



Item No. 6

Meeting Date

Wednesday 5th December 2018

**Glasgow City
Integration Joint Board
Finance and Audit Committee**

Report By: Allison Eccles, Head of Business Development

Contact: Duncan Goldie, Performance Planning Manager

Tel: 0141 287 8751

HSCP PERFORMANCE REPORT Q2

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2018/19.
---------------------------	--

Background/Engagement:	The IJB Finance and Audit Committee have previously agreed that a Performance report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting.
-------------------------------	--

Recommendations:	The IJB Finance and Audit Committee is asked to: a) note the attached performance report; and b) review and discuss performance with the Strategic Leads for Homelessness and Human Resources.
-------------------------	--

Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over 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 within the Partnership is outcomes focussed.
--	--

Personnel:	None
Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
Provider Organisations:	None
Equalities:	No EQIA has been 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 an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.
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 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.

1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2018/19.

2. Background

- 2.1 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. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below:
- Local Health and Social Work Indicators (chosen locally by the Partnership).
 - National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
 - NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status, for each care group. A second table then lists all of the

indicators and provides their current city wide RAG status and their direction of travel since the last reporting period.

- 4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction. Following on from a recommendation from audit, we have also sought explanations for when performance has varied by more than 10% since the last report.

Exceptions

- 4.3 At Q2, 49 (48%) indicators were GREEN; 41 RED (40.2%); 5 AMBER (4.9%); and 7 (6.9%) GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters are marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<i>Older People</i>	Page
3. Number of people in supported living services	28
4. Percentage of service users who receive a reablement service following referral for a home care service – Community Referrals	29
10. Total number of Older People Mental Health patients delayed	36
12. Intermediate Care: Average Length of stay (Days).	38
19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral	45
<i>Primary Care</i>	
3. Flu Immunisation Rates (various)	48
4. Shingles Immunisation Rates (aged 70 and aged 76)	50
5i. AHP Waiting Times – MSK Physio	51
5i. AHP Waiting Times – Podiatry	51
<i>Unscheduled Care</i>	
1. New Accident and Emergency (A&E) attendances (All ages)	53
2. A&E Waits Less Than 4 Hours (%) - GRI	54
5. Total number of acute delays	57
6. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	58
7. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	59
<i>Children's Services</i>	
1. Uptake of the Ready to Learn Assessments – North East & North West	62
4. Access to CAMHS services - % seen with 18 weeks	66

5. % looked after & accommodated children under 5 who have had a Permanency Review	68
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - North East & North West	77
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill & Leverndale	78
4. Total number of Adult Mental Health delays	81
Sexual Health (Sandyford)	
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD)	82
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD)	82
2. Average waiting times for access to Urgent Care appointments.	83
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics	84
5. Waiting times for access to Gender Identity service for young people and for adults	86
Homelessness	
1. % of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	90
2. % of live homeless applications over 6 months duration at end of the quarter.	91
3. Number of new resettlement plans completed - total to end of quarter (citywide)	92
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	95
4. % of Unpaid Work (UPW) requirements completed within timescale.	98
Health Improvement	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	102
Human Resources	
1. NHS Sickness absence rate	107
2. Social Work Sickness Absence Rate	109
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	112
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	114
Business Processes	
2. Percentage of NHS Stage 2 Complaints responded to within timescale	117
4. % of SW Complaints responded to within timescale (Stage 2)	119
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	121

Changes in RAG Status

- 4.4 There has been a change in RAG status for 26 indicators since the last report. Of these, performance improved for 11; declined for 12; with 3 moving from GREY.

i. Performance Improved

A) RED TO GREEN
Older People
13. % of intermediate care users transferred home
Unscheduled Care
2. A&E Waits Less Than 4 Hours (%). - QEUH
Children's Services
1. Uptake of the Ready to Learn Assessments - South
8. % of young people currently receiving an aftercare service who are known to be in employment, education or training.
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)
Criminal Justice
3. % of Community Payback Order (CPO) 3 month Reviews held within timescale
Business Processes
3. % of Social Work Stage 1 Complaints responded to within timescale.
B) RED TO AMBER
Older People
5. % service users leaving service following reablement period with no further home care support.
C) AMBER TO GREEN
Older People
1. Home Care: % of older people (65+) reviewed in the last 12 months
Adult Mental Health
3. % Bed Occupancy (Short Stay Adult Mental Health Beds) (Leverndale)
3. % Bed Occupancy (Short Stay Adult Mental Health Beds) (Gartnavel)

ii. Performance Declined

A) GREEN TO RED
Older People
3. Number of people in supported living services
4. % service users who receive a reablement service following referral for a home care service. (community referrals).
12. Intermediate Care : Average length of stay (Days)
Primary Care
5. AHP Waiting Times - Podiatry
Children's Services
1. Uptake of the Ready to Learn Assessments - NE
Adult Mental Health
1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (NW)
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)

<i>Health Improvement</i>
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
B) GREEN TO AMBER
<i>Criminal Justice</i>
5. % of Criminal Justice Social Work Reports (CJSWR) submitted to court.
<i>Business Processes</i>
2. Percentage of NHS Stage 2 Complaints responded to within timescale
5. % of Social Work Freedom of Information (FOI) requests responded to within 20 working days
C) AMBER TO RED
<i>Unscheduled Care</i>
2. A&E Waits Less Than 4 Hours (%). – GRI

5. Recommendations

5.1 The IJB Finance and Audit Committee is asked to:

- a) note the attached performance report; and
- b) review and discuss performance with the Strategic Leads for Health Improvement and Children's Services.



CORPORATE PERFORMANCE REPORT

(Finance and Audit Committee)

**QUARTER 2
2018/19**





CONTENTS

SECTION	PAGE NUMBER
Performance Summary	10
Older People	26
Primary Care	46
Unscheduled Care	53
Carers Services	60
Children's Services	62
Adult Mental Health	77
Sandyford (Sexual Health)	82
Alcohol and Drugs	87
Homelessness	90
Criminal Justice	95
Health Improvement	101
Human Resources	107
Business Processes	116
Appendix 1 – Other Indicators	123
Appendix 2 – National Health & Wellbeing Outcomes	132
Appendix 3 – HSCP Corporate Priorities	133

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

2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.

CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q2
										
Older People (No. and %)	4 19%	1 4.9%	12 57.1%.	4 19%	5 23.8%	1 4.8%	11 52.4%	4 19%	<u>Red ⇨ Green</u> 13. Percentage of intermediate care users transferred home <u>Amber ⇨ Green</u> 1. Home Care: % of older people (65+) reviewed in the last 12 months <u>Red ⇨ Amber</u> 5. Percentage of service users leaving the service following reablement period with no further home care support. <u>Green ⇨ Red</u> 3. Number of people in supported living services 4. % service users who receive a reablement service following referral for a home care service (community referrals). 12. Intermediate Care : Average length of stay (Days)	









Primary Care (No. and %)	3 42.9%		4 57.1%		4 57.1%		3 42.9%		Green ⇌ Red 5. AHP Waiting Times- Podiatry	
Unscheduled Care (No. and %)	4 50%	1 12.5%		3 37.5%	5 62.5%	1 12.5%	2 25%		Red ⇌ Green 2. A&E Waits Less Than 4 Hours (%). - QEUH Amber ⇌ Red 2. A&E Waits Less Than 4 Hours (%). - GRI Grey ⇌ Green 3. Number of Emergency Admissions (All Ages). Grey ⇌ Amber 4. Number of Unscheduled Hospital Bed Days (All Ages) Grey ⇌ Red 1. New Accident and Emergency (A&E) attendances (All ages)	
Carers (No. and %)			2 100%				2 100%			
Children's Services (No. and %)	5 31.2%	1 6.2%	10 62.6%		4 25%	1 6.2%	11 68.8%		Red ⇌ Green 1. Uptake of the Ready to Learn Assessments - South 8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training. Green ⇌ Red 1. Uptake of the Ready to Learn Assessments - NE	












Adult Mental Health (No. and %)	4 40%	2 20%	4 40%		5 50%		5 50%		<u>Red ⇌ Green</u> 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel) <u>Amber ⇌ Green</u> 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (Leverndale) 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (Gartnavel) <u>Green ⇌ Red</u> 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (NW) 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)	
Sandyford Sexual Health (No. and %)	5 83.3		1 16.7%		5 83.3		1 16.7%		No changes in status for existing indicators.	
Alcohol & Drugs (No. and %)			3 100%				3 100%		No changes in status for existing indicators.	
Homelessness (No. and %)	3 60%		1 20%	1 20%	3 60%		1 20%	1 20%	No changes in status for existing indicators.	
Criminal Justice (No. and %)	3 50%		3 50%		2 33.3%	1 16.7%	3 50%		<u>Red ⇌ Green</u> 3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale. <u>Green ⇌ Amber</u> 5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.	

















Health Improvement (No. and %)			4 66.7%	2 33.3%	1 16.7%		3 50%	2 33.3%	Green ⇌ Red 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	
Human Resources (No. and %)	5 100%				4 80%		1 20%		No changes in status for existing indicators.	
Business Processes (No. and %)	3 43%		4 57%		3 42.9%	1 14.2%	3 42.9%		Red ⇌ Green 3. Percentage of Social Work Stage 1 Complaints responded to within timescale. Green ⇌ Amber 5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. Green ⇌ Red 2. Percentage of NHS Stage 2 Complaints responded to within timescale.	
TOTAL (No. and %)	39 38.2%	5 4.9%	48 47.1%	10 9.8%	41 40.2%	5 4.9%	49 48%	7 6.9%	26 changes in status	









2b. Performance at a Glance












The table below presents a summary of performance at a city wide level for the performance measures contained within the body of this Combined Performance Report. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q2	83% 	▲
2. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q2		►
3. Number of people in supported living services.	830 by the end of 2018/19 (24 per quarter increase)	Q2	766 	▼
4. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 7	74.7% (Hosp)  70.2% (Comm) 	▼ Hospital ▼ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>40%	Cordia Period 7	38.2% 	▲
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q2	0% 	►
7. Continence Service – Waiting Times	100% seen within 12 weeks	Q2	100% 	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
8. Day Care (provided) – Review Rates	95%	Q2	98% 	►
9.i Referrals to Telecare: Basic	2,248 per annum	Q2	Mid-year total 1,437 	▼
9.ii Referrals to Telecare: Advanced	304 per annum	Q2	Mid-year total 688 	►
10. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Aug 18	10 	▲
11. Intermediate Care: Percentage Occupancy.	90%	Sep 18	89% 	▼
12. Intermediate Care: Average Length of stay (Days).	<28	Sep 18	33 days 	▼
13. Intermediate Care: Percentage of users transferred home.	>30%	Sep 18	38% 	▲
14. Provided Residential Care – Occupancy Rates	95%	Q2	95% 	►
15. Provided Residential Care – Review Rates	95%	Q2	95% 	▼
16. Percentage of Last 6 months of life spent in the community	86.8% by end 18/19	2017/18	86.8% 	▲
17. Percentage of the Population Unsupported at Home	100% by end 18/19	2016/17	98% 	►










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
18. Falls rate per 1,000 population aged 65+	27 by end of 2018/19	2017/18	31 	▲
19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.	100%	Q2	12.2% 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q1	 79.1%	▼
2. Prescribing Costs: Annualised cost per treated patient.	At/Below NHSGGC average	Jun 18		▲
3i. Flu Immunisation Rates (over 65s).	75%	Q3/4 2017/18	72.2% (NE)  72.2%(NW)  73.1% (S) 	▲ All areas
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Q3/4 2017/18	45.9% (NE)  43.9% (NW)  45.7% (S) 	▲ All areas
3iii. Flu Immunisation Rates (pregnant women – not in clinical risk group).	75%	Q3/4 2017/18	47.2% (NE)  55.9% (NW)  53.6% (S) 	▲ All areas
4. Shingles Immunisation Rates (aged 70 and aged 76)	60%	Sep 17-Mar 17	36.1% (NE)  34.7% (NW)  33.6% (S) 	▲ All areas











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Sep 18	37% 	▼
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Sep 18	83.2% 	▼
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Jun 18	99.2% 	▼
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19 (16,461/month)	Q1	18,168 monthly average 	►
2. A&E Waits Less Than 4 Hours (%)	95%	Sep 18	GRI - 86.2%  QEUH - 94.9% 	GRI ▼ QEUH ▲
3. Number of emergency admissions (All ages)	75,750 for 18/19 (6312/month)	Q1	5895 monthly average 	►
4. Number of Unscheduled Hospital Bed Days (All ages)	454,378 for 18/19 (37,857/month)	Q1	38,900 monthly average 	►










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5. Total number of Acute Delays	20	Aug 18	44 (exc AWI) 14 (AWI) 	▲
6. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19 (833 per month)	Aug18	1463 monthly average 	▼
7. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19 (159 per month)	Aug 18	390 monthly average 	▼
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum/413 per quarter	Q2	511 	►
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?	65%	Q2	83% 	►
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Sep 18	NE - 86% NW - 86% S - 95%   	NE ▼ NW ► S ▲
2. Percentage of HPs allocated by Health Visitors by 24 weeks.	95%	July 18	NE - 95% NW - 93% S - 95%   	NE ▼ NW ▼ S ▼








Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 for year across city	Q1	571 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Aug 18	90.6% 	▼
5. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q2	79% 	▲
6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	100%	Q2	95.2% (<5s)  100% (5-18) 	<5s ▼ 5-18 ►
7. Percentage of new SCRA reports submitted within 20 days.	60%	Q4	61% 	▼
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	76% 	▲
9. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q2	56 	▲
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q1	93.5% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q1	95.7% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 18	NE 82.5% NW 79.7% South 94.7%	All areas ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Sep 18	Stob 31.8 Lev 30.3 Gart 27.8	Stobhill ▼ Leverndale ▲ Gartnavel ▲
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Sep 18	Stob 94.8% Gart 95.2% Lev 92.5%	Stobhill ► Leverndale ▲ Gartnavel ▲
4. Total number of Adult Mental Health delays	0	May 18	12 (exc AWI) 6 (AWI)	▲
Sandyford (Sexual Health)				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	Q2	31 (IUD) 21(Implants)	IUD ▼ Implants ▼
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q2	5	►
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q2	26	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.	10%	Q2	42% 	►
5. Waiting times for access to Gender Identity service for young people and for adults	18 Weeks	Q2	29 (<17)  40.5 (>17) 	under 17 ▲ over 17 ▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q1	98% 	▲
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q2	84% 	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q2	73% 	►
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q2	81% 	▼
2. Percentage of live homeless applications over 6 months duration at the end of the quarter.	<40%	Q2	45% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 4,000 (1,000 per quarter)	Q2	1,646 (mid-year total) 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q1	104 	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	65.5% 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	72% 	►
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	95% 	▲
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q2	76% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q2	64% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q2	77% 	▼
6. Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison.	90%	Q2	97% 	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	2532 (to Q2)	Q2	2636 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Q1	288 	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Women smoking in pregnancy (general population)	13%	Q2 18/19	11.2% 	▼
4. Women smoking in pregnancy (most deprived quintile).	19%	Q2 18/19	18.6% 	►
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5% 	►
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8% 	►
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Sep 18	6.14% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q2	3.3 ADL 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Sep 18	43.14% 	►
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Sep 18	100% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Sep 18	75% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q1	97.7% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q1	64% 	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q1	69% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q1	27% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q1	96% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale	100%	Q1	46% 	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q2	89% 	▼

1. OLDER PEOPLE

Proactive Care and Support at Home

Indicator	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
Purpose	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	2016/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
85%	North East	92% (G)	92% (G)	92% (G)	92% (G)	91% (G)	89% (G)
85%	North West	85% (G)	85% (G)	84% (G)	81% (A)	80% (R)	83% (G)
85%	South	83% (G)	79% (R)	77% (R)	75% (R)	76% (R)	78% (R)
85%	Glasgow	86% (G)	85% (G)	84% (G)	82% (A)	81% (A)	83% (G)
Performance Trend							
Performance at city level improved moving from AMBER to GREEN during Q2. North East continued to meet target (GREEN) while North West moved from RED to GREEN. South's performance improved slightly although it continued to remain RED.							

Indicator	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
Purpose	To monitor the extent to which services are introducing and rolling out community service led anticipatory care plans.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target (18/19)	16/17 Total	17/18 Total	18/19 Q1	18/19 Q2		
Glasgow	900	484 (G)	824 (G)	280	250		
Performance Trend							
The figures for 2016/17 and 2017/18 relate to the previous model of community services led anticipatory care plans (ACPs) introduced by the HSCP at that time. A national model 'My ACP' was introduced in June 2017 and since the HSCPs in GGC have developed an approach consistent with the national model. Implementation plans for the new ACP model are being drawn up and it is anticipated that data on this activity will be available from Q4 and will be included in future performance reports. The figures shown relate to the old model and are only estimates so no colour classification is provided.							

Indicator	3. Number of people in supported living services
Purpose	To monitor the number of people receiving supported 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
North East	N/A	167	172	222	216	227	225
North West	N/A	190	195	263	236	273	256
South	N/A	221	232	288	282	265	285
Glasgow	830 by end of 2018/19	576 (R)	599 (R)	773 (G)	734 (G)	765 (G)	766 (R)

Performance Trend

An increase of 96 on the 2017/18 Q4 figure of 734 is sought in 2018/19, equating to approximately 24 per quarter. Although this was achieved in Q1 with an increase of 31, numbers at Q2 have remained static with an increase of only one during the period July to September. Although there was an increase of 20 in the South, there was a decrease of 19 in the North of the city.

Actions to Improve Performance

It is hoped that the upwards trend seen in 2017/18 will be continued in 2018/19 by the development of further 'clustered supported living' options for older people, thus offering individuals with high levels of frailty the opportunity to sustain individual tenancies through benefiting from shared support delivered across a close cluster of tenancies.

The reasons for the decline in activity in Q2 is being investigated to ascertain if this is temporary, or if it is a trend we are likely to see continuing in Q3. Factors influencing performance can be the number of deaths of people within existing supported tenancies; the availability of new tenancies; and the readiness of the system to make a placement when a tenancy becomes available.

Timeline for Improvement

It is anticipated that improvements will be seen later in the year.

[Back to Summary](#)

Indicator	4. Percentage of service users who receive a reablement service following referral for a home care service.
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 function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2		
Referral Source	Target	Per 13b	Per 7	Per 10	Per 13b	Per 4	Per 5	Per 6	Per 7
Hospital Discharges	75%	73.4% (G)	73.1% (A)	77.0% (G)	72.8% (A)	77.9% (G)	67.7% (R)	70.7% (R)	74.7% (G)
Community Referrals	75%	76.5% (G)	83.2% (G)	81.3% (G)	78.2% (G)	77.6% (G)	79.1% (G)	78.0% (G)	70.2% (R)
Performance Trend									
Performance is reported for both hospital discharges and community referrals. Performance has fluctuated and GREEN									
Actions to Improve Performance									
The demographic is changing and with more consideration for additional resources and complex care with some reablement potential, this may be a sign of the changing picture within homecare. However this continues to be featured in our continuous improvement plan and scrutiny of decision making occurs within team meetings and at individual supervision sessions. Reviewing the training provided and ensuring a programme of refresher training should ensure tighter decision making and consideration of different goals and outcomes that can be achieved via reablement which should influence screening and assessment decision making.									
Timeline for Improvement									
Action is contained within the continuous action plan for improvement and will be monitored every period. Training review is ongoing – industrial action has impacted on the hope to have some sessions delivered in Nov and with winter being particularly demanding in homecare it is likely that this will be delivered in the new year. Improvements should be delivered throughout quarter 3 and 4.									
Back to Summary									

Indicator	5. Percentage of service users leaving the service following reablement period with no further home care support.
Purpose	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. It should be noted, however, that this function now lies with Cordia. Information reported for 4 weekly financial periods by Cordia been mapped below to the HSCP quarterly reporting cycle.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2		
Locality	Target	Per. 13b	Per 7	Per 11	Per 13b	Per 4	Per 5	Per 6	Per 7
North East	>40%	37% (R)	34.4% (R)	42.5% (G)	32.5% (R)	34.8% (R)	30.7% (R)	44.9% (G)	41.4% (G)
North West	>40%	33% (R)	37% (R)	39.1% (G)	45.7% (G)	41.1% (G)	36.5% (R)	40.9% (G)	37.0% (R)
South	>40%	39% (A)	33.3% (R)	35.8% (R)	35.9% (R)	18.7% (R)	42.6% (G)	41.8% (G)	36.2% (R)
Citywide	>40%	36% (R)	34.9% (R)	38.6% (A)	37.9% (R)	29.6% (R)	37.4% (R)	42.2% (G)	38.2% (A)

Performance Trend

Performance varies across locality and over time. At the city-wide level performance improved between the end of Quarter 1 (Period 4, 29.6%, RED) and the end of Quarter 2 (Period 7, 38.2%, AMBER).

Actions to Improve Performance

The 40% target continues to be challenging to achieve on a consistent basis but remains the target for 2018/19. Monthly monitoring of the city wide reablement performance continues in conjunction with Cordia and operational areas. While there has been an improvement in performance in period 6, performance in North West and South has slipped in period 7.

Performance against the target can fluctuate between quarters as activity is directly related to the number of hospital discharges during the reporting period (which also fluctuate) and due to seasonal factors. Although the numbers referred into reablement continue to be high due to demographic changes, we expect to see improvement in

performance going forward.

There has been a particular focus on dementia and continence and additional resources (2 home carers) have been required. This indicates a more complex level of need than before being seen in reablement, which could potentially impact on the performance figures as they may be more likely to require ongoing care going forward.

Timeline for Improvement

It is expected that the target will be achieved on a consistent basis across the city by the next quarter.

[Back to Summary](#)

Target/Ref	6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year
Purpose	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	1% (A)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	Glasgow	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
Performance Trend								
The target continued to be met across all localities during Q2. At the end of Q2 there were 1,485 open OT assessment activities: 3 of these (1 in NE, 1 in NW, and 1 "Other") had been open for more than 12 months. The figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.								

Target/Ref	7. Continence Service – Waiting Times
Purpose	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	% Seen Within 12 Weeks				
	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
100%	97.5% (G)	100% (G)	100% (G)		
Performance Trend					
New collection and reporting methods introduced in 217/18 so data shown only relates to the period since Q4.					

Target/Ref	8. Day Care (provided) - Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6 month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18	2018/19			
Target	Q4	Q4	Q1	Q2	Q3	Q4
95%	95% (G)	97% (G)	100% (G)	98% (G)		
Performance Trend						
Performance was maintained above target (GREEN) during Q2.						

Target/Ref	9. Referrals to Telecare
Purpose	To monitor the number of Telecare referrals received on a quarterly basis for the Basic and Advanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Agreed Scottish Govt Target	16/17 Total	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1	18/19 Q2	Mid-Year Total
Basic	2,248 (annual)	2,581 (G)	714 (G)	771 (G)	2,771 (G)	746 (G)	691 (G)	1,437 (G)
Advanced	304 (annual)	835 (G)	364 (G)	309 (G)	1,222 (G)	344 (G)	344 (G)	688 (G)
Performance Trend								
Targets have not yet been revised for 2018/19. However assuming the targets remain the same, the number of referrals to both the Basic and Advanced Telecare Services exceeded the pro-rata target at mid-year.								

Indicator	10. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18
0	NE	0 (G)	0 (G)	5 (R)	3 (R)	5 (R)	4 (R)	4 (R)
	NW	7 (R)	1 (R)	4 (R)	1 (R)	2 (R)	2 (R)	3 (R)
	South	4 (R)	10 (R)	7 (R)	7 (R)	10 (R)	7 (R)	3 (R)
	City	11 (R)	11 (R)	16 (R)	11 (R)	17 (R)	13 (R)	10 (R)
Performance Trend								
Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period shown though reduced in August 2018.								
Actions to Improve Performance								
Our performance in this area remains a concern and revised improvement plans have been implemented and some slight reductions were seen in August 2018. There continues to be a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. Work will continue to ensure reductions going forward.								
Timeline for Improvement								
Improvements towards meeting the target are anticipated by the end of Q3 in 2018/19								
Back to Summary								

Indicator	11. Intermediate Care : Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
North East	90%	94% (G)	74% (R)	87% (G)	89% (G)	90% (G)	93% (G)	89% (G)	92% (G)	88% (G)
North West	90%	75% (R)	89% (G)	92% (G)	94% (G)	93% (G)	92% (G)	95% (G)	89% (G)	84% (R)
South	90%	94% (G)	83% (R)	86% (A)	92% (G)	91% (G)	94% (G)	92% (G)	94% (G)	95% (G)
Glasgow	90%	88% (G)	82% (R)	87% (G)	92% (G)	91% (G)	93% (G)	92% (G)	92% (G)	89% (G)
Performance Trend										
Performance has declined at a city level and in the North East and North West in the last quarter with a slight increase occurring in the South.										

Indicator	12. Intermediate Care : Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
Glasgow	<28	41 (R)	33 (R)	40 (R)	34 (R)	32 (R)	28 (G)	39 (R)	42 (R)	38 (R)
North East	<28	36 (R)	36 (R)	45 (R)	30 (R)	36 (R)	28 (G)	41 (R)	39 (R)	31 (R)
North West	<28	38 (R)	32 (R)	38 (R)	41 (R)	35 (R)	28 (G)	31 (R)	32 (R)	30 (R)
South	<28	44 (R)	31 (R)	40 (R)	30 (R)	32 (R)	27 (G)	36 (R)	36 (R)	33 (R)

Performance Trend

Average lengths of stay vary over time and between localities. In the last quarter, average length of stay has increased in all areas and moved from GREEN to RED.

Actions to Improve Performance

The Intermediate Care length of stay performance can be influenced by a range of factors e.g. individual becoming unwell, availability of alternative accommodation, care home choices protocol and availability. An Intermediate Care Improvement Plan and associated working group has been developed to ensure a focus on all areas that can be improved with this respect. Two key actions are organisational development to optimise effective multidisciplinary team working and process improvement regarding early identification of re-housing need at the point of hospital discharge.

Timeline for Improvement

There is an ongoing focus on improvement on length of stay and improvements are expected by the end of the year.

[Back to Summary](#)

Indicator	13. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality		Targets	Apr 16	Apr 17	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
Glasgow	Home	30%	21% (R)	25% (R)	21% (R)	34% (G)	23% (R)	22% (R)	29% (G)	31% (G)	38% (G)
	Res/Nursing	N/A	52%	62%	66%	45%	61%	57%	51%	50%	39%
	Readmissions	N/A	25%	10%	12%	12%	12%	16%	15%	17%	18%
	Deceased	N/A	2%	1%	1%	5%	4%	5%	4%	2%	5%
NE	Home	30%	22% (R)	30% (G)	16% (R)	33% (G)	25% (R)	13% (R)	29% (G)	27% (R)	35% (G)
	Res/Nursing	N/A	39%	59%	43%	50%	50%	58%	42%	47%	41%
	Readmissions	N/A	33%	7%	15%	16%	25%	25%	31%	27%	24%
	Deceased	N/A	6%	0%	8%	0%	0%	4%	8%	0%	0%
NW	Home	30%	21% (R)	22% (R)	34% (G)	27% (R)	33% (G)	31% (G)	21% (R)	20% (R)	33% (G)
	Res/Nursing	N/A	57%	57%	43%	57%	59%	53%	68%	70%	38%
	Readmissions	N/A	21%	17%	15%	11%	7%	11%	11%	5%	24%
	Deceased	N/A	0%	4%	8%	4%	0%	4%	0%	5%	5%
South	Home	30%	21% (R)	22% (R)	34% (G)	39% (G)	13% (R)	22% (R)	34% (G)	41% (G)	43% (G)
	Res/Nursing	N/A	58%	70%	43%	33%	70%	59%	48%	38%	22%
	Readmissions	N/A	21%	7%	15%	9%	6%	11%	14%	21%	9%
	Deceased	N/A	0%	0%	8%	9%	10%	7%	3%	0%	9%

Performance Trend

Variations across localities and over time. Performance has moved from RED to GREEN in the North East, South and city wide between June and September. North West has remained GREEN.

Variations between periods at a citywide level can be partly explained by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms. In addition, the destination at discharge can vary according to the presenting needs of individuals. The very wide admissions criteria which exist can impact upon this variation at the time of discharge. .

A focus on returning home remains a priority. An Intermediate Care Improvement plan has been developed which includes staff engagement and further development events to optimise effective multi-disciplinary team working and the effective use of a range of resources to support individuals to return home. In parallel further Supported Living models are being developed as an alternative to care home admissions.

Target/Ref	14. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18				2018/19		
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	94% (G)	96% (G)	92% (A)	97% (G)	96% (G)	95% (G)	95% (G)	
Performance Trend								
Performance continued to meet target at Q2 (GREEN).								

Target/Ref	15. Provided Residential Care – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6 month period. This indicator reports on the review of residents in our own local authority residential care homes by care home staff.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18				2018/19	
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	97% (G)	98% (G)	98% (G)	95% (G)	98% (G)	95% (G)
Performance Trend							
Provided Residential Review rates continued to meet the 95% target (GREEN) at Q 2.							

Indicator	16. % of Last 6 months of life spent in the Community
Purpose	Partners are working together to shift the balance of care, enabling people to spend a longer period of time prior to their death, being supported if required, within community settings. This indicator measures progress towards this aim.
Type of Indicator	Ministerial Strategic Group (MSG) indicator 5
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

2018/19 Target	15/16	16/17	17/18	18/19			
				Q1	Q2	Q3	Q4
86.8%	84.8%	85.5%	86.8%				
Performance Trend							
<p>This is a new indicator which is part of the suite of MSG indicators.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon an increase of 2% from the 2015/16 baseline of 84.8. Performance will be monitored against this going forward as 18/19 data becomes available. At moment no RAG classification provided.</p>							

Indicator	17. Percentage of the Population Unsupported at Home
Purpose	Partners are working together to shift the balance of care, enabling more of the population to live unsupported at home. This indicator measures progress towards this aim.
Type of Indicator	Ministerial Strategic Group (MSG) indicator 6
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

2018/19 Target	15/16	16/17	17/18	18/19			
				Q1	Q2	Q3	Q4
86.8%	98%	98%					
Performance Trend							
<p>This is a new indicator which is part of the suite of MSG indicators.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon an increase of 2% from the 2015/16 baseline of 84.8. Performance will be monitored against this going forward as 18/19 data becomes available. At the moment no RAG classification has been provided as the target relates to 2018/19 and there is a time lag in the production of the data.</p>							

Target/Ref	18. Falls rate per 1,000 population aged 65+
Purpose	Falls can have a significant impact on an older person's independence and quality of life, impeding a person's mobility and confidence. Well-organised services, delivering recommended and evidence based practices can prevent falls and fractures amongst older people in the community setting and prevent their repeat falls. This indicator is based upon data gathered by Information Services Division (ISD) on the number of patients aged 65 plus who are discharged from hospital with an emergency admission code related to falls
Type of Indicator	National Integration Indicator (number 16)
Health & Wellbeing Outcome	Outcome 7(See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	14/15	15/16	16/17	17/18	18/19			
						Q1	Q2	Q3	Q4
Glasgow City	6.75 per quarter (18/19)	27	29	31	31				
Scotland		21	21	22	22				

Performance Trend
National Integration Indicator. There has been an increase over the last three years (2014-2017) as shown. A new target has been set for 2018/19, which is to get back to the 2014/15 levels (27 for the year or 6.75 per quarter). At the moment no RAG classification has been provided as the target relates to 2018/19 and there is a time lag in the production of the data.

Target/Ref	19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.
Purpose	To monitor the waiting times for people who have been diagnosed with dementia to be seen by a Post Diagnostic Support Linkworker. This gives an indication of whether interventions are being delivered in a timeous manner.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2017				2018			
Locality	Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	100%	49.1% (R)	46.4% (R)	17.4% (R)	12.1% (R)	18.5% (R)	12.2% (R)		
North East	100%	16.7% (R)	0 (R)	0 (R)	0 (R)	0 (R)	13% (R)		
North West	100%	54.8% (R)	30.8% (R)	14.3% (R)	N/A (R)	16.7% (R)	8.6% (R)		
South	100%	50% (R)	81.8% (R)	20% (R)	19% (R)	26.7% (R)	14.7% (R)		

Performance Trend
Variations across areas and over time with performance declining in the last month.
Actions to Improve Performance
The HSCP has entered into a contract until the end of 2019 with Alzheimer's Scotland for the delivery of post diagnostic support. Referrals have exceeded the levels set within the contract which has impacted upon performance with delays created by workers being unable to take on additional clients when they reach maximum caseloads. The HSCP is working closely with Alzheimer's Scotland and have jointly agreed an action plan which it is believed will lead to improved performance. This includes training to improve recording practices; additional recruitment; and the testing of new group work models which have been implemented in North Lanarkshire. HSCP plans are also being developed to recruit 3 additional part-time linkworkers.
Timeline for Improvement
It is anticipated that performance will improve going forward in 2018/19 as the above action plan is implemented, though performance may remain below the challenging target which has been set. Back to Summary

Other Indicators for Ongoing Review - See Appendix 1, Section 2

1. Total number of patients who have been diagnosed with dementia

PRIMARY CARE

The performance indicators in this section relate to an infrastructure and delivery method which will change over the next three years as we implement the requirements of the new GP contract. Our proposals for how we implement the new contract will be outlined in the forthcoming Primary Care Improvement Plan (PCIP) which will be ready by July 2018. This plan will include details of how we will implement the 6 nationally agreed priorities and address a number of Glasgow specific issues. The current Primary Care performance measures will therefore need to be reviewed and revised to take account of the PCIP.

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	TARGET	Jan 16- Mar 16	Jan 17- Mar 17	Jul 17 – Sep 17	Oct 17- Dec 17	Jan 18- Mar 18	Apr 18- Jun 18
City	78%			79.17% (G)	79.44% (G)	79.45% (G)	79.1% (G)
NE	78%	79.81% (G)	80.18% (G)	79.86% (G)	80.20% (G)	80.09% (G)	79.78% (G)
NW	78%	78.35% (G)	78.7% (G)	78.44% (G)	78.70% (G)	78.72% (G)	78.26% (G)
S	78%	79.0% (G)	79.41% (G)	79.17% (G)	79.39% (G)	79.48% (G)	79.19% (G)
NHSGGC	78%	78.86%	79.22%	78.60%	79.23%	79.24%	78.94%
Performance Trend							
All areas remain GREEN although compliance decreased slightly over the last quarter. No updates available yet for Q2.							

Indicator	2. Prescribing Costs: Annualised cost per treated patient
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the total number of distinct patients that have received a prescription in the stated time period. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	Target	Mar 16	Mar 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
NE	Cost below (or the same as) the GGC average.	£266.38 (R)	£271.99 (R)	£273.79 (R)	£273.80 (R)	£273.33 (R)	£272.90 (R)	£270.61 (R)
NW		£224.66 (G)	£231.30 (G)	£233.69 (G)	£234.25 (G)	£234.95 (G)	£234.72 (G)	£234.17 (G)
S		£231.96 (G)	£239.75 (G)	£242.75 (G)	£243.02 (G)	£242.84 (G)	£242.58 (G)	£241.66 (G)
City		£239.53 (G)	£246.32 (G)	£248.80 (G)	£249.09 (G)	£249.12 (G)	£248.83 (G)	£247.66 (G)
NHS GGC		£240.58	£249.45	£254.00	£254.03	£254.12	£253.74	£252.77
Performance Trend								
Variations across sectors and over time. North East consistently above target. Initiatives to ensure cost minimisation are ongoing. No updates for Q2.								

Indicator	3. Flu Immunisation Rates
Purpose	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Area	Target 75%			Target 65%
	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pre-school 2-5 years old
NE	72.2% (A)	45.9% (R)	47.2% (R)	N/A
NW	72.2% (A)	43.9% (R)	55.9% (R)	N/A
South	73.1% (A)	45.7% (R)	53.6% (R)	N/A
NHSGGC	73.9%	45.6%	54.2%	N/A
Scotland	73.6%	44.8%	48.1%	N/A
Performance Trend				
The data shown relates to Q4 and will be the last report until the 18/19 programme. Performance below target and RED for all categories with the exception of over 65s which is AMBER, although the targets relate to Q3 and Q4 combined. Please note, due to national data quality issues uptake for Pre-school 2-5 years old by GP practice and NHS Board is currently not available.				
Actions to Improve Performance				
The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:				
<ul style="list-style-type: none"> - An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes. - Flu vaccination uptake data covering the risk groups shown above is communicated to GP practices and clinical directors 2-3 times per flu season (November, January and 				

March)

- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.

Furthermore, Pharmacy Public Health secured short-term funding for 2017/18 to invite GP practices in the bottom 25th percentile flu vaccination uptake amongst patients <65 and in an at risk group, to complete a self-audit. Individualised feedback reports are being produced and shared with each practice who in turn are encouraged to share findings with staff and partners, with a view to gaining support to increase uptake.

Timeline for Improvement

It is hoped that improvements will be achieved in the 2018/19 immunisation programme.

[Back to Summary](#)

Indicator	4. Shingles Immunisation Rates
Purpose	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70 and 76.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Area	Target	Aged 70	Aged 76	Total
NE	60%	38.8% (R)	31.5% (R)	36.1% (R)
NW	60%	37.2% (R)	30.4% (R)	34.7% (R)
South	60%	35.9% (R)	29.6% (R)	33.6% (R)
NHSGGC	60%	38.0%	31.5%	35.6%
Scotland	TBC	40.5%	35.5%	38.7%

Performance Trend

The data shown relates to the cumulative immunisation rates between 1 September 2017 and 31 March 2018. Variations across localities and between the different age groups. No information available yet for 2018/19.

Actions to Improve Performance

The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:

- An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes.
- Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly
- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.

In addition to the above and specific to the shingles vaccination programme, Health Protection Scotland have produced a national screening tool to support practitioners with the identification of patients who may be contra-indicated for shingles vaccine.

Narrative required

It is hoped that improvements will be achieved, with the impact evident in future performance reports as the reporting year progresses.

[Back to Summary](#)

Target/Ref	5. AHP Waiting Times
Purpose	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHS GGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
Type of Indicator	Local HSCP indicator for
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Service	Target	Apr 16	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	46% (R)	42% (R)	35% (R)	37% (R)	37% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	97.9% (G)	95.6% (G)	96.5% (G)	94.1% (G)	83.2% (R)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99.2% (G)

Performance Trend

- MSK physio target consistently not being met but all patients requiring an urgent MSK appointment are seen within the target timescales.
- Target being consistently met by podiatry and dietetics but podiatry fell below target in September

Actions to Improve Performance

These services are managed by others on behalf of Glasgow City HSCP and we have a process to raise any performance issues with the host HSCP through our Primary Care Strategy Group (PCSG). MSK physio is provided by West Dunbartonshire, Podiatry by Renfrewshire and Dietetics by Acute.

Physio

The focus of the improvement activity is on patients waiting the longest, therefore the percentage being seen within the 4 weeks target has dropped slightly in Q2. There was also an increase in the referrals of around 6% in the first two quarters of 2018/19 compared with 2017/18. However, the number of patients waiting over the 4 weeks reduced from 4,100 to 3,517 between July and September 2018. The maximum time a patient is waiting for a routine appointment across the whole service has dropped from 20 weeks in April 2018 to 11 weeks in September 2018 (In May 2017 the longest wait was 31 weeks).

This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services range from 23.1% to 92.1% in relation to this indicator. The average for Scotland was 48.4%, with NHS GGC at 46.5% seen within 4 weeks.

As well as on going work looking at maximum utilisation of all appointments and targeting those waiting the longest, some additional funding has been secured to reduce the number of patients waiting for an appointment.

Podiatry

Performance was affected by a combination of annual leave, sickness absence, and a record high spike in high risk diabetic foot wound referrals and overall referral numbers. The latter went above 4000 for the second time in 3 months, having previously never risen above 3000. It is anticipated that waiting times will improve going forward as these circumstances normalise. The target up to September, was met for 29 consecutive months.

Timeline for Improvement

It is expected that waiting times will improve on the current position in the coming months for physiotherapy. It is anticipated that podiatry will have improved and meet the target again by the next quarter.

[Back to Summary](#)

Other Annually Reported Indicators - See Appendix 1, Section 2

2. % able to make an appointment with doctor 3 or more working days in advance
3. % able to see or speak to a doctor or nurse within two working days
4. Abdominal Aortic Aneurysms Screening Rate (AAA)
5. Antibiotic Prescribing

UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (All ages)
Purpose	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. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs). Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2018/19 Target	15/16		16/17		17/18		18/19	
		Number	Monthly average	Number	Monthly average	Number	Monthly average	Number	Monthly average
Glasgow	197,542 (16,461/ month)	201,573	16,798	201,768	16,814	205,642	17,136	72,672	18,168 (R)
Performance Trend									
<p>The indicator has remained similar but the previous data source has been replaced by a new source provided in relation to the suite of MSG indicators which provides a combined figure for the city. The number of attendances have risen over the last three years. To June 2018, the numbers of attendances (monthly average) have risen in comparison to 2015/16 and 17/18.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance is monitored against this.</p>									
Actions to Improve Performance									
<p>There is a Board wide unscheduled care improvement programme in place which includes a number of actions to shift as much acute activity as possible to be managed on a more planned basis. A&E attendances are increasing nationally and work is underway to understand why this is case and differentiate between emergency and urgent care so patients get the right treatment at the right time. This is being considered as part of the Board wide Moving Forward Together programme and further updates will be provided in due course.</p>									
Timeline for Improvement									
<p>Trends will be monitored and reported regularly. An updated MSG return is planned for January 2019.</p> <p>Back to Summary</p>									

Target/Ref	2. A&E Waits Less Than 4 Hours (%).
Purpose	To monitor waiting times at the main A&E units in Glasgow City. This will relate to all patients who attend these units, irrespective of their home location. Source of data is monthly Health Board Unscheduled Care reports.
Type of Indicator	NHS LDP (Local Development Plan) Standard/ Ministerial Strategic Group (MSG) indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Mar 16	Mar 17	Mar 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	88.5% (R)	92.2% (A)	93.3% (A)	88.3% (R)	86.2% (R)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	88.8% (R)	89.9% (R)	89.5% (R)	85.5% (R)	94.9% (G)

Performance Trend
Performance varies over time and while QEUH performance moved to GREEN in September, GRI remained RED.
Actions to Improve Performance
Both A&E hospitals have plans in place to deliver the target as part of the Board wide unscheduled care programme supported by resources from the Scottish Government. A Board-wide unscheduled care improvement programme is now in place designed to improve performance across GG&C. Performance has improved on the last quarter but continues to be a challenge. This is a reflection of the current demand in the wider health and social care system.
Timeline for Improvement
Achievement of the 4 hour target is an indication of the pressure in the acute hospital system. All hospitals in GG&C continue to struggle to achieve this target.
Back to Summary

Indicator	3. Number of Emergency Admissions (All Ages).
Purpose	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	2018/19 Target	15/16	16/17	17/18	18/19			
					Q1	Q2	Q3	Q4
Total	75,750	77,296	75,646	69,729	17,686			
Monthly average	6312	6441	6304	5808	5,895 (G)			
Performance Trend								
The previous indicator has been replaced by the above indicator which is part of the suite of MSG indicators. The number of admissions have been falling over the last three years.								
The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance is monitored against this. Until June, the monthly average has declined in line with the target and so performance is classified as GREEN.								

Indicator	4. Number of Unscheduled Hospital Bed Days (All Ages)
Purpose	To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	2018/19 Target	15/16	16/17	17/18	18/19			
					Q1	Q2	Q3	Q4
Total	454,285	504,761	525,152	505,165	116,702			
Monthly average	37,857	42,063	43,763	42,097	38,900 (A)			
Performance Trend								
<p>The previous indicator has been replaced by the above indicator which is part of the suite of MSG indicators.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a 10% reduction on the 2015/16 baseline and performance is monitored against this. Until June, the monthly average has declined in line with the target and so performance is classified as GREEN.</p>								

Indicator	5. Total number of Acute Delays.
Purpose	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18
North East		10	23	26	20	11	14
North West		6	15	15	15	22	8
South		14	12	23	17	18	22
Sub-Total (Included Codes)		30	50	64	52	51	44
North East		2	2	2	3	2	2
North West		5	4	9	7	6	3
South		4	4	4	7	7	9
Sub-Total (Complex Codes)		11	10	15	17	15	14
All Delays	20	41 (R)	60 (R)	79 (R)	69 (R)	66 (R)	58 (R)

Performance Trend

Numbers vary across localities and over time and have fallen in July and August.

Actions to Improve Performance

The weekly operational meeting continues to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. While there was an increase in delays in May there has been a gradual reduction since. Some of these delays extended to a few days only with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans.

Timescale for Improvement

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and target date for Home is Best implementation is Oct 2018.

[Back to Summary](#)

Indicator	6. 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 those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Jun 18	July 18	Aug 18	Year to Date	Monthly average
HSCP	21,288	15,557	10,982	10,000 (833/ month)	1602	1553	1461	7314 (R)	1463 (R)
NE	5777	4058	3002	N/A	672	335	273	2265	453
NW	8034	6406	3372	N/A	310	600	463	2204	441
S	7477	5093	4608	N/A	620	618	725	2925	585
Performance Trend									
<p>For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 8 below).</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 10,000 bed days for the year (monthly average of 833).</p> <p>During 2018/19, they have increased so far, with a monthly average of 1463 (compared with an average of 915 for 17/18).</p>									
Actions to Improve Performance									
Acute bed days lost is a function of delays themselves and so an increase in delays recently (see indicator 6 trends) has resulted in an increase in bed days lost. The actions described at indicator 6 above to reduce delays will have an impact on bed days lost and this is expected to reduce over the coming months.									
Timescale for Improvement									
An improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above									
Back to Summary									

Indicator	7. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator/ Ministerial Strategic Group (MSG) Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Jun 18	July 18	Aug 18	Year to Date	Monthly average
HSCP	10,715	6050	2098	1910 (159/month)	467	502	314	1949 (R)	390
NE	3590	1647	336	N/A	147	76	10	409	82
NW	3558	2995	816	N/A	112	212	98	701	140
S	3910	1408	946	N/A	208	214	206	839	168
Performance Trend									
<p>For the city as a whole, there has been a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year (monthly average of 159).</p> <p>During 2018/19, they have increased so far, with a monthly average of 390</p>									
Actions to Improve Performance									
The actions described at indicator 5 above to reduce delays will have an impact on bed days lost and improvements are expected towards the end of the year.									
Timescale for Improvement									
An improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above									
Back to Summary									

CARERS SERVICES

Indicator	1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1	18/19 Q2
North East	550 (138 per Q)	112 (R)	150 (G)	167 (G)	177 (G)	606 (G)	181 (G)	146 (G)
North West	550 (138 per Q)	205 (G)	140 (G)	127 (R)	148 (G)	620 (G)	187 (G)	124 (R)
South	550 (138 per Q)	192 (G)	164 (G)	191 (G)	169 (G)	716 (G)	147 (G)	241 (G)
Glasgow	1,650 (413 per Q)	509 (G)	454 (G)	485 (G)	494 (G)	1,942 (G)	515 (G)	511 (G)

Performance Trend
The quarterly target was met city-wide and in the North East and South (GREEN) at Q2. The total for North West was outwith the target range of 138 at the end of Q2.

Indicator	2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?
Purpose	To measure carer's perception of whether Carer Support and services have improved their ability to continue in their caring role as per national carer's outcomes framework.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
North East	65%	88% (G)	80% (G)	87% (G)	74% (G)	84% (G)	84% (G)
North West	65%	87% (G)	73% (G)	95% (G)	86% (G)	73% (G)	78% (G)
South	65%	75% (G)	81% (G)	93% (G)	86% (G)	96% (G)	87% (G)
Glasgow	65%	81% (G)	80% (G)	91% (G)	82% (G)	84% (G)	83% (G)

Performance Trend
The 65% target continued to be exceeded across all three localities at Q2 (GREEN).

CHILDREN'S SERVICES

Indicator	1. Uptake of the Ready to Learn Assessments
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. The figures shown below relate to those completed between 27 and 33 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
95%	NE	87% (R)	88% (R)	94% (G)	94% (G)	90% (A)	88% (R)	86% (R)
	NW	79% (R)	87% (R)	91% (A)	86% (R)	92% (R)	94% (G)	86% (R)
	S	87% (R)	89% (R)	88% (R)	88% (R)	91% (A)	91% (A)	95% (G)
Performance Trend								
Performance has fluctuated over time and between localities. North East has moved from GREEN to RED in the last quarter. North West has remained RED while South has moved from RED to GREEN.								
Actions to Improve Performance								
<p>We have completed an analysis of individual cases and there is evidence some families transfer in to a locality but then move out before the assessment can be completed. Whilst "did not attends" can be a problem this is further compounded when families relocate at short notice. A standard operating procedure is being used to attempt to take account of these movements when recording the assessment.</p> <p>More generally, 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. We continue to review activity and further interrogate caseloads to establish clearer reasons for failing to meet this target across all localities. We continue to implement the Healthy Children programme including</p> <ul style="list-style-type: none"> Recruitment of additional health visitors (37 new graduates should be in post by the end of 2018/19) The new universal child health pathway Further implementation of Family Nurse Partnership 								

It should be noted that the most recent national data published by ISD in 2018 showed that in 2016/17 across Scotland, 89% of eligible children received a review.

Timeline for Improvement

Further improvements will be achieved by the end of Q3

[Back to Summary](#)

Indicator	2. % of HPis (Health Plan Indicator) allocated by Health Visitor by 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 (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Mar 16	Mar 17	Mar 18	Apr 18	May 18	Jun 18	Jul 18
95%	NE	95% (G)	99% (G)	93% (G)	96% (G)	100% (G)	99% (G)	95% (G)
	NW	93% (G)	98% (G)	96% (G)	94% (G)	98% (G)	96% (G)	93% (G)
	S	96% (G)	98% (G)	96% (G)	97% (G)	97% (G)	99% (G)	95% (G)
Performance Trend								
Variations across areas and over time with all areas now meeting the target. 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.								

Indicator	3. Number of referrals being made to the Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

AREA	Annual Target	2016/17 Total	2017/18 Total	2018/19 Q1	2018/19 Q2
NE	344	344	509 (G)	261(G)	
NW	576	576	587 (G)	167(G)	
S	613	613	661 (G)	143(R)	
City	1,533	1,533	1,757 (G)	571(G)	

Performance Trend
<p>There are no updates available for Q2 yet. At Q1, the quarterly pro-rata target for referrals was met in the North East and North West and at city level (GREEN). South (RED) were slightly outwith the quarterly target range.</p> <p>The North East has introduced a new pathfinder initiative at the Dental Health Support Workers visit that has been successful in increasing the referral rate.</p>

Indicator	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	May-18	Jun-18	Jul-18	Aug-18
North Glasgow	100%	100% (G)	100% (G)	99.6% (G)	99.6% (G)	99.6% (G)	98.3% (G)	98.2% (G)
South Glasgow	100%	100% (G)	100% (G)	99.4% (G)	99.4% (G)	99.5% (G)	99.4% (G)	100% (G)
East Glasgow	100%	100% (G)	100% (G)	91.2% (R)	91.2% (R)	90% (R)	85.8% (R)	89.3% (R)
West Glasgow	100%	100% (G)	100% (G)	84.2% (R)	83.5% (R)	81% (R)	81% (R)	79.4% (R)
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	92.7% (R)	92.6% (R)	90.3% (R)	90.6% (R)

Performance Trend

Variations exist across localities and over time. Performance has remained RED for East and West Glasgow and the city since April. North and South Glasgow has remained GREEN.

Actions to Improve Performance

The drop in percentage of children seen within 18 weeks in East and West Glasgow arose due to a number of factors, including significant workforce issues and changes implemented to increase the level of accepted referrals, which in turn created increased demand.

A number of approaches have been undertaken to address this, including temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1. Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

The Quality Improvement Programme will launch its main initiative on 1st October, which will involve working towards a full booking system and the introduction of a Central Choice Team.

Further, as part of wider Scottish Governments plans, we have been working on the reduction of rejected referrals. Over the last six months, GGC have reduced their rejected referrals from 35% to 19%, which is now under the UK and Scottish averages. As noted, this has had an

additional effect on RTT performance. The Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to less than 10%, whilst improving the RTT as above.

Timeline for Improvement

The CAMHS Glasgow City Quality Improvement Programme has been underway since April 2018. The temporary changes to core working hours have been in place since January 2018. Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2018, there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

[Back to Summary](#)

Indicator	5. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have <i>not</i> had a permanency review has been added to the table below.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	
						% with review	Number without a Permanency Review
90%	North East	81% (R)	96% (G)	94% (G)	98% (G)	93% (G)	3
90%	North West	57% (R)	85% (R)	88% (R)	78% (R)	79% (R)	6
90%	South	83% (R)	71% (R)	61% (R)	58% (R)	63% (R)	15
90%	City	76% (R)	83% (R)	80% (R)	78% (R)	79% (R)	25

Performance Trend

Performance at city level improved slightly between Q1 and Q2. Although still RED rated, performance in North West and South improved by 1 and 5 percentage points respectively. Performance in North East exceeded target for the fourth consecutive quarter (GREEN).

At Q2 a total of 25 children (of 118 children under 5 looked after for 6 months or more) have not yet had a permanency review (this figure includes 1 child allocated to a hospital team who has not yet had a review).

Actions to Improve Performance

We continue to treat this area of work as a priority. The Permanence Forums, for example, have been reviewing the outstanding work and seeking to establish timescales for completion. Local reviews have confirmed key areas which will require a sharp focus, specifically in relation to improving data recording and reducing cancelled and deferred meetings that have occurred as a consequence of outstanding parenting assessments and absent parents. Local arrangements and targeted approaches have ensured this area of work remains under constant scrutiny by senior managers and corrective action, wherever necessary, has seen an improvement. We have reviewed the individual reasons for reviews not taking place timeously and we intend to schedule reviews where this is practicably possible. It should be recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.

Differences in performance across localities are a consequence of differences in the availability of resources, which is being considered by the Core Leadership Team. Furthermore, we have been improving our forward planning of reviews and scrutinising cancellations – leading to culture change - which, in conjunction with approaches, such as Family Group Decision Making, have enabled a stronger focus on engaging with families at an early stage.

Staff turnover has presented us with challenges in delivering on this performance target with vacancies in both the North West and South for Service managers, team leaders and a number of qualified social workers. While this remains an area that is prioritised, cases have required to be reallocated to progress plans. The newly allocated workers are required to develop knowledge of the background and history of the families they are working with, in order to progress the permanence activity. We have started a recruitment drive for new social workers but have not completed the process to appoint staff,

The Children's Core Leadership intends to review this performance indicator with the intention of replacing it with an outcome focused measure as the "review" is part of the process and does not tell us whether any positive outcomes have been achieved for the child.

Timeline for Improvement

It is anticipated that further improvements in performance will continue to be evident as we deliver on our Transformation Programme and additional staff come into post.

[Back to Summary](#)

Indicator	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
Purpose	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Apr 18 - Jun 18	Jul18 - Sep18						
100%	Under 5s	97.37% (A)	95.2% (A)						
100%	Aged 5-18	100% (G)	100% (G)						
Performance Trend									
This is a new indicator for 2018/19.									
Actions to Improve Performance									
This is a new indicator and performance is good for children aged 5 to 18 years. There is a slight dip for under-fives, although the percentage of assessments completed within the target is only slightly outwith the threshold for green. Discussions will take place between our health visiting services and Specialist Children's Services to identify the most effective ways of ensuring that all children under 5 receive their assessment within the target timescale. In future reports we will include the number of children assessed during the quarter.									
Timeline for Improvement									
We would anticipate improvements by the end of Q4.									

Indicator	7. Percentage of <u>new</u> SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days.
Purpose	To monitor the proportion of new reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted within the 20 day deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
60%	North East	80% (G)	47% (R)	74% (G)	67% (G)	52% (R)	80% (G)	82% (G)	
60%	North West	69% (G)	38% (R)	57% (R)	46% (R)	75% (G)	61% (G)	50% (R)	
60%	South	81% (G)	50% (R)	65% (G)	81% (G)	59% (G)	52% (R)	44% (R)	
60%	Glasgow	74% (G)	45% (R)	67% (G)	66% (G)	64% (G)	65% (G)	61% (G)	
Performance Trend									
<p>Q1 and Q2 data for this indicator is not currently available.</p> <p>A new SCRA assessment form was rolled out across the city during Q2. We are unable to report figures accurately during the transition between the previous and current methods of recording. A revised reporting process is under development.</p>									

Indicator	8. Percentage of young people currently 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1*	18/19 Q2*
75%	North East	65% (R)	72% (A)	76% (G)	71% (R)	77% (G)	73% (A)	92% (G)
75%	North West	49% (R)	54% (R)	67% (R)	66% (R)	50% (R)	62% (R)	60% (R)
75%	South	68% (R)	67% (R)	67% (R)	68% (R)	73% (A)	68% (R)	77% (G)
75%	Glasgow	61% (R)	65% (R)	70% (R)	69% (R)	67% (R)	68% (R)	76% (G)

Performance Trend

Performance at city level increased significantly between Q1 and Q2 moving from RED to GREEN. At locality level North West remained RED, while performance in North East and South improved significantly; moving from AMBER to GREEN and RED to GREEN respectively. Part of this increase appears to be linked to an increase in the recording of care leaver destinations with the levels of City-wide non-recording falling from 10% to 4% between Q1 and Q2. At Q2 the proportion of non-recording was 3% in NE (down from 16% at Q1), 5% in NW, and 1% in South (down from 7% at Q1).

It should also be noted that Scottish Government statistics <https://www.gov.scot/Publications/2018/03/6242/downloads>) show that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for whom current activity was known were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, with this rising from 51% in 2011/12.

Variance greater than 10% This improvement is linked to an increase in the recording of care leaver destinations; with the proportion of care leavers without a destination recorded falling from 10% to 4% between Q1 and Q2. This is a result of robust management by team leaders and service managers who have given considerable focus of their work to improving performance against this target.

Notes on data

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017 this was 25% nationally and 50% for Glasgow.

- *From Q1 2018-19 these figures *exclude* care leavers who are not in employment, education and training (NEET) who have a barrier to employment (for example, pregnancy, mental/physical health problems).

[Back to Summary](#)

Indicator	9. Number of high cost placements
Purpose	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation Programme
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

As at Mar 15	As at Mar 16	As at Mar 17	As at Jul 17	As at Sept 17	As at Dec 17	As at Mar 18	As at Jun 18	As at end Sept 18	2018/19 Target
120	126	111	104	94	76 (G)	67 (G)	61 (G)	56 (G)	47 (reduction of 20 between year-end 17/18 & 18/19)
Performance Trend									
<p>The number of high cost placements has continued to fall during Q2. There is a target to reduce the numbers by 20 over the course of 2018/19. This equates to a target reduction of 5 per quarter. There has been a reduction of 5 between Q1 and Q2, so performance has been classified as GREEN.</p> <p>The reduction of young people in high cost placements during the last year has been achieved primarily through a rigorous focus on risk assessment, care planning and improved identification of responses to young people who are referred to the service. There are fewer young people becoming looked after by the Council and this may, in part be a result of a stronger focus on supporting families, such as through family group decision making, and early intervention and prevention work by the wide range of agencies working in the city.</p> <p>This is a medium term plan to reduce placements over the next 2 to 3 years. Looking ahead, we are developing a number of improvement projects that will facilitate a further reduction in placements, including increasing investment in prevention; early intervention and family support services; intensive outreach; improving support for families with children who are on the "edge of care"; and further improving our assessment, care planning and placement processes.</p>									

Indicator	10. 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18			18/19
		Q4	Q4	Q2	Q3	Q4	Q1
HSCP	95%	94.6% (G)	93.8% (G)	94.6% (G)	93.5% (G)	93.9% (G)	93.5% (G)
North East	95%	N/A	95.8% (G)	N/A	N/A	N/A	N/A
North West	95%	N/A	93.6% (G)	N/A	N/A	N/A	N/A
South	95%	N/A	92.6% (G)	N/A	N/A	N/A	N/A
Performance Trend							
Performance remains GREEN. There has been a small decrease between Q4 and Q1.							

Indicator	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18			18/19
		Q4	Q4	Q2	Q3	Q4	Q1
HSCP	Q1	95.9% (G)	96.4% (G)	96.5% (G)	95.6% (G)	96.0% (G)	95.7% (G)
North East	95%	N/A	96.6% (G)	N/A	N/A	N/A	N/A
North West	95%	N/A	95% (G)	N/A	N/A	N/A	N/A
South	95%	N/A	97.3% (G)	N/A	N/A	N/A	N/A
Performance Trend							
Performance remains GREEN. There has been a small decrease in performance between between Q3 and Q4.							

Other Annually Reported Indicators

- 6.% of 0-2 year olds registered with a dentist
- 7. % of 3-5 year olds registered with a dentist
- 8. % of P1 children with no obvious decay experience
- 9. % of P7 children with no obvious decay experience
- 10. Number of families being discussed at Early Years Joint Support Teams

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
Purpose	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen. AM1
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral							
	HSCP Target	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
NE	90%	87.1% (A)	87% (A)	84.5% (R)	83.1% (R)	78.6% (R)	85.2% (R)	82.5% (R)
NW	90%	81.7% (R)	83.1% (R)	94.1% (G)	93.8% (G)	91.4% (G)	84% (R)	79.7% (R)
S	90%	96.5% (G)	94.7% (G)	92.2% (G)	95.5% (G)	98.8% (G)	92.7% (G)	94.7% (G)
Performance Trend								
Performance information now available again after the transfer over from PIMS to EMISWeb. At September, performance remains at GREEN in the South; has remained RED in the North East; and moved from GREEN to RED in the North West.								
Actions to Improve Performance								
<p>The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and/or admin vacancies, long term leave or retirements produce a significant impact on the performance of the team. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.</p> <p>There remains a focus on addressing the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance; however teams are aware of the issues and work to provide a short term response, flexing the limited remaining resource capacity, to provide a service within the target timeframes.</p>								
Timeline for Improvement								
Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place then performance will improve in the longer term, with the potential for a shorter term variation as issues are addressed.								
Back to Summary								

Target/Ref	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
Purpose	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
28 days	Stobhill	20.7 (G)	26.5 (G)	31.7 (R)	24.6 (G)	30.7 (R)	28.3 (G)	31.8 (R)
28 days	Leverndale	22.9 (G)	29.4 (R)	24.7 (G)	33.4 (R)	30.3 (R)	28.2 (G)	30.3 (R)
28 days	Gartnavel	24.4 (G)	29.5 (R)	28.2 (G)	35 (R)	26.3 (G)	26.6 (G)	27.8 (G)

Performance Trend

No trend information before Mar 2018 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Under TrakCare, patients transferred from mental health wards to Emergency Department/Acute wards, and back to mental health wards from Emergency Department/Acute wards, are recorded on TrakCare as discharges and admissions. This may result in shorter average lengths of stay.

Performance fluctuating over time and between hospitals. At September, Stobhill and Leverndale are RED and Gartnavel GREEN.

Actions to Improve Performance

Lengths of stay in adult acute lengths of stay are complex and fluctuate month to month and annually. The average length of stay in the 12 month period to Oct 2017 (previous system of recording) was approaching 31.7 days across all the HSCPs within the GGC system of bed management. The current average length of stay February to September 2018 indicates a downward trend which continues to be monitored. Fluctuations month to month are not atypical. Further work on identifying resource to support a range of action including discharge co-ordinators, SPSP, acute inpatient pathway, AIMS accreditation processes, and MHOs is progressing, which will support a range of work to support reducing the length of stay. This activity interlinks average length of stay, % bed occupancy and people being delayed in hospital.

Timeline for Improvement

The initial stretch target to put in place the identified changes and effect the change in

length of stay is to November 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. Average length of stay will remain a means of checking the pressure under which inpatient services are operating.

[Back to Summary](#)

Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
<95%	Stobhill	95.6% (G)	93% (G)	84.8% (G)	95% (G)	93.8% (G)	95% (G)	94.8% (G)
<95%	Leverndale	96.8% (G)	95.3% (G)	93.1% (G)	97.5% (A)	100.4% (R)	96.1% (G)	95.2% (G)
<95%	Gartnavel	92.7% (G)	97.2% (G)	95.5% (G)	97.6% (A)	91.2% (G)	93.1% (G)	92.5% (G)
Performance Trend								
All areas GREEN at September. No trend information pre 18/19 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Under TrakCare, patients transferred from mental health wards to Emergency Department/Acute wards, and back to mental health wards from Emergency Department/Acute wards, are recorded on TrakCare as discharges and admissions. This may affect the occupancy figures.								

Indicator	4. Total number of Adult Mental Health Delays
Purpose	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	May18	Jun 18	Jul 18	Aug18
North East		2	3	4	3	3	3
North West		1	8	5	3	5	4
South		1	7	5	7	5	5
Sub-Total (Included Codes)		4 (R)	18 (R)	14 (R)	13 (R)	13 (R)	12 (R)
North East		0	3	2	2	3	3
North West		3	4	3	4	2	3
South		0	0	0	0	0	0
Sub-Total (Complex Codes)		3 (R)	7 (R)	5 (R)	6 (R)	5 (R)	6 (R)
All Delays	0	7 (R)	25 (R)	19 (R)	19 (R)	18 (R)	18 (R)

Performance Trend
Numbers vary across localities and over time.
Actions to Improve Performance
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been remains in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay, % bed occupancy and people being delayed in hospital.
Timeline for Improvement
The initial target to put in place the Strategy identified changes and effect the change remains into 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes.
Back to Summary

SANDYFORD (SEXUAL HEALTH)

Indicator	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
Purpose	To monitor waiting times for access to a first appointment for vLARC
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr - Jun 16	Apr 17 - Jun 17	Oct 17- Dec 17	Jan 18- Mar 18	Apr 18 - Jun 18	Jul 18- Sep 18
10 working days	NE	21 (R)	24 (R)	23 (R)	21 (R)	27 (R)	33 (R)
	NW	20 (R)	21 (R)	24 (R)	22 (R)	26 (R)	30 (R)
	S	22 (R)	32 (R)	28 (R)	25 (R)	28 (R)	31 (R)
	HSCP	21 (R)	24 (R)	24 (R)	23 (R)	26 (R)	31 (R)
	GGC	19	21	21	21	25	27
Implants							
10 working days	NE	26 (R)	13 (R)	10 (G)	11 (R)	16 (R)	16 (R)
	NW	25 (R)	18 (R)	18 (R)	18 (R)	16 (R)	26 (R)
	S	24 (R)	25 (R)	18 (R)	16 (R)	20 (R)	20 (R)
	HSCP	25 (R)	17 (R)	15 (R)	15 (R)	17 (R)	21 (R)
	GGC	23	16	14	13	16	19
Performance Trend							
Target not met and there was an increase in waiting times across all localities in Q2. These have been contributed to by staffing issues as a result of staff retirements and vacancies, with other services being prioritised over vLARC on occasions.							
Actions to Improve Performance							
The Sexual Health Service Review has made recommendations on how to make long acting contraception more easily available to those who need it, which should address these waiting times. The recommendations include vLARC being available at all locations where there is a Sandyford service, and engagement with primary care partners to investigate and develop express provision of repeat routine contraception. Staff training is needed to enable vLARC provision at all sites, and partnership working required with primary care. A proposal will be drawn up to consider enhancing capacity to reduce the waiting times							
Timeline for Improvement							
Work is ongoing in 2018 to implement some of the recommendations from the review including staff training and primary care engagement. A full Service Review Implementation Plan will be presented to the IJB in February 2019 and it is hoped that improvements will be seen from early 2019							
Back to Summary							

Indicator	2. Average Waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16- Jun 16	Apr 17- Jun 17	Oct 17- Dec 17	Jan 18- Mar 18	Apr 18- Jun 18	Jul 18- Sep 18
2 working days	NE	3 (R)	3 (R)	4 (R)	4 (R)	5 (R)	8 (R)
	NW	2 (G)	2 (G)	4 (R)	4 (R)	4 (R)	5 (R)
	S	4 (R)	4 (R)	5 (R)	4 (R)	7 (R)	6 (R)
	HSCP	2 (G)	2 (G)	4 (R)	4 (R)	5 (R)	5 (R)
	GGC	3	2	4	4	5	5

Performance Trend
Target not met and all areas continue to be RED with waiting times increasing In Q2 for North East and North West.
Actions to Improve Performance
Clinic Prioritisation protocol is in place to address the known/predictable reduction in staffing levels over peak holiday times. The Sexual Health Service Review has also made recommendations to increase the availability of urgent care at a few larger, more specialist (level 2) sites across GGC, which should have a positive impact on waiting times and accessibility.
It is now recognised, however, that this indicator reflects capacity and not provision, and that this data records what is available on the day as scheduled Urgent Care rather than actual delivery of emergency urgent care. Provision is assessed daily and the service responds to demand from people presenting with urgent symptoms positively and promptly. A review of this indicator is, therefore, planned.
Timeline for Improvement
Agreement needs to be reached with all 6 HSCPs in Greater Glasgow and Clyde as to the locations of the Tier 2 services. Urgent care could start to be provided at existing sites from early 2019 and it is hoped improvements will be seen thereafter. The actual indicator used to measure performance will, however, be reviewed as indicated above.
Back to Summary

Indicator	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
Purpose	To monitor waiting times for access to Routine 20s appointments.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Oct 17-Dec 17	Jan 18-Mar 18	Apr 18 – Jun 18	Jul 18-Sep 18
20 working days	NE	19 (G)	20 (G)	22 (R)	23 (R)	23 (R)	23 (R)
	NW	12 (G)	17 (G)	22 (R)	19 (R)	19 (G)	21 (R)
	S	24 (R)	25 (R)	27 (R)	26 (R)	28 (R)	24 (R)
	HSCP	23 (R)	24 (R)	25 (R)	26 (R)	28 (R)	26 (R)
	GGC	22	24	25	26	27	26

Performance Trend

Targets continue to be exceeded in all areas.

Actions to Improve Performance

Staffing issues continue across the service resulting in some specialist scheduled care being prioritised, over services such as routine (non-urgent) care. The Sexual Health Service Review has made recommendations to increase the availability of routine care at sites across GGC, which should have a positive impact on waiting times and accessibility.

Timeline for Improvement

A full Service Review Implementation Plan will be presented to the IJB in February 2019, after which it is hoped improvements will be seen. Agreement needs to be reached with all 6 HSCPs in Greater Glasgow and Clyde as to the locations of the tier 2 services.

[Back to Summary](#)

Indicator	4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.
Purpose	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Oct 17-Dec 17	Jan 18-Mar 18	Apr 18 – Jun 18	Jul 18-Sep 18
10%	NE	18% (G)	20% (G)	24% (G)	23% (G)	23% (G)	18% (G)
	NW	35% (G)	46% (G)	54% (G)	54% (G)	53% (G)	53% (G)
	S	16% (G)	26% (G)	31% (G)	25% (G)	26% (G)	26% (G)
	HSCP	31% (G)	35% (G)	42% (G)	42% (G)	42% (G)	42% (G)
	GGC	28%	39%	46%	46%	45%	45%
Performance Trend							
Targets continue to be met and exceeded across all localities. Increase in proportion of MSM attending during 2017/18 partly due to the launch of the 'S.T.Aye' campaign across social media and digital platforms, as well as posters and printed materials.							

Indicator	5. Waiting times for access to Gender Identity service for young people and for adults.
Purpose	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16– Jun 16	Apr 17 – Jun 17	Oct 17- Dec 17	Jan 18- Mar 18	Apr 18- Jun 18	Jul 18- Sep 18
Under 17 Years							
18 weeks	GG&C	N/A	26.3 (R)	26.1 (R)	31.8 (R)	36.2 (R)	29 (R)
17 years and over							
18 weeks	GG&C	N/A	26.3 (R)	29 (R)	37.6 (R)	37.4 (R)	40.5 (R)

Performance Trend
Waiting time targets continue to be exceeded and have increased in the last quarter for over 17s but declined for under 17s.
Waiting times in the under 17s has improved due to the impact of the additional medical input providing additional sessions.
Actions to Improve Performance
Increase in waiting times for adults is due to the impact of long-term sickness absence amongst medical staff. The increased demand for transgender people requiring surgery has increased the demand upon Sandyford for 2nd opinion and further assessment appointments. This has had an impact on the service's availability of initial assessment clinics, leading to this increase in waiting times. This is likely to continue and is taking more time from the psychologists within the service.
Waiting times in the under 17s has improved due to the impact of the additional medical input providing additional sessions. However, issues remain ongoing and there is a career break about to commence within the Young person's service which will be backfilled but is delayed due to the recruitment process.
Timeline for Improvement
Staff resignation and long-term sickness absence will have significant impact on this already underfunded, pressurised service going forward. This will be pursued nationally. The service is under critical pressure due to an unexpected absence which has been backfilled in part. A paper has to go to the HSCP SMT outlining the issues within the service.
Back to Summary

Other Annually Reported Indicators - See Appendix 1, Section 2

11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17

ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	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.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
90%	North East	98% (G)	99% (G)	98% (G)	96% (G)	95% (G)	97% (G)
90%	North West	98% (G)	98% (G)	97% (G)	98% (G)	99% (G)	95% (G)
90%	South	99% (G)	98% (G)	98% (G)	96% (G)	88% (G)	94% (G)
90%	Glasgow	97% (G)	98% (G)	98% (G)	96% (G)	92% (G)	98% (G)
Performance Trend							
This indicator is reported one quarter in arrears. At Q2 all localities exceeded the referral to treatment target (GREEN).							

Indicator	2. Percentage of Parental Assessments completed within 30 days of referral.
Purpose	An <i>Impact of Parental Substance Use</i> (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
75%	North East	74% (G)	78.5% (G)	77% (G)	78% (G)	82% (G)	80% (G)
75%	North West	86% (G)	84% (G)	76% (G)	72% (A)	73% (A)	71% (R)
75%	South	75% (G)	82% (G)	89% (G)	91% (G)	90% (G)	94% (G)
75%	Glasgow	77% (G)	80% (G)	81% (G)	81% (G)	83% (G)	84% (G)
Performance Trend							
The North East and South and city exceeded the target at Q2. Performance in North West moved from AMBER to RED.							

Indicator	3. Percentage of Service Users with an initiated recovery plan following assessment
Purpose	Following assessment, all Alcohol and Drugs service users should have a recovery plan put place. This indicator aims to ensure that we maximise the proportion who have an initiated recovery plan.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
70%	North East	67% (A)	71% (G)	72% (G)	75% (G)	74% (G)	74% (G)
70%	North West	64% (R)	72% (G)	72% (G)	74% (G)	74% (G)	77% (G)
70%	South	73% (G)	73% (G)	75% (G)	76% (G)	75% (G)	74% (G)
70%	Glasgow	65% (R)	71% (G)	71% (G)	73% (G)	73% (G)	73% (G)
Performance Trend							
All localities continued to exceed the 70% target at Q2 (GREEN).							

Other Annually Reported Indicators - See Appendix 1, Section 2

12. Number of needles/ injecting equipment/foil dispensed

13. Number of naxolone kits dispensed

HOMELESSNESS

Indicator	1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation
Purpose	To monitor the proportion of homeless applications where a decision is made within the 28 day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
95%	North East	90% (R)	91% (A)	75% (R)	83% (R)	90% (R)	91% (A)
	North West	94% (G)	89% (R)	93% (G)	94% (G)	95% (G)	93% (G)
	South	83% (R)	88% (R)	43% (R)	77% (R)	74% (R)	56% (R)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	98% (G)	100% (G)	99% (G)	99% (G)
	City-wide	91% (A)	92% (A)	75% (R)	86% (R)	89% (R)	81% (R)
Performance Trend							
City-wide performance remained RED dropping by 8 percentage points between Q1 and Q2. ARST, and North West Community Homelessness Team met target (GREEN) while performance in North East moved from RED to AMBER. Performance in South remained out-with the target range (RED).							
Actions to Improve Performance							
There was an increase in the overall number of unintentional decisions made across the service in this quarter, up from 1,065 (Q1) to 1,118 (Q2). The number of decisions recorded by South CHT increased from 266 (Q1) to 372 (Q2), as part of an exercise to reduce the number of cases where a decision was required. This included some cases (164) where the decision was overdue, lowering the percentage achieved by South CHT (56%) against target, and impacting on the overall percentage achieved by the service (81%). South CHT performance against this indicator is monitored on a weekly and monthly basis and discussed at monthly CHT Management Meetings. It is expected that improvements will be sustained and overdue cases further reduced in Q3.							
Timeline for Improvement							
Increasing improvement in performance against this target is expected for South CHT over Q3 and Q4 2018/19, leading to an overall improvement citywide. Back to Summary							

Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
<20% (16/17) <40% (17/18 & 18/19)	North East	48% (R)	41% (R)	38% (G)	41% (G)	44% (R)	50% (R)	48% (R)	47% (R)
	North West	46% (R)	42% (R)	36% (G)	39% (G)	41% (G)	41% (G)	40% (G)	40% (G)
	South	53% (R)	48% (R)	47% (R)	45% (R)	46% (R)	51% (R)	47% (R)	46% (R)
	Asylum & Refugee Team (ARST)	63% (R)	57% (R)	56% (R)	53% (R)	50% (R)	51% (R)	46% (R)	40% (G)
	City-wide	50% (R)	45% (R)	43% (R)	44% (R)	45% (R)	48% (R)	46% (R)	45% (R)
Performance Trend									
The North East and Asylum and Refugee Team (ARST) met the target for this indicator at Q2 (GREEN). The other localities and city-wide were out-with the target range (RED).									
Actions to Improve Performance									
Although there was an increase in the number of live homeless applications, overall there was a small decrease in the proportion of cases over six months duration. The service is working to improve the approach to assessment and referral, and an initial meeting has been held with the Vanguard Organisation to look at opportunities to streamline processes, involving staff from the HSCP and partners. The use of duty baskets is being phased out as part of the transition towards a named caseworker approach, which is expected to assist in minimising the time spent in homelessness for individual households.									
Timeline for Improvement									
Once process improvements have been embedded in team practice, it is expected that improvements will be delivered over 2018/19.									
Back to Summary									

Target/Ref	3. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1	18/19 Q2
17/18 target 3,200 per annum (800 per quarter)	City-wide figure only	796 (G)	743 (R)	766 (A)	711 (R)	3,016 (R)	782 (R)	864 (R)
18/19 target 4,000 per annum (1,000 per quarter)								
Performance Trend								
Annual target increased from 3,200 to 4,000 for 2018/19. The number of new resettlement plans completed during Q2 (864, RED) did not meet our revised target of 1,000 per quarter.								
Actions to Improve Performance								
The number of resettlement plans delivered continues to be monitored on a weekly and monthly basis, and is discussed at the monthly Casework Management Team meeting. Teams have responded to an increase in targets, with an increase in the numbers of plans completed being sustained over August and September in Q2. It is anticipated that teams will continue to provide additional plans over Q3 and Q4, which will help to improve overall performance against the annual target and deliver a higher number of plans compared to the 2017/18 outturn figure (3,016).								
Timeline for Improvement								
Improved performance against target is expected in both Q3 and Q4 2018/19, leading to an improvement in overall performance against target for 2018/19.								
Back to Summary								

Target/Ref	4. 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).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Q1	18/19 Q2
<300 per annum (16/17) <480 per annum (17/18 & 18/19) (<120 per Q)	City-wide figure only	633 (R)	395 (R)	493 (R)	444 (G)	104 (G)	Not available
Performance Trend							
Performance has been improving over the last 12 months and the quarterly target was met at Q1. A timelag in availability of data from Scottish Government means that there is no Q2 figure included above.							

Target/Ref	5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	2016/17	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
100%	City-wide figure only	60.9%	67.6%	72.1%	73.6%	65.5%	Figures not currently available	
Performance Trend								
This is a new indicator introduced for 2018/19. The target shown relates to 2018/19. A timelag in availability of data from Scottish Government (the result of an IT upgrade) means that no 18/19 data is yet available, so no RAG classification has been provided.								

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid 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. This indicator remains relevant to reflect the need for speed in response.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
80%	North East	63% (R)	67% (R)	68% (R)	58% (R)	82% (G)	81% (G)
80%	North West	70% (R)	65%(R)	65% (R)	76% (R)	71% (R)	69% (R)
80%	South	63% (R)	67%(R)	66% (R)	65% (R)	62% (R)	66% (R)
80%	Glasgow	65% (R)	66%(R)	67% (R)	67% (R)	72% (R)	72% (R)
Performance Trend							
At Q2 North East (GREEN) exceeded the target for this indicator, while performance for the other localities and city-wide remained below target and RED. Level 1 orders are imposed by the courts without prior social work involvement so there is no pre-sentence opportunity to provide reporting instructions to attend fast track and we are dependent on courts signposting to Fast Track team. Level 2 orders require submission of a report from social work and therefore we can provide pre-sentence reporting instructions to the offender to ensure immediacy of attendance at Fast Track and consequently placement.							
Actions to Improve Performance							
We continue to improve signposting via court liaison meetings, and a recent pilot commenced in June 2018 by the Fast Track Team to provide a presence in court at Glasgow Sheriff Court. In addition, we have re launched reporting instructions that are to be included in every social work report to court. There is still the issue of the level 1 orders that do not require a social work report and continued work with clerks to improve signposting is part of the pilot.							
Timeline for Improvement							
We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4.							
Back to Summary							

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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
85%	North East	88% (G)	98% (G)	86% (G)	68% (R)	79% (R)	92% (G)	97% (G)
85%	North West	98% (G)	90% (G)	73% (R)	65% (R)	75% (R)	87% (G)	96% (G)
85%	South	100% (G)	100% (G)	94% (G)	66% (R)	84% (G)	94% (G)	93% (G)
85%	City	97% (G)	98% (G)	84% (G)	67% (R)	80% (R)	91% (G)	95% (G)

Performance Trend

The improvement in performance at Q1 was maintained during Q2 with all localities and city-wide above target and rated GREEN.

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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
75%	North East	64% (R)	78% (G)	85% (G)	82% (G)	77% (G)	61% (R)	78% (G)
75%	North West	75% (G)	87% (G)	79% (G)	87% (G)	77% (G)	58% (R)	81% (G)
75%	South	72% (A)	84% (G)	74% (G)	76% (G)	80% (G)	73% (A)	70% (R)
75%	Glasgow	71% (R)	83% (G)	78% (G)	82% (G)	78% (G)	64% (R)	76% (G)
Performance Trend								
<p>There was a significant decline in performance during Q1 across all localities with North East, North West and the city-wide figure moving from GREEN to RED, while South slipped from GREEN to AMBER over the same period. Performance has, however, improved again in Q2 at a city wide level, with South the only area showing a slight decrease. This indicator is dependent on service user compliance and there are no obvious reasons for the 10% variance which has occurred over the last two quarters.</p>								

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. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
70%	North East	58% (R)	61% (R)	58% (R)	64% (R)	57% (R)	56% (R)	62% (R)
70%	North West	61% (R)	58% (R)	58% (R)	64% (R)	63% (R)	63% (R)	66% (R)
70%	South	75% (G)	68% (A)	75% (G)	72% (G)	60% (R)	69% (G)	64% (R)
70%	Glasgow	65% (R)	62% (R)	64% (R)	66% (R)	60% (R)	63% (R)	64% (R)

Performance Trend

Performance in the localities and city-wide was below target (RED) at Q2. In the South locality performance moved from GREEN to RED (69% to 64%) during Q2.

Actions to Improve Performance

There are a number of orders waiting for breach or review outcomes via court processes. There are also a number of orders/UPW requirements that have exceeded their end date. A report is now circulated monthly to service managers to ensure timeous closure and improvements in recording.

Timeline for Improvement

The 'breach/review' outcomes continue to impact on achieving the target but we will continue to monitor this closely.

[Back to Summary](#)

Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
80%	North East	84% (G)	83% (G)	84% (G)	78% (A)	83% (G)	84% (G)
80%	North West	80% (G)	82% (G)	82% (G)	74% (R)	81% (G)	76% (R)
80%	South	77% (A)	76% (R)	76% (R)	69% (R)	78% (A)	73% (R)
80%	Glasgow	81% (G)	80% (G)	80% (G)	73% (R)	80% (G)	77% (A)
Performance Trend							
At Q2 there was a reduction in performance in North West and South which moved from GREEN and AMBER to RED respectively and city-wide performance moved from GREEN to AMBER.							
Actions to Improve Performance							
Performance fell below target at Quarter 2 due to a combination of team leader/social worker long term sickness and client non-compliance.							
Timeline for Improvement							
It is anticipated that improvements will be seen by the Quarter 3.							
Back to Summary							

Indicator	6. Throughcare Order Licences: Percentage of post sentence interviews held within one day of release from prison.
Purpose	It is important that post sentence interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
90%	North East	100% (G)	93% (G)	100% (G)	100% (G)	100% (G)	100% (G)	
90%	North West	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	93% (G)	
90%	South	89% (G)	90% (G)	100% (G)	80% (R)	80% (R)	100% (G)	
90%	Glasgow	96% (G)	94% (G)	100% (G)	93% (G)	93% (G)	97% (G)	
Performance Trend								
During Quarter 2 performance improved significantly in South which moved from RED to GREEN. Performance in the other localities remained above target (GREEN).								

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 those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	2016/17 End of Year Status	2017/18 End of Year Status	Target 2018/19 (Quarterly)	Actual 2018/19 (Q1)	Actual 2018/19 (Q2)	Total 2018/19
North East	1,156 (R)	1,312 (R)	409	358 (R)	446 (G)	804
North West	1,399 (R)	1790 (G)	396	275 (R)	395 (G)	670
South	739 (R)	674 (R)	461	232 (R)	300 (R)	532
City Wide (Non sector specific wider settings delivery)	4,106	2694		414	216	630
Glasgow City HSCP	7,400 (G)	6,470 (G)	1,266	1,279 (G)	1357 (G)	2636 (G)
Performance Trend						
At Q2 the target is being met at a city wide level and in the North East of the city.						

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 combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	Target 16/17	Actual 16/17	Target 17/18	Actual 17/18	Target 18/19	Actual 18/19
North East	523	489 (R)	523	498 (A)	131	107 (R)
North West	407	346 (R)	407	431 (G)	102	84 (R)
South	458	415 (R)	458	469 (G)	115	97 (R)
Glasgow	1,388	1,250(R)	1388	1,398 (G)	347	288 (R)

Performance Trend

At year-end we exceeded the annual target in respect of smoking quits at 3 months. Figures below target for the first quarter of 2018/19.

Actions to Improve Performance

A city wide review of the community cessation model identified a number of improvement actions which are continuing to be implemented. A new City Tobacco Group has been set up to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco work. The group has developed an action plan with clear priority areas to ensure consistency of delivery & monitor performance across the city.

Timeline for Improvement

Substantial efforts were made to increase numbers accessing community cessation groups. These include the development of "golden ticket" invites which have been sent to clients in some areas in order to encourage re-engagement with the service, and also targeted Facebook campaigns. Additional targeting of pharmacies and GP practices in our most deprived areas such as Bridgeton, Maryhill & Govan has also taken place in order to build relationships and increase referrals to the community service.

[Back to Summary](#)

Indicator	3. Women smoking in pregnancy (general population).
Purpose	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

TARGET	LOCALITY	Apr 15- Mar 16	Apr 16- Mar 17	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
13% (New for 17/18)	NE	16.5%	15.4%	11.5% (G)	14.8% (R)	13.5% (A)		
13% (New for 17/18)	NW	12.5%	12.1%	7.3% (G)	10.2% (G)	11.9% (G)		
13% (New for 17/18)	S	12.7%	12.7%	10.6% (G)	11.6% (G)	10.7% (G)		
13% (New for 17/18)	HSCP	13.7%	13.4%	11.8% (G)	10.4% (G)	11.2% (G)		
Performance Trend								
New target for 2017/18 agreed as 13%. Performance at a city level and in the North West and South has remained GREEN. North East moved from Red to AMBER.								

Indicator	4.Women smoking in pregnancy (most deprived quintile)
Purpose	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

TARGET	LOCALITY	Apr 15- Mar 16	Apr 16 - Mar 17	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
19%	NE	20.3%	18.6%	14.9% (G)	20.1% (R)	17.4% (G)		
19%	NW	21.9%	20.6%	12.1% (G)	19.3% (G)	19.7% (A)		
19%	S	20.2%	20.3%	17.9% (G)	17.2% (G)	16.8% (G)		
19%	HSCP	20.7%	19.7%	15.3% (G)	18.6% (G)	18.6% (G)		
Performance Trend								
Target for 2017/18 agreed as 19%. Performance GREEN at a city wide level and in the North East and South. North West moved to AMBER.								

Indicator	5. Exclusive Breastfeeding at 6-8 weeks (general population)
Purpose	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).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
15.6%	NE	17.1% (G)	18.8% (G)	18.5% (G)	19.3% (G)	20.1% (G)
30.8%	NW	32.8% (G)	33.1% (G)	33.1% (G)	33% (G)	34.3% (G)
26.2%	S	25.8% (G)	28.2% (G)	27.4% (G)	26.3% (G)	28.1% (G)
24.0%	HSCP	25.3% (G)	27% (G)	26.5% (G)	26.2% (G)	27.5% (G)
Performance Trend						
An issue with data recording procedures means that at present no data is available for this indicator. This has been escalated and is being examined at a Health Board wide level. No colour classification provided in overall summary.						

Indicator	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
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).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
19.5%	NE	15.0% (R)	16.3% (R)	17.9% (R)	17.4% (R)	18.4% (R)
23.9%	NW	21.2% (R)	18.3% (R)	19.7% (R)	20% (R)	21.1% (R)
22.8%	S	18.1% (R)	21% (A)	19.7% (R)	18.3% (R)	20.5% (R)
21.6%	HSCP	18.2% (R)	18.4% (R)	19.0% (R)	18.4% (R)	19.8% (R)
Performance Trend						
An issue with data recording procedures means that at present no data is available for this indicator. This has been escalated and is being examined at a Health Board wide level. No colour classification provided in overall summary.						

Other Indicators for Ongoing Review - See Appendix 1, Section 2

14. Deaths for which the underlying cause was classified as 'suicide + undetermined intent' (rate per 100,000 population).
15. Number of drug related deaths (crude rate per 100,000 population).
16. Number of alcohol related deaths (per 100,000 population)

Other Annually/Biennially Reported Indicators - See Appendix 1, Section 2

17. Percentage of those invited who undertake bowel screening
18. Percentage of women invited who attend for breast screening.
19. Percentage of women invited who attend for cervical screening

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.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Sybil Canavan, Head of People and Change

HSCP	Target	Mar -16	Mar -17	Mar-18	May-18	Jun -18	Jul-18	Aug-18	Sep-18
HSCP Central	4%	5.5% (R)	7.24% (R)	6.27% (R)	6.36% (R)	9.38% (R)	8.55% (R)	6.96% (R)	7.31% (R)
North East	4%	5.8% (R)	6.51% (R)	5.99% (R)	6.16% (R)	6.03% (R)	7.23% (R)	7.62% (R)	6.7% (R)
North West	4%	6.0% (R)	6.45% (R)	5.23% (R)	5.88% (R)	5.77% (R)	5.61% (R)	5.46% (R)	6.28% (R)
South	4%	7.8% (R)	6.26% (R)	5.59% (R)	5.60% (R)	6.34% (R)	6.74% (R)	7% (R)	5.46% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	1.41% (G)	1.83% (G)	1.16% (G)	2.18% (G)	3.23% (G)	3.47% (G)
Glasgow City	4%	6.3% (R)	6.19% (R)	5.42% (R)	5.69% (R)	5.90% (R)	6.44% (R)	6.58% (R)	6.14% (R)
Performance Trend									
Variations across areas and over time. The levels of absence rose during July and August to levels higher than usual for that time of year but have subsequently reduced in September. However, levels are still higher than at the same point last year.									
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"> The primary reasons for recent absence remain mental health related, musculoskeletal and respiratory issues. 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 to the HSCP Senior Management Team and H R performance meeting and the health board. 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 newly established central Absence Management team are being asked to support work at a local level to supplement the resources available to address absence issues within the HSCP.

Timeline for Improvement

Absence management is a focus of on-going activity across the HSCP. Monthly information is made available to all managers and management teams regarding their own service areas, the matter is routinely discussed and also training and tool kits are in place for managers to support their processes and interactions with staff.

The figures are reviewed monthly.

[Back to Summary](#)

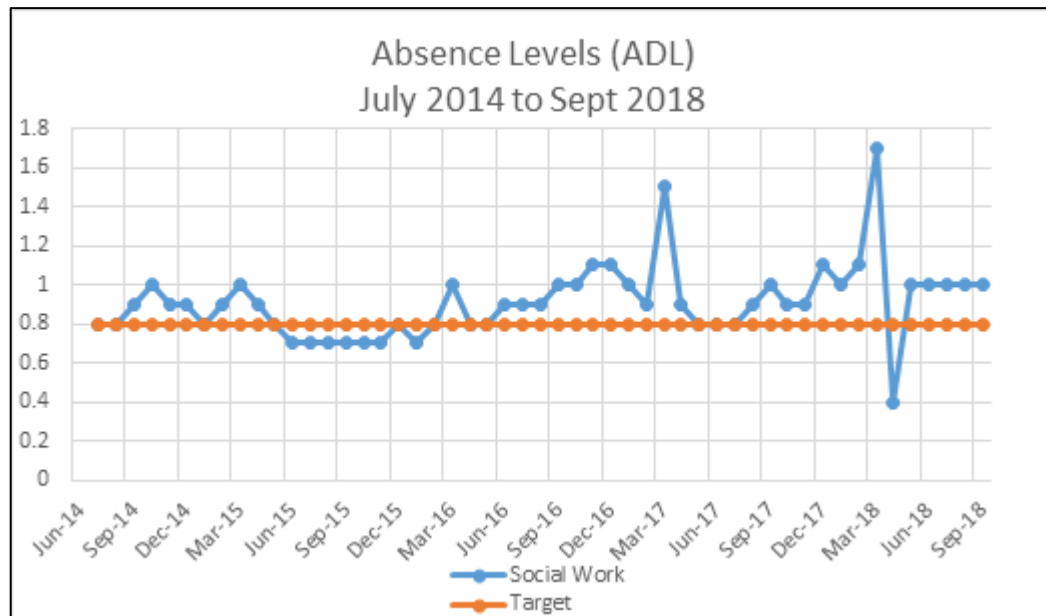
Indicator	2.Social Work Sickness Absence Rate (Average Days Lost)
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
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.

	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
Average Days Lost (ADL)	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58
North East	3.4 (R)	1.9 (G)	2.9 (R)	4.0 (R)	4.9 (R)	5.3 (R)	4.3 (R)
North West	2.8 (R)	3.2 (R)	2.8 (R)	2.0 (G)	3.3 (R)	3.2 (R)	2.9 (R)
South	3.9 (R)	2.6 (R)	2.8 (R)	3.1 (R)	3.9 (R)	4.5 (R)	3.6 (R)
Glasgow City	2.7 (R)	2.6 (R)	2.6 (R)	3.2 (R)	3.3 (R)	3.8 (R)	3.3 (R)

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

Chart 1



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

Chart 2

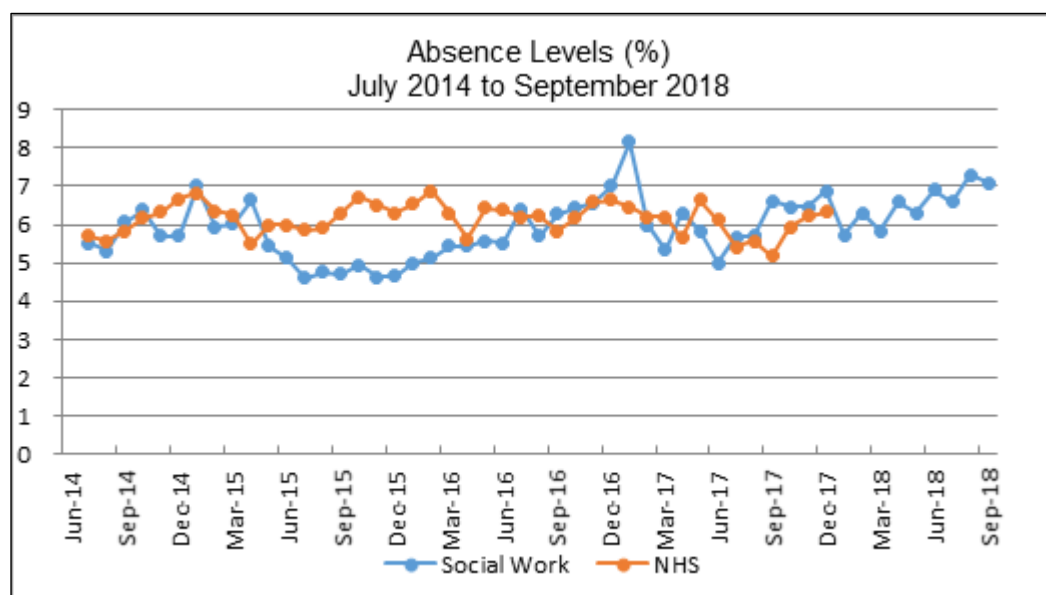


Chart 1 highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

Chart 2 does not give an accurate account of sickness absence for Social Work as it also takes into account annual leave. As annual leave increases at year end, this skews the levels for sickness absence around this period.

Performance Trend
<p>Quarter 2 locality figures has been determined using an average of the previous four quarters as we are unable to source the period data from the system due to the ongoing organisational structure changes taking place.</p> <p>Absence performance for quarter 2 overall has increased compared to the same quarter last year. However, Quarter 1 and 2 for 2018/19 has demonstrated a downward trend in comparison to 2017/18 trend, resulting in Average Days Lost of 3.3.</p> <p>Long term absence continues to be the largest contributor to the Service's overall absence figures, with psychological and musculoskeletal absences being consistently high.</p>
Actions to Improve Performance
<p>A review of the attendance management action plan will be carried out in order to try and address consistently high absence figures and the implementation of further interventions and strategies may assist in bringing the Service's absence figures nearer to 2015/16 yearly performance of 9.7 ADL.</p>
Timeline for Improvement
<p>With the implementation of the revised action plan, it would be anticipated that a steady improvement may be achieved by the end of 2018/19.</p> <p>Back to Summary</p>

Indicator	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (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%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Sybil Canavan, Head of People and Change

TARGET	AREA	Jul 18	Aug 18	Sep 18				
80%	HSCP Central							
80%	North East							
80%	North West							
80%	South							
80%	Mental Health Central							
80%	Glasgow City	45.79% (R)	43.6% (R)	43.14% (R)				

Performance Trend

Performance RED across all areas. This information is taken from the new TURAS system so no trend information is shown. TURAS is the new recording platform for Knowledge & Skills Framework (KSF) recording. The Turas platform has some initial teasing problems which are being worked through to enable us to report by Sectors. This should be rectified for the Oct 2018 reporting period.

Actions to Improve Performance

Whilst the Glasgow City figure has dropped since the introduction of TURAS this is not uncommon in most areas and work is underway to engage with staff about updating their reviews on the new platform.

Timeline for Improvement

It is anticipated that improvements will be seen as the new systems become fully implemented and awareness and understanding of the new arrangements increase.

[Back to Summary](#)

Indicator	4. Percentage of NHS staff who have completed the standard induction training 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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Sybil Canavan, Head of People and Change

TARGET	AREA	Mar 16	Mar 17	Mar 18	Jun 18	Jul 18	Aug 18	Sep 18
100%	Glasgow City HSCP Central	0% (R)	N/A	N/A	0% (R)	0% (R)	N/A	N/A
100%	Glasgow City North East	33% (R)	75% (R)	75% (R)	50% (R)	36% (R)	67% (R)	N/A
100%	Glasgow City North West	33% (R)	50% (R)	100% (G)	0% (R)	33% (R)	33% (R)	100% (G)
100%	Glasgow City South	0% (R)	0% (R)	0% (R)	50% (R)	60% (R)	50% (R)	N/A
100%	Mental Health Central	N/A	N/A	N/A	N/A	N/A	N/A	N/A
100%	Glasgow City HSCP Total	29% (R)	57% (R)	75% (R)	29% (R)	40% (R)	55% (R)	100% (G)

Performance Trend

Performance fluctuates across areas and over time and moved to GREEN in September for the HSCP as a whole.

Actions to Improve Performance

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets.

For the final month recorded for this quarter's report, the HSCP has seen a significant improvement on induction completion for staff. This may be as a result of small numbers of staff commencing employment with is in the month of September, as opposed to previous months but is positive in terms of the requirement for induction to be completed.

Monthly reports will continue to be monitored to endeavour to maintain this improved position.

[Back to Summary](#)

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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Mar 17	Mar 18	Jun 18	Jul 18	Aug 18	Sep 18
100%	HSCP Central	100% (G)	N/A	N/A	N/A	N/A	N/A	N/A
100%	North East	8% (R)	33% (R)	33% (R)	100% (G)	N/A	N/A	67% (R)
100%	North West	60% (R)	100% (G)	40% (R)	67% (R)	50% (R)	100% (G)	100% (G)
100%	South	0% (R)	50% (R)	100% (G)	100% (G)	N/A	100% (G)	N/A
100%	Mental Health Central	N/A	50% (R)	N/A	N/A	N/A	N/A	N/A
100%	Glasgow City HSCP Total	27% (R)	50% (R)	44% (R)	83% (R)	50% (R)	100% (G)	75% (R)

Performance Trend

Performance fluctuates across areas and over time but remains RED overall.

Actions to Improve Performance

Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.

August performance was positive for the HSCP but has slipped back in September on the basis of North East compliance

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHS GG & C.

Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. Small numbers of non-completion continue to have a significant impact on performance and a continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.

Prospective information is available for inductees who should have their process completed

and activity is in place to engage with local managers to ensure this work is completed timeously

Timeline for Improvement

This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.

[Back to Summary](#)

Other Annually Reported Indicators - See Appendix 1, Section 2

20. I-Matters Completion

BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1 st of April 2017.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q1	17/18 Q4	18/19 Q1	18/19 Q2
HSCP	70%	100% (G)	96.6% (G)	97% (G)	97.7% (G)
NE	70%	100% (G)	97.3% (G)	92.3% (G)	91.2% (G)
NW	70%	100% (G)	87.5% (G)	93.3% (G)	86.7% (G)
South	70%	100% (G)	80% (G)	100% (G)	nil
Corporate (exc prisons)	70%	nil	nil	nil	nil
Prisons	70%	100% (G)	98.7% (G)	98.2% (G)	98.9% (G)

Performance Trend

HSCP and all localities which received complaints remained GREEN in the last reporting period. The majority of complaints (84.5% in Q2) relate to prisons.

Indicator	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q1	17/18 Q4	18/19 Q1	18/19 Q2
HSCP	70%	76% (G)	60% (R)	74% (G)	64% (R)
NE	70%	100% (G)	40% (R)	62% (R)	75% (G)
NW	70%	80% (G)	64% (R)	56% (R)	73% (G)
South	70%	50% (R)	100% (G)	nil	50% (R)
Corporate (exc prisons)	70%	nil	100% (G)	nil	nil
Prisons	70%	74% (G)	59% (R)	77.5% (G)	61.8% (R)

Performance Trend

Variations across localities and over time. The HSCP as a whole moved to RED in the last period, as it did in the South and for Prisons. The performance in South locality is RED but this actually only represents a single case being above target (one of two carried forward from the previous quarter). It is not indicative of a pattern of poor performance, therefore, but reflective of the low numbers of complaints involved.

The number of stage 2 complaints in localities and at a corporate level generally are low. Prison stage 2 complaints drive the overall HSCP performance for this indicator and performance dipped markedly in the second quarter for prisons. The majority of these complaints are resolved at the first stage with the sector having a good record at clearing them (of 367 complaints closed in the second Quarter, 265 were closed at the first stage and 98% of these were closed in time). The cases that remain are by definition more complex and closure within 20 working days can be challenging and resource intensive. In addition, the overall volume of prison complaints rose by 16% between quarters 1 and 2, placing additional strain on resources for complaints handling. The performance dip occurred mainly within Low Moss prison, which in Q2 also experienced the largest volume.

Actions to Improve Performance

There will be an Increased focus on clearing stage 2 complaints on time in the prison sector, particularly within Low Moss, with efforts also being made to deal with an even greater proportion of complaints at the first stage. Following the 16% increase between Q1 and Q2, a reduction in the actual numbers of complaints received to more stable levels, would support these efforts.

Timeline for Improvement

It is anticipated that improvements will be seen going forward in Quarters 3 and 4.

[Back to Summary](#)

Indicator	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 15 days if extension applied). This indicator is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	23	65% (R)	43	81% (G)	27	74% (G)	31	71% (G)	19	89% (G)
70%	North West	31	52% (R)	29	69% (G)	15	73% (G)	22	52% (R)	11	55% (R)
70%	South	36	64% (R)	35	66% (A)	35	47% (R)	33	61% (R)	26	88% (G)
70%	Homelessness	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	9	89% (G)
70%	Centre	12	67% (R)	15	47% (R)	20	26% (R)	9	43% (R)	15	67% (A)
70%	City	102	61% (R)	122	70% (G)	97	55% (R)	95	61% (R)	80	69% (G)

Performance Trend

This indicator is reported **one quarter in arrears**.

Homelessness complaints are now being reported from Q1 2018/19.

City-wide performance moved from RED to GREEN at Q1 with significant increases in performance in North East, South and Centre. North East continued to meet target for the fourth consecutive quarter (GREEN).

The handling of Homelessness complaints is now overseen centrally by senior Homelessness staff, reducing the impact of Homelessness complaints on local areas. This has contributed to improved performance in South in particular. In addition, improved use of the extension process allowing for a 15 day timescale for response has seen greater compliance.

Continued use of the facility within social work processes to extend complaints handling at the first stage to 15 working days at the manager's discretion in appropriate circumstances will ensure compliance continues to improve. Senior managers should continue to communicate to their complaints-handling staff the requirement to apply extensions in relevant circumstances and formally notify both complainers and the central complaints team of that fact. There is no additional resource requirement to further this improving trend, however greater consistency is required across areas and, where applied, the 15 working day timescale must be adhered to. If managers act upon this information with immediate effect then improvement should continue throughout 2018/19.

[Back to Summary](#)

Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed SWS target time for responding to complaints at stage 2 (target is 20 days). This indicator is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	29	21% (R)	30	37% (R)	32	56% (R)	37	29% (R)	30	27% (R)
Performance Trend											
This indicator is reported one quarter in arrears . Performance in relation to this indicator slipped slightly between Q4 and Q1.											
Actions to Improve Performance											
Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (Rights and Enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling is a product of staffing and capacity issues currently being addressed through a recruitment exercise. The team also deals with FOI and Subject Access Requests (indicators below). As this work is the most complex and time-consuming of the range of activities the team undertakes, it is most susceptible to capacity and staffing issues. It is expected that as capacity within the team increases, clear improvement will be seen in this area.											
Timeline for Improvement											
The team has recruited 2 new senior officers in September 2018 which is anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19.											
Back to Summary											

Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Freedom of Information (FOI) requests; it is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	69	94% (R)	88	97% (A)	66	98% (G)	94	99% (G)	97	96% (A)
Performance Trend											
<p>This indicator is reported one quarter in arrears.</p> <p>Although performance dropped slightly between Q4 and Q1 moving from GREEN to AMBER, the team continued to achieve a high level of compliance with FOI timescales despite a marked rise in numbers of requests since quarter 3 and general capacity and staffing pressures on the team (which also deals with complaints as above).</p>											
Actions to Improve Performance											
<p>While numbers of FOI requests have risen, performance has remained above 95%, despite increasing pressures on other areas and the recognised requirement for additional staff resources. Due to pressures in other work areas for the team, it may be challenging to maintain this level of performance, however the return of one staff member from long term absence in August has alleviated pressures on the team, as has the new staff joining the team in September...</p>											
Timeline for Improvement											
<p>The return and addition of staff should ensure improved compliance in 3rd and 4th quarter of 2018/19.</p>											

Indicator	6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale.
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	47	89% (R)	43	81% (R)	31	65% (R)	58	75% (R)	127	46% (R)

Performance Trend

This indicator is reported **one quarter in arrears**.

Performance slipped significantly between year-end and the end of Q1. This slippage is linked to a sharp increase in the volume of subject access requests received in advance of and following new legislation; the number of requests received during Quarter 1 was twice that received during the previous 3 months (March to June).

Actions to Improve Performance

Volumes of subject access requests rose sharply (by 87%) from the 3rd to 4th Quarter of 2017/18 in advance of new legislation, however this trend became even more pronounced in the 1st Quarter of 2018/19. While the increase from 4th Quarter 2017/18 has been 110%, the increase in relation to 3rd Quarter 2017/18 has been 310%, and this high level of requests is expected to continue in the 2nd Quarter. This is explained by two key factors, firstly the publicity around the change to data legislation, and secondly the high profile historic abuse enquiry. A large number of requests have been received from solicitors firms, and in relation to historic care placements. Additional resources and process improvements will be required to improve performance.

Timeline for Improvement

The team has recruited 2 new senior officers in September 2018. There is however likely to be an initial performance fall in quarters 1 and 2 of 2018/19 as numbers of requests have risen sharply following new legislation. To improve processing times and efficiency, other improvements to processes may be required, such as procurement of a dedicated scanner. Should high numbers of requests continue to be received, a significant backlog of requests may accumulate, leading to challenges even once additional resources are available.

[Back to Summary](#)

Indicator	7. Percentage of elected member enquiries handled within 10 working days.
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	
								no.	%
80%	North East	100% (G)	100% (G)	99% (G)	98% (G)	100% (G)	99% (G)	83	99% (G)
80%	North West	95% (G)	90% (G)	91% (G)	79% (G)	93% (G)	92% (G)	89	85% (G)
80%	South	95% (G)	96% (G)	98% (G)	90% (G)	94% (G)	86% (G)	105	92% (G)
80%	Centre	83% (G)	72% (R)	82% (G)	77% (A)	86% (G)	85% (G)	83	78% (A)
80%	Glasgow	92% (G)	90% (G)	92% (G)	84% (G)	94% (G)	91% (G)	360	89% (G)
Performance Trend									
All localities exceeded target (GREEN) or were within the target range at Q2.									

APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on the Core Suite of 23 National Integration Indicators. We then include other corporate/local indicators. The latter are a mix of indicators which services have identified as being important to monitor and review but have no specific target; and indicators for which data is only available on an annual/biennial basis so have not been included in the main body of the report.

1. NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures

9 are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which was undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD).

i. Scottish Health and Care Experience Survey (2017/18)

National Integration Indicator	Outcome	Glasgow	North East	North West	South	Scotland
1. Percentage of adults able to look after their health very well or quite well	1	90	87.6	89.8	89.7	93
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	82	77.9	82.7	84.7	81
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	80	77.2	80.3	81.5	76
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	77	76.6	76.1	79.8	74
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	79	77.3	76.4	82.5	80

6. Percentage of people with positive experience of the care provided by their GP practice	3	86	83.3	88.3	85.6	83
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	80	76.7	76.3	84.0	80
8. Percentage carers who feel supported to continue in their caring role.	6	38	37.8	39.7	37.3	37
9. Percentage of adults supported at home who agreed they felt safe	7	85	84.0	82.7	87.5	83

i. Operational Performance Indicators

Indicator No. /Outcome	11. Premature mortality rate per 100,000 persons: by calendar year			
Outcome 1	2015	2016	2017	Direction of Travel 2017-18
Glasgow City	634	617	614	▲
Scotland	441	440	425	▲

Indicator No. /Outcome	12. Rate of emergency admissions per 100,000 population for adults.				
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	14,780	14,317	12,847	2,675	▲
Scotland	12,346	12,304	12,256	N/A	▲

Indicator No. /Outcome	13. Rate of emergency bed days per 100,000 population for adults.				
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	142,275	144,092	136,096	26,184	▲
Scotland	127,965	126,912	121,516	N/A	▲

Indicator No. /Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions.				
Outcome 4	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	97	101	95	72	▲
Scotland	97	100	101	N/A	▲

Indicator No. /Outcome	15. Proportion of last 6 months of life spent at home or in a community setting				
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	85%	86%	87%	89%	▲
Scotland	87%	87%	88%	N/A	▲

Indicator No. /Outcome	16. Falls rate per 1,000 population aged 65+				
Outcome 7	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	29	31	31	5.9	▲
Scotland	21	21	22	N/A	▼

Indicator No. /Outcome	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*			
Outcome 9	2015/16	2016/17	2017/18	Direction of Travel 16/17 to 17/18
Glasgow City	81%	86%	90%	▲
Scotland	83%	84%	85%	▲

Indicator No. /Outcome	18. Percentage of adults with intensive care needs receiving care at home			
Outcome 9	2014/15	2015/16	2016/17	Direction of Travel 15/16 to 16/17
Glasgow City	56%	55%	55%	►
Scotland	61%	62%	61%	▼

Indicator No. /Outcome	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population				
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	627	464	324	116	▲
Scotland	915	842	762	N/A	▲

Indicator No. /Outcome	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency				
Outcome 9	2015/16	2016/17	2017/18	2018/19 To Q1	Direction of Travel 16/17 to 17/18
Glasgow City	25%	27%	25%	20%	▲
Scotland	24%	25%	24%	N/A	▲

The indicators below are currently under development by NHS Scotland Information Services Division (ISD).

Indicator No.	Outcome
10. % of staff who say they would recommend their workplace as a good place to work	8
21. % of people admitted to hospital from home during the year, who are discharged to a care home	2
22.% of people who are discharged from hospital within 72 hours of being ready	9
23. Expenditure on end of life care, cost in last 6 months of life	9

2. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Older People								
1. Total number of patients who have been diagnosed with dementia	Local HSCP indicator Outcome 4	TBC	2017	751	140	283	328	Target to be confirmed. In 2018, referrals to Nov are: 145 (NE); 140 (NW); 215 (South). Total = 500
Primary Care								
2. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	76% (R)				Performance below target but above the Scottish average (68%). This has reduced from the 2016/17 figure of 78%. From 17/18 Health & Care Experience Survey.
3. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	17/18	94% (G)				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%. From 17/18 Health & Care Experience Survey.
4. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	16-17	75.7% (G)	74.5% (G)	74.7% (G)	77.5% (G)	Figures relate to 2016-17. All areas meeting 'essential' target of 70%. (Desirable target of 85%). Data last updated October 2017.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
5. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan- Mar 18		61.4% (G)	72.5% (G)	64% (G)	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2017 were 56.8 (NE); 62.7 (NW); 49 (S), so increased across all areas.
Children's Services								
6.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at March 18	51.6 (R)	56.7% (G)	50.4% (R)	48.7 (R)	Reductions at city wide level in the last year from 53.4% (Mar 17) & 52% (Sep 17). Data now produced twice yearly. ISD national report produced annually. Data shown published November 2018.
7. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at March 18	90.4% (G)	87.4% (R)	91.6% (G)	91.9% (G)	Reductions at city wide level in the last year from 91.1% (Mar 17) & 92.6% (Sep 17). Data now produced twice yearly. ISD national report produced annually. Data shown published November 2018.
8. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2018	62.8% (G)				Performance has declined from 64.1% in 2016. Below the Health Board average of 67.1% which also fallen from 68.2% in 2016. Produced 2 yearly.
9. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2017	69.1% (G)				Performance has declined from 70.2% in 2015. Below Health Board average of 73.1% which rose from 72.6% in 2015. Produced 2 yearly.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Number of families being discussed at Early Years Joint Support Teams	Local HSCP indicator Outcome 5	Maintain/ Increase Numbers each Year	2017/ 18	156				Reduction from 2016/17 when there were 219 families discussed at EYJSTs. Data available at end of each financial year.
Sandyford (Sexual Health)								
11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	Local HSCP indicator Outcome 1	13-15 (F) 58%	2017/ 18	31% (R)				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Figures for 16/17 for 13-15 year olds were 37% (M) and 2.5% (F); and 34% (M) and 3.2% (F) for 15-17 year olds. So been a reduction for 13-15 year olds and an increase for 15-17 year olds. Data available at end of each financial year.
		13-15 (M) 5%		1% (R)				
		15-17 (F) 64%		38% (R)				
		15-17 (M) 10%		5% (R)				
Alcohol and Drugs								
12. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	16/17	1,041,070				Target for 2017/18 is 5% increase on actual performance in 2016/17. Data available at end of each financial year.
13. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1500 (for 17/18)	16/17	1368				Target for 2017/18 been based upon actual performance in 2016/17. Data available at end of each financial year.
Others								
14. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2017	88				Numbers declined slightly from 91 in 2016. Figures published annually by ISD and those shown published June 2018. 2013-17 European age standardised figure is 14 (Scotland is 13.5).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
15. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2017	31.2				Rates have increased for the HSCP as a whole from 27.6 in 2016. Total number of deaths was 192 in 2017, rising from 170 in 2016. Last updated July 2018.
16. Number of alcohol related deaths (per 100,000 population)	Local HSCP indicator Outcome 1	N/A	2017	42.2	52.1	38	38.1	Reduced slightly at city level in the last year (from 42.6) with actual deaths falling from 208 to 206. Rates increased in the North East (from 46.6) and North West (from 31.5) and reduced in the South (from 50). Glasgow above the Health Board average which was 37 in 2017 (37.1 in 2016). Last updated July 2018.
17. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2015/17	N/A	42.2% (R)	44.3% (R)	44.0% (R)	For 2014/16 was 45.8% (NE); 47.7% (NW); and 47.6% (South) so all areas have reduced and remain below target and RED. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Screening report last produced Jan 2018.
18. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	2013-15 round	N/A	61.9% (R)	62.5% (R)	62.9% (R)	Uptake has reduced slightly from 2009-13 round when rates were 68.5% (NE); 71.5% (NW); and 62.7% (South). Small variations across areas but all RED and below Board average (67.9%). HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Screening report last produced Jan 2018

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
19. Percentage of women invited who attend for cervical screening	Local HSCP indicator Outcome 1	80%	Aug 2017	68.4% (R)	70.5% (R)	63.8% (R)	71.3% (R)	Performance RED in all areas. Variations across localities with North West lowest. All areas have increased since last time (NE – from 68.9); (NW from 59.2%); (South – from 70.8). HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. . Screening report last produced Jan 2018.
Human Resources								
20. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2018	56% (R) (city wide services)	55% (R)	60% (G)	58% (A)	Figures shown are for the annual survey undertaken in the Summer of 2018. Corresponding figures for 2017 were 61% (NE); 69% (NW); 69% (S); and 39% (citywide)

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1	Early intervention, prevention and harm reduction
Priority 2	Providing greater self-determination and choice
Priority 3	Shifting the balance of care
Priority 4	Enabling independent living for longer
Priority 5	Public Protection