare service who are known to be in employment, education or training
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Head of Strategy (Children's Services) Ann-Marie Rafferty, Head of Operations (North East)

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
75%	North East	67% (R)	65% (R)	63% (R)	64% (R)	61% (R)
75%	North West	66% (R)	63% (R)	61% (R)	64% (R)	66% (R)
75%	South	66% (R)	67% (R)	70% (R)	75% (G)	71% (R)
75%	Glasgow	67% (R)	65% (R)	65% (R)	67% (R)	67% (R)
Performance Trend						
At the end of Q1 all localities remained outwith the target range. Performance for the city as a whole has remained similar over the last year.						
Actions to Improve Performance						
There are difficulties with the recording of leaving care on Carefirst 6, the Social work information system. Work is underway to address this and to ensure arrangements are in place to more accurately record care leavers in future, as indicated in the covering paper to this report.						
Timeline for Improvement						
Timescale to be agreed.						

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started treatment within 18 weeks of referral
Purpose	To monitor waiting times for people accessing psychological therapy services, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 4
HSCP Lead	David Walker, Head of Operations (South)

	% of People who started treatment within 18 weeks of referral					
	Jan 15 - Mar 15	Apr 15 - Jun 15	Jul 15 - Sep 15	Oct 15 - Dec 15	Jan 16 - Mar 16	Status
NE	96.6% (G)	94.5% (G)	91.2% (G)	78.5% (R)	65.1% (R)	Red
NW	85.4% (R)	82.7% (R)	73.1% (R)	83.4% (R)	79.2% (R)	Red
S	95.4% (G)	96.3% (G)	97.4% (G)	95.7% (G)	98.6% (G)	Green
HSCP Actual	92.7% (G)	91.7% (G)	87.4% (A)	87.3%(A)	82.6%(R)	Red
HSCP Target	90%	90%	90%	90%	90%	90%
Performance Trend						
At March, South was the only area GREEN. Following the transition to a new information system (Mental health services migrating from Pims to EMISWeb) reported performance has declined in the other areas.						
Actions to Improve Performance						
North East Primary Care Mental Health Team have moved premises and completed recruitment in March 2016, which has resulted in an improvement in performance. However, given the transition from Pims to EMISWeb, information will not be complete until late 2016.						
Timeline for Improvement						
HSCP will exceed 90% target by November 2016.						

Target/Ref	2. Primary Care Mental Health Teams – referral to 1 st appointment – percentage within 28 days
Purpose	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be seen for their first appointment within 28 days of referral.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 4
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Nov 15	Dec 15	Jan 15	Feb 16	Mar 16
100%	NE	77% (R)	81% (R)	76%(R)	80%(R)	86%(R)
100%	NW	61% (R)	63% (R)	N/A	N/A	N/A
100%	S	97% (A)	98% (A)	86% (R)	94% (R)	94% (R)
Performance Trend						
At March, all areas were RED though no information was available for the North West. Reported performance being affected by the transition to a new information system (Mental Health services migrating from Pims to EMISWeb).						
Actions to Improve Performance						
As a result of the transition to EMIS Web, data will not complete for Glasgow City until late 2016.						
Timeline for Improvement						
All localities will be over 90% by November 2016.						

Target/Ref	3. Primary Care Mental Health Teams (PCMHT) – referral to 1 st treatment – percentage within 63 days
Purpose	To monitor waiting times for people accessing Primary Care Mental Health Team services. The target is for all patients to be treated within 63 days of referral.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 4
HSCP Lead	David Walker, Head of Operations (South)

TARGET	AREA	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
100%	NE	21% (R)	13% (R)	10% (R)	35%(R)	29%(R)
100%	NW	31% (R)	43% (R)	N/A	N/A	N/A
100%	S	97% (A)	100% (G)	88% (R)	96% (R)	91% (R)
Performance Trend						
At March, all areas were RED though no information was available for the North West.						
Actions to Improve Performance						
Information system in transition from Pims to EMIS Web therefore data will not be complete for Glasgow City until late 2016. Head of Service is reviewing variance within City Localities.						
Timeline for Improvement						
March 2017						

HOMELESSNESS

Indicator	1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled (Permanent) Accommodation in these cases.
National/ Corporate/ Local	SW Corporate Indicator
Integration Outcome	Outcome 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
95%	City-wide figure only	62% (R)*	62% (R)*	88% (R)	77% (R)	70% (R)
Performance Trend						
Performance improved after the period of industrial action in Q1/Q2 2015/16, but has not been sustained into 2016/17.						
Actions to Improve Performance						
Citywide improvement plan put in place May 2016 and the number of decisions outwith the timescale was significantly reduced, but this has not been sustained by all teams. All teams have agreed to prioritise and sustain improvement against this indicator.						
Timeline for Improvement						
Ongoing work is expected to provide evidence of improvement from Q3 2016/17 onwards.						

Indicator	2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation
Purpose	To monitor the proportion of homeless applications which receive a decision letter within the 28 day guideline, where the assessment decision is that the applicant is either intentionally homeless or has been threatened with homelessness. In these cases, the Council has a duty to secure temporary accommodation, provide advice and guidance, or take reasonable measures to try to enable the applicant to retain their accommodation.
National/ Corporate/ Local	SW Corporate Indicator
Integration Outcome	Outcome 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
95%	City-wide figure only	40% (R)*	33% (R)*	73% (R)	67% (R)	57% (R)
Performance Trend						
Performance improved after the period of industrial action in Q1/Q2 2015/16, but has not been sustained into 2016/17.						
Actions to Improve Performance						
This indicator relates to cases which may be more complex, and additional time may be required to make the decision. In Q1 2016/17, there were 35 decisions in this category, 20 of which were made within the required timescale. The 15 cases outwith the timescale are being audited, and feedback provided to teams on outcomes from analysis, including any recommendations on practice improvement.						
Timeline for Improvement						
Audit completed by end of Q2, with feedback to teams and further discussion around practice and processes. There may be a need to review this target in relation to complexity of cases / smaller number of these cases, and potentially reduce the target percentage.						

Indicator	3. Percentage of live homeless applications over 6 months duration at end of quarter
Purpose	To measure progress towards quicker throughput of homeless households to settled (permanent) accommodation. This indicator is a priority for the Scottish Housing Regulator (SHR).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
Target reduced Was <30% (2015/16) Now <20% (2016/17)	City-wide figure only	40% (R)	45% (R)	42% (R)	44% (R)	47% (R)
Performance Trend						
The upper threshold was exceeded (RED) in each quarter, as overall caseload has been increasing and numbers of longer term cases have not reduced.						
Actions to Improve Performance						
The performance improvement plan reduced caseloads, however this has not been sustained by all teams. Guidance on caseload management has been drafted and will be signed off and implemented in order to improve throughput. It is recognised that additional resources may be required to assist where teams have staffing challenges which affect their ability to effectively move cases on.						
Timeline for Improvement						
Ongoing work to improve caseload management, and provision of resources to assist improvement is expected to deliver improved results from Q3 2016/17.						

Target/Ref	4. Increase in provision of settled accommodation made available by social sector landlords (Section 5) - cumulative total to end quarter (citywide)
Purpose	To measure progress made by Homelessness Services towards fulfilling the targets for provision of settled (permanent) accommodation from the Wheatley Group and Registered Social Landlords as set out in a local Capacity Plan which was approved by the Housing Access Board in April 2015. This area is a very high priority for the Scottish Housing Regulator (SHR), as part of the voluntary intervention process.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	2015/16 Annual Total	16/17 Q1
3,000 annual target (750 per Quarter)	City-wide figure only	434	370	506	432	1,742	455 (R)
Performance Trend							
The annual target of 3,000 units was not met in 2015/16. The Housing Access approach was in development through this period. Performance in the first quarter of 2016/17 is also below target.							
Actions to Improve Performance							
Targets contained within the Capacity Plan have been approved by the Housing Access Board. Local Lettings Plans have also been agreed citywide for 2016/17, and all partners are attending quarterly Local Lettings community meetings. Staff have been trained and work is ongoing to increase the number of resettlement plans to secure more settled accommodation from RSLs – all teams have been given a target to complete a minimum of 20 plans per week. The revised approach is still bedding in, and initial issues around management of provision of void properties are being resolved with RSLs.							
Timeline for Improvement							
Whilst Q1 performance did not meet the quarterly average of 750 lets, it is anticipated that additional lets will be progressed by Q4 to accelerate progress towards the overall target.							

Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	14/15 Full Year Total	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	15/16 Full Year Total	16/17 Q1
<300 (75 per Quarter)	City-wide figure only	633 (R)	67	102	112	114	395 (R)	110 (R)
Performance Trend								
Repeats for the year (395) exceed the target of 300 cases, but represent a reduction on the total for the previous year (633). Performance in Q1 2016/17 is similar to the previous 3 quarters and above target (maximum of 75 each quarter).								
Actions to Improve Performance								
Homelessness Services seek to prioritise a review of approach towards repeat cases, including an analysis of available data around individual repeat cases, and identification of areas where the HSCP can improve service delivery across the organisation to complex clients.								
Timeline for Improvement								
Work to start October 2016.								

Target/Ref	6. Number of individual households not accommodated (last month of quarter).
Purpose	This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 7
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q4	16/17 Q1
Target reduced Was < 300 (2015/16) Now < 150 (2016/17)	City-wide figure only	351 Households in March 2016 (R)	225 Households in Jun 2016 (R)
Performance Trend			
City-wide target was not met at Q4 and Q1 (RED). Target was based on achievement of 3,000 lets and increase in Temporary Furnished Flats (TFFs) to 1,650 in 2015/16 (which were not met).			
Actions to Improve Performance			
The service has undertaken a multi-agency review, commissioned new services including new build emergency facilities, implemented a housing access strategy, and developed a coproduction agenda to work differently with people with multiple needs. Work is being prioritised across all teams to improve throughput for households in bed and breakfast, emergency and other temporary / interim accommodation to maximise use of resources. The service is also working with providers and our own residential services to reduce the number of unplanned discharges, and improve the approach to management of complex cases. Investment has been made in improvements to iWorld Information system to enable provision of data for Scottish Government statutory reporting on temporary / emergency accommodation.			
Timeline for Improvement			
Improvements resulting from increased throughput and access to additional lets is anticipated from Q4 2016/17.			

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) work placements commenced within 7 days of sentence
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made.
National/ Corporate/ Local	Criminal justice national standard and statutory return
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
80%	North East	74% (R)	74% (R)	79% (G)	59% (R)	62% (R)
80%	North West	79% (G)	80% (G)	72% (R)	63% (R)	73% (R)
80%	South	72% (R)	72% (R)	72% (R)	64% (R)	64% (R)
80%	Glasgow	77% (A)	77% (A)	77% (A)	64% (R)	70% (R)
Performance Trend						
Although all areas are RED at Q1, there has been an improvement since Q4.						
Actions to Improve Performance						
An increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report carried out have contributed to the performance shown. This issue is being progressed via the Court business meeting. In addition, the review of Unpaid Work is underway. This indicator is included in fortnightly reports provided to Teams.						
Timeline for Improvement						
3 monthly review of progress will take place.						

Indicator	3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale
Purpose	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
National/ Corporate/ Local	Criminal justice national standard,
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
75%	North East	58%(R)	53% (R)	57% (R)	63% (R)	53% (R)
75%	North West	75% (G)	89% (G)	70% (R)	84% (G)	65% (R)
75%	South	64%(R)	64% (R)	62% (R)	79% (G)	67% (R)
75%	Glasgow	65%(R)	68% (R)	62% (R)	75% (G)	62% (R)
Performance Trend						
There was significant slippage across all localities at Q1 and all are now RED.						
Actions to Improve Performance						
This issue is being monitored by Service Managers at their monthly meetings using the fortnightly performance reports and also within the context of Team Leader supervision. An element of this underperformance is as a result of recording issues. Specific emphasis is being directed where the variation in performance is most marked.						
Timeline for Improvement						
An improvement in performance is expected to be reported at Quarter 2.						

Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement.
National/ Corporate/ Local	Criminal justice statutory return
Integration Outcome	Outcome 4
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
70%	North East	-	-	50% (R)	58% (R)	46% (R)
70%	North West	-	-	39% (R)	56% (R)	54% (R)
70%	South	-	-	47% (R)	55% (R)	66% (R)
70%	Glasgow	-	-	46% (R)	54% (R)	54% (R)
Performance Trend						
This indicator was introduced to the framework in January 2016. No locality has yet met the 70% target.						
Actions to Improve Performance						
Given this is a newer indicator, benchmarking is being undertaken across localities in order to share learning and good practice with the aim of improving performance across the city.						
Timeline for Improvement						
Improvement in performance is expected within 3 months.						

HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above a safe range.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 4
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	2014/15 End of Year Status	2015/16 End of Year Status	Target Apr 16 – Jun 16	Actual Apr 16 – Jun 16
North East Sector	No target	Green	327	228 (R)
North West Sector	No target	Green	317	354 (G)
South Sector	No target	Red	369	240 (R)
City Wide (Non sector specific wider settings delivery)	No target		No target	339
Glasgow City HSCP	Red	Green	1013	1161

Performance Trend

Performance is on track at this point in the year. Target met previously for 2015/16. The target has been phased over the course of the year to deliver 20% in quarters 1 and 2 and 30% in quarters 3 and 4.

Actions to Improve Performance

Performance on ABI's has improved over the last three years with Glasgow City meeting its target last year. Over time, we have seen a downward contribution to ABI's from primary care services and an upward contribution from other settings, including contracted services. There will be continued monitoring and action planning throughout the year to embed and extend the opportunities to complete these interventions.

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the categories below indicate where the interventions are being delivered. Referrals are received from a number of sources including primary care.
National/ Corporate/ Local	NHS LDP Standard
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

April 15 - Mar 2016	North East	North West	South
ACUTE	35	25	48
COMMUNITY	84	104	79
MATERNITY	12	11	5
MENTAL HEALTH	2	1	1
PHARMACY	387	188	247
PRISONS	0	0	0
Actual Total (Acute, Community, Maternity and Pharmacy)	520	329	380
Target quits at 3 month follow-ups in the 40% most deprived	380	251	310
Variance from target	36.8%	31.1%	22.6%

Performance Trend
Data from quarter 1 of 2016/17 will not be available until November. Targets were met during 2015/16 with Greater Glasgow and Clyde delivering 44% more successful quits than the year before (40% above target). Glasgow City contributed very significantly to this, as the city accounts for 70% of the total Greater Glasgow and Clyde target due to our rates of deprivation.
Actions to Improve Performance
Improvements have been generated through changing working practices with selected pharmacies and general practice. Greater Glasgow and Clyde and Glasgow City are delivering above target in a way that is only being seen in one other health board area in Scotland – Shetland. This level of activity and success will contribute to reducing health inequalities within GGC and Glasgow City. The 2016/17 target has been increased further (GGC NHS target is 50% higher than last year), at a time where the income from the Scottish Government for smoking cessation and prevention has reduced by 7.5%. A tobacco review is currently being undertaken in Glasgow City to consider how we can achieve even more with even less.

Indicator	6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	Jan 14- Dec 14	Apr14- Mar15	July14- Jun 15	Oct 14- Sep 15	Jan 15- Dec 15
18.0%	NE	14.6% (R)	14.3% (R)	14.8% (R)	15.1% (R)	15.7% (R)
21.4%	NW	18.5% (R)	21.0% (R)	21.2% (A)	22.8% (G)	22.9% (G)
21.3%	S	19.4% (R)	18.9% (R)	18.9% (R)	17.8% (R)	17.7% (R)
20.1%	HSCP	17.2% (R)	17.6% (R)	17.9% (R)	18.1% (R)	18.2% (R)

Performance Trend

Data not yet available for 2016. Performance RED for the HSCP with North West the only area meeting the target. Improvements have been achieved over the period shown in the North East, North West and for the city overall. Performance has declined in the South, with research suggesting this may be a reflection of varying breast feeding practices amongst different ethnic groups there who typically have much higher rates of mixed feeding.

Actions to Improve Performance

Evidence suggests the best practices to promote breastfeeding are the implementation of the UNICEF Baby Friendly standards. Each locality has UNICEF accreditation with external reassessment taking place this year. This reviews care for mothers and babies and identifies areas where targeted improvement is required. Each locality also has a programme of work which aims to reduce barriers and increase acceptability of breastfeeding, including the pilot 'baby café' approach in South Glasgow designed to engage and support minority ethnic mothers to continue to exclusively breastfeed.

Timeline for Improvement

Reassessments of UNICEF accreditation to take place during the course of 2016/17.

Indicator	7. Number of 0-2 year olds registered with a dentist
Purpose	To monitor the extent to which children under 3 are registering with a dentist. The aim is to increase registration rates in order to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	30 Sep 13	31 Mar 14	30 Sep 14	31 Mar 15	30 Sep 15
55%	HSCP	51.9% (A)	53.1% (A)	51.4% (A)	50.8% (A)	51.7% (A)
55%	GGC	51.2% (R)	51.5% (R)	50.8% (R)	50.5% (A)	51.3% (A)

Performance Trend

No data available for 2016. For the periods shown, registration rates have remained AMBER with performance remaining fairly static. Rates of dental registration for children aged 3-5 years of age are however, as shown above, in excess of the city target, showing that slower initial rates of registration are remedied by the time the child reaches school age.

Actions to Improve Performance

Currently dental registration is raised routinely at health visitor assessments as part of the universal pathway, and some mothers are referred to support staff to encourage early nutrition, good oral health and to support dental registration directly. Although dental registration is encouraged early, the stage of teething does influence parental actions.

The introduction of new universal contacts/assessments by health visitors when a child reaches 13-15 months provides an additional opportunity to influence earlier dental registration.

Timeline for Improvement

The national roll out of this new assessment is currently being planned on a phased basis, reflecting planned staffing changes in the health visiting workforce.

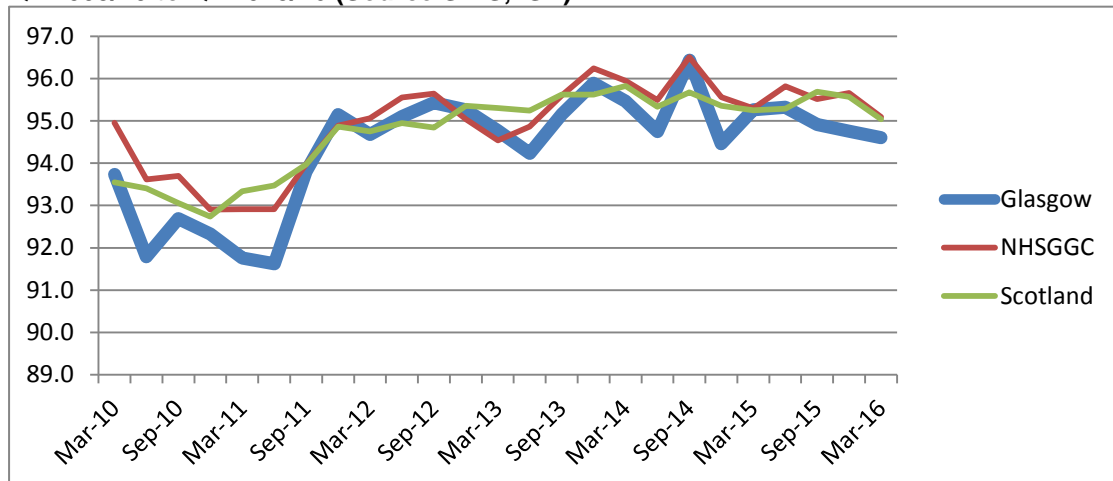
Indicator	9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	2014/15		2015/16		
		Q4	Q1	Q2	Q3	Q4
95%	NE	96.1% (G)				
95%	NW	94.4% (A)				
95%	S	95.3% (G)				
95%	HSCP	95.3% (G)	95.3% (G)	94.9% (A)	94.8% (A)	94.6% (A)

Performance Trend

No data available for 2016/17 .Performance AMBER for the period shown. Overall, MMR uptake has improved markedly over the recent past since the safety of MMR has been confirmed. The trend data is shown below. Although there are slightly lower immunisation rates in Glasgow City, these are not statistically different from NHSGGC and Scotland.

Figure 1 Trends in MMR1 uptake at 24 months for Glasgow City, NHSGGC and Scotland for Q4 2009/10 to Q4 2015/16 (Source SIRS, ISD).



Actions to Improve Performance

Work will now be undertaken to examine uptake at sector and locality/neighbourhood level to identify nuances in local performance that may require a more targeted response.

Timeline for Improvement

Timeline for an analysis of data in sector and localities to be agreed with the Public Health Directorate (GGC NHS).

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
National/ Corporate/ Local	NHS LDP Standard/Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Carol Anne Keogh, Head of HR

HSCP	Jun-15	Mar-16	Apr-16	May-16	Jun-16	Status
North East	5.8% (R)	5.8% (R)	5.2% (R)	5.9% (R)	6.0% (R)	Red
North West	5.7% (R)	6.0% (R)	5.8% (R)	7.1% (R)	7.0% (R)	Red
South	6.4% (R)	7.8% (R)	6.6% (R)	7.3% (R)	6.8% (R)	Red
Glasgow City	6.0% (R)	6.3%(R)	5.6% (R)	6.4% (R)	6.4% (R)	Red
Target	4.0% (R)	4.0% (R)	4.0% (R)	4.0% (R)	4.0%	4.0%
SPLIT	AREA	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Short term - % absences	NE	2.2%	1.9%	2.5%	2.5%	2.2%
	NW	2.4%	2.6%	2.6%	3.0%	2.3%
	S	2.5%	2.6%	3.0%	3.4%	2.9%
	HSCP	2.3%	2.2%	2.6%	2.7%	2.4%
Long term - % absences	NE	4.3%	4.2%	3.8%	3.7%	3.6%
	NW	4.2%	3.7%	3.6%	3.8%	3.7%
	S	4.1%	4.1%	4.2%	4.8%	4.9%
	HSCP	4.2%	4.1%	3.9%	4.2%	3.9%
Performance Trend						
Variations across areas and over time, with a slight increase between June 2015 and 2016. Performance remains RED across all areas.						
Actions to Improve Performance						
<p>The absence levels for the HSCP have historically remained above the national target. The recent inclusion of mental health directorates within GCHSCP have further impacted negatively on the absence figures. The current action plan to support managers in reducing absence include the following:-</p> <ul style="list-style-type: none"> • People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports them to the HSCP Senior Management Team. • People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons 						

for absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.

- The 'HR Connect' portal has been made available to all staff and management from May 2016 to provide support to managers in the form of policies, guidance, and templates. 'Drop in' sessions for managers and staff will be delivered from September 2016 within the main HSCP sites to promote the portal and encourage usage.
- From June 2016, the HR Support and Advice Unit commenced a programme of 'Attendance Management Clinics' providing HR support to managers requiring to meet with staff to address short term and long term absence. Attendance Management Policy awareness sessions for managers are also delivered locally by HR staff on an annual basis.
- A 'People Management Programme' will commence during late 2016 to support managers in developing people management skills including application of policies and procedures.

Timeline for Improvement

The restructure of the HR function in mid 2016 provides greater opportunity for managers to access the tools necessary to apply the principles of effective attendance management in their service areas. The introduction of the 'HR Connect' portal together with support available from the HR Support and Advice Unit now provides managers with the resources required to more effectively manage attendance. On this basis, a predicted reduction in absence levels is expected within the next 6 month period.

Indicator	2. Social Work Sickness Absence Rate
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be 5% or below.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 8
HSCP Lead	Christina Heuston, Head of Corporate Services

Target	Locality	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1
5%	North East	4.32% (G)	5.01% (G)	4.43% (G)	5.36% (R)	6.8% (R)
5%	North West	6.54% (R)	5.18% (A)	5.26% (A)	4.56% (G)	4.0% (G)
5%	South	6.92% (R)	5.61% (R)	4.97% (G)	5.57% (R)	4.1% (G)
5%	Glasgow	5.20% (A)	4.75% (G)	4.87% (G)	5.4% (R)	6.4% (R)
Performance Trend						
In Q1 North West and South were below the 5% upper threshold. Absence levels have increased since Quarter 1 in 2015/16 for the city as a whole and for the North East with reductions in the other areas.						
Actions to Improve Performance						
<p>Actions being progressed in respect to social work staff include the following: -</p> <ul style="list-style-type: none"> • An early intervention strategy is in place which has already achieved reduced absence levels. This strategy will continue with targeted assistance for managers from HR. The strategy aims to reduce the length of absences by ensuring early support is in place for psychological and musculoskeletal illnesses, which together account for 80 % of absences. • Ongoing promotion and implementation of the Healthy Working Lives initiative. • Continued management training in managing absence and also in how to best support employees while they are at their work. 						
Timeline for Improvement						
It is anticipated that improvements will be made by the end of December 2016.						

Indicator	3. NHS staff with an e-KSF (%)
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Carol Anne Keogh, Head of HR

TARGET	AREA	Jun 15	Mar 16	Apr 16	May 16	Jun 16
80%	HSCP	55.63% (R)	51.28 (R)	50.06 (R)	50.48% (R)	52.44% (R)

Performance Trend

Variations across areas and over time. Performance remains RED and has reduced slightly between June 2015 and 2016. Further analysis has highlighted variances between areas with 56% being achieved in the North East, 45% in North West, and mental health specialist areas achieving 70% compliance.

Actions to Improve Performance

In order to support improvement of compliance rates, Heads of People & Change, in collaboration with Senior Learning & Education Advisors, have agreed the following actions

- Senior Learning and Education Advisors with the support of People & Change Managers, will verify the information available on staff whose review is out of date, highlighting those staff who are not required to undertake KSF, and those staff who no longer work within the HSCP.
- Senior Learning and Education Advisors will identify those areas with greater opportunity to increase compliance and meet with Team Leaders to develop local action plans with targets and timescales agreed.
- Senior Learning and Education Advisors will look to identify any areas of concern, reviewing the manager's page on eKSF with the manager, and supporting them to identify any staff that do not have an outline assigned to them, and correcting this using the planning tool to assign review dates.
- Senior Learning and Education Advisors will encourage Team Leaders to discuss the action plan with their teams and engage with Service Managers / Senior Nurses /Heads of Service to support the initiative and monitor progress through regular one to one meetings. They will also update the Locality Management and Operational Management teams on progress and seek their support and ownership of the action plan to enable roll out.

Timeline for Improvement

Through effective implementation of the action plans improvement in compliance rates is anticipated by end of October 2016.

Indicator	4. Percentage of NHS staff with standard induction training completed within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Carol Anne Keogh, Head of HR

TARGET	AREA	Jul-15	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
100%	Glasgow City HSCP Total	75% (R)	20% (R)	29% (R)	47% (R)	67% (R)	78% (R)	43% (R)
100%	Glasgow City South	100% (G)	40% (R)	0% (R)	67% (R)	67% (R)	100% (G)	N/A
100%	Glasgow City North East	100% (G)	33% (R)	33% (R)	50% (R)	73% (R)	100% (G)	50% (R)
100%	Glasgow City North West	100% (G)	0% (R)	33% (R)	67% (R)	33% (R)	100% (G)	0% (R)
100%	Glasgow City Mental Health	0% (R)	0% (R)	100% (G)	50% (R)	100% (G)	N/A	0% (R)
100%	Glasgow City HSCP Central	33% (R)	0% (R)	0% (R)	0% (R)	0% (R)	60% (R)	100% (R)

Performance Trend

Performance fluctuates across areas and over time with HCSP Central the only area GREEN in the last reporting period. Performance has declined since July last year for the city overall

Actions to Improve Performance

Following the implementation of the revised HR structure in mid-2016, it is expected that People & Change Managers will be in a position to provide further support to managers in improving completion rates by undertaking the following:-

- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updating local managers on a monthly basis to review induction activity and agree required actions to ensure compliance with timescales.

Timeline for Improvement

The process will begin in September 2016 and will be reviewed in December 2016.

Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 8
HSCP Lead	Carol Anne Keogh, Head of HR

TARGET	AREA	Jul-15	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16
100%	Glasgow City HSCP Total	67% (R)	16% (R)	27% (R)	57% (R)	44% (R)	67% (R)	27% (R)
100%	Glasgow City South	100% (G)	40% (R)	0% (R)	43% (R)	25% (R)	N/A	0% (R)
100%	Glasgow City North East	50% (R)	13% (R)	8% (R)	50% (R)	63% (R)	100% (G)	20% (R)
100%	Glasgow City North West	N/A	0% (R)	60% (R)	100% (G)	0% (R)	0% (R)	33% (R)
100%	Glasgow City Mental Health	N/A	0% (R)	50% (R)	N/A	100% (G)	50% (R)	100% (G)
100%	Glasgow City HSCP Central	N/A	N/A	100% (G)	100% (G)	N/A	80% (R)	N/A

Performance Trend

Performance fluctuates across areas and over time with Mental Health the only area GREEN in the last reporting period. Performance has declined since July last year for the city overall

Actions to Improve Performance

Following the implementation of the revised HR structure in mid-2016, it is expected that People & Change Managers will be in a position to provide further support to managers in improving completion rates by undertaking the following:-

- Identifying ‘hotspots’ where timescale breaches are likely to occur.
- Updating local managers on a monthly basis to review induction activity and agree required actions to ensure compliance with timescales.
- Working with Senior Learning and Education Advisors to develop a process to retrospectively ensure that all appropriately identified staff undertake the relevant learning to enable them to sign off the Healthcare Support Worker Code of Conduct, which will also capture staff who have not completed the induction programme

Timeline for Improvement

Healthcare Support Worker Code of Conduct Programme starts in September 2016 for 6 months, with a review period scheduled anticipated end November 2016.