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**Item No. 6**

**Meeting Date**

**Wednesday 11<sup>th</sup> December 2019**

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

**Report By:** Allison Eccles, Head of Business Development

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**HSCP PERFORMANCE REPORT Q2 2019/20**

**Purpose of Report:**

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2019/20.

**Background/Engagement:**

The IJB Finance, Audit and Scrutiny 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 which would be attended by the relevant Service Leads.

**Recommendations:**

The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4;
- c) review and discuss performance with the Strategic Lead for Unscheduled Care; Health Improvement and Human Resources in relation to these areas.

**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.

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**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
<b>Personnel:</b>	None
<b>Carers:</b>	Operational performance in respect to carers is outlined within the carers section of the attached report.
<b>Provider Organisations:</b>	None
<b>Equalities:</b>	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
<b>Fairer Scotland Compliance</b>	N/A
<b>Financial:</b>	None
<b>Legal:</b>	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.
<b>Economic Impact:</b>	None
<b>Sustainability:</b>	None
<b>Sustainable Procurement and Article 19:</b>	None
<b>Risk Implications:</b>	None
<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.

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### 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 2019/20.

### 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)

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**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.

**4.3 *Review of Indicators/Targets***

Each service lead was asked to review their indicators and targets at the start of 2019/20. New changes have been incorporated into this report and are highlighted in the summary tables at the start of the attached report.

***Exceptions***

4.4 At Q2, 49 indicators were GREEN (45.4%); 50 RED (46.3%); 4 AMBER (3.7%); and 5 (4.6%) GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters 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.

<b><i>Older People</i></b>	<b>Page</b>
<b>3. Number of people in supported living services.</b>	<a href="#">29</a>
<b>10. Total number of Older People Mental Health patients delayed</b>	<a href="#">36</a>
<b>12. Intermediate Care: Average Length of stay (Days).</b>	<a href="#">38</a>
<b>16. Falls rate per 1,000 population aged 65+</b>	<a href="#">42</a>
<b><i>Unscheduled Care</i></b>	
<b>1. New Accident and Emergency (A&amp;E) attendances (All ages)</b>	<a href="#">45</a>
<b>2. A&amp;E Waits Less Than 4 Hours (%) – Both Hospitals</b>	<a href="#">46</a>
<b>7. Total Number of Acute Delays</b>	<a href="#">51</a>
<b>9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).</b>	<a href="#">53</a>
<b><i>Primary Care</i></b>	
<b>3ii. Flu Immunisation Rates (under 65s in risk groups, pregnant women, pre-school children)</b>	<a href="#">58</a>

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4. Shingles Immunisation Rates (aged 70 and aged 76)	60
5i. AHP Waiting Times – MSK Physio	61
<b>Children's Services</b>	
1. Uptake of the Ready to Learn Assessments – North West	63
4. Access to CAMHS services - % seen with 18 weeks	66
5. % looked after & accommodated children under 5 who have had a Permanency Review	67
6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	69
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.	70
9. Number of high cost placements	72
<b>Adult Mental Health</b>	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - North East	76
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Gartnavel & Stobhill	77
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill	78
4. Total number of Adult Mental Health delays	79
<b>Sexual Health (Sandyford)</b>	
1 & 2. Number of vLARC appointments offered across all Sandyford locations (IUD and Implants).	80
3. Average waiting times for access to Urgent Care appointments.	82
4. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (males and females).	84
<b>Homelessness</b>	
1. % of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	89
2. % of live homeless applications over 6 months duration at end of the quarter.	90
3. Number of new resettlement plans completed - total to end of quarter (citywide)	91
5. The percentage of instances where emergency accommodation is required (statutory duty) and offer is made.	93
<b>Criminal Justice</b>	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	94
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	95
4. % of Unpaid Work (UPW) requirements completed within timescale.	97
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.	98
<b>Human Resources</b>	
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)).	110

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4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	111
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	113
<b>Business Processes</b>	
4. % of SW Complaints responded to within timescale (Stage 2)	117
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	119

**Changes in RAG Status**

4.5 There has been a change in RAG status for 17 indicators since the last report. Of these, performance improved for 13 and declined for 4.

**i. Performance Improved**

<b>A) RED TO GREEN</b>
<b>Older People</b>
9. Referrals to Telecare (Enhanced)
<b>Carers</b>
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
<b>Children's Services</b>
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
<b>Sandyford (Sexual Health)</b>
5. Waiting times for access to TOPAR appointments
<b>Criminal Justice</b>
4. Percentage of Unpaid Work (UPW) requirements completed within timescale
<b>Health Improvement</b>
4. Women smoking in pregnancy (most deprived quintile)
<b>B) RED TO AMBER</b>
<b>Health Improvement</b>
5. Exclusive Breastfeeding at 6-8 weeks (general population)
<b>C) AMBER TO GREEN</b>
<b>Older People</b>
11. Intermediate Care : Percentage Occupancy
<b>Primary Care</b>
5. Podiatry: % seen within 4 weeks
<b>Children's Services</b>
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Adult Mental Health</b>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale)
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (Leverndale and Gartnaveil)

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*ii. Performance Declined*

<b>A) GREEN TO RED</b>
<b><i>Adult Mental Health</i></b>
1. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
<b><i>Sandyford (Sexual Health)</i></b>
1. Number of vLARC IUD appointments offered across all Sandyford locations
<b>B) GREEN TO AMBER</b>
<b><i>Older People</i></b>
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
9. Referrals to Telecare (Standard)

**5. Recommendations**

5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4;
- c) review and discuss performance with the Strategic Lead for Unscheduled Care; Health Improvement and Human Resources in relation to these areas.

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# **CORPORATE PERFORMANCE REPORT**

**(IJB Finance, Audit and Scrutiny Committee)**

**QUARTER 2  
2019/20**

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## 1. 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	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	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

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**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	Previous Period RAG Rating				This Period RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators/Targets
										
Older People (No. and %)	4	1	9	4	3	2	9	4	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months <b>GREEN to AMBER</b> 9. Referrals to Telecare (Standard) <b>GREEN to AMBER</b> 9. Referrals to Telecare (Enhanced) <b>RED to GREEN</b> 11. Intermediate Care : Percentage Occupancy <b>AMBER to GREEN</b>	<b>Added</b> 1. Number of vLARC IUD appointments offered across all Sandyford locations. 2. Number of vLARC Implant appointments offered across all Sandyford locations 4. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 <b>Removed</b> 1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.

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										3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s). 4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual. 5. Waiting times for access to Gender Identity service for young people and for adults
Unscheduled Care (No. and %)	5		1	4	5		5			
Carers (No. and %)	1		1				2		1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement. <b>RED to GREEN</b>	
Primary Care (No. and %)	7	2	3		7	1	4		5. Podiatry:% seen within 4 weeks <b>AMBER to GREEN</b>	
Children's Services (No. and %)	6	1	4		5		6		8. % young people currently receiving an aftercare service who are known to be in employment, education or training. <b>RED to GREEN</b>	

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									10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months <b>AMBER to GREEN</b>	
Adult Mental Health (No. and %)	4	3	3		5		5		1. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill) <b>GREEN to RED</b> 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale) <b>AMBER to GREEN</b> 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (Leverndale and Gartnavel) <b>AMBER to GREEN</b>	
Sandyford Sexual Health (No. and %)	11		1		11		1		<b>Sandyford (Sexual Health)</b> 1. Number of vLARC IUD appointments offered across all Sandyford locations <b>GREEN to RED</b> 5. Waiting times for access to TOPAR appointments <b>RED to GREEN</b>	
Alcohol & Drugs (No. and %)			3				3			

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Homelessness (No. and %)	4		1		4		1		
Criminal Justice (No. and %)	4		2		3		3		4. Percentage of Unpaid Work (UPW) requirements completed within timescale <b>RED to GREEN</b>
Health Improvement (No. and %)	2		4	1		1	5	1	4. Women smoking in pregnancy (most deprived quintile) <b>RED to GREEN</b> 5. Exclusive Breastfeeding at 6-8 weeks (general population) <b>RED to AMBER</b>
Human Resources (No. and %)	5				5				
Business Processes (No. and %)	2		5		2		5		
<b>TOTAL</b> (No. and %)	<b>56</b>	<b>7</b>	<b>36</b>	<b>9</b>	<b>50</b>	<b>4</b>	<b>49</b>	<b>5</b>	

**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.

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Older People</b>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q2	81% 	▼
2. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	To Be Confirmed	N/A		N/A
3. Number of people in supported living services.	920 by end of 2019/20	Q2	821 	▼
4. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Cordia Period 7	75.2% (Hosp)  71.9% (Comm) 	▲ Hospital ▲ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Cordia Period 7	35.1% 	▼
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% within 12 weeks	Q4 18/19		▶
8. Day Care (provided) – Review Rates	95%	Q2	98% 	▲
9.i Referrals to Telecare: Basic	2,750 per annum	Q2	670 	▼
9.ii Referrals to Telecare: Advanced	1500 per annum	Q2	385 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
10. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Aug 19	12 	▲
11. Intermediate Care: Percentage Occupancy.	90%	Sep 19	88% 	▲
12. Intermediate Care: Average Length of stay (Days).	<28	Sep 19	33 days 	▲
13. Intermediate Care: Percentage of users transferred home.	>30%	Jun 19	35% 	▶
14. Provided Residential Care – Occupancy Rates	95%	Q2	94% 	▼
15. Provided Residential Care – Review Rates	95%	Q2	95% 	▼
16. Falls rate per 1,000 population aged 65+	6.75 per quarter (27 for 2018/19)	18/19	30.4 	▼
17. % patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.	100%	Q4 18/19		
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (18+)	153,791 for 19/20 (12,816/ month)	Apr - July 19	56,419 (14,105 per month) 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. A&E Waits Less Than 4 Hours (%)	95%	Aug 19	GRI – 89.7%  QEUEH – 81.6% 	GRI ▲  QEUEH ▲
3. Number of Emergency Admissions (18+)	66,624 for 19/20 (5552/month)	Apr - May 19	11,014 (5507 per month) 	▼
4. Number of Unscheduled Hospital Bed Days - Acute (18+)	453,866 for 19/20 (37,822/month)	Apr - May 19	73,250 (36,625 per month) 	▲
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	33,260 for 19/20 (2772 per month)	Q1	2380 (595 per month) 	▲
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).	181,371 for 19/20 (15,114 per month)	Q1	42,487 (14,162 per month) 	▲
7. Total number of Acute Delays	0	Aug 19	100 (inc AWI) 71 (exc AWI) 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	39,919 for 19/20 (3327 per month)	Apr - July 19	12,975 (3244 per month) 	▼
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 19/20 (159 per month)	Apr - Aug 19	1529 (382 per month) 	▼
<b>Carers</b>				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum/413 per quarter	Q2	483 	▲
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?	70%	Q2	77% 	▼
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q1	 77.89%	▼
2. Prescribing Costs: Annualised cost per weighted list size	At/Below NHSGGC average	Jun 19	 £155.05	▲
3i. Flu Immunisation Rates (over 65s).	75%	Oct 18 - Mar 19	71.6%(NE)  71.9%(NW)  72.9% (S) 	▶ All areas












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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Oct 18 - Mar 19	42.9% (NE) 41.5% (NW) 43.7%(S)	▶ All areas
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 18 - Mar 19	45.1% (NE) 51.3% (NW) 50.0 %(S)	▶ All areas
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 18 - Mar 19	57.0% (NE) 64.7% (NW) 59.69%(S)	▶ All areas
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	75%	Oct 18 - Mar 19	46.1% (NE) 54.1% (NW) 46.7%(S)	▶ All areas
4i. Shingles Immunisation Rates (aged 70)	60%	Sep 18-Mar 19	34% (NE) 26.4% (NW) 29.7%(S)	▲ All areas
4ii. Shingles Immunisation Rates (aged 76)	60%	Sep 18-Mar 19	33.2% (NE) 28.9% (NW) 32%(S)	▶ All areas
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Sep 19	41% 	▲














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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Sep 19	91.9% 	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Sep 19	100% 	▲
<b>Children’s Services</b>				
1. Uptake of the Ready to Learn Assessments	95%	Sep 19	NE - 94%  NW - 86%  S - 91% 	NE ▼ NW ▼ S ▼
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	July 19	NE - 97%  NW - 96%  S - 96% 	NE ▼ NW ▼ S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 across city	Q1	866 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 19	66.4% 	▼
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q2	72% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q2	23.1% (<5s)  92.3% (5-18) 	<5s ▼ 5-18 ▲
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date ( <i>revised indicator</i> )	60%	Q1	36% 	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	74% 	▲
9. Number of high cost placements	Reduction of 20 in 2019/20 to 31	Sep 19	46 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q1	93.16% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q1	96.54% 	▲
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 19	NE 85.1%  NW 90.7%  South 96% 	NE ▲ NW ▲ South ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Aug 19	Stob 36.4  Lev 26.2  Gart 33.7 	Stobhill ▼ Leverdale ▲ Gartnaveil ▲










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Aug 19	Stob 100.3% Gart 96.4% Lev 93.8%	Stobhill ▲ Leverdale ▲ Gartnavel ▲
4. Total number of Adult Mental Health delays	0	Sep 19	24 Total 21 (exc AWI) 	▼
<b>Sandyford (Sexual Health)</b>				
1. Number of vLARC IUD appointments offered across all Sandyford locations.	1888 per quarter	Q2	1739	▼
2. Number of vLARC Implant appointments offered across all Sandyford locations	2431 per quarter	Q2	1783	▲
3. Average waiting times for access to Urgent Care appointments	2 working days	Q2	8	▶
4. Number of individual young people attending all Sandyford services aged 13-15 and 16-17	21 (M13-15) 58 (M16-17)  146 (F13-15) 339 (F16-17)	Q2	5 (M13-15) 23 (M16-17)  78 (F13-15) 225 (F16-17)	▲ (M13-15) ▲ (M16-17)  ▼ (F13-15) ▲ (F16-17)
5. Waiting times for access to TOPAR appointments	5 working days	Q2	5 	▲
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q1	96% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q2	74% 	▼
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q2	80% 	▲
<b>Homelessness</b>				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q2	87% 	▼
2. Percentage of live homeless applications over 6 month duration at the end of the quarter.	<40%	Q2	42% 	▶
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 4,000 (1,000 per quarter)	Q2	897 	▲
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	223 	▲
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q1	74% 	▲
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	71% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	75% 	▼










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<b>Indicator</b>	<b>Target</b>	<b>Latest Period Reported</b>	<b>Actual/Status (City Wide)</b>	<b>Direction of Travel in Last period</b>
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	69% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q2	76% 	▲
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q2	92% 	▼
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	2532 (To Q2)	Q2	2642 	▶
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	260 to Q1	Q1	340 	▶
3. Women smoking in pregnancy (general population)	12%	Q2	10.9% 	▲
4. Women smoking in pregnancy (most deprived quintile).	17%	Q2	17% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population)	31.4% by end of 19/20	Q2	29.8% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	22.4% by end of 19/20	Q2	21.9% 	▲
7. Breastfeeding Drop-Off Rates (Between 1 <sup>st</sup> Health Visitor Visit and 6 weeks)	-17%	N/A		N/A
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Sep 19	6.29% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.8 per employee (P7)	P7 (4 week period)	1.2 ADL 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	80%	Sep 19	40.8% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Sep 19	23% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Sep 19	18% 	▼
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q1	96.4% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q1	68% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q1	67% 	▶
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q1	65% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q1	100% 	▶
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale	100%	Q1	76% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q2	88% 	▲

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**1. OLDER PEOPLE**

***Proactive Care and Support at Home***

<b>Indicator</b>	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Head of Care Services (HSCP)

Target	Locality	2016/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
85%	<b>Glasgow</b>	86% (G)	82% (A)	84% (G)	85% (G)	84% (G)	81% (A)
85%	North East	92% (G)	92% (G)	89% (G)	92% (G)	90% (G)	88% (G)
85%	North West	85% (G)	81% (A)	85% (G)	89% (G)	87% (G)	84% (G)
85%	South	83% (G)	75% (R)	79% (R)	78% (R)	77% (R)	72% (R)

**Performance Trend**

At Q2 city-wide performance dropped below target (AMBER). North East and North West continue to meet target (GREEN) while South remains below target (RED).

**Actions to Improve Performance**

South continue to be challenged by absence within the Social care worker staff compliment. 2 staff have had long term absence within the last quarter. This impacts on the performance figures. Work is being done to establish how we can align staff to cover these areas. We have one vacancy also in South contributing to the under performance of our targets in South. Performance data continues tabled at our management meetings.

**Timeline for Improvement**

We are expecting improvements in this area in the next quarter and are reviewing our responses to outstanding reviews and staff alignment.

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<b>Indicator</b>	2. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
<b>Purpose</b>	To monitor progress in the implementation of the new anticipatory care plans. New ACP booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Target (19/20)	2019/20 (Actual)			
		Q1	Q2	Q3	Q4
Number of ACP conversation held	800 p.a. (TBC)	N/A	124		
Number of summaries completed and shared with GPs	200 pa. (TBC)	53	9		
<b>Performance Trend</b>					
<p>A new national model 'My ACP' was launched in 2017 which is patient led. HSCPs in GGC have agreed a summary version that draws on the patient led ACP and with the patient's consent can be shared with the patient's GP. The roll out of the summary version has begun and will continue into 2019/20 and 2020/21. This indicator relates to the number of completed summary versions that are shared with GPs and the number of conversations that are held with patients to raise awareness of the benefits of ACPs. Data on both indicators will be available later in 2019/20 and included in future performance reports. In the meantime, the figures shown for 2019/20 are an estimate of the number completed and shared and the number of conversations held with patients, carers and / or relatives. Targets for 2019/20 are also to be confirmed.</p> <p><a href="#">Back to Summary</a></p>					

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<b>Indicator</b>	3. Number of people in supported living services.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
<b>Glasgow</b>	<b>920 by end of 2019/20</b>	<b>734 (G)</b>	<b>766 (R)</b>	<b>845 (G)</b>	<b>842 (G)</b>	<b>829</b>	<b>821</b>
North East	N/A	216	225	244	250	252	252
North West	N/A	236	256	283	275	276	263
South	N/A	282	285	318	317	301	306
<b>Performance Trend</b>							
Numbers reduced in the second quarter of 2019/20 and are below target							
<b>Actions to Improve Performance</b>							
Work is underway to review this indicator and it is hoped to include an updated indicator and target within Q3 which will break down the overall figure into component elements including the number of clustered units offered.							
<b>Timeline for Improvement</b>							
A review of the indicator and target is underway as indicated above.							
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<b>Indicator</b>	4. Percentage of service users who receive a reablement service following referral for a home care service.
<b>Purpose</b>	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. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Head of Care Services (HSCP)

Referral Source	Target	16/17	17/18	18/19	19/20	19/20		
		Q4	Q4	Q4	Q1	Quarter 2		
		Per 13b	Per 13b	Per 13b	Per 4	Per 5	Per 6	Per 7
Hospital Discharges	70%	73.4% (G)	72.8% (A)	75.8% (G)	71.3% (G)	73.5% (G)	75.2% (G)	68.6% (G)
Community Referrals	70%	76.5% (G)	78.2% (G)	74.8% (G)	71.2% (G)	65.0% (R)	71.9% (G)	66.3% (R)

**Performance Trend**

New target introduced for 19/20 having previously been 75%. Performance has declined since Period 4 and for community referrals has moved from GREEN to RED.

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**Actions to Improve Performance**

Performance has declined in the last quarter due to Occupational Therapy absence and vacancies in the North West and South. We continue to have a focus on the Reablement service delivery both within Care services and rehabilitation services in Glasgow. We are currently reviewing our performance meeting structures in sectors to allow a more cohesive approach to performance reporting and any challenges in service delivery.

**Timeline for Improvement**

We should see an improvement in the next quarter as we fill vacancies and implement our locality based performance & operational meeting structures with the aim of reaching our 35% target.

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<b>Indicator</b>	5. Percentage of service users leaving the service following Reablement period with no further home care support.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Head of Care Services (HSCP)

Locality	Target	16/17	17/18	18/19	18/19	19/20	19/20 Q2		
		Q4	Q4	Q3	Q4	Q1	Per 5	Per 6	Per 7
Citywide	>35%	36% (R)	37.9% (R)	40.8% (G)	35.7% (R)	41.2% (G)	39.5% (G)	33.8% (A)	35.1% (G)
North East	>35%	37% (R)	32.5% (R)	48.6% (G)	34.3% (R)	53.7% (G)	34.7% (G)	34.9% (G)	41.5% (G)
North West	>35%	33% (R)	45.7% (G)	35.1% (R)	42.7% (G)	42.9% (G)	54.4% (G)	33.3% (A)	33.9% (A)
South	>35%	39% (A)	35.9% (R)	39.7% (G)	31.7% (R)	31.3% (R)	32.1% (R)	33.6% (A)	31.6% (R)

**Performance Trend**

New target introduced for 19/20 having previously been 40%. Performance varies across locality and over time. Performance declined slightly at city-wide level although remained GREEN at Period 7. South remained outwith the target range (RED, AMBER) during the quarter.

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<b>Target/Ref</b>	6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
0%	City	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	0% (G)	0% (G)
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
<b>Performance Trend</b>								
The target was met across all localities (GREEN) in Q2.								
At the end of Q2 there were 1,746 open OT assessment activities: 3 of these (1 in NW and 2 in South) had been open for more than 12 months. The figures shown above have been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.								
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<b>Target/Ref</b>	7. Continence Service – Waiting Times.
<b>Purpose</b>	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
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services)

Target	% Seen Within 12 Weeks				
	Q4 17/18	Jan 19	Feb 19	March 19	2019/20
100%	97.5% (G)	100% (G)	100% (G)	100% (G)	TBC
<b>Performance Trend</b>					
There has been an issue with the collection of data for this indicator which is being addressed and which should be resolved for Q3.					
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<b>Target/Ref</b>	8. Day Care (provided) - Review Rates
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Head of Care Services (HSCP)

	2016/17	2017/18	2018/19		2019/20		
Target	Q4	Q4	Q3	Q4	Q1	Q2	Q3
95%	95% (G)	97% (G)	93% (G)	97% (G)	96% (G)	98% (G)	

**Performance Trend**

Performance in relation to review rates for Day Care service users was maintained as GREEN during Q2.

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

Telecare Referrals	Agreed Scottish Govt. Annual Targets		16/17 Total	17/18 Total	18/19 Total	19/20 Q1	19/20 Q2	19/20 Q3
	16/17–18/19	19/20						
Standard	2,248	2,750 688 per Q	2,581 (G)	2,771 (G)	2,706 (G)	690 (G)	670 (A)	
Enhanced	304	1,500 375 per Q	835 (G)	1,222 (G)	1,337 (G)	305 (R)	385 (G)	

**Performance Trend**

In line with changes to referral and training, Basic and Advanced telecare services have been re-categorised as Standard and Enhanced respectively. Targets for both categories have been revised for 2019/20.

While the quarterly target for the number of referrals to Enhanced Telecare Services was met during Q2 (GREEN), the target for the number of referrals to Standard Telecare Services was not met (AMBER) during this reporting period.

**Actions to Improve Performance**

A new online referral form for both standard and enhanced telecare services is due to be launched in December 2019/ January 2020. This will provide service users, carers and practitioners with a more efficient referral process for Telecare services and we anticipate an increase in referrals following this innovation. At the same time a new online training module for telecare will be introduced to raise awareness on its application and further promote take-up by HSCP staff.

**Timeline for Improvement**

It is anticipated that improvements will be seen once access to the new referral system becomes established in Q4.

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<b>Indicator</b>	10. Total number of Older People Mental Health patients delayed (Excluding AWI)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Apr 19	Jun 19	Jul 19	Aug 19
0	City	11 (R)	11 (R)	16 (R)	9 (R)	15 (R)	13 (R)	12 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	5 (R)	4 (R)	2 (R)
	NW	7 (R)	1 (R)	4 (R)	2 (R)	2 (R)	4 (R)	4 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	8 (R)	5 (R)	6 (R)
<b>Performance Trend</b>								
Numbers vary across localities and over time and remain RED. Numbers reduced at a city level and in the South and North East between June and August, while increasing in the North West.								
<b>Actions to Improve Performance</b>								
Our performance continues to be a concern as the total number of delays continues at a level that exceeds the target. While there is a regular and robust scrutiny process of all delays, there is an ongoing issue in sourcing suitable care home placements for patients. Work will continue to ensure the number of delays reduces. There is a new discharge pathway that supports 72 hour discharge which includes dedicated Social Work resource, improved MDT working and early referral to Social Work.								
<b>Timeline for Improvement</b>								
Improvements towards meeting the target are anticipated this year. A full report on all delays is being made to the Health Board's meeting in December 2019.								
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<b>Indicator</b>	11. Intermediate Care : Percentage Occupancy
<b>Purpose</b>	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
<b>Glasgow</b>	<b>90%</b>	88% (G)	82% (R)	92% (G)	92% (G)	92% (G)	86% (A)	84% (R)	83% (R)	88% (G)
North East	90%	94% (G)	74% (R)	89% (G)	92% (G)	90% (G)	90% (G)	89% (G)	85% (A)	94% (G)
North West	90%	75% (R)	89% (G)	94% (G)	92% (G)	93% (G)	77% (R)	87% (G)	75% (R)	87% (G)
South	90%	94% (G)	83% (R)	92% (G)	92% (G)	92% (G)	91% (G)	78% (R)	88% (G)	84% (R)
<b>Performance Trend</b>										
Performance has changed from AMBER to GREEN at a city level in the last quarter and is now at 88%. Performance in the North East and North West also GREEN at Q2 while performance in the South changed from GREEN to RED.										

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<b>Indicator</b>	12. Intermediate Care : Average length of stay (Days)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
Glasgow	<28	44 (R)	31 (R)	30 (R)	31 (R)	37 (R)	34 (R)	36 (R)	30 (R)	33 (R)
North East	<28	41 (R)	33 (R)	34 (R)	29 (A)	32 (R)	30 (R)	41 (R)	25 (G)	24 (G)
North West	<28	36 (R)	36 (R)	30 (R)	36 (R)	37 (R)	39 (R)	32 (R)	36 (R)	41 (R)
South	<28	38 (R)	32 (R)	41 (R)	42 (R)	41 (R)	31 (R)	35 (R)	33 (R)	32 (R)

**Performance Trend**

Average lengths of stay have varied over time between localities. In the last quarter, average length of stay has decreased slightly at a city level and in North East and increased slightly in the North West and South.

**Actions to Improve Performance**

Length of stay is still above the target although improvements have been seen in North East recently. This is a reflection of increased acuity and also issues such as individuals becoming unwell, availability of alternative accommodation, care home choices protocol and availability, and AWI considerations. An Intermediate Care Improvement Plan is in place with additional dedicated social work staff allocated to intermediate care units, which will support multi-disciplinary team decision making and discharge planning.

**Timeline for Improvement**

There is an ongoing focus on improvement and it is anticipated that length of stay will reduce in the Q3.

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

Locality		Targets	Apr 16	Apr 17	Apr 18	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
Glasgow	<b>Home</b>	30%	21% (R)	25% (R)	34% (G)	25% (R)	22% (R)	35% (G)	30% (G)	28% (R)	35% (G)
	Res/Nursing	N/A	52%	62%	45%	53%	55%	47%	60%	49%	53%
	Readmissions	N/A	25%	10%	12%	18%	14%	15%	9%	21%	9%
	Deceased	N/A	2%	1%	5%	3%	9%	3%	1%	1%	3%
NE	<b>Home</b>	30%	22% (R)	30% (G)	33% (G)	25% (R)	14% (R)	32% (G)	17% (R)	27% (R)	41% (G)
	Res/Nursing	N/A	39%	59%	50%	45%	62%	47%	70%	38%	36%
	Readmissions	N/A	33%	7%	16%	30%	19%	16%	9%	35%	23%
	Deceased	N/A	6%	0%	0%	0%	5%	5%	4%	0%	0%
NW	<b>Home</b>	30%	21% (R)	22% (R)	27% (R)	27% (R)	5% (R)	28% (R)	37% (G)	6% (R)	15% (R)
	Res/Nursing	N/A	57%	57%	57%	59%	63%	59%	53%	71%	73%
	Readmissions	N/A	21%	17%	11%	9%	16%	14%	11%	24%	4%
	Deceased	N/A	0%	4%	4%	5%	16%	0%	0%	0%	8%
South	<b>Home</b>	30%	21% (R)	22% (R)	39% (G)	22% (R)	38% (G)	50% (G)	36% (G)	46% (G)	55% (G)
	Res/Nursing	N/A	58%	70%	33%	56%	45%	30%	56%	46%	45%
	Readmissions	N/A	21%	7%	9%	17%	10%	15%	8%	4%	0%
	Deceased	N/A	0%	0%	9%	6%	7%	5%	0%	4%	0%

**Performance Trend**

Variations across localities and over time. At Sep, performance GREEN at a city wide level (stayed same since June) and in the North East and South (increased). North West RED with performance decreasing since June.

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<b>Target/Ref</b>	14. Provided Residential Care Homes – Occupancy Rates
<b>Purpose</b>	To monitor occupancy rates within our own local authority run residential care homes (provided).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Head of Care Services (HSCP)

	2016/17	2017/18	2018/19				2019/20		
Target	Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	94% (G)	96% (G)	95% (G)	95% (G)	98% (G)	95% (G)	96% (G)	94% (G)	
<b>Performance Trend</b>									
Performance was within the target range at Q2 (GREEN).									
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**OFFICIAL**

<b>Target/Ref</b>	15. Provided Residential Care – Review Rates
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Head of Care Services (HSCP)

	2016/17	2017/18	2018/19				2019/20		
Target	Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	94% (G)	95% (G)	98% (G)	95% (G)	98% (G)	96% (G)	97% (G)	95% (G)	
<b>Performance Trend</b>									
Provided Residential Review rates continued to meet the 95% target (GREEN) at Q2.									
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**OFFICIAL**

<b>Target/Ref</b>	16. Falls rate per 1,000 population aged 65+
<b>Purpose</b>	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
<b>Type of Indicator</b>	National Integration Indicator (number 16)
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7(See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	15/16	16/17	17/18	18/19	19/20			
						Q1	Q2	Q3	Q4
Glasgow City	27 total 6.75/ quarter (18/19 and 19/20)	28.9	31.1	30.7	30.4* (R)				
Scotland	N/A	20.6	20.8	21.6	22.4				

\*Provisional

<b>Performance Trend</b>
National Integration Indicator. Target for 2018/19 is to get back to the 2014/15 levels (27 for the year or 6.75 per quarter). Performance in excess of the annual target at Q4. It has been agreed to retain this target for 2019/20 also.
<b>Actions to Improve Performance</b>
<p>Actions to improve performance include the following:</p> <ul style="list-style-type: none"> <li>• Promotion of Level 1 assessment across all relevant staff groups and with other agencies</li> <li>• Re-establish links with SAS to increase use of the pathway for non-conveyance of uninjured fallers with rising numbers of referrals month on month</li> <li>• Develop pathway for Referral for Scottish Fire and Rescue to access Level 2 assessments and promote opportunity for shared learning</li> <li>• Monitor implementation and impact of Falls bundles within OAMH wards</li> <li>• Introduce of a frailty tool across HSCP with a specific focus on evidence based interventions for Frailty Syndromes such as Falls, Reduced Mobility, Delirium and adverse reactions to Medication</li> <li>• Improve data collection for falls to determine a realistic and meaningful baseline an accurate picture linking to micro strategy</li> <li>• Engage with Care Home leads to determine current practice within Care Homes in relation to the prevention of falls and fragility fractures and responses and after a fall interventions</li> <li>• Explore key learning from The Falls Integrated Response and Support Technology Project and consider options Glasgow</li> </ul>

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A new national falls strategy has been launched for consultation with a final strategy due later this year. This indicator and our falls prevention strategy might change as a result.

**Timeline for Improvement**

It is anticipated that improvements will be achieved during 2019/20. A revised work plan is being drafted to reflect the above priorities.

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<b>Target/Ref</b>	17. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3
<b>City</b>	<b>100%</b>	<b>12.1%</b> <b>(R)</b>	<b>18.5%</b> <b>(R)</b>	<b>12.2%</b> <b>(R)</b>	<b>16.7%</b> <b>(R)</b>	<b>13.2%</b> <b>(R)</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>
North East	<b>100%</b>	<b>N/A</b>	<b>0</b> <b>(R)</b>	<b>13%</b> <b>(R)</b>	<b>16.7%</b> <b>(R)</b>	<b>9.1%</b> <b>(R)</b>			
North West	<b>100%</b>	<b>N/A</b>	<b>16.7%</b> <b>(R)</b>	<b>8.6%</b> <b>(R)</b>	<b>18.2%</b> <b>(R)</b>	<b>14.3%</b> <b>(R)</b>			
South	<b>100%</b>	<b>19%</b> <b>(R)</b>	<b>26.7%</b> <b>(R)</b>	<b>14.7%</b> <b>(R)</b>	<b>16.0%</b> <b>(R)</b>	<b>15.0%</b> <b>(R)</b>			

<b>Performance Trend</b>
A revised dataset is being introduced across NHSGGC in response to national data collection requirements and this KPI is being reviewed by Partnerships across the Health Board area. No data currently available, therefore, for 2019/20. Work is being progressed, however, with Alzheimer's Scotland to reduce waiting lists and improve waiting times.

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

1. Total number of patients who have been diagnosed with dementia
2. Percentage of Last 6 months of life spent in the Community (MSG Indicator)
3. Percentage of the Population Unsupported at Home (Aged 65+) (MSG Indicator)

**OFFICIAL**

**UNSCHEDULED CARE**

<b>Indicator</b>	1. New Accident and Emergency (A&E) attendances (18+)
<b>Purpose</b>	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) <b>but excludes AAU attendances</b> . Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 3.
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2015/16	2016/17	2017/18	2018/19	19/20 Target	2019/20 To Aug		
<b>Glasgow</b>	153,791	155,029	156,783	162,600	<b>153,791 (Total)</b>	<b>70,724 (R)</b>		
	12,816	12,919	13,065	13,542	<b>12,816 (Monthly)</b>	<b>14,144 (R)</b>		

**Performance Trend**

The target above is based on the MSG trajectories for 2019/20 reported to the IJB in May 2019. . The number of attendances have risen slightly over the last four years. This increase is consistent across GG&C as a whole. Year to date figures are also above the average monthly attendances target for 19/20.

**Actions to Improve Performance**

There is a Board wide programme in place which includes a number of actions to manage more care on a planned basis. A&E attendances have been increasing both nationally and in GG&C. Work is underway to analyse these trends, and to differentiate between emergency and urgent care so patients get the right treatment at the right time. The HSCP continues to work closely with acute colleagues to reduce attendances, including repeat A&E attendances, plans to improve access to minor injuries and is supporting acute clinicians in developing a policy of re-direction. Standardised rates per head of population indicate a lower use of A&E by Glasgow residents compared with other HSCPs in GG&C.

**Timeline for Improvement**

Trends are being monitored and reported regularly. An updated trajectory for 2019/20 has been submitted to the Scottish Government as part of the winter plan for 2019/20.

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<b>Target/Ref</b>	2. A&E Waits Less Than 4 Hours (%).
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Mar 16	Mar 17	Mar 18	Apr 19	Jul 19	Aug 19	Sep 19	Oct 19	
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	79.6% (R)	83% (R)	89.7% (R)	85.8% (R)	77.5% (R)	
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	75.5% (R)	81.1% (R)	81.6% (R)	76.2% (R)	73.4% (R)	

<b>Performance Trend</b>
Performance remains below target although has improved over the last three months at both hospital sites.
<b>Actions to Improve Performance</b>
The difficulties both A&E departments have had in meeting the 95% target is a reflection of the demand in the wider health and social care system, and emergency departments in particular. The work referenced above should impact on meeting the 4 hour target and the introduction of a minor injury unit at the QEUH should improve the Board's performance.
<b>Timeline for Improvement</b>
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. Consideration is being given to Board wide initiatives at all main acute sites to improve flow within emergency departments, including access to minor injuries services.
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<b>Indicator</b>	3. Number of Emergency Admissions (18+)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 1
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual (To May)</b>
Total	70,133	69,656	62,725	63,898	<b>66,624</b>	<b>11,014*</b> <b>(G)</b>
Monthly average	5844	5804	5227	5325	<b>5552</b>	<b>5507</b> <b>(G)</b>
<b>Performance Trend</b>						
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance is classified as GREEN for the period April-May though data is provisional and may be subject to change.						
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\*Provisional

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<b>Indicator</b>	4. Number of Unscheduled Hospital Bed Days - Acute (18+)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual (To May)</b>
Total	493,371	515,275	506,792	496,071	<b>453,866</b>	<b>73,250 (G)</b>
Monthly average	41,114	42,939	42,232	41,339	<b>37,822</b>	<b>36,625* (G)</b>
<b>Performance Trend</b>						
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance is classified as GREEN for the period April-May though data is provisional and may be subject to change.						

\*Provisional



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<b>Indicator</b>	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
<b>Purpose</b>	To monitor the extent to which people are occupying geriatric long stay 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.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual (To Q1)</b>
Total	36,956	33,278	21,377	<b>19,324</b>	<b>33,260</b>	<b>2486*</b> <b>(G)</b>
Monthly average	3080	2773	1781	<b>1610</b>	<b>2772</b>	<b>828</b> <b>(G)</b>

<b>Performance Trend</b>
A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance for Q1 is classified as GREEN though data is provisional and may be subject to change.
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<b>Indicator</b>	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
<b>Purpose</b>	To monitor the extent to which people are occupying mental health 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.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual (To Q1)</b>
Total	190,791	187,654	182,524	180,888	<b>181,371</b>	<b>44,644*</b> <b>(G)</b>
Monthly average	15,899	15,638	15,210	15,074	<b>15,114</b>	<b>14,881</b> <b>(G)</b>

<b>Performance Trend</b>
A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance for Q1 is classified as GREEN though data is provisional and may be subject to change.
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<b>Indicator</b>	7. Total number of Acute Delays.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	19/20 Target	Apr 17	Apr 18	Apr 19	Jun 19	Jul 19	Aug 19
North East		10	23	14	22	15	23
North West		6	15	13	12	12	20
South		14	12	12	17	17	28
HA Team							
<b>Sub-Total (Included Codes)</b>		<b>30</b>	<b>50</b>	<b>39</b>	<b>51</b>	<b>44</b>	<b>71</b>
North East		2	2	6	9	12	11
North West		5	4	4	9	12	14
South		4	4	4	6	8	4
<b>Sub-Total (Complex Codes)</b>		<b>11</b>	<b>10</b>	<b>14</b>	<b>24</b>	<b>32</b>	<b>29</b>
<b>All Delays</b>	<b>0</b>	<b>41</b> <b>(R)</b>	<b>60</b> <b>(R)</b>	<b>53</b> <b>(R)</b>	<b>75</b> <b>(R)</b>	<b>76</b> <b>(R)</b>	<b>100</b> <b>(R)</b>

**Performance Trend**

Numbers vary over time and have increased since June.

**Actions to Improve Performance**

A weekly meeting continues to manage delays at an operational level involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. 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. A full report on delays was made to the March IJB and an update will be reported to the IJB in November.

**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 the Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues. [Back to Summary](#)

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<b>Indicator</b>	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
<b>Purpose</b>	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual (To July)</b>
Total	41,582	38,870	29,897	38,656	<b>39,919</b>	<b>12,975 (G)</b>
Monthly average	3488	3239	2491	3238	<b>3327</b>	<b>3244 (G)</b>

<b>Performance Trend</b>
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon all delays, all reasons and for those aged 18+. Performance for first four months of the year are below target and GREEN.
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<b>Indicator</b>	9. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	18/19 Total	19/20 Target	19/20 Actual (Apr-Aug)
<b>HSCP</b>	<b>10,715</b>	<b>6050</b>	<b>2098</b>	<b>3781</b>	<b>1910 (159 per month)</b>	<b>1529 (382 per month) (R)</b>
NE	3590	1647	336	686		595
NW	3558	2995	816	1168		578
S	3910	1408	946	1927		356

**Performance Trend**

The HSCP set a trajectory for 2019/20 which was based upon a reduction to 1910 bed days for the year. This followed 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, and which meant they were no longer included. Performance to August, is above target.

**Actions to Improve Performance**

The rise in AWI continues to be a concern and a reflection of the wider pressure on delays in the acute system as a whole. The HSCP is working closely with acute colleagues to reduce delays as much as possible, and the importance of considering 13ZAs AWI decision making continues to be a focus of practice discussions. A working group has been established to ensure best practice and the review of care management and legal actions required to support appropriate discharge. A report with recommendations is due soon.

**Timescale for Improvement**

An improved performance is expected later in the year as a result of the actions highlighted above.

The AWI working group has agreed a plan to improve the flow through the AWI beds including a focus on prevention and preparation to attempt to reduce the numbers of people categorised as AWI.

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**CARERS**

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

Locality	Target	17/18 Total	18/19 Total	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
<b>Glasgow</b>	1900 (475 per Q)	<b>1,942</b> <b>(G)</b>	<b>1,984</b> <b>(G)</b>	<b>410</b> <b>(R)</b>	<b>483</b> <b>(G)</b>		
North East	634 (159 per Q)	<b>606</b> <b>(G)</b>	<b>709</b> <b>(G)</b>	<b>159</b> <b>(G)</b>	<b>195</b> <b>(G)</b>		
North West	634 (159 per Q)	<b>620</b> <b>(G)</b>	<b>502</b> <b>(R)</b>	<b>50</b> <b>(R)</b>	<b>94</b> <b>(R)</b>		
South	634 (159 per Q)	<b>716</b> <b>(G)</b>	<b>783</b> <b>(G)</b>	<b>201</b> <b>(G)</b>	<b>194</b> <b>(G)</b>		

<b>Performance Trend</b>
<p>The annual city-wide target has been increased to 1,900 for 2019/20.</p> <p>At Q2 city-wide performance moved from RED to GREEN with an increase in numbers of 18%. The quarterly target continues to be met in North East and South (GREEN). North West continues to be outwith the target range (RED).</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 6 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
<b>Glasgow</b>	70%	82% (G)	83% (G)	86% (G)	85% (G)	80% (G)	77% (G)
North East	70%	74% (G)	84% (G)	87% (G)	86% (G)	72% (G)	89% (G)
North West	70%	86% (G)	78% (G)	79% (G)	90% (G)	82% (G)	69% (G)
South	70%	86% (G)	87% (G)	92% (G)	81% (G)	83% (G)	72% (G)

<b>Performance Trend</b>
Target has been adjusted from 65% to 70% for 2019/20.
Performance remains GREEN across all localities and city wide against this new target.
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**PRIMARY CARE**

<b>Indicator</b>	1. Prescribing Costs: Compliance with Formulary Preferred List
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	TARGET	Jan 16-Mar 16	Jan 17-Mar 17	Jan 18-Mar 18	Oct 18-Dec 18	Jan 19-Mar 19	Apr 19-Jun 19
City	78%			79.45% (G)	78.16% (G)	78.0% (G)	77.89% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.85% (G)	78.64% (G)	78.58% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.34% (G)	77.19% (G)	77.01% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.24% (G)	78.12% (G)	78.02% (G)
<b>NHSGGC</b>	78%	<b>78.86%</b>	<b>79.22%</b>	<b>79.24%</b>	<b>78.12%</b>	<b>77.97%</b>	<b>77.89%</b>
<b>Performance Trend</b>							
All areas remain GREEN. Compliance decreased slightly at a city level and across all areas in quarter 1.							
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<b>Indicator</b>	2. Prescribing Costs: Annualised cost per weighted list size
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	Target	Mar 16	Mar 17	Mar 18	Mar 19	Apr 19	May 19	Jun 19
<b>City</b>	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£155.57 (G)	£168.25 (G)	£167.67 (G)	£167.66 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£151.26 (G)	£150.71 (G)	£150.40 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£154.82 (G)	£154.29 (G)	£153.68 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£161.37 (G)	£160.63 (G)	£160.48 (G)
<b>NHS GGC</b>		£174.99	£178.44	£178.32	£173.72	£156.01	£155.40	£155.05
<b>Performance Trend</b>								
<p>Variations across sectors and over time with a reduction across all areas continuing in the last quarter. Initiatives to ensure cost minimisation are ongoing.</p> <p><a href="#">Back to Summary</a></p>								

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<b>Indicator</b>	3. Flu Immunisation Rates
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

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)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
NE	71.6 (A)	42.9% (R)	45.1% (R)	57.0% (R)	46.1% (R)
NW	71.9% (A)	41.5% (R)	51.3% (R)	64.7% (R)	54.1% (R)
South	72.9% (A)	43.7% (R)	50.0% (R)	59.69 (R)	46.7% (R)
NHSGGC	73.8%	42.8% (R)	50.7% (R)	58.4% (R)	54.2% (R)
<b>Performance Trend</b>					
Performance below target and RED for all categories except Over 65s. These figures cover the flu immunisation programme which ran between 1 October 2018 and 31 March 2019. New updates will be provided going forward in relation to the 19/20 programme.					
<b>Actions to Improve Performance</b>					
<p>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:</p> <ul style="list-style-type: none"> <li>-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.</li> <li>-Flu vaccination uptake data covering the risk groups shown above is communicated to GP practices and clinical directors 2-3 times per flu season (Nov, Jan and March)</li> <li>-A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.</li> </ul>					

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GP practices remain responsible for delivering the annual programme of seasonal flu vaccination until an alternative sustainable model is identified through the Vaccination Transformation Programme.

### **Timeline for Improvement**

It is hoped that improvements will be achieved in the next immunisation programme.

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<b>Indicator</b>	4. Shingles Immunisation Rates
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target	Aged 70	Aged 76
NE	60%	<b>34.0%</b> <b>(R)</b>	<b>33.2%</b> <b>(R)</b>
NW	60%	<b>26.4%</b> <b>(R)</b>	<b>28.9%</b> <b>(R)</b>
South	60%	<b>29.7%</b> <b>(R)</b>	<b>32%</b> <b>(R)</b>
NHSGGC	60%	<b>31.3%</b>	<b>29.2%</b>

**Performance Trend**

The data shown relates to the cumulative immunisation rates between 1 September 2018 and end March 2019. Variations across localities and between the different age groups. The target relates to the whole year between 1 September 2018 and 31 August 2019.

**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.

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<b>Target/Ref</b>	5. AHP Waiting Times
<b>Purpose</b>	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
<b>Type of Indicator</b>	Local HSCP indicator for
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Service	Target	Apr 16	Apr 17	Apr 18	Apr 19	Jun 19	Jul 19	Aug 19	Sep 19
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	39% (R)	39% (R)	41% (R)	41% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	86.3% (A)	89.1% (G)	91.4% (G)	91.9% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	99.7% (G)	100% (G)	100% (G)	100% (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 consistently met by dietetics.

**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**

Additional resources for the MSK Orthopaedic project finished during February and March 2019 resulting in reduced clinical capacity. This, along with the continuing rise in demand, and number of vacancies/delay in recruitment process and more recently unusually high long term sick leave (in Aug/Sep) have resulted in a rise in the number of patients waiting.

Compared to Q1 and Q2 in 2018/19, referrals are up by 4.1% in Q1 and Q2 2019/20 (1546 more referrals in 2019/20). There were 10,568 referrals from Glasgow City in Q2 which represents 54% of all referrals in NHSGG&C. The longest wait for a routine appointment is 14 weeks which is a slight reduction from January 2019 when the longest wait was 15 weeks. The rise in demand has resulted in a rise in the number of patients waiting over 4 weeks from 2,423 in January 2019 to 4,804 in September 2019.

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 NHSGGC at 46.5% seen within 4 weeks.

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Improvement actions being undertaken since April 2019 are:

1. Ongoing improvement work with Referral Management Centre (RMC) to maximise clinical capacity and manage waiting list
2. Referral Management Centre converting vacant slots at 72 hours instead of at 48 hours to increase chance of slots getting utilised
3. Promote new GP referral guidance with GPs at locality/cluster meetings
4. Promote new self-management resource cards to support above.
5. Auditing new patients seen in May or June to measure how many patients unlikely to benefit are still attending the service
6. Service review by AHP Director – on-going action plan has several workstreams all looking to improve efficiency
7. Exploring use of e-health within the service e.g. Attend Anywhere, Florence
8. Meeting planned on GGC being national test site for Web Based Access
9. Monitor impact of Advanced Practice Posts in Primary Care on demand into MSK

### **Timeline for Improvement**

Given the reduction in capacity and increase in demand it is not possible to provide an estimated timescale for improvement.

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### **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

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**CHILDREN'S SERVICES**

<b>Indicator</b>	1. Uptake of the Ready to Learn Assessments
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Apr 18	Apr 19	Jun 19	Jul 19	Aug 19	Sep 19
95%	NE	87% (R)	88% (R)	90% (A)	95% (G)	94% (G)	92% (G)	94% (G)
	NW	79% (R)	87% (R)	95% (G)	91% (A)	90% (A)	92% (A)	86% (R)
	S	87% (R)	89% (R)	91% (A)	94% (G)	93% (G)	89% (R)	91% (G)

**Performance Trend**

Performance has fluctuated over time and between localities. North East reduced slightly but remained GREEN between June and September; North West moved from AMBER to RED; and South reduced but remained GREEN.

**Actions to Improve Performance**

Despite the fluctuation in recent months, during the past 15 months there has been a steady improvement in the completion of ready to learn assessments. We have put in place a performance management and supervision framework to identify low completion rates. We are continuing to review caseloads to enable a better understanding of why targets may have not been met.

We are also continuing to implement the Healthy Children programme including the recruitment of additional health visitors; the new universal child health pathway; and the extension of the Family Nurse Partnership.

**Timeline for Improvement**

Due to a reduction in Team Lead capacity within Health Visiting in the North West, along with retirement of key staff, this has impacted on the ready to learn assessment uptake. North West Head of Service is actively reviewing a resolution to capacity issues. North East and South will continue to improve and maintain their current green indicators.

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<b>Indicator</b>	2. % of HPis (Health Plan Indicator) allocated by Health Visitor by 24 weeks
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children’s Services)

TARGET	AREA	Mar 16	Mar 17	Mar 18	Mar 19	May 19	Jun 19	Jul 19
95%	NE	95% (G)	99% (G)	93% (G)	98% (G)	99% (G)	98% (G)	97% (G)
	NW	93% (G)	98% (G)	96% (G)	99% (G)	99% (G)	99% (G)	96% (G)
	S	96% (G)	98% (G)	96% (G)	99% (G)	98% (G)	99% (G)	96% (G)
<b>Performance Trend</b>								
<p>Variations across areas and over time. All areas continuing to meet 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.</p> <p><a href="#">Back to Summary</a></p>								



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<b>Indicator</b>	3. Number of referrals being made to the Healthier, Wealthier Children Service.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

AREA	Annual Target	Quarterly Target	2016/17 Total	2017/18 Total	2018/19 Total	2019/20 Q1		
<b>City</b>	1,533	383	1,533	1757 (G)	2590	866 (G)		
NE	344	86	344	509 (G)	1078	275 (G)		
NW	576	144	576	587 (G)	830	362 (G)		
S	613	153	613	661 (G)	682	229 (G)		

<b>Performance Trend</b>
At Q1, the quarterly target has been met.
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<b>Indicator</b>	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	Apr-19	Jul-19	Aug-19	Sep-19
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	84.7% (R)	75.4% (R)	70.2% (R)	66.4% (R)
North East	100%				88.4% (R)	73% (R)	64.2% (R)	56.7% (R)
North West	100%				78.1% (R)	70.1% (R)	68.3% (R)	66.5% (R)
South	100%				87.3% (R)	82.7% (R)	78.8% (R)	77.0% (R)

**Performance Trend**

Variations exist across localities and over time. Performance remains RED across the city.

**Actions to Improve Performance**

CAMHS aim to be within the 90% HEAT RTT Target threshold by the mid-2020 and are working to achieve this through the Quality Improvement Programme. 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.

Further work is ongoing to help identify issues and improve the patient journey flow. We are about to launch a qualitative audit of children and young people's case notes to identify whether their patient journey through CAMHS was appropriate and efficient. We will assess the referral reasons and additional clinical data within the notes to assess the validity of conversion from assessment to treatment, or whether an alternative care plan would have been more suitable. This audit could have an impact in decisions relating to demand and capacity balance.

Other work is ongoing to help identify suitable alternatives to CAMHS, particularly around Tier 2 resources. A large project is currently underway in East Renfrewshire where a child or young people will have a community based alternative to CAMHS, within the GP setting, where their condition and needs permit. This will likely have a positive impact on CAMHS capacity, though is in its early stages.

**Timeline for Improvement**

Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2019 there will be a significant decrease in the longest waiting time and number of children waiting.

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<b>Indicator</b>	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.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	
						% with review	Number <u>without</u> a Permanency Review
90%	City	76% (R)	80% (R)	75% (R)	75% (R)	72% (R)	30*
90%	North East	81% (R)	94% (G)	85% (R)	89% (R)	81% (R)	8
90%	North West	57% (R)	88% (R)	68% (R)	65% (R)	76% (R)	5
90%	South	83% (R)	61% (R)	70% (R)	61% (R)	59% (R)	16

**Performance Trend**

\*This number contains 1 child who is currently not allocated to any team.

Performance at city level decreased to 72% between Q1 and Q2 with all localities continuing to fall below target (RED). In South performance fell by a further 2 percentage points during Q2; performance in South remains significantly lower (59%) than North East (81%) and North West (76%).

At Q2 a total of 30 children (of 107 children under 5 looked after for 6 months or more) have not yet had a permanency review.

**Actions to Improve Performance**

Permanency remains a key priority for children's services, The Permanence Forum are continuing to review outstanding work and 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 taken, wherever necessary, has seen an improvement.

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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. We have started a recruitment drive for new social workers but alongside this, cases have had 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.

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.

The Core Leadership team are currently developing a placement stability index which will monitor placements in relation to number of social workers, number of placements and number of schools. In addition to the length of time a child/young person permanency order has taken to be confirmed. This will provide a rich picture of the placement landscape within the city and out with and provide insight into areas that we can focus resources on.

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<b>Indicator</b>	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
<b>Purpose</b>	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. These relate to all Looked After Children residing within Glasgow city with the exception of those under 5s who are being Looked After at Home who are assessed by Health Visitors as part of the Health Visiting Universal Pathway. It also excludes children from other Council areas who may be receiving a service from the Glasgow Vulnerability Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Apr 18 - Jun 18	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19- Mar 19	Apr 19- Jun 19	Jul 19- Sep 19
100%	Under 5s	97.37% (A)	95.2% (A)	97.14% (A)	83.33% (R)	66.67% (R)	23.1% (R)
100%	Aged 5-18	100% (G)	100% (G)	100% (G)	79.4% (R)	80% (R)	92.3% (R)

**Performance Trend**

Performance remains below target for both under 5s and 5-18s. It is worth noting that the numbers are small for both categories so can be subject to variation.

**Actions to Improve Performance**

This service is managed by Specialist Children's Services. Given the low number of referrals, if one patient is unable to be seen, for example, because of a lack of access to interpreter services or unavailability of doctor then this significantly reduces the percentage compliance. SCS is in the process of recruiting 2 specialist GP sessions to make up for the shortfall in medical sessions and has been liaising with the new interpreting service to ensure they can respond quickly in instances where an interpreter cancels and SCS has to wait a further 2 weeks to reappoint.

**Timeline for Improvement**

Staff recruitment is expected within a 6 month timeframe and thereafter improvements are expected [Back to Summary](#)

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<b>Indicator</b>	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
<b>Purpose</b>	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Quarters 1 - 4	19/20 Q1	19/20 Q2
60%	<b>Glasgow</b>	67% (G)	64% (G)	65% (G)	61% (G)	Not available	34% (R)	36% (R)
60%	North East	74% (G)	52% (R)	80% (G)	82% (G)		43% (R)	32% (R)
60%	North West	57% (R)	75% (G)	61% (G)	50% (R)		43% (R)	43% (R)
60%	South	65% (G)	59% (G)	52% (R)	44% (R)		24% (R)	36% (R)

**Performance Trend**

A new SCRA assessment form was rolled out across the city during the first 2 quarters of 2018/19 and we were unable to report performance during 2018/19. A revised reporting process has now been developed. At Q2 no locality met the 60% target for this indicator.

**Actions to Improve Performance**

There has been an increase in the number of requests over recent months. We believe this may be a result of a change in approach by Police Scotland in referrals related to children living in families where there have been incidences of domestic abuse. This has become particularly difficult for our teams during the summer holiday because we have fewer staff to respond to the report requests. A meeting will be arranged with representatives of the police service to investigate the reasons for the change and how we can address the reduction in performance.

**Timeline for Improvement**

A clearer assessment of how and when we will be able to improve performance will be made once we have met with members of Police Scotland.

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<b>Indicator</b>	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3*	18/19 Q4*	19/20 Q1*	19/20 Q2*	19/20 Q3*
75%	<b>Glasgow</b>	61% (R)	67% (R)	74% (G)	74% (G)	71% (R)	74% (G)	
75%	North East	65% (R)	77% (G)	85% (G)	83% (G)	80% (G)	76% (G)	
75%	North West	49% (R)	50% (R)	62% (R)	63% (R)	62% (R)	79% (G)	
75%	South	68% (R)	73% (A)	74% (G)	75% (G)	70% (R)	69% (R)	

**Notes**

-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 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems)

**Performance Trend**

At Q2 performance in North West and at city level moved from RED to GREEN. North East continued to exceed target (GREEN) and South remained below target (RED). At Q2 the city-wide proportion of non-recording remained at 10%; 15% in NE, 3% in NW, and 6% in South.

Scottish Government statistics ([Children's Social Work Statistics 2016-2017](#)) indicate 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, rising from 51% in 2011/12.

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<b>Indicator</b>	9. Number of high cost placements
<b>Purpose</b>	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
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	2019/20 Target	Jun 19	Sept 19		
120	126	111	67	51	31 (reduction of 20 between year-end 18/19 & 19/20)	48 (R)	46 (R)		

**Performance Trend**

New target for 19/20 been introduced. Numbers fell by 2 over the second quarter, below the pro-rata reduction required if the 19/20 year-end target is to be met (5 per quarter).

**Actions to Improve Performance**

The reduction in our use of high cost placements has been a major success story with around £14.9m in savings being generated over the past year by shifting the balance of purchased foster care and out with authority placements and now provides us with an opportunity to re-invest in prevention and earlier intervention. At the same time we have seen a major decrease in the number of young people coming into care. It should be noted that this is a very ambitious programme and there are likely to be fluctuations in our performance as we radically re-design a complex system.

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.

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"; re-designing our directly provided residential care and further improving our assessment, care planning and placement processes.



**Timeline for Improvement**

Further reductions are planned within our overall transformation programme and it is anticipated that the year-end target will be met.

Children's Services transformational agenda seeks to redesign residential services, foster care and intensive family support. It is anticipated that this will see a shift in the system as our children/young people return to Glasgow from other local authorities whether that be to reside within our provided residential /foster care or to return home. Our work with CELCIS on these three work stream of residential, foster care and intensive family support will support this performance indicator as we seek not only to reduce out with authority placements but also to support children, young people and families to stay within their communities and Glasgow.

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<b>Indicator</b>	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18	18/19			19/20
		Q4	Q4	Q4	Q2	Q3	Q4	Q1
<b>HSCP</b>	95%	94.6% (G)	93.8% (G)	93.7% (G)	92.78% (G)	92.65% (G)	92.41% (A)	93.16% (G)
North East	95%	N/A	95.8% (G)	95.36% (G)	92.22% (A)	94.98% (G)	92.87% (G)	93.41% (G)
North West	95%	N/A	93.6% (G)	93.54% (G)	90.99% (A)	91.92% (A)	93.66% (G)	92.83% (G)
South	95%	N/A	92.6% (G)	92.70% (G)	94.74% (G)	91.41% (A)	91.21% (A)	93.19% (G)
<b>Performance Trend</b>								
Performance now GREEN across all areas and at a city wide level. City wide performance has moved from AMBER to GREEN in the last period.								

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

AREA	TARGET	15/16	16/17	17/18	18/19			19/20
		Q4	Q4	Q4	Q2	Q3	Q4	Q1
<b>HSCP</b>	Q1	95.9% (G)	96.4% (G)	95.86% (G)	95.81% (G)	95.15% (G)	95.85% (G)	96.54% (G)
North East	95%	N/A	96.6% (G)	96.90% (G)	97.85% (G)	96.71% (G)	97.54% (G)	96.6% (G)
North West	95%	N/A	95% (G)	95.03% (G)	94.72% (G)	93.10% (G)	94.53% (G)	96.28% (G)
South	95%	N/A	97.3% (G)	95.63% (G)	95.13% (G)	95.40% (G)	95.54% (G)	96.69% (G)
<b>Performance Trend</b>								
Performance remains GREEN. There has been a small increase in performance between Q3 and Q4 at a city wide level.								
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**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

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**ADULT MENTAL HEALTH**

<b>Target/Ref</b>	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral									
	HSCP Target	Apr 17	Apr 18	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	
NE	90%	87.1% (A)	87% (A)	75% (R)	77.7% (R)	75.5% (R)	77.9% (R)	81.4% (R)	85.1% (R)	
NW	90%	81.7% (R)	83.1% (R)	83.3% (R)	88.9% (G)	88.8% (G)	91.9% (G)	94.3% (G)	90.7% (G)	
S	90%	96.5% (G)	94.7% (G)	96.1% (G)	91.3% (G)	98.2% (G)	90% (G)	88% (G)	96% (G)	

**Performance Trend**

Performance remains GREEN in the South and North West and RED in the North East.

**Actions to Improve Performance**

The capacity to deliver psychological therapies is within relatively small Primary Care Mental Health Teams, or a small number of therapists within multi-disciplinary Community Mental Health Teams, Older People Mental Health Teams, Alcohol and Drug Recovery Services and Learning Disabilities Teams.

The capacity to deliver psychological therapies, and significantly impact on the performance of teams, can be effected by relatively few clinical and/or admin vacancies, long term leave or retirals. 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.

The focus remains on addressing the recruitment to existing vacancies across all three localities. Teams continue to utilise short-term arrangements, flexing the limited remaining resource capacity, to provide a service within the target timeframes.

**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 performance has improved. Addressing historical backlog may have a short-term impact on the proportion seen with the target

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<b>Target/Ref</b>	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	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
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19
28 days	Stobhill	20.7 (G)	28.3 (G)	29.4 (R)	28.6 (G)	32.7 (R)	26.9 (G)	36.4 (R)
28 days	Leverndale	22.9 (G)	34.1 (R)	26 (G)	28.7 (A)	31.6 (R)	26.4 (G)	26.2 (G)
28 days	Gartnavel	24.4 (G)	35.9 (R)	33.6 (R)	35.6 (R)	37.3 (R)	28.8 (A)	33.7 (R)

**Performance Trend**

Performance fluctuating over time and between hospitals. Stobhill and Gartnavel RED in August with Leverndale GREEN. As an overall collegial system of adult acute short stay inpatient care, the average length of stay was 28.7 days for the 12 months to September 2019. This includes a range of average length of stay from 15 days to 37 days. Patients with stays over 6 months have an impact on the length of stay and % occupancy remains relatively high.

**Actions to Improve Performance**

Lengths of stay in adult acute lengths of stay remain complex and fluctuate month to month and annually. The average length of stay in the 12 month period to May 2019 is 28.7 across all the HSCPs within the GGC system. The current average length of stay indicates a fluctuating trend which continues to be monitored. Fluctuations month to month are not atypical. Transitional funding requests continue to be progressed. Discharge co-ordination as a GCC wide team is being supported with interim funding and progressing to recruitment. MHOs posts are also being appointed to. Other areas of response still include on-going consideration of further input to, SPSP, acute inpatient pathway, AIMs and accreditation processes.

**Timeline for Improvement**

Recruitment processes had an impact on the initial stretch target to put in place the identified changes. The finalisation of transitional funding remains to be submitted to more formal approval processes and recruitment where authorised remains less likely to occur by November 2019. A permanent impact on average length of stay is more likely to be realisable as a result for 2020. This work continues as 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](#)

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<b>Target/Ref</b>	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	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%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	Mar 18	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19
<95%	Stobhill	95.6% (G)	100.8% (R)	101.8% (R)	100.6% (R)	100.4% (R)	102.6% (R)	100.3% (R)
<95%	Leverndale	96.8% (G)	102.2% (R)	98.8% (A)	99% (A)	101% (R)	98.1% (A)	96.4% (G)
<95%	Gartnavel	92.7% (G)	98.4% (A)	98% (A)	99.1% (A)	99.5% (A)	96.5% (G)	93.8% (G)

**Performance Trend**

Stobhill has remained over 100% since but is anticipated to fall by September 2019 to below 99%. Leverndale and Gartnavel Royal are both anticipated to continue below 95% through to September.

**Actions to Improve Performance**

Percentage Bed Occupancy in the 12 month period to September 2019 is anticipated to be 97% across all the HSCPs within the GGC system of bed management. The current percentage bed occupancy continues to reinforce a fluctuating trend which continues to be monitored. Fluctuations month to month are not atypical.

**Timeline for Improvement**

Recruitment processes had an impact on the initial stretch target to put in place the identified changes. The finalisation of transitional funding remains to be submitted to more formal approval processes and recruitment where authorised remains less likely to occur by November 2019. A permanent impact on average length of stay is more likely to be realisable as a result for 2020. This work continues as part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. % Occupancy along with Average length of stay remain means of checking the pressure under which inpatient services are operating.

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<b>Indicator</b>	4. Total number of Adult Mental Health Delays
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	Apr 19	Jun 19	Jul 19	Aug 19	Sep 19
<b>North East</b>		2	3	3	3	3	3	6
<b>North West</b>		1	8	3	3	6	6	11
<b>South</b>		1	7	6	5	3	2	4
<b>Sub-Total (Included Codes)</b>		<b>4</b>	<b>18</b>	<b>12</b>	<b>11</b>	<b>12</b>	<b>11</b>	<b>21</b>
<b>North East</b>		0	3	1	1	1	1	1
<b>North West</b>		3	4	0	0	0	0	0
<b>South</b>		0	0	1	2	2	2	2
<b>Sub-Total (Complex Codes)</b>		<b>3</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>
<b>All Delays</b>	<b>0</b>	<b>7 (R)</b>	<b>25 (R)</b>	<b>14 (R)</b>	<b>14 (R)</b>	<b>15 (R)</b>	<b>14 (R)</b>	<b>24 (R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time. There has been an increase in September.
<b>Actions to Improve Performance</b>
The additional adult mental health delayed discharge meetings continue to maintain focus and pressure on keeping under 65 delays comparatively low. Actual adult mental health delayed discharges continues to remain within an expected overall fluctuation trend month on month. The system remains in place to discuss lessons learned and improvements 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. Trend fluctuations are likely to exceed 30 at the higher end and achieve single figures at the lower end.
<b>Timeline for Improvement</b>
The initial target to put in place the required changes remains into 2020 and beyond. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes. The potential impact of retaining higher bed numbers than optimum performance requires, remains a risk. <a href="#">Back to Summary</a>

**SANDYFORD (SEXUAL HEALTH)**

<b>Indicator</b>	1. Number of vLARC IUD appointments offered across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

**IUD – number of appointments**

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19
-	NE	317	377	340	303
	NW	709	874	917	829
	S	145	72	63	114
	HSCP	1171	1323	1320	1246
1888 per quarter	GGC	1795 (A)	1927 (G)	1834 (G)	1739 (R)
<b>Performance Trend</b>					
New Indicator.					
<b>Actions to Improve Performance</b>					
Performance for IUD appointments has been good. The drop in appointments was a result of service reductions over the school holiday period. The activity is anticipated to improve in quarter 3 and additional clinics have been put on Saturdays to help with waiting times.					
<b>Timeline for Improvement</b>					
Improvement should be noted by March 2020 <a href="#">Back to Summary</a>					



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<b>Indicator</b>	2. Number of vLARC Implant appointments offered across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

**Implants – number of appointments**

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19
-	NE	483	551	504	501
	NW	690	762	665	740
	S	314	150	99	80
	HSCP	1487	1463	1268	1321
2431 per quarter	GGC	2182 (R)	2100 (R)	1769 (R)	1783 (R)

<b>Performance Trend</b>
New indicator.
<b>Actions to Improve Performance</b>
Performance has dropped in this area due to a reduction of appointments available due to the service retraction since Feb 2019 as a result of staffing pressures and a loss of trained implant fitters. New nursing staff have been appointed and existing staff are being trained to increase Implant provision in the service.
<b>Timeline for Improvement</b>
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<b>Indicator</b>	3. Average Waiting times for access to Urgent Care appointments.
<b>Purpose</b>	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
<b>Type of Indicator</b>	National Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	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	Apr 18- Jun 18	Jan 19- Mar 19	Apr 19- Jun 19	Jul 19- Sep 19
2 working days	HSCP	2 (G)	2 (G)	5 (R)	5 (R)	8 (R)	8 (R)
	NE	3 (R)	3 (R)	5 (R)	7 (R)	9 (R)	11 (R)
	NW	2 (G)	2 (G)	4 (R)	5 (R)	8 (R)	8 (R)
	S	4 (R)	4 (R)	7 (R)	7 (R)	10 (R)	11 (R)
	GGC	3	2	5	6	8	9

<b>Performance Trend</b>
Target continues to be exceeded across the city. City wide performance remained similar over the last quarter.
<b>Actions to Improve Performance</b>
<ul style="list-style-type: none"> <li>Staff have now been identified to add additional booked PrEP clinics which will move some clients from urgent to routine booked appointments freeing up capacity of approximately 35 urgent care appointments per week. This will have modest positive effect on waiting times. PrEP clinical lead post has been advertised, as yet not appointed.</li> <li>Additional evening clinics for people with positive STI tests have been added from August 2019, which provide approx 15 additional appointments and have further modest effect.</li> <li>Sustained improvement requires a new service structure as outlined in the service review model, including recruitment of staff to offer 'express' STI testing.</li> <li>Two new GUM consultants have been appointed, one has taken up post and the other will start in December 2019; this will increase GUM consultant support to urgent care and improve patient journey and potentially increase capacity</li> <li>STI rates and complexity of treatment continue to rise and the average person on PrEP requires 4-6 visits per year, which will continue to put pressure on this area of the service</li> <li>Service review model will offer additional capacity for nurse-delivered urgent care appointments in 'tier 2' locations across Board; final modelling of capacity increase is incomplete</li> </ul>

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<b>Timeline for Improvement</b>
Six months
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<b>Indicator</b>	4. Number of individual young people attending all Sandyford services aged 13-15 and 16-17
<b>Purpose</b>	Improved service access across all Sandyford services for young people aged under 18
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

**Male**

TARGET	AGE	AREA	Oct – Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19
21	13-15	GC HSCP	4 (R)	4 (R)	3 (R)	5 (R)
40		GGC	15 (R)	17 (R)	21 (R)	14 (R)
58	16-17	GC HSCP	38 (R)	30 (R)	16 (R)	23 (R)
110		GGC	57 (R)	58 (R)	46 (R)	49 (R)

**Female**

TARGET	AGE	AREA	Oct – Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19
146	13-15	GC HSCP	96 (R)	94 (R)	82 (R)	78 (R)
292		GGC	193 (R)	183 (R)	180 (R)	153 (R)
339	16-17	GC HSCP	215 (R)	246 (R)	203 (R)	225 (R)
670		GGC	415 (R)	472 (R)	410 (R)	445 (R)

<b>Performance Trend</b>
New indicator. Performance below target for males and females.
<b>Actions to Improve Performance</b>
Numbers of young people accessing the service are still lower than we would want. Improvements in access in Parkhead have contributed to an increase, but once the new service model is implemented in early 2020, access and the number of young people's services will increase.
<b>Timeline for Improvement</b>
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<b>Indicator</b>	5. Waiting times for access to TOPAR (Termination of Pregnancy and Referral) Appointments
<b>Purpose</b>	To monitor waiting times for access to first appointment at TOPAR service
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19
5 working days	<b>5</b> <b>(G)</b>	<b>6</b> <b>(R)</b>	<b>6</b> <b>(R)</b>	<b>5</b> <b>(G)</b>
<b>Performance Trend</b>				
Performance moved from RED to GREEN in the last quarter.				

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**ALCOHOL AND DRUGS**

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
90%	<b>Glasgow</b>	97% (G)	92% (G)	98% (G)	98% (G)	98% (G)	96% (G)
90%	North East	98% (G)	95% (G)	93% (G)	97% (G)	100% (G)	99% (G)
90%	North West	98% (G)	99% (G)	94% (G)	99% (G)	98% (G)	100% (G)
90%	South	99% (G)	88% (G)	93% (G)	90% (G)	88% (G)	92% (G)
<b>Performance Trend</b>							
<p><b>This indicator is reported one quarter in arrears.</b>                      At Q1 all localities exceeded the referral to treatment target (GREEN).</p> <p><a href="#">Back to Summary</a></p>							

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<b>Indicator</b>	2. Percentage of Parental Assessments completed within 30 days of referral.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
75%	<b>Glasgow</b>	77% (G)	81% (G)	89% (G)	79% (G)	80% (G)	74% (G)
75%	North East	74% (G)	78% (G)	87% (G)	83% (G)	88% (G)	69% (R)
75%	North West	86% (G)	72% (A)	82% (G)	86% (G)	68% (R)	83% (G)
75%	South	75% (G)	91% (G)	96% (G)	70% (R)	63% (R)	71% (R)
<b>Performance Trend</b>							
<p>The city continued to meet target during Q2 (GREEN). Performance in North East fell by 19 percentage points moving from GREEN to RED while performance in North West increased by 15 points moving from RED to GREEN over the same period. Performance in South remained RED.</p> <p><a href="#">Back to Summary</a></p>							

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<b>Indicator</b>	3. Percentage of Service Users with an initiated recovery plan following assessment.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
70%	<b>Glasgow</b>	<b>65%</b> <b>(R)</b>	<b>73%</b> <b>(G)</b>	not available	<b>77%</b> <b>(G)</b>	<b>78%</b> <b>(G)</b>	<b>80%</b> <b>(G)</b>
70%	North East	<b>67%</b> <b>(A)</b>	<b>75%</b> <b>(G)</b>	not available	<b>77%</b> <b>(G)</b>	<b>78%</b> <b>(G)</b>	<b>79%</b> <b>(G)</b>
70%	North West	<b>64%</b> <b>(R)</b>	<b>74%</b> <b>(G)</b>	not available	<b>81%</b> <b>(G)</b>	<b>84%</b> <b>(G)</b>	<b>87%</b> <b>(G)</b>
70%	South	<b>73%</b> <b>(G)</b>	<b>76%</b> <b>(G)</b>	not available	<b>78%</b> <b>(G)</b>	<b>77%</b> <b>(G)</b>	<b>79%</b> <b>(G)</b>
<b>Performance Trend</b>							
<p>A new assessment form was rolled out across the city during Quarter 3 and as a consequence we are unable to report accurate figures during this transition period. A revised reporting process has now been developed.</p> <p>All localities exceeded target (GREEN) at Q2.</p> <p><a href="#">Back to Summary</a></p>							

**Other Annually Reported Indicators - See Appendix 1, Section 2**

- 12. Number of needles/ injecting equipment/foil dispensed
- 13. Number of naxolone kits dispensed



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**HOMELESSNESS**

<b>Indicator</b>	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
95%	City-wide	91% (A)	86% (R)	90% (R)	89% (R)	88% (R)	87% (R)
	North East	90% (R)	83% (R)	94% (G)	88% (R)	82% (R)	79% (R)
	North West	94% (G)	94% (G)	95% (G)	86% (R)	91% (A)	87% (R)
	South	83% (R)	77% (R)	77% (R)	83% (R)	82% (R)	86% (R)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	99% (G)	100% (G)	100% (G)

**Performance Trend**

Performance city-wide and in the 3 localities was below target (RED) during Q2; the Asylum & Refugee Team (ARST) met target (GREEN).

**Actions to Improve Performance**

The newly recruited 15 Social Care Workers have completed their homelessness training and this will have a positive impact on performance. In addition to this the Senior Officer for Planning & Performance is now in post and the Principle Officer is restructuring locality performance meetings to monthly. This will inform newly established 4 weekly performance meetings reporting to Assistant Chief Officer, Public Protection and Complex Needs. The duty Vanguard approach has been implemented in South Locality and evidence over the pilot period has shown an improvement in the length of time from application to assessment decision. The commitment is to now implement this approach in North East and North West localities.

**Timeline for Improvement**

Monitoring report for Senior Homelessness Workers that identify cases over 21 days will be amended to 14 days to ensure assessment decisions are made within timescales. Vanguard briefings have started within North East and the aim is for similar performance improvements as seen in South. Performance improvements should be seen through Q3 and sustained throughout 2019/20.

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<b>Indicator</b>	2. Percentage of live homeless applications over 6 months duration at the end of the quarter.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
<20% (16/17)	City-wide	45% (R)	48% (R)	46% (R)	45% (R)	45% (R)	44% (R)	42% (R)	42% (R)
	North East	41% (R)	50% (R)	48% (R)	47% (R)	46% (R)	44% (R)	43% (R)	44% (R)
	North West	42% (R)	41% (G)	40% (G)	40% (G)	39% (G)	40% (G)	43% (R)	41% (G)
<40% (17/18 & 18/19)	South	48% (R)	51% (R)	47% (R)	46% (R)	48% (R)	47% (R)	46% (R)	44% (R)
	Asylum & Refugee Team (ARST)	57% (R)	51% (R)	46% (R)	40% (G)	41% (G)	37% (G)	30% (G)	33% (G)

**Performance Trend**

The Asylum and Refugee Team (ARST) and North West met the target for this indicator at Q2 (GREEN). The other localities and city-wide were outwith the target range (RED).

**Actions to Improve Performance**

Asylum and North West both on target and this should be sustained throughout 19/20. The Senior Homelessness Workers within South and North East are ensuring move on plans are in place for all Homelessness Applications to ensure active casework and improved resettlement outcomes are achieved. The recording system for homelessness has been updated so we can monitor the caseloads in 3 groups, large families, complex and resettlement plan complete waiting on offer of housing. This will allow Senior Homelessness Workers to monitor more accurately. This will be discussed at the monthly performance meetings.

**Timeline for Improvement**

The new Social Care Workers have completed their training and will now start to carry caseloads. It is expected that performance improvements will be made in Q4.

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<b>Target/Ref</b>	3. Number of new resettlement plans completed - total to end of quarter (citywide).
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

<b>Target</b>	<b>Locality</b>	<b>17/18 Total</b>	<b>18/19 Total</b>	<b>19/20 Q1</b>	<b>19/20 Q2</b>	<b>19/20 Q3</b>
4,000 per annum (1,000 per quarter)	City-wide figure only	<b>3,016 (R)</b>	<b>3,593 (R)</b>	<b>848 (R)</b>	<b>897 (R)</b>	
<b>Performance Trend</b>						
The annual target increased from 3,200 to 4,000 for 2019/20. The number of new resettlement plans completed during Q2 did not meet the quarterly target (RED).						
<b>Actions to Improve Performance</b>						
New Social Care Workers have been trained and will now start to carry caseloads. Revised weekly targets will be implemented from 4 <sup>th</sup> November 2019 to ensure 4000 resettlement plans should be achieved for 2019/20.						
<b>Timeline for Improvement</b>						
Revised targets have been agreed with Local Letting Community Forums and through the monthly performance meetings will assist to ensure the resettlement plans target will be met by end of 19/20. <a href="#">Back to Summary</a>						

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<b>Target/Ref</b>	4. Number of households reassessed as homeless or potentially homeless within 12 months.
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

<b>Target</b>	<b>Locality</b>	<b>15/16 Full Year Total</b>	<b>16/17 Full Year Total</b>	<b>17/18 Full Year Total</b>	<b>18/19 Full Year Total</b>	<b>19/20 Q1</b>	<b>19/20 Q2</b>	<b>Year to Date</b>
<300 per annum (16/17) <480 per annum (17/18 & 18/19) (<120 per Q)	City-wide figure only	<b>395 (R)</b>	<b>493 (R)</b>	<b>444 (G)</b>	<b>400 (G)</b>	<b>95 (G)</b>	<b>128 (R)</b>	<b>223 (G)</b>
<b>Performance Trend</b>								
During Q2 we did not meet our quarterly target <120 households being reassessed as homeless (or potentially homeless) within 12 months. Year to date target is, however, GREEN.								

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<b>Target/Ref</b>	5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
100%	City-wide figure only	60.9%	65.5% (R)	58% (R)	68% (R)	83% (R)	61% (R)	74% (R)	76% (R)
<b>Performance Trend</b>									
Although the target was not met (RED) during Q1 and Q2, there was a significant improvement of 13 percentage points during Q1 which was maintained and built on during Q2.									
<b>Actions to Improve Performance</b>									
Senior Homelessness Worker in each team is now overseeing the recording of all HL3 data on a weekly basis to ensure the data is accurate and that all offers and refusals are being recorded. HL3 data improvement plan is now in place and shared with the Scottish Government.									
<b>Timeline for Improvement</b>									
We continue to place priority on this indicator and through improved recording and monitoring it is envisaged this percentage will continue to rise through Q3. <a href="#">Back to Summary</a>									

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**CRIMINAL JUSTICE**

<b>Indicator</b>	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
80%	<b>Glasgow</b>	<b>65% (R)</b>	<b>67% (R)</b>	<b>73% (R)</b>	<b>66% (R)</b>	<b>70% (R)</b>	<b>71% (R)</b>
80%	North East	<b>63% (R)</b>	<b>58% (R)</b>	<b>73% (R)</b>	<b>64% (R)</b>	<b>68% (R)</b>	<b>78% (A)</b>
80%	North West	<b>70% (R)</b>	<b>76% (R)</b>	<b>68% (R)</b>	<b>69% (R)</b>	<b>65% (R)</b>	<b>63% (R)</b>
80%	South	<b>63% (R)</b>	<b>65% (R)</b>	<b>77% (A)</b>	<b>64% (R)</b>	<b>78% (A)</b>	<b>70% (R)</b>
<b>Performance Trend</b>							
At Q2 North West, South and the city remained below target (RED). Performance improved significantly in North East moving from RED to AMBER during the reporting period.							
<b>Actions to Improve Performance</b>							
<p>There are significant challenges for clients who do not attend Fast Track (level 1 orders) staff are clear to make every effort to contact clients to attempt to get the placement started within 7 days.</p> <p>Performance in South has also been impacted by vacancies resulting in higher caseloads for staff, recruitment for these posts is underway.</p> <p>The newly established 4 weekly performance meetings reporting to Assistant Chief Officer, Public Protection and Complex Needs continues to raise awareness to teams .</p>							
<b>Timeline for Improvement</b>							
<p>Performance report to separate level's 1 has been implemented and revised monitoring arrangements for North West and South will be implemented over Q3.</p> <p>We continue to place priority on this indicator and through improved recording and monitoring it is envisaged this percentage will continue to rise through Q3.</p> <p><a href="#">Back to Summary</a></p>							

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<b>Indicator</b>	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
85%	City	97% (G)	80% (R)	95% (G)	70% (R)	76% (R)	79% (R)	75% (R)
85%	North East	88% (G)	79% (R)	97% (G)	75% (R)	76% (R)	68% (R)	77% (R)
85%	North West	98% (G)	75% (R)	96% (G)	75% (R)	84% (G)	87% (G)	91% (G)
85%	South	100% (G)	84% (G)	93% (G)	62% (R)	73% (R)	81% (A)	77% (R)

**Performance Trend**

At Q2 North East, South and the city remained below target (RED). North West continued to meet target (GREEN).

**Actions to Improve Performance**

North West are achieving well above target and a review of the quality of the case management plans has indicated good practice and any improvements required are communicated to the team leaders/staff. This practice is being shared across localities.

Performance in South has been affected by Youth Justice which was highlighted at the local performance meeting. The principle officer for performance has established a city wide Youth Justice meeting and the 1<sup>st</sup> meeting is planned for early November to address this.

**Timeline for Improvement**

It is envisaged that improvement will be noted in Quarter 3 through the work with Youth Justice across the city. Team Leaders are making good efforts to place an emphasis on contemporaneous recording through supervision and sub team meetings.

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<b>Indicator</b>	3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
<b>Purpose</b>	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
75%	<b>Glasgow</b>	71% (R)	78% (G)	76% (G)	71% (R)	72% (A)	76% (G)	76% (G)
75%	North East	64% (R)	77% (G)	78% (G)	67% (R)	79% (G)	75% (G)	72% (A)
75%	North West	75% (G)	77% (G)	81% (G)	76% (G)	72% (A)	81% (G)	94% (G)
75%	South	72% (A)	80% (G)	70% (R)	70% (R)	66% (R)	74% (G)	66% (R)

**Performance Trend**

At Q2 the target was met in the city and in North West (GREEN). Performance in North East dropped from GREEN to AMBER, while performance in South dropped from GREEN to RED during the reporting period.

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<b>Indicator</b>	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
70%	<b>Glasgow</b>	65% (R)	60% (R)	64% (R)	63% (R)	64% (R)	64% (R)	69% (G)
70%	North East	58% (R)	57% (R)	62% (R)	68% (A)	59% (R)	62% (R)	71% (G)
70%	North West	61% (R)	63% (R)	66% (R)	61% (R)	70% (G)	68% (A)	67% (A)
70%	South	75% (G)	60% (R)	64% (R)	60% (R)	62% (R)	63% (R)	69% (G)

**Performance Trend**

At Q2 there was a city-wide increase in performance with North East, South and the city all moving from RED to GREEN. Performance in North West remained slightly below the target range (AMBER).

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

Target	Locality	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
80%	<b>Glasgow</b>	73% (R)	77% (A)	81% (G)	81% (G)	73% (R)	76% (R)
80%	North East	78% (A)	84% (G)	82% (G)	83% (G)	67% (R)	74% (R)
80%	North West	74% (R)	76% (R)	85% (G)	87% (G)	77% (A)	79% (G)
80%	South	69% (R)	73% (R)	78% (A)	77% (A)	77% (A)	76% (R)

**Performance Trend**

At Q2 performance in the city and North East remained RED. South dropped from AMBER to RED during the reporting period while North West's performance rose from AMBER to GREEN.

**Actions to Improve Performance**

The situation with short notice court report has improved and a greater proportion of reports now giving a 20 day time period. The letters to court are only completed when clients fail to attend their appointment.

Monthly locality performance meetings and fortnightly reports highlight areas of poor performance across the teams. Team Leaders are using these to identify gaps in recording and addressing this with relevant staff.

**Timeline for Improvement**

Monthly performance meetings continue to focus on this indicator to identify issues promptly with Team Leaders. It is therefore envisaged that improvements will be made in Quarter 3 and sustained through 2019/20.

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

Target	Locality	17/18 Q3	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
90%	Glasgow	100% (G)	93% (G)	97% (G)	90% (G)	95% (G)	100% (G)	92% (G)
90%	North East	100% (G)	100% (G)	100% (G)	86% (A)	100% (G)	100% (G)	100% (G)
90%	North West	100% (G)	100% (G)	93% (G)	100% (G)	100% (G)	100% (G)	100% (G)
90%	South	100% (G)	80% (R)	100% (G)	100% (G)	86% (A)	100% (G)	78% (R)
<b>Performance Trend</b>								
At Q2 the target was exceeded in North East, North West and the city (GREEN). There was significant drop in performance in South with performance moving from GREEN to RED over the reporting period.								
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**HEALTH IMPROVEMENT**

<b>Indicator</b>	1. Alcohol brief intervention delivery (ABI)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	2016/17 End of Year Status	2017/18 End of Year Status	Actual Total 2018/19	Target 2019/20 (To Q2)	Actual 2019/20 (To Q2)
<b>Glasgow City HSCP</b>	<b>7,400</b> <b>(G)</b>	<b>6,470</b> <b>(G)</b>	<b>5055</b> <b>(G)</b>	2532	<b>2642</b> <b>(G)</b>
North East	<b>1,156</b> <b>(R)</b>	<b>1,312</b> <b>(R)</b>	<b>1360</b> <b>(R)</b>	818	<b>593</b> <b>(R)</b>
North West	<b>1,399</b> <b>(R)</b>	<b>1790</b> <b>(G)</b>	<b>1277</b> <b>(R)</b>	792	<b>565</b> <b>(R)</b>
South	<b>739</b> <b>(R)</b>	<b>674</b> <b>(R)</b>	<b>1035</b> <b>(R)</b>	922	<b>320</b> <b>(R)</b>
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383		1164

**Performance Trend**

At Q2 the target for Glasgow City is being met. Performance at locality levels are below their respective targets. It should be noted, however, that the city wide services are delivered in localities but are recorded at a city wide level.

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<b>Indicator</b>	2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

	16/17	17/18	18/19	19/20	
				Target (Q1)	Actual (Q1)
<b>Glasgow</b>	<b>1,250(R)</b>	<b>1,398 (G)</b>	<b>1412 (G)</b>	<b>260</b>	<b>340 (G)</b>
North East	<b>489 (R)</b>	<b>498 (A)</b>	<b>547 (G)</b>	<b>93</b>	<b>114 (G)</b>
North West	<b>346 (R)</b>	<b>431 (G)</b>	<b>427 (G)</b>	<b>85</b>	<b>109 (G)</b>
South	<b>415 (R)</b>	<b>469 (G)</b>	<b>438 (G)</b>	<b>82</b>	<b>117 (G)</b>
<b>Performance Trend</b>					
Performance for Q1 above target across all localities.					
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<b>Indicator</b>	3. Women smoking in pregnancy (general population).
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	TARGET (2019/20)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<b>HSCP</b>	12.3% (G)	12% (G)	11.6% (G)	11.5% (G)	12%	11.7% (G)	10.9% (G)		
NE	14.8%	13.6	15.8%	15.5%	N/A	15.1%	12.5% (A)		
NW	10.3%	12.2%	9.4%	9.4%	N/A	9.3%	8.1% (G)		
S	12.1%	10.4%	10%	9.9%	N/A	10.8%	11.9% (G)		
<b>Performance Trend</b>									
Target been reduced from 13% to 12% for 2019/20. Performance at a city level remains GREEN.									
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<b>Indicator</b>	4.Women smoking in pregnancy (most deprived quintile)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

LOCALITY	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	TARGET (2019/20)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
<b>HSCP</b>	18.7% (G)	18.1% (G)	18.3% (G)	18.9% (G)	17%	18.9% (R)	17.0% (G)		
NE	19.6%	17.0%	19.1%	21.2%	N/A	20.7%	14.5%		
NW	18.8%	20.3%	16.9%	17.2%	N/A	16.4%	15.8%		
S	18.4%	15.4%	18.1%	17.6%	N/A	18.7%	20.2%		

**Performance Trend**

Target been reduced from 19% to 17% for 2019/20. Performance moved from RED to GREEN in the last period. New system introduced in November 2017 so no historical figures included.

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

AREA	2016	2017	2018	2019				
				Target (end 2019/20)	Q1	Q2	Q3	Q4
<b>HSCP</b>	25.7% (G)	26.9% (G)	30.4% (G)	31.4%	28.5% (R)	29.8% (A)		
NE	18.3% (G)	19.7% (G)	24.4% (G)	N/A	21.4%	23.1%		
NW	30.7% (G)	33.8% (G)	35.3% (G)	N/A	31.3%	35.7%		
S	27.5% (G)	27.5% (G)	31.5% (G)	N/A	31.9%	30.4%		
<b>Performance Trend</b>								
Data only recently become available again after issues with data quality. Targets have been adjusted upwards and set at a city wide level for the next 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22). Performance has improved between Q1 and Q2 and moved from RED to AMBER.								
<b>Actions to Improve Performance</b>								
While the RAG rating has been affected by the new target, performance has reduced so far in 2019/20. While there has been an increase in Health Visitor numbers, many of these staff are relatively new to post/newly qualified and it takes time for them to embed their learning and increase their confidence. Workshops have been delivered to all staff across the city providing them with refresher training in between mandatory updates. A breast pump loan scheme has also been recently introduced and it is hoped that this will help some women to continue to breastfeed for longer and for others to achieve exclusive feeding.								
<b>Timeline for Improvement</b>								
It is hoped that improvements will be seen in the remainder of 2019/20.								
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<b>Indicator</b>	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	2016	2017	2018	Target (end 2019/20)	Q1	Q2	Q3	Q4
<b>HSCP</b>	18.2% (R)	20.3% (R)	21.2% (G)	22.4%	21.7% (G)	21.9% (G)		
NE	16.2% (G)	18.4% (R)	20.2% (G)	N/A	19.9%	21.0%		
NW	18.2% (R)	22% (R)	21.9% (R)	N/A	18.8%	24%		
S	20.4% (G)	21.2% (R)	21.8% (A)	N/A	26%	21.4%		

**Performance Trend**

Data only recently become available again after issues with data quality. Targets have been adjusted and set at a city wide level for the next 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Performance has increased between Q1 and Q2 and although slightly below target, is classified as GREEN.

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<b>Indicator</b>	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)
<b>Purpose</b>	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	2018 Drop Off Rates	2019 Target	2019 Actual			
			Q1	Q2	Q3	Q4
<b>HSCP</b>	-17.7%	-17.0%				
NE	-19.7%	-18.9%				
NW	-15.1%	-14.5%				
S	-18.6%	-17.8%				
<b>Performance Trend</b>						
New indicator. Targets have been set to achieve reductions over the next 3 years. Data for 2019 will not be available until future reports.						
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**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

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**HUMAN RESOURCES**

<b>Indicator</b>	1. NHS Sickness absence rate (%)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

Glasgow City Sickness %	Target	2019/06	2019/07	2019/08	2019/09
Adult Services	4%	6.7% (R)	7.3% (R)	7.3% (R)	7.2% (R)
Children's Services	4%	4.7% (R)	5.0% (R)	5.3% (R)	5.0% (R)
Health Improvement	4%	4.4% (R)	5.2% (R)	5.1% (R)	5.4% (R)
Older People and Primary Care	4%	5.9% (R)	7.1% (R)	6.3% (R)	6.0% (R)
Resources	4%	3.6% (R)	5.0% (R)	3.9% (G)	4.3% (R)
Public Protection and Complex Care	4%	7.6% (R)	7.5% (R)	7.5% (R)	4.9% (R)
<b>HSCP Total</b>	<b>4%</b>	<b>5.91% (R)</b>	<b>6.61% (R)</b>	<b>6.44% (R)</b>	<b>6.29% (R)</b>

<b>Performance Trend</b>
Variations across areas and over time but performance remains above target across the HSCP.
<b>Actions to Improve Performance</b>
<p>As a result of the increase in absence levels over recent months the current action plan will be reviewed to ascertain what has been working and where our focus should be placed, to tackle the identified "Hotspot" areas. This is being done in conjunction with the NHS GGC board review of absence with monthly meetings taking place with HR Management to agree and review action plans, in particular for those areas that have 10% absence or above. In addition the previously identified activities will continue:</p> <ul style="list-style-type: none"> <li>• Continued detailed reporting with Locality Executive and Core Leadership Teams</li> <li>• Individual Action plans in place for long term absence cases</li> <li>• Improved access to absence information for managers to allow local reporting</li> </ul>

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- Further training on absence and Stress Awareness and an action to local Health and Safety committees to re-run Stress Audits, reflecting the primary recorded reason for absence is related to stress which remains high
- Engagement within inpatient areas (all Localities) are a priority with the relevant support being provided from HR, Learning & Education and Occupational Health.

### **Timeline for Improvement**

Absence management is a focus of on-going activity across the HSCP and is reviewed monthly. 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.

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<b>Indicator</b>	2.Social Work Sickness Absence Rate (Average Days Lost)
<b>Purpose</b>	To monitor the level of sickness absence across care groups in 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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Assistant Chief Officer, HR

Social Work absence rates are reported as average days lost (ADL) per employee rather than a percentage figure.

	19/20						
	P1*	P2	P3	P4	P5	P6	P7
<b>ADL Target (10.2 per year/0.2 per week)</b>	<b>0.4</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>
<b>Glasgow</b>	<b>0.5 (R)</b>	<b>1.0 (R)</b>	<b>1.0 (R)</b>	<b>1.1 (R)</b>	<b>1.1 (R)</b>	<b>1.0 (R)</b>	<b>1.2 (R)</b>
Resources	0.4 (G)	0.7 (G)	0.7 (G)	0.9 (R)	0.9 (R)	1.0 (R)	1.0 (R)
Adult Services	0.6 (R)	1.2 (R)	1.0 (R)	1.0 (R)	1.0 (R)	1.2 (R)	0.9 (R)
Public Protection & Complex Care	0.3 (G)	0.6 (G)	0.6 (G)	0.6 (G)	0.4 (G)	0.5 (G)	0.6 (G)
Children's Services	0.5 (R)	1.0 (R)	0.9 (R)	1.1 (R)	1.1 (R)	1.1 (R)	1.0 (R)
Older People's Services	0.5 (R)	1.0 (R)	1.0 (R)	1.1 (R)	1.1 (R)	1.0 (R)	1.0 (R)
Care Services	0.7 (R)	1.2 (R)	3.2 (R)	1.2 (R)	1.3 (R)	1.4 (R)	1.5 (R)

\*P 1 is 2, rather than 4, weeks long.

<b>Performance Trend</b>
<b>From Q1 2019/20 performance is reported by Care Group and by Period, rather than Locality and Quarter.</b> Performance at a city level remains RED and has increased slightly at P7.
<b>Actions to Improve Performance</b>
The quarterly Attendance Management Action Plan is reviewed and updated to reflect the priorities for the Service in addressing the increase in absence figures within certain staff groups. HR strategies to reduce the working days lost for long term absences, together with the exploration of further interventions to support employees with psychological stress absences and musculoskeletal back pain absences is one of the key priorities in 2019/20.
<b>Timeline for Improvement</b>
If the Service can achieve the priorities set within the quarterly action plan, it would be anticipated that a reverse absence trend would be demonstrated before the end of 2019/20 and commencing a new year with a steady positive improvement.
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<b>Indicator</b>	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).
<b>Purpose</b>	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%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

TARGET	AREA	Jul 18	Mar 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19
80%	Glasgow City	45.79% (R)	24.41% (R)	31.7% (R)	34.3% (R)	36.4% (R)	41.6% (R)	40.8% (R)
80%	HSCP Central		8.9% (R)	10.53% (R)	16.77% (R)	26.9% (R)	46.8% (R)	48.8% (R)
80%	North East		36.66% (R)	45.6% (R)	46.5% (R)	46.6% (R)	50% (R)	48.1% (R)
80%	North West		21.26% (R)	28.7% (R)	31.9% (R)	34.5% (R)	37.5% (R)	36.1% (R)
80%	South		14.76% (R)	20.5% (R)	24.5% (R)	27.7% (R)	35.5% (R)	35.8% (R)
80%	Mental Health Central		8.9% (R)	15.1% (R)	17.1% (R)	21.1% (R)	24.4% (R)	28.7% (R)

**Performance Trend**

Performance RED across all areas though there have been improvements in the last quarter across the city. This information is taken from the new TURAS system for Knowledge & Skills Framework (KSF) recording so no information is shown prior to July 2018.

**Actions to Improve Performance**

Actions include the following:

- Each Leadership area to develop local service trajectories to reach the required target for TURAS figures to 80% by end of December 2019 (Trajectory template issued)
- Learning & Education will provide regular updates through Leadership groups and service specific advice on planning to meet their trajectory
- Work is on-going to develop an updated list of reviewers to develop a support and good practice sharing network
- We will look to develop some vignettes of good news stories from current staff using TURAS for the Partnership newsletter

**Timeline for Improvement**

It is anticipated that improvements will be seen with trajectories to reach the targets by the end of October 2019.

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<b>Indicator</b>	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 17	Mar 18	Mar 19	June 19	Jul 19	Aug 19	Sep 19
100%	<b>Glasgow City HSCP Total</b>	<b>57% (R)</b>	<b>75% (R)</b>	<b>45% (R)</b>	<b>22% (R)</b>	<b>22% (R)</b>	<b>22% (R)</b>	<b>23% (R)</b>
100%	Glasgow City HSCP Central	N/A	N/A	N/A				
100%	Glasgow City North East	<b>75% (R)</b>	<b>75% (R)</b>	<b>33% (R)</b>				
100%	Glasgow City North West	<b>50% (R)</b>	<b>100% (G)</b>	<b>50% (R)</b>				
100%	Glasgow City South	<b>0% (R)</b>	<b>0% (R)</b>	<b>50% (R)</b>				
100%	Mental Health Central	N/A	N/A	N/A				

**Performance Trend**

Performance fluctuates across areas and over time. Remains RED at a city level.

**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.

The fall in performance is being monitored on a monthly basis to seek an urgent improvement. Remedial action has been identified to address outstanding activity from the last quarter and also previous months.

**Timescales for Improvement**

This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance will improve going forward.

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<b>Indicator</b>	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

TARGET	AREA	Mar 17	Mar 18	Mar 19	June 19	Jul 19	Aug 19	Sep 19
100%	<b>Glasgow City HSCP Total</b>	<b>50% (R)</b>	<b>44% (R)</b>	<b>75% (R)</b>	<b>60% (R)</b>	<b>60% (R)</b>	<b>43% (R)</b>	<b>18% (R)</b>
100%	HSCP Central	N/A	N/A	N/A				
100%	North East	<b>33% (R)</b>	<b>33% (R)</b>	N/A				
100%	North West	<b>100% (G)</b>	<b>40% (R)</b>	<b>100% (G)</b>				
100%	South	<b>50% (R)</b>	<b>100% (G)</b>	<b>50% (R)</b>				
100%	Mental Health Central	<b>50% (R)</b>	N/A	N/A				

**Performance Trend**

Performance fluctuates across areas and over time. Remains RED at a city level.

**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. 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

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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.

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### **Other Annually Reported Indicators - See Appendix 1, Section 2**

#### 20. I-Matters Completion

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**BUSINESS PROCESSES**

<b>Indicator</b>	1. Percentage of NHS Stage 1 complaints responded to within timescale
<b>Purpose</b>	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 <sup>st</sup> of April 2017.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

<b>Locality</b>	<b>TARGET</b>	<b>17/18 Q4</b>	<b>18/19 Q3</b>	<b>18/19 Q4</b>	<b>19/20 Q1</b>
<b>HSCP</b>	70%	96.6% (G)	95.6% (G)	96.2% (G)	96.4% (G)
NE	70%	97.3% (G)	86.7% (G)	87.5% (G)	100% (G)
NW	70%	87.5% (G)	82.6% (G)	90.6% (G)	82.3% (G)
South	70%	80% (G)	100% (G)	0% (R)	100% (G)
Prisons	70%	98.7% (G)	97.9% (G)	100% (G)	100% (G)

<b>Performance Trend</b>
HSCP remained GREEN and at similar level in the last reporting period. Note: The majority of complaints relate to prisons.
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<b>Indicator</b>	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
<b>Purpose</b>	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

<b>Locality</b>	<b>TARGET</b>	<b>17/18 Q4</b>	<b>18/19 Q3</b>	<b>18/19 Q4</b>	<b>19/20 Q1</b>
<b>HSCP</b>	70%	60% (R)	67% (A)	70% (G)	68% (G)
NE	70%	40% (R)	75% (G)	50% (R)	64% (R)
NW	70%	64% (R)	52% (R)	73% (G)	67% (A)
South	70%	100% (G)	100% (G)	100% (G)	100% (G)
Prisons	70%	59% (R)	68.6% (G)	67.6% (A)	66.7% (A)

**Performance Trend**

The performance for GCHSCP as a whole has slightly decreased but remains GREEN. Performance is driven by the performance of the Prison Sector, where most complaints arise.

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<b>Indicator</b>	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q2		18/19 Q3		18/19 Q4		19/20 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	15	80% (G)	15	60% (R)	14	93% (G)	28	86% (G)
70%	North West	22	52% (R)	15	73% (G)	9	44% (R)	19	79% (G)	22	55% (R)
70%	South	33	61% (R)	26	58% (R)	35	66% (R)	36	58% (R)	38	61% (R)
70%	Homelessness	n/a	n/a	10	60% (R)	9	56% (R)	12	42% (R)	10	70% (G)
70%	Centre	9	43% (R)	19	74% (G)	12	17% (R)	11	64% (R)	15	67% (A)
70%	<b>City</b>	<b>95</b>	<b>61% (R)</b>	<b>85</b>	<b>68% (A)</b>	<b>80</b>	<b>54% (R)</b>	<b>92</b>	<b>67% (A)</b>	<b>113</b>	<b>67% (A)</b>

**Performance Trend**

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

During Q1 performance in the North East and the city remained GREEN and AMBER respectively. The South and Homelessness teams remained below target and RED. There was a significant drop in performance in North West which moved from GREEN to RED while there was an increase in performance at Centre which moved from RED to AMBER.

**Actions to Improve Performance**

As noted in previous reports, the most important factor in stage 1 SW complaints not being concluded within required timescales is the failure of local managers to anticipate the need for, and then apply, an extension from 5 to 15 working days. This can be applied at local manager discretion where there are valid reasons for delay, so long as the complainer is notified in writing (they need not consent). All teams need to more actively manage their front-line complaints and apply extensions where there are valid reasons to do so.

**Timeline for Improvement**

If managers act upon this information with immediate effect then results should improve in the third quarter 2019/20.

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<b>Indicator</b>	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q2		18/19 Q3		18/19 Q4		19/20 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	37	<b>29% (R)</b>	33	<b>58% (R)</b>	28	<b>46% (R)</b>	41	<b>46% (R)</b>	37	<b>65% (R)</b>

**Performance Trend**

This indicator is reported **one quarter in arrears**. Although performance remained below target (RED), there was an improvement of 19 percentage points between year-end and the first quarter.

**Actions to Improve Performance**

All stage 2 investigations are executed by the central CFIT team, which has been impacted throughout 2017-19 by rising demand, staff shortage and staff absence. Two new members of staff joined the team in 2018/19 Q4, a third in 2019/20 Q3 and two more are scheduled to commence in 2019/20 Q4. The team has prioritised the clearance of subject access requests in order to protect the HSCP from regulatory action and financial penalty, but projects an improvement in the stage 2 complaints handling performance in the remainder of 2019-20, as resources increase to deal with demand, which continues to rise.

**Timeline for Improvement**

Target to be at least in Amber range by end of Quarter 3 2019-20.

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<b>Indicator</b>	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q2		18/19 Q3		18/19 Q4		19/20 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	94	99% (G)	76	72% (R)	99	81% (R)	86	100% (G)	98	100% (G)

**Performance Trend**

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

Performance in relation to FOIs continued to meet target during Q1 (GREEN) despite the continuing high volume of requests received.

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<b>Indicator</b>	6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q2		18/19 Q3		18/19 Q4		19/20 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	58	75% (R)	118	40% (R)	84	50% (R)	93	69% (R)	135	76% (R)

**Performance Trend**

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

Although target was not met at Q1 performance improved by 7 percentage points in spite of the high volume of subject access requests received.

Volumes of subject access requests have continued at previously unprecedented rates since the introduction of well-publicised new legislation (GDPR) in May 2018 and in the context of the high profile historic abuse enquiry. A large number of requests are from legal representatives of formerly looked after children.

**Actions to Improve Performance**

Staffing pressures are being addressed via ongoing recruitment (see indicator 4 page 93). The team has prioritised the clearance of subject access requests in order to successfully protect the HSCP from regulatory action and financial penalty from The Information Commissioner. Some process improvements have been instituted around acquisition of specialist redaction software, a high speed scanner, changes to the process of handling adoption records and application of legal extensions. These measures have enabled improved performance despite rising demand.

**Timeline for Improvement**

It is anticipated that improvement will be maintained or increased as 2019/20 progresses. However, given the ongoing rise in demand, it is unlikely that a target of 100% compliance will be reached within the current financial year.

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	
								no.	%
80%	Glasgow	92% (G)	94% (G)	89% (G)	88% (G)	88% (G)	87% (G)	351	88% (G)
80%	North East	100% (G)	100% (G)	99% (G)	100% (G)	99% (G)	100% (G)	74	95% (G)
80%	North West	95% (G)	93% (G)	85% (G)	72% (R)	91% (G)	77% (A)	81	91% (G)
80%	South	95% (G)	94% (G)	92% (G)	96% (G)	93% (G)	93% (G)	91	90% (G)
80%	Centre	83% (G)	86% (G)	78% (A)	86% (G)	73% (R)	76% (R)	105	78% (A)

**Performance Trend**

The City and 3 localities exceeded target (GREEN) at Q2. There was a significant improvement in performance in North West which moved from AMBER to GREEN and at Centre where performance moved from RED to AMBER.

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## APPENDIX 1 – OTHER INDICATORS

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

### 1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	15/16	16/17	17/18	18/19 Actual	19/20 Target
MSG 5. % of Last 6 months of life spent in the Community	84.8%	85.5%	86.6%	<b>87.5%</b>	<b>87.8% (Revised)</b>
MSG 6. Percentage of the Population at Home - Supported and Unsupported (Aged 65+)	94.4%	94.6%	94.7%	<b>94.8%</b>	<b>95.4% (Revised)</b>

### 2. 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).

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

<b>National Integration Indicator</b>	<b>Outcome</b>	<b>Glasgow</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Scotland</b>
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***

<b>Indicator No. /Outcome</b>	<b>11. Premature mortality rate per 100,000 persons: by calendar year</b>			
<b>Outcome 1</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Glasgow City	634	617	614	625
Scotland	441	440	425	432

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<b>Indicator No. /Outcome</b>	<b>12. Rate of emergency admissions per 100,000 population for adults*</b>					
<b>Outcome 9</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	14,773	14,318	12,864	13,021	▲	▼
Monthly Average	1231	1193	1072	1085	▲	▼
Scotland	12,281	12,255	12,192	12,195		

\*Provisional

<b>Indicator No. /Outcome</b>	<b>13. Rate of emergency bed days per 100,000 population for adults*</b>					
<b>Outcome 9</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	146,636	146,617	139,490	132,839	▲	▲
Monthly Average	12,220	12,218	11,624	11,070	▲	▲
Scotland	128,630	126,945	123,610	116,485		

\*Provisional

<b>Indicator No. /Outcome</b>	<b>14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions*</b>					
<b>Outcome 4</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	98	102	96	98	▶	▼
Scotland	98	101	103	103		

\*Provisional

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

\*Provisional

<b>Indicator No. /Outcome</b>	<b>16. Falls rate per 1,000 population aged 65+*</b>					
<b>Outcome 7</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19 To Q3</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	28.9	31.1	30.7	30.4	▼	▲
Quarterly Average	7.2	7.8	7.7	7.6	▼	▲
Scotland	21.6	21.8	22.7	22.4		

\*Provisional

<b>Indicator No. /Outcome</b>	<b>17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*</b>					
<b>Outcome 9</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	81%	86%	90%	86%	▲	▼
Scotland	83%	84%	85%	82%		

<b>Indicator No. /Outcome</b>	<b>18. Percentage of adults with intensive care needs receiving care at home</b>					
<b>Outcome 9</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Direction of Travel 2015 to 2017</b>	<b>Direction of Travel 2018 to 2019</b>
Glasgow City	56%	55%	55%	58%	▲	▲
Scotland	61%	62%	61%	62%		

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<b>Indicator No. /Outcome</b>	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population					
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	627	464	324	458	▲	▼
Scotland	915	842	762	793		

<b>Indicator No. /Outcome</b>	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*					
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>Direction of Travel 15/16 to 18/19</b>	<b>Direction of Travel 17/18 to 18/19</b>
Glasgow City	25%	27%	26%	25%	▶	▲
Scotland	24%	24%	25%	24%		

\*Provisional

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

<b>Indicator No.</b>	<b>Outcome</b>
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

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**3. OTHER CORPORATE/LOCAL INDICATORS**

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Older People</b>								
1. Total number of patients who have been diagnosed with dementia	Local HSCP indicator Outcome 4	N/A	2018	<b>509</b>	<b>131</b>	<b>146</b>	<b>232</b>	Numbers shown are from Jan-Dec 2018.
<b>Primary Care</b>								
2. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	<b>76% (R)</b>				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	<b>94% (G)</b>				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%	17/18	<b>80.3% (G)</b>	<b>79.0% (G)</b>	<b>78.1% (G)</b>	<b>83% (G)</b>	All areas meeting 'essential' target of 70%. (Desirable target of 85%). Annual screening report last produced Jan 2019
5. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 19		<b>81.8% (G)</b>	<b>86.3% (G)</b>	<b>84% (G)</b>	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 2018 were 61.4% (NE); 72.5% (NW); 64% (S), so increased across all areas.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Children's Services</b>								
6.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at Mar 19	<b>51% (R)</b>	<b>56.3% (G)</b>	<b>51% (R)</b>	<b>47% (R)</b>	Provisional data shown. Data now produced twice yearly locally and data shown was produced June 2019. ISD national report produced annually. Equivalent figures 6 months ago were 51.5% (City);56.9% (NE); 50.5% (NW); 48.1% (S)
7. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at Mar 19	<b>90.5% (G)</b>	<b>89.4% (G)</b>	<b>91.5% (G)</b>	<b>90.6% (G)</b>	Provisional data shown. Data now produced twice yearly locally and data shown was produced June 2019. ISD national report produced annually. Equivalent figures 6 months ago were 91.1% (City);89.6% (NE); 91.8% (NW); 91.6% (S)
8. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2018	<b>62.8% (G)</b>				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	<b>69.1% (G)</b>				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.
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.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Sandyford (Sexual Health)</b>								
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%	2018/ 19	<b>31.06%</b> <b>(R)</b>				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Figures for 17/18 for 13-15 year olds were 31% (M) and 1% (F); and 38% (M) and 5% (F) for 15-17 year olds. So broadly similar except for 15-17 (F) which has reduced. Data available at end of each financial year.
		13-15 (M) 5%		<b>1.04%</b> <b>(R)</b>				
		15-17 (F) 64%		<b>34.85%</b> <b>(R)</b>				
		15-17 (M) 10%		<b>5.91%</b> <b>(R)</b>				
<b>Alcohol and Drugs</b>								
12. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	17/18	<b>1,089,750</b> <b>(G)</b>				Slightly below target but classified as GREEN. Data available at end of each financial year.
13. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1500 (for 17/18)	17/18	<b>1980</b> <b>(G)</b>				Above target and GREEN. Data available at end of each financial year.
<b>Others</b>								
14. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2018	<b>99</b>				Numbers increased from 88 in 2017. Figures published annually by ISD and those shown published June 2019. 2014-18 European age standardised figure is 14.4 (Scotland is 13.4).
15. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2018	<b>45.1</b>				Rates have increased for the HSCP as a whole from 27.6 in 2016 and 31.2 in 2017. Last updated July 2019.

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<b>Indicator</b>	<b>Type/ Outcome</b>	<b>Target</b>	<b>Date</b>	<b>City</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Comments</b>
16. Number of alcohol related deaths (per 100,000 population)	Local HSCP indicator Outcome 1	N/A	2017	<b>42.2</b>	<b>52.1</b>	<b>38</b>	<b>38.1</b>	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 (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	60%	2016/ 18	<b>51.9% (R)</b>	<b>52.9% (R)</b>	<b>51.6% (R)</b>	<b>52.3% (R)</b>	Standardised uptake rates shown. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.
18. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	2013- 15 round	<b>N/A</b>	<b>61.9% (R)</b>	<b>62.5% (R)</b>	<b>62.9% (R)</b>	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. Annual screening report last produced Jan 2019
19. Percentage of women invited who attend for cervical screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	80%	2017/ 18	<b>67.5% (R)</b>	<b>69.3% (R)</b>	<b>62.7% (R)</b>	<b>70.7% (R)</b>	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Human Resources</b>								
20. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019		<b>62% (G)</b> Employment Engagement Index 77			Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%.

**APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES**

<b>Outcome 1</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer
<b>Outcome 2</b>	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
<b>Outcome 3</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected
<b>Outcome 4</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Outcome 5</b>	Health and social care services contribute to reducing health inequalities
<b>Outcome 6</b>	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
<b>Outcome 7</b>	People using health and social care services are safe from harm
<b>Outcome 8</b>	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
<b>Outcome 9</b>	Resources are used effectively and efficiently in the provision of health and social care services

**APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES**

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