



Item No: 15

Meeting Date: Wednesday 15th March 2017

Glasgow City Integration Joint Board

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HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 3 PERFORMANCE REPORT 2016/17

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 2016/17.
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Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 3 2016/17.
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Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny to a range of HSCP operational performance, as outlined on page 47 of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes ensuring that performance management activity with the Partnership is outcomes focussed, delivery of which is a statutory requirement.
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Personnel:	None
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Carers:	Operational performance in respect carers is outlined within the attached quarter 3 report.
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Provider Organisations:	None	
Equalities:	No EQIA carried out as this report does not represent a new policy, plan, service or strategy	
Financial:	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. Routine performance management arrangements are also expected to be in place across the Partnership.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	None	
Implications for Glasgow City Council:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Council.	
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework will include performance indicators previously reported to the Health Board	
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 updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 2016/17.

2. Background

- 2.1 The Integration Joint Board noted an initial draft performance 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 and those which are updated annually/biennially were removed from the framework of the IJB performance report, which the Board felt should be more strategically focussed.
- 2.3 The first full Joint Performance report was then presented to the Integration Joint Board on 21 September 2016 relating to Q1 of 2016/17 with the second quarter presented to the December 2016 IJB. The latest performance report for Quarter 3 is now attached.
- 2.4 In addition to these IJB 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 HSCP Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target, and those which have seen their performance improving and status shift to GREEN in the last reporting period.
- 2.6 It should be noted that these reports and performance management processes are one component of the internal scrutiny arrangements which have been put in place across the HSCP. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.
- 2.7 It should also be noted that in addition to these quarterly performance reports, an Annual Performance Report, as required by the Public Bodies (Joint Working) (Scotland) Act 2014, will be produced by July 2017. A template for

this report was approved by the Integration Joint Board at its meeting on the 31 October.

3. Reporting Format

3.1 In the performance summary section of the attached report, RAG ratings and changes in status for each care group are summarised. For each indicator, performance; RAG status at a city level; and direction of travel are then documented.

3.2 In the main body of the report, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are then provided, for those indicators which are AMBER or RED, or which moved to GREEN in the last reporting period. The purpose of each indicator is also described, along with an indication of which of the following categories they belong to:

- 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)

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 3 2016/17.



IJB PERFORMANCE REPORT

**QUARTER 3
2016/17**

CONTENTS

SECTION	PAGE NUMBER
Performance Summary	3
Older People	21
Primary Care	27
Unscheduled Care	25
Children's Services	29
Homelessness	33
Criminal Justice	38
Health Improvement	42
Human Resources	45
Business Processes	52

PERFORMANCE SUMMARY

1. Key to the Report

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

Classification	Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
RED	Performance misses target by 5% or more	▲	Improving
AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
GREEN	Performance is within 2.49% of target	▼	Worsening
GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

2. Summary

Table 1 below presents a summary of the Red Amber Green (RAG) ratings for each care group for the last two quarters, and highlights where there has been a change in status between Quarter 2 and 3. When data is not reported quarterly, the last two reporting periods for which information is available has been used. Table 2 then lists all of the indicators and for each, highlights actual performance, RAG status, and direction of travel.

Table 1

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨ Q3
	R	A	G	Gr	R	A	G	Gr	
Older People (No. and %)	5 83%		1 17%		2 33.3%	2 33.3%	2 33.3%		<u>Red ⇨ Green</u> 1.No. of Anticipatory Care Plans <u>Red ⇨ Amber</u> 5. Deaths in Acute Hospitals (65+) 6. Deaths in Acute Hospitals (65+)
Primary Care (No. and %)			3 100%				3 100%		No change in status.
Unscheduled Care (No. and %)	4 40%			6 60%	4 40%			6 60%	No changes in status.

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨ Q3
	R	A	G	Gr	R	A	G	Gr	
Carers (No. and %)			1 100%				1 100%		No change in status.
Children's Services (No. and %)	3 38%		5 62%		3 38%		5 62%		No changes in status.
Adult Mental Health (No. and %)				1 100%				1 100%	No changes in status. Target to be confirmed for 2017/18. 2 additional indicators not being updated as a result of transfer to new information system.
Alcohol & Drugs (No. and %)			1 100%				1 100%		No changes in status.
Homelessness (No. and %)	6 100%				5 83%		1 17%		Red ⇨ Green 6. No. of individual households not accommodated over last month of quarter.

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status Q2 ⇨ Q3
	R	A	G	Gr	R	A	G	Gr	
Criminal Justice (No. and %)	2 50%	1 25%	1 25%		4 100%				<u>Green ⇨ Red</u> 2. % CPOs with Case Management Plan within 20 days. <u>Amber ⇨ Red</u> 3. % of CPO 3 month Reviews held within timescale.
Health Improvement (No. and %)	2 50%		2 50%		2 33.3%		2 33.3%	2 33.3%	No changes in status. 2 new indicators.
Human Resources (No. and %)	5 100%				5 100%				No changes in status.
Business Processes (No. and %)			4 100%			1 25%	3 75%		<u>Green ⇨ Amber</u> 3. % of Social Work complaints handled within 28 calendar days
TOTAL (No. and %)	27 51%	1 2%	18 34%	7 13%	25 45%	3 5%	18 33%	9 17%	7

Table 2

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
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.	120 to Q2 240 to Q3 360 by Q4	Q3	GREEN 269	▲
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. 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.	1200 for year	Q3	RED 226	▼

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
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 go on to receive a reablement service following screening. It should be noted that this assessment function now lies with Cordia.	75%	Period 9 (15 Oct – 11 Nov)	GREEN 72.5% Hospital 83.6% Community	▼
4. Intermediate Care: Percentage of users transferred home.	To monitor the destinations with the aim of increasing those returning home.	>30%	Dec 16	RED 25%	▲
5. Deaths in Acute Hospitals (Aged 65+).	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 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.	40%	Oct 15 – Sep 16	AMBER 41.5%	▲
6. Deaths in Acute Hospitals (Aged 75+).	As above	40%	Oct 15 – Sep 16	AMBER 41.9%	▲

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
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%	Jul 15 – Sep 16	GREEN 78.65%	▲
2. Prescribing Costs: Annualised cost per weighted list size.	To monitor prescribing costs. This indicator divides the total prescribing costs by practice populations 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	Sep 16	GREEN £167.79 (Glasgow) £177.99 (NHSGGC)	▼
3. Numbers of people with a diagnosis of dementia on GP practice dementia registers.	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 Information is continuing to be extracted using QoF calculator.	4210 (HSCP) Target varies across localities)	Nov 16	GREEN 4297	▶

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations - crude rate per 100,000 population.	To monitor attendance at A&E units. Partners are working together to reduce these 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.	Target TBC	Jan 16 - Dec16	GREY 2303	▼
2. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 65+).	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.	Target TBC	Oct 16	GREY 231	▼
3. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	As above	Target TBC	Oct 16	GREY 307	▼

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
4. Number of non-elective inpatient spells (All Ages).	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 for age/sex/SIMD so cannot be used to compare across areas, but allow for comparisons over time within areas	Target TBC	Aug 15 – Jul 16	GREY 166,891	▼
5. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health patients).	To monitor the extent to which people are being unnecessarily delayed in hospital beyond 72 hours with the aim that these are reduced.	0	Jan 17	RED 20	▲
6. Total number of patients over 65 classed as Adults with Incapacity (AWI) breaching the 72 hour discharge target (excluding Learning Disability and Mental Health patients).	As above	0	Jan 17	RED 2	▲
7. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).	As above	0	Jan 17	RED 31	▶

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
8. Total number of Adult Mental Health patients breaching the 72 hour discharge target (Under and Over 65s including AWI).	As above	0	Jan 17	RED 30	▲
9. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	To monitor the extent to which acute beds are occupied by people medically fit for discharge, with the aim being that these are reduced.	Target TBC	Oct 16	GREY 11,909	▲
10. Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	As above	Target TBC	Oct 16	GREY 5208	▲
Carers					
1. Number of Carers who have completed an Assessment during the 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 2100 total	Q3	GREEN 2328	▼
Children's Services					
1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits.	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%	Dec 16	RED 73% (NE) 60% (NW) 76% (S)	▼

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
2. Percentage of HPIs allocated by Health Visitors 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.	95%	Oct 16	GREEN 88% (NE) 92% (NW) 92% (S)	▼
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.	Max 18 weeks	Oct 16	GREEN 18 weeks	►
4. Percentage of young people receiving an aftercare service who are known to be 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%	Q3	RED 58%	▲
5. Number of 0-2 year olds registered with a dentist.	To monitor 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%	31 Mar 16	RED 51.1%	▼
6. Number of 3 – 5 year olds registered with a dentist.	To monitor the extent to which children 3 and over are registering with a dentist. Aim is to increase registration rates to encourage children to receive regular check-ups, preventative advice and treatment where appropriate.	90%	31 Mar 16	GREEN 98.7%	▲

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	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. 95% uptake optimises this protection.	95%	Q2	GREEN 94.3%	▼
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	As above for children aged 5 years	95%	Q2	GREEN 96.5%	▲
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%	Dec-15	GREY	N/A
2. Primary Care Mental Health Teams – referral to 1 st assessment – 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.	90%	Mar 16	GREY	N/A

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
3. Adult Mental Health Re-admissions within 28 days.	To monitor readmissions for mental health inpatient treatment within 28 days of discharge, with the aim to reduce these.	Target TBC	Sep 16	GREY 22	▲
Alcohol and Drugs					
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%	Q2	GREEN 89%	▼
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	To monitor the % 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%	Q3	RED 88.5%	▲
2. Percentage of decision letters issued within 28 days of initial presentation: Temporary accommodation.	To monitor the % of homeless applications which receive a decision letter within 28 days, where the assessment is that the applicant is either intentionally homeless or has been threatened with homelessness. Here, the Council has a duty to secure temporary accommodation, provide advice or take reasonable measures to support the applicant to retain their accommodation.	95%	Q3	RED 52.3%	▲

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
3. Percentage of live homeless applications over 6 months duration at end of the quarter.	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%	Q3	RED 50%	▼
4. Provision of settled accommodation made available by social sector landlords.	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 SHR	Annual target 3,000 (750 per Q)	Q3	RED 432	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months.	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).	<300	Q3	RED 132	▼
6. Number of individual households not accommodated.	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 fulfill 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.	< 150	Q3	GREEN 91	▲

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
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 7 working days of the order having been made.	80%	Q3	RED 64%	▼
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%	Q3	RED 76%	▼
3. Percentage of CPO 3 month Reviews held within timescale.	To monitor proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.	75%	Q3	RED 69%	▼
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%	Q3	RED 65%	▲

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
Health Improvement					
1. Alcohol Brief Intervention delivery (ABI).	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.	3546 to Q3	Apr 16 - Dec 16	GREEN 3900	▲
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.	348 to Q1	Q1	RED 285	N/A
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.	Target TBC	Jan 16 – Dec 16	GREY 13.9%	▼
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%.	Target TBC	Jan 16 – Dec 16	GREY 21%	▼

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
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).	24%	Oct 15 – Sep 16	GREEN 27.4%	▲
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	As above for within the 15% most deprived areas.	20.1%	Oct 15 – Sep 16	RED 18.2%	▶
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%	Dec 16	RED 6.6%	▶
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.	<2.64 ADL (average days lost) per employee to Q3	Q3	RED 3.3	▼
3. Percentage of 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.	80%	Dec 16	RED 48.02%	▼

Indicator	What It Tells Us	Target	Period Reported	Actual/City Wide Status	Direction of Travel
4. Percentage NHS staff with standard induction training completed within the agreed deadline.	To monitor the provision of standard induction training. The aim is to provide this within the agreed deadline.	100%	Dec 16	RED 80%	▲
5. Percentage NHS staff with Healthcare Support Worker (HCSW) mandatory induction training completed within the agreed 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%	Dec 16	RED 0%	▼
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 of 20 days).	70%	Q2	GREEN 97.2%	▲
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%	Q3	GREEN 63%	▶
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%	Q3	AMBER 81%	▼
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%	Q3	GREEN 91%	▲

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	Q2	Q3			
NE	N/A	34	34	148			
NW	N/A	17	23	23			
South	N/A	10	10	91			
Citywide	N/A	0	0	7			
Glasgow	240 to Q3	61 (R)	67 (R)	269 (G)			
Performance Trend							
The target is to achieve 120 ACPs in total across the city by Q2, 240 by Q3 and 360 by Q4. Cumulative figures to each quarter shown above. Performance has increased as anticipated over the course of the year and has moved from RED to GREEN in the last quarter.							

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)

Locality	Target	Q1 16/17	Q2 16/17	Q3 16/17		
North East	N/A			58		
North West	N/A			102		
South	N/A			66		
Glasgow	Reach 1200 in 16/17	231 (R)	228 (R)	226 (R)		
Performance Trend						
Cumulative figures to each quarter shown above with locality information now reported for the first time. Performance below what would be expected, with a slight decrease over the last two quarters. Numbers highest in the North West.						
Actions to Improve Performance						
<p>We are revisiting the performance data as it is suspected that significantly more older people are currently receiving supported living packages and are not shown above, as they have gone through personalisation and have a service funded via the dedicated personalisation budget, but are not being reflected in the above figures.</p> <p>In addition, 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. All supported accommodation options are now fully discussed at each locality resource allocation group.</p>						
Timeline for Improvement						
The work to review the existing performance data will be completed prior to the next reporting period. However, this target is not now expected to be achieved until 2017/18.						

Indicator	4. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing home.
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
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)

Locality		Targets	Apr -16	Aug -16	Sep -16	Oct -16	Nov -16	Dec -16
Glasgow	Home	30%	21% (R)	30% (G)	25% (R)	27% (R)	13% (R)	21% (R)
	Res/Nursing	N/A	52%	46%	62%	60%	67%	66%
	Readmissions	N/A	25%	21%	9%	11%	14%	15%
	Deceased	N/A	2%	3%	4%	2%	3%	0%
NE	Home	30%	22% (R)	22% (R)	19% (R)	21% (R)	11% (R)	18% (R)
	Res/Nursing	N/A	39%	39%	69%	71%	61%	64%
	Readmissions	N/A	33%	28%	6%	7%	22%	18%
	Deceased	N/A	6%	11%	6%	0%	6%	0%
NW	Home	30%	21% (R)	15% (R)	23% (R)	29% (G)	10% (R)	19% (R)
	Res/Nursing	N/A	57%	59%	58%	53%	85%	69%
	Readmissions	N/A	21%	26%	15%	12%	5%	12%
	Deceased	N/A	0%	0%	4%	6%	0%	0%
South	Home	30%	21% (R)	52% (G)	37% (G)	29% (G)	16% (R)	25% (R)
	Res/Nursing	N/A	58%	36%	56%	58%	64%	66%
	Readmissions	N/A	21%	12%	4%	13%	16%	16%
	Deceased	N/A	0%	0%	4%	0%	4%	0%

Performance Trend
Variations across localities and over time. There has been an increase in the percentage going home across all areas over the last reporting period, but all localities remain below target and RED.
Actions to Improve Performance
Further work is underway to promote alternatives to nursing or residential care and staff are committed to getting people back to their own home wherever possible, supported by an increase in the availability of housing options and other supported community options.
Timeline for Improvement
It is anticipated that this target will be met by the end of 2017/18.

Indicator	5. Deaths in Acute Hospitals (65+ and 75+)
Purpose	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.
National/ Corporate/ Local	Health Board Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Strategy (Older People) Jackie Kerr, Head of Operations (North West)

65+

Locality	Target	Apr 13- Mar14	Apr14- Mar15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15- Sep 16
Glasgow	40% by Q4 16/17	46.4% (R)	45.7% (R)	45.4% (R)	44.3% (R)	43.6% (R)	40.9% (A)
North East	As above	44.1% (R)	45% (R)	45.0% (R)	43.8% (R)	42.3% (R)	39.6% (G)
North West	As above	46.5% (R)	46.5% (R)	44.1% (R)	42.8% (R)	43.6% (R)	41.6% (A)
South	As above	48.4% (R)	45.6% (R)	46.8% (R)	46.0% (R)	44.7% (R)	41.5% (A)
NHSGGC	N/A	44.4%	44.6%	43.7%	43.2%	42.9%	40.3%
Performance Trend							
Variations across areas and over time, but downward trend over the last 12 months and over the longer term. North East moved from RED to GREEN in the last quarter with the other areas and the city as a whole moving from RED to AMBER. No updates available since the last report.							
Actions to Improve Performance							
The trend has been downward for some time and getting closer to the NHS Board's target. This is evidenced by performance in the North East where the target has now been reached. The North West and South are edging closer to the target – both had further to improve than the North East – and should reach the target by the year end should the current rate of improvement be maintained.							
Timeline for Improvement							
The target should be achieved by the year end should the current rate of improvement be maintained.							

75+

Locality	Target	Apr 13- Mar14	Apr14- Mar15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15- Sep 16
Glasgow	40% by Q4 16/17	44.8% (R)	44.6% (R)	45.1% (R)	44.2% (R)	43.9% (R)	41.2% (A)
North East	As above	44% (R)	44.4% (R)	43.6% (R)	43.3% (R)	42.66% (R)	39.9%(G)
North West	As above	45.4% (R)	43.6% (R)	43.8% (R)	42.8% (R)	43.3% (R)	41.8% (A)
South	As above	44.9% (R)	45.7% (R)	47.6% (R)	46.4% (R)	45.6% (R)	41.9% (A)
NHSGGC	N/A	43.9%	43.7%	43.5%	43.0%	43.1%	40.4%
Performance Trend							
<p>Variations across areas and over time, but downward trend over the last 12 months and over the longer term. North East moved from RED to GREEN in the last quarter with the other areas and the city as a whole moving from RED to AMBER. No updates available since the last report.</p>							
Actions to Improve Performance							
<p>As above the trend for those aged over 75 has been downward for some time and getting closer to the NHS Board's target. This is evidenced by performance in the North East where the target has now been reached. The North West and South are edging closer to the target – both had further to improve than the North East – and should reach the target by the year end should the current rate of improvement be maintained.</p>							
Timeline for Improvement							
<p>The target should be achieved by the year end should the current rate of improvement be maintained</p>							

UNSCHEDULED CARE

Delayed Discharges

Indicator	5. Total number of patients over 65 breaching the 72 hour discharge target (excluding Adults with Incapacity (AWI)), Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which older people are being unnecessarily delayed in acute hospital beds, 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 people with learning disabilities and mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

TARGET	AREA	14 Mar 16	18 Apr 16	19 Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
0	NE	4 (R)	2 (R)	7 (R)	6(R)	6(R)	5 (R)	4 (R)
	NW	9 (R)	12 (R)	10 (R)	11(R)	19(R)	16(R)	10 (R)
	S	9 (R)	8 (R)	5 (R)	7(R)	5(R)	1 (R)	6 (R)
	HSCP	22 (R)	22 (R)	22 (R)	24(R)	30(R)	22(R)	20 (R)
Performance Trend								
Numbers fluctuate across areas and over time. Overall city figures have reduced over the last two months.								
Actions to Improve Performance								
The action plan and performance framework being implemented is showing improved performance in recent months. Actions include social work and rehabilitation teams working closely on a daily basis with acute services to enable the early identification of patients, and putting plans in place to ensure that only in exceptional circumstances are older adults assessed in an acute setting for their long term care needs. When this is required the assessment will be completed and alternative resource identified prior to patient becoming fit for discharge.								
Timeline for Improvement								
The action plan aims to reduce the numbers being delayed to 10 by April 2017.								

Indicator	6. Total number of patients over 65 classed as Adults with Incapacity (AWI) are breaching the 72 hour discharge target (excluding Learning Disability and Mental Health patients).
Purpose	To monitor the extent to which Older People classified as Adults with Incapacity are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This excludes adult mental health patients and people with learning disability. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

Target	AREA	14 Mar 16	18 Apr 16	19 Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
0	NE	11 (R)	10 (R)	5 (R)	2(R)	0(G)	1(R)	1(R)
	NW	16 (R)	19 (R)	7 (R)	6(R)	3(R)	3(R)	1(R)
	South	23 (R)	32 (R)	1 (R)	0(G)	1(R)	0(G)	0(G)
	City	50 (R)	61 (R)	13 (R)	8(R)	4(R)	4(R)	2(R)
Performance Trend								
Numbers fluctuate over time and have reduced since the AWI beds which the HSCP commission in community settings at Darnley and Quayside were reclassified in line with national guidance and are no longer categorised as acute beds. These are, therefore, no longer included in the above figures, which relate to acute hospital beds only. Numbers fell in January to only 2.								
Actions to Improve Performance								
The action plan and performance framework being implemented is showing an improvement in performance. Actions include early referral and intervention for those who lack capacity; tracking individuals to improve throughput and aligning additional social work resources to support this; improving communication processes and the information provided to families; and the commissioning of further beds within the NHS continuing care estate, which is transferring to the HSCP.								
Timeline for Improvement								
The action plan aims to reduce the numbers being delayed to 0 by April 2017.								

Indicator	7. Total number of Adults under 65 breaching the 72 hour discharge target (excluding Mental Health patients).
Purpose	To monitor the extent to which adults under 65 are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. This includes adults under 65 with complex needs; those classified as AWI under the requirements of the Adults with Incapacity Act 2000; and those with learning disabilities. It excludes mental health patients. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Head of Older People Services Jackie Kerr, Head of Operations (North West)

AREA	14 Mar 16	18 Apr 16	19Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
NE	5 (G)	8 (R)	12 (R)	14(R)	16(R)	16(R)	15(R)
NW	6 (R)	7 (R)	10 (R)	10(R)	10(R)	12(R)	9(R)
S	5 (R)	5 (R)	6 (R)	6(R)	5(R)	5(R)	7(R)
HSCP	16 (R)	20(R)	28(R)	30(R)	31(R)	33(R)	31(R)

Performance Trend

Numbers fluctuate across areas and over time. Overall city figures have increased over the course of the year though have remained at similar levels over the last 4 months.

Actions to Improve Performance

The action plan and performance framework being implemented are showing an improved performance. These are similar to those described in relation to indicator 7 above.

Timeline for Improvement

The action plan aims to reduce the numbers being delayed to 10 by April 2017.

Indicator	8. Total number of Adult Mental Health patients breaching the 72 hour discharge target (Under and Over 65s including AWI patients).
Purpose	To monitor the extent to which Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the dates mid-month on which a census has been undertaken.
National/ Corporate/ Local	Local HSCP Indicator
Integration Outcome	Outcome 9
HSCP Leads	David Walker, Head of Operations (South)

TARGET	AREA	14 Mar 16	18 Apr 16	19Sep 16	17 Oct 16	14 Nov 16	12 Dec 16	9 Jan 17
Under 65s Target= 0	NE	3 (R)	2 (R)	3 (R)	3(R)	3(R)	5(R)	4(R)
	NW	3 (R)	3 (R)	5 (R)	5(R)	5(R)	5(R)	4(R)
	South	9 (R)	6 (R)	9 (R)	4(R)	7(R)	5(R)	4(R)
	City	15 (R)	11 (R)	17(R)	12(R)	15(R)	15(R)	12(R)
Over 65s Target = 0	NE	3 (R)	4 (R)	5 (R)	8(R)	8(R)	8(R)	4(R)
	NW	13(R)	11(R)	7 (R)	10(R)	9(R)	8(R)	5(R)
	South	8 (R)	6 (R)	7 (R)	9(R)	7(R)	8(R)	9(R)
	City	24 (R)	21 (R)	19(R)	27(R)	24(R)	24(R)	18(R)
All Ages	Total	39 (R)	32 (R)	36(R)	39(R)	39(R)	39(R)	30(R)

Performance Trend

Numbers vary across localities and over time, though all areas remain RED. There was a reduction in the number of delays between December and January with numbers at their lowest point for 2016/17.

Actions to Improve Performance

Improvement plans are being developed by Core Leadership groups as part of the Partnership's transformation and financial efficiency programmes.

Timeline for Improvement

Improvements are anticipated by April 2017.

CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessment (27 to 30 month assessment) within the eligible time limits - % to be completed by 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	Apr 16	Jul 16	Aug 16	Sep 16	Oct -16	Nov -16	Dec -16
95%	NE	68% (R)	61% (R)	70% (R)	68% (R)	76% (R)	80% (R)	73% (R)
	NW	54% (R)	57% (R)	60% (R)	53% (R)	60% (R)	63% (R)	60% (R)
	S	74% (R)	83% (R)	78% (R)	72% (R)	72% (R)	75% (R)	76% (R)

Performance Trend

All areas remain below target and RED. Variations across areas and over time with North West lowest over most of the period shown.

Actions to Improve Performance

Further analysis has been undertaken to obtain a greater understanding of the reasons for the lower than expected performance; for example, North West have held a meeting with the Team Leaders and the Information Analyst to understand in more detail how the system is recording and reporting on assessments and the learning from this will be used to improve practice.

There were anomalies in the EMISWeb IT system and these have now been resolved since the last report.

Since the Ready to Learn Assessment was introduced there have been a number of changes to the guidance which have resulted in inconsistencies in the approach to undertaking assessments. Whilst we have taken measures to clarify the guidance (for example that staff should record a child's height and weight) this is not always followed through into the actual assessment. Work is in progress to improve the clarity of the guidance on what should be included in the assessment and Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. To provide evidence for their performance and supervision framework a record keeping audit tool will be rolled out in January 2017. We are using the children's service inspection in Glasgow as an opportunity to do a final test of the tool - we will use

those records which have been identified for file reading.

In practice, where there are vulnerable families with complex issues, it can be difficult to complete the assessments within the target timescales. Assessments will be completed, but this can be when the child is older than 32 months, reducing the percentages shown. This can also be the case where children are transferred into a team's caseload from areas outside Glasgow without having had the assessment completed and there may not be sufficient time to arrange the appointment and undertake the assessment prior to the child reaching 32 months.

Timeline for Improvement

To achieve target by March 2017.

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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3
75%	North East	65% (R)	63% (R)	64% (R)	61% (R)	49% (R)	56% (R)
75%	North West	63% (R)	61% (R)	64% (R)	66% (R)	54% (R)	52% (R)
75%	South	67% (R)	70% (R)	75% (G)	71% (R)	67% (R)	66% (R)
75%	Glasgow	65% (R)	65% (R)	67% (R)	67% (R)	57% (R)	58% (R)

Performance Trend

At the end of Q2 there was a significant reduction in performance across all localities. This reduction continued into Q3. This slippage appears to be linked to changes in recording practice which has increased the number of care leavers recorded. Fewer of these young people have had their employability recorded and as a result we have seen a reduction in the proportion of those in positive destinations. At Q3 the percentage of young people who have not had their destination recorded is as follows: (NE 10%, NW 23%, South 11% - Glasgow City 14%). These proportions need to improve before we can accurately ascertain the proportion in positive destinations.

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. There is some evidence also that care leavers are undertaking activities but that this is not being recorded on the system.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable. Issues associated with accurate data recording systems and pathways to employment and training are currently being reviewed with a clear implementation and progress plan achievable by February. More detailed reports on progress will be available for reporting at Quarter 4.

Indicator	5. 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. Information is updated on a 6 monthly basis in August/February.
National/ Corporate/ Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

TARGET	AREA	31 Mar 14	30 Sep 14	31 Mar 15	30 Sep 15	31 Mar 16
55%	HSCP	53.1% (A)	51.4% (R)	50.8% (R)	51.7% (R)	51.1% (R)
55%	GGC	51.5% (R)	50.8% (R)	50.5% (A)	51.3% (A)	50.9% (R)

Performance Trend

For the periods shown, registration rates have remained fairly static and below target. They have, however, been consistently above the Glasgow average. Rates of dental registration for children aged 3-5 years of age are also in excess of the city target, showing that slower initial rates of registration are remedied by the time the child reaches school age (see indicator 10 below). No updates since the last report.

Actions to Improve Performance

Dental registration is raised routinely at the health visitor assessments undertaken as part of the universal children's pathway, and some mothers are referred to support staff to encourage early nutrition, good oral health and to support dental registration directly. High dental registration rates at 3-5 years would suggest that these lower rates at 0-2 years are more indicative of parental delay, rather than disengagement with dental services.

Timeline for Improvement

New health visitor assessment requirements are being introduced as part of a revised universal children's pathway. The national roll out of this new assessment will be undertaken on a phased basis over the next two years, in line with the planned changes in the health visiting workforce.

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 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	City-wide figure only	62% (R)	88% (R)	77% (R)	70% (R)	78% (R)	88.5% (R)	
Performance Trend								
Although still RED, there has been overall improvement since Q1 2016/17 and performance improved by over 10 percentage points between Q2 and Q3.								
Actions to Improve Performance								
The number of outstanding decisions over 28 days by team continues to be monitored through a weekly report to the Chief Officer (Operations). Teams have been briefed on the importance of this measure, and background information provided on assistance available to help manage decision making timescales.								
Timeline for Improvement								
Weekly monitoring will continue to ensure that performance improvements are sustained through 2017/18.								

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 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
95%	City-wide figure only	33% (R)*	73% (R)	67% (R)	57% (R)	50% (R)	52.3% (R)	
Performance Trend								
Performance improvement through 2015/16 but this has not been sustained into 2016/17. There was a slight improvement in performance between Q2 and Q3, though remains below target and RED.								
Actions to Improve Performance								
Performance has still to show sustained improvement, however this relates to a relatively small number of cases which can be complex. There were 36 decisions of which 17 were out with the 28 day timescale. Performance will continue to be monitored weekly, and there will be further discussion regarding reduction of this target.								
Timeline for Improvement								
Teams will continue to make all efforts to ensure that intentionality decisions on complex cases are made timeously and that there is improvement into 2017/18.								

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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
Target reduced <30% (15/16) <20% (16/17)	North East	-	-	-	-	38% (R)	48% (R)	
	North West	-	-	-	-	40% (R)	46% (R)	
	South	-	-	-	-	44% (R)	53% (R)	
	Asylum & Refugee Team (ARST)	-	-	-	-	42% (R)	63% (R)	
	City-wide	45% (R)	42% (R)	44% (R)	47% (R)	44% (R)	50% (R)	
Performance Trend								
The percentage of cases over 6 months has increased across the city and in the larger teams and performance remains RED.								
Actions to Improve Performance								
Performance against this target will continue to be monitored to identify if this is a seasonal fluctuation or a longer term trend, as it may reflect lower than usual numbers of new applications being received over Q3.								
Timeline for Improvement								
It is anticipated that performance will improve over 2017/18 as numbers of lets improve and longer term cases are rehoused. The proposal to increase this target, reflecting the lower than anticipated number of lets currently being obtained through the Housing Access approach, will remain under review.								

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 9
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	15/16 Annual Total	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
3,000 annual target (750 per Quarter)	City-wide figure only	370 (R)	506 (R)	432 (R)	1,742 (R)	455 (R)	480 (R)	432 (R)	
Performance Trend									
The annual target of 3,000 units was not met in 2015/16. Whilst agreements are in place with Registered Social Landlords (RSLs) for provision of lets to meet the target in 2016/17, performance over the first 3 quarters of 2016/17 does not demonstrate an improvement on the previous year.									
Actions to Improve Performance									
Teams are continuing to submit resettlement plans and over 1,000 cases are with Housing Access Team for rehousing. Negotiations continue with RSLs regarding achievement of targets and with the Wheatley Group regarding operation of Homechoice and processes for refused / withdrawn offers.									
Timeline for Improvement									
It is anticipated that additional lets will be progressed over Q4 to improve overall total for the year.									

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 4
HSCP Lead	Eric Steel, Head of Homelessness

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Q1	16/17 Q2	16/17 Q3
<300 (<75 per Q)	City-wide figure only	633 (R)	395 (R)	110 (R)	128 (R)	132 (R)
Performance Trend						
The number of repeat cases in Q3 has again increased compared to previous quarters, and performance remains RED.						
Actions to Improve Performance						
NW CHT has established a pilot approach to review of complex cases, and it has been agreed that case closure guidance will be re-evaluated, taking account of experience gained from this approach. This will reinforce the need to include consideration of repeat presentations as part of closure sign off process.						
Timeline for Improvement						
The overall number of live cases continues to be high, and the proposal to review this target to reflect the higher number of case closures will remain under review.						

Target/Ref	6. Number of individual households not accommodated over 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	16/17 Q2	16/17 Q3
Target reduced < 300 (2015/16) < 150 (2016/17)	City-wide figure only	351 Households in March 2016 (R)	225 Households in Jun 2016 (R)	217 Households in Sept 2016 (R)	91 Households in Dec 2016 (G)
Performance Trend					
Performance has improved, however, this may be seasonal fluctuation and it is not anticipated that this will be sustained.					
Actions to Improve Performance					
In addition to lower numbers of homeless applications, the Winter Shelter being provided by the Voluntary Sector has had lower numbers of clients compared to the previous year, a number of whom are not eligible for assistance through homeless services. Simon Community report lower numbers of rough sleepers over this period. There is some concern that there may be an element of under reporting by teams over the holiday period, and a representative from each team has been identified to assist in ensuring good practice.					
Timeline for Improvement					
A longer term sustained reduction in numbers of households not accommodated will depend on a significant increase in numbers of lets to enable existing homeless households to move on from temporary / emergency accommodation, thus improving turnover and availability. Whilst the number of lets for 2016/17 is likely to be lower than anticipated, work is ongoing to improve performance over 2017/18.					

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 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
80%	North East	74% (R)	79% (G)	59% (R)	62% (R)	61% (R)	63% (R)	
80%	North West	80% (G)	72% (R)	63% (R)	73% (R)	76% (R)	58% (R)	
80%	South	72% (R)	72% (R)	64% (R)	64% (R)	65% (R)	69% (R)	
80%	Glasgow	77% (A)	77% (A)	64% (R)	70% (R)	67% (R)	64% (R)	

Performance Trend

There was steep decline in performance at Q3 in the North West of the city.

Actions to Improve Performance

Slight improvements in performance in North East and South but the North West performance has dipped significantly and reduced the city wide average as this was the best performing locality previously. The North West performance has been impacted by sickness absence and vacancies. Improved performance will be achieved via

- A continued emphasis on the potential to improve business processes
- Continued scrutiny by the relevant managers.
- Continued scrutiny of the increase in Level 1 orders i.e. service users who have not had a Criminal Justice Social Work (CJSW) report completed but are made subject of unpaid work

Timeline for Improvement

This indicator is included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice core leadership meeting. Improvement will be required for the next quarterly update.

Indicator	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
Purpose	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.
National/Corporate/Local	Criminal justice national standard
Integration Outcome	Outcome 9
HSCP Lead	Sheena Morrison, Head of Public Protection and Quality Assurance

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
85%	North East	89% (G)	93% (G)	91% (G)	65% (R)	81% (A)	78% (R)	
85%	North West	80% (R)	86% (G)	92% (G)	77% (R)	80% (R)	81% (A)	
85%	South	93% (G)	95% (G)	98% (G)	100% (G)	100% (G)	71% (R)	
85%	Glasgow	88% (G)	92% (G)	94% (G)	84% (G)	89% (G)	76% (R)	

Performance Trend

There was slippage in North East (RED) and South (RED) between Q2 and Q3 and as a result city wide performance slipped from GREEN to RED at Q3.

Actions to Improve Performance

South's previous exemplary performance in relation to this indicator raised the city average. The drop in performance in the last quarter has been addressed via 1-1 performance sessions and specific support is being provided to individual workers where required.

Specific actions to improve performance in relation to this indicator include:

- close monitoring of individual worker performance to ensure compliance with the relevant recording processes, and
- appropriate prioritisation of recording within other National Standard Practice requirements.

Timeline for Improvement

An improved performance in relation to this indicator will be achieved by the next quarter.

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 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
75%	North East	53% (R)	57% (R)	63% (R)	53% (R)	59% (R)	56% (R)	
75%	North West	89% (G)	70% (R)	84% (G)	65% (R)	80% (G)	78% (G)	
75%	South	64% (R)	62% (R)	79% (G)	67% (R)	79% (G)	72% (A)	
75%	Glasgow	68% (R)	62% (R)	75% (G)	62% (R)	72% (A)	69% (R)	
Performance Trend								
Performance slipped across all localities between Q2 and Q3. The city overall moved from AMBER to RED.								
Actions to Improve Performance								
<p>This area of performance continues to be monitored closely by Service Managers at their monthly meetings using the fortnightly performance reports and information obtained through Team Leader supervision. It has been acknowledged that the poorer performance is due to both recording and practice issues, and has been impacted by sickness absence levels and vacancies. Actions to improve performance:</p> <ul style="list-style-type: none"> • Re-emphasis of the national standard and the importance of reviews • Refreshing staff knowledge and awareness of relevant recording requirements • Closer monitoring of individual workers by their Team leaders 								
Timeline for Improvement								
Performance improved in Q2 but dipped in Q3. As some vacancies should be filled in the next weeks, an improved performance would be expected for Q4.								

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 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
70%	North East	50% (R)	58% (R)	46% (R)	57% (R)	66% (R)	
70%	North West	39% (R)	56% (R)	54% (R)	62% (R)	64% (R)	
70%	South	47% (R)	55% (R)	66% (R)	69% (G)	66% (R)	
70%	Glasgow	46% (R)	54% (R)	54% (R)	63% (R)	65% (R)	
Performance Trend							
Since this indicator was introduced in January 2016, performance has increased across all localities. At Q3 performance remains below target in all localities and the city as a whole (RED).							
Actions to Improve Performance							
This is a newer indicator with a stretch target. Overall there has been improvement and two of the three localities have improved their performance between Q2 and Q3 although not meeting the target. Due to the strike action taken by Community Safety Glasgow (CSG), the availability of placements at weekends was reduced which in turn reduced the ability for some offenders to complete their orders within timescales. This action has now concluded and further emphasis has been placed on the importance of completing orders within timescales.							
Timeline for Improvement							
Further improvement is expected by Q4.							

HEALTH IMPROVEMENT

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/Health Board Indicator
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Inequality

Area	Actual Apr 16 – June 16	Target Apr 16 – June 16	Current Status
North East	89	131	Red
North West	83	102	Red
South	113	115	Amber
Glasgow	285	348	Red
GGC	418	501	Red

Performance Trend

Performance below target for Quarter 1. New target for 2016-17 is 51% higher than previous year, with NE, NW and South targets increasing by 38%, 62%, and 48% respectively. Quarter 1 outcomes compared to same time last year are up in NW and up significantly in South Sector. NE has seen a fall compared to same time last year.

Cessation activity has an established seasonal pattern and Q1 accounts for approximately 20% of annual activity.

Quit attempts across Pharmacy Services have declined around 14% from same period previous year and this remains a concern longer term and is only likely to be improved with national mass media activity.

No updates since the last report.

Actions to Improve Performance

During Quarter 1 the South Sector undertook a significant number of GP Practice meetings. This led to a 77% increase in quit attempts during Quarter 1 compared to same time last year. This followed the learning from the review of services in Glasgow City and needs to be embedded longer term.

The City wide review of cessation services during 2015-16 has identified a number of themes which are currently being implemented. Two key actions involve joint working with Pharmacy and the development of a GP Practice cluster based Community Service model which have been highlighted as improving outcomes as well as increasing quit attempts.

A planning template identifying key pharmacies that may benefit from support has been developed by the three Sectors and is due to be presented at GG&C Area Pharmacy Contractor Committee for approval in late November.

Timeline for Improvement

The joint working with Pharmacy should lead to improvements during Quarter 4 2016-17.

Early indicators for Quarter 2 show a similar level to Quarter 1 in terms of quit attempts.

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	Oct 14 -Sep 15	Jan 15- Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 -Sep 16
18.0%	NE	15.1% (R)	15.7% (R)	15.0% (R)	15.9% (R)	16.5% (R)
21.4%	NW	22.8% (G)	22.9% (G)	21.2% (G)	20.9% (G)	20.8% (G)
21.3%	S	17.8% (R)	17.7% (R)	18.1% (R)	19.8% (R)	20.8% (G)
20.1%	HSCP	18.1% (R)	18.2% (R)	18.2% (R)	18.2% (R)	18.2% (R)

Performance Trend

Variations exist across areas with differential targets in place. Performance RED for the HSCP as a whole with North West and South GREEN, and North East RED. Glasgow City and Greater Glasgow and Clyde have seen an upward trend in overall breastfeeding rates which are not being mirrored in other parts of Scotland.

Actions to Improve Performance

The best practices to promote breastfeeding are supported through the implementation of the UNICEF Baby Friendly standards, which review care for mothers and babies and identifies areas where targeted improvement is required. Each locality has just been reassessed and has maintained its UNICEF accreditation.

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

Work continues to respond to the findings of the UNICEF reassessment process with an annual training and development programme in place. There are a growing number of challenges with increased referrals to the specialist breastfeeding clinics.

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 1
HSCP Lead	Sybil Canavan, Head of HR

HSCP	Mar-16	Apr-16	Sep-16	Oct-16	Nov-16	Dec-16	Status
North East	5.2% (R)	5.2% (R)	5.5% (R)	7.4% (R)	7.0% (R)	7.0% (R)	Red
North West	6.0% (R)	5.8% (R)	6.4% (R)	7.1% (R)	7.2% (R)	7.2% (R)	Red
South	7.8% (R)	6.6% (R)	6.2% (R)	5.8% (R)	6.0% (R)	6.0% (R)	Red
Glasgow City	6.3% (R)	5.6% (R)	5.8% (R)	6.6% (R)	6.6% (R)	6.6% (R)	Red
Target	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	
SPLIT	AREA	Apr-16	Sep-16	Oct-16	Nov-16	Dec-16	
Short term - % absences	NE	2%	1.9%	3.7%	3%	3%	
	NW	2.2%	2.1%	3.3%	3.3%	3.3%	
	S	1.9%	2.5%	2.5%	3.4%	3.4%	
	HSCP	2%	2%	3.2%	3.1%	3.1%	
Long term - % absences	NE	3.2%	3.6%	3.7%	4%	4%	
	NW	3.6%	4.4%	3.8%	3.8%	3.8%	
	S	4.7%	3.7%	3.2%	2.6%	2.6%	
	HSCP	3.6%	3.8%	3.5%	3.5%	3.5%	
Performance Trend							
Variations across areas and over time. 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 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. 'Microstrategy' is the workforce information system now being used to provide consistent reporting and analysis within each locality and also board wide 							

- 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.
- People and Change Managers have supported the initial roll out of Attendance Management Clinics in the HSCP, supported by the HR Support and Advice Unit to ensure HR representation during attendance management meetings with staff and ensure consistency of practice. Continued interaction with the H R Support Unit continues to ensure robust plans are in place for individual case management.
- The Attendance Management module of the 'People Management Programme' has been well attended and has a rolling programme which is signposted to managers by People and Change Managers where appropriate. This programme can be accessed as an introduction for new managers or as a refresher and update for existing managers with the aim of ensuring a consistent approach to Attendance Management. The programme is publicised on HR Connect.
- The main contributors identified for sickness absence across the HSCP relates to stress/depression/mental health illnesses. Each locality has developed a working group to focus on the mental health of staff, involving representatives from a range of services and support from People & Change Managers and OD Advisors. The NHS GG&C Mental Health and Well Being Policy and the new Stress in the Workplace Policy also support the work of these groups.
- Work continues to ensure an improved position for recording actual reasons for absence. Recent reporting to the SMT confirms that ,whilst absence is recorded accurately, more work is needed to ensure that the reasons for absence are recorded
- Medical Staffing managers have recently received refreshed guidance to ensure that all medical staffing absences are reported and captured appropriately

Timeline for Improvement

Levels of absence have remained high. This can, in part be attributed to seasonal factors but there continues to be a continued level of stress related absence. The trend across the localities has been consistent in the last quarter, with long term absence attributed to the vast majority of absence.

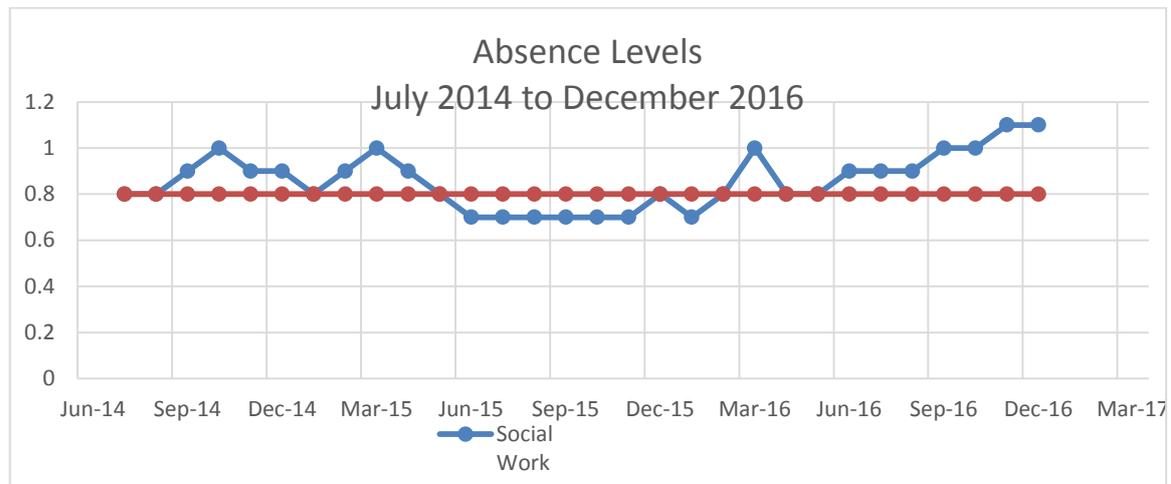
Focus continues on absence management across the HSCP with planned dialogue with the H R support unit to identify further specific resource to support absence management processes on an ongoing basis

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 below target.
National/Corporate/Local	HSCP Local Indicator
Integration Outcome	Outcome 1
HSCP Lead	Christina Heuston, Head of Corporate Services

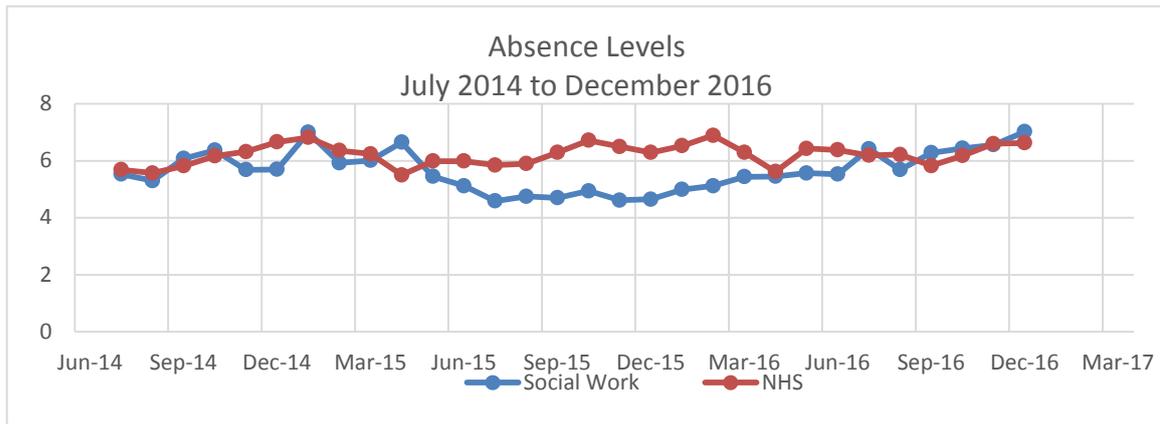
Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure as this reflects a more accurate position.

	15/16 Q1	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3
Average Days Lost (ADL)	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64
North East	2.3	2.4	2.1	3.1	3.7	3.3	2.6 (G)
North West	3.5	2.5	2.6	2.7	2.2	2.2	3.5 (R)
South	3.7	2.7	2.3	3.2	2.4	3.1	4.0 (R)
Glasgow City	2.5	2.2	2.4	2.6	2.5	2.8	3.3 (R)

Below shows the Social Work trend using the average days lost calculator.



Below shows percentage absence trends for both Social Work and Health.



Performance Trend

Absence levels are showing a gradual increase across all sectors. There is a 41% increase in the number of employees absent between 20 days and 6 months city wide compared with Q3 last year. Only the North East locality reports a Q3 absence figure below target.

Actions to Improve Performance

Quarterly absence data is provided to Heads of Service and since August last year the department have started to see a steady increase in absence levels. Specific areas of concern are:-

North East	Criminal Justice, Learning Disabilities (has the highest absence levels in Learning Disabilities across the city)
North West	Hospitals, Criminal Justice (has the highest absence levels in Criminal Justice across the city), Addictions
South	Learning Disabilities, Addictions (has the highest absence levels in Addiction Services across the city)
Older People Res.	5 Units with approximately 50 staff

Accessibility of reports for managers is currently being explored by HR, which highlights employee absence information that underpins quarterly absence data. Promotion of such reports are included within the priorities for 2017 Action Plan.

HR Resources continue to focus on employees and areas of significantly high absence levels, reducing the duration of long term absences, supporting managers with early intervention and support plans to facilitate returns to work quickly and coaching managers to take action early in order to prevent unnecessary delays in the attendance management process.

Purchasing additional annual leave is a relatively new employee benefit however it has not been possible to facilitate this fully within Residential Services. A review of this position is underway – facilitating this may assist individuals in managing their attendance. Added to this is a need to have more flexibility in working patterns for those working in the Residential sector.

The Principal HR Officer will meet with Heads of Service and Service Managers to develop strategies to address high absences within priority areas mentioned above.

Timeline for Improvement

With a review of current interventions and strategies, improvements are anticipated to be made in the year 2017/18.

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	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Apr 16	Aug -16	Sep -16	Oct -16	Nov- 16	Dec -16
80%	HSCP	51.28% (R)	50.06% (R)	53.51 (R)	48.13% (R)	51.15% (R)	51.1% (R)	48.02% (R)

Performance Trend

Performance remains RED and has reduced slightly over the last two quarters. Further analysis has highlighted variances between areas with 58% being achieved in the North East, 46% in North West, and mental health specialist areas achieving 70% compliance. 350 reviews are required to be completed each month to maintain current level of compliance alone.

Actions to Improve Performance

Senior Learning and Education Advisors continue to meet with Team Leaders to discuss local action plans with targets and timescales agreed to try and maintain an upward trajectory. This includes:-

- Identifying 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.
- Encouraging 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. Locality Management and Operational Management teams have been advised of action plan in last quarter.
- People & Change Managers further support the roll out of the action plan by continuing to discuss KSF during update meetings with local managers to encourage ownership.
- Local managers have been asked to provide trajectories, by weekly activity, through to April 2017
- Work is also underway to identify good practice in other service areas which can be transferred into/ shared across the HSCP.

Timeline for Improvement

Compliance rates have dipped across the last 3 months of 2016. It is expected that the actions being taken forward will support improvement in compliance within the next 3 month period

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	Sybil Canavan, Head of HR

TARGET	AREA	Mar -16	Apr -16	Sep -16	Oct -16	Nov -16	Dec -16
100%	Glasgow City South	0% (R)	67% (R)	67% (R)	100% (G)	50% (R)	100% (G)
100%	Glasgow City North East	33% (R)	50% (R)	70% (R)	33% (R)	64% (R)	67% (R)
100%	Glasgow City North West	33% (R)	67% (R)	N/A	N/A	50% (R)	N/A
100%	Glasgow City HSCP Central	0% (R)	0% (R)	N/A	0% (R)	N/A	100% (G)
100%	Glasgow City HSCP Total	29% (R)	47% (R)	64% (R)	50% (R)	65% (R)	80% (R)

Performance Trend

Performance fluctuates across areas and over time. South and HSCP Central GREEN in the last reporting period with the North East and HSCP as a whole RED.

Actions to Improve Performance

People & Change Managers and Senior Learning & Education Advisors continue to be proactive in attempts to prevent breaches of induction targets through provision of further support to managers encourage improvement in 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 latest figures reported show and improved position for the HSCP. Focus continues on this activity to ensure improvement continues.

Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction 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	Sybil Canavan, Head of HR

TARGET	AREA	Mar-16	Apr-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
100%	Glasgow City South	0% (R)	43% (R)	50% (R)	100% (G)	0% (R)	0% (R)	100% (G)
100%	Glasgow City North East	8% (R)	50% (R)	40% (R)	100% (G)	N/A	67% (R)	0% (R)
100%	Glasgow City North West	60% (G)	100% (G)	33% (R)	0% (R)	100% (G)	14% (R)	N/A
100%	Glasgow City HSCP Central	100% (G)	100% (G)	50% (R)	100% (G)	N/A	0% (R)	0% (R)
100%	Glasgow City HSCP Total	27% (R)	57% (R)	42% (R)	75% (R)	25% (R)	21% (R)	0% (R)

Performance Trend

Performance fluctuates across areas and over time. South GREEN in the last reporting period with the other areas all RED.

Actions to Improve Performance

People & Change Managers are working collaboratively with Senior Learning & Education Advisors to support managers with the following:-

- Identifying 'hotspots' where timescale breaches are likely to occur.
- Updates on a monthly basis to review induction activity and agree required actions to improve compliance within timescales.
- Implementation of the process agreed 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 commenced in September 2016 for 6 months. There is continuing overview of progress against the target at a local level to ensure improvement in compliance

BUSINESS PROCESSES

Indicator	3. Percentage of Social Work complaints handled within 28 calendar days (statutory deadline)
Purpose	To monitor performance in relation to the statutory Social Work target time for responding to complaints (28 days).
National/Corporate/Local	Statutory Indicator and deadline
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	15/16 Q2	15/16 Q3	15/16 Q4	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4
85%	North East	96% (G)	93% (G)	92% (G)	91% (G)	84% (G)	90% (G)	
85%	North West	87% (G)	91% (G)	86% (G)	90% (G)	96% (G)	84% (G)	
85%	South	90% (G)	83% (G)	77% (R)	84% (G)	80% (R)	73% (R)	
85%	Homelessness	80% (R)	80% (R)	73% (R)	100% (G)	100% (G)	95% (G)	
85%	Centre	91% (G)	85% (G)	85% (G)	83% (G)	78% (R)	72% (R)	
85%	Glasgow	90% (G)	87% (G)	84% (G)	88% (G)	83% (G)	81% (A)	

Performance Trend

The South locality (RED) and Centre (RED) were below target during Quarters 2 and 3. The city as a whole was slightly below target at Q3 (AMBER).

Actions to Improve Performance

It was recognised that there was a need for additional capacity within the Partnership and an appointment was made to the rights and enquiries team in October in order to address these demands.

Timeline for Improvement

Significant improvement is anticipated in the final quarter.