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Item No. 7

Meeting Date: Wednesday 13th April 2022

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

Report By: Allison Eccles, Head of Business Development

Contact: Duncan Goldie, Performance Planning Manager

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HSCP Performance Report Q3 2021/22

| | |
|-------------------------------|--|
| Purpose of Report: | To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2021/22. |
| 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. |
| Governance Route: | The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> (please note below) Not Applicable <input type="checkbox"/> |
| Recommendations: | The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Leads for Health Improvement and Older People/Unscheduled Care. |

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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

| | |
|--|---|
| Reference to National Health & Wellbeing Outcome: | HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed. |
| Personnel: | None |
| Carers: | Operational performance in respect to carers is outlined within the carers section of the attached report. |
| Provider Organisations: | None |
| Equalities: | No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy. |
| Fairer Scotland Compliance: | None |
| Financial: | None |
| Legal: | The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place. |
| Economic Impact: | None |
| Sustainability: | None |
| Sustainable Procurement and Article 19: | None |
| Risk Implications: | None |
| Implications for Glasgow City Council: | The Integration Joint Board's performance framework includes performance indicators previously reported to the Council. |
| Implications for NHS Greater Glasgow & Clyde: | The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board. |

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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 3 2021/22.

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.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
 - ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - iii. 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).
 - iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)
- 3.3 Along with the National Integration and MSG Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 4.

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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 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, noting any changes in RAG status.
- 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.

Exceptions

- 4.3 At Q3, 50 indicators were GREEN (43.4%); 53 RED (46.1%); 11 AMBER (9.6%); and 1 (0.9%); GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters 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.

| Older People & Carers | Page |
|--|--------------------|
| 2. Percentage of service users who receive a reablement service following referral for a home care service (Community referrals) | 29 |
| 8. Intermediate Care : Percentage Occupancy | 35 |
| 9. Intermediate Care : Average Length of stay (Days) | 36 |
| 10. Percentage of intermediate care users transferred home | 37 |
| 11. Number of Anticipatory Care Plan (ACP) <u>Conversations</u> and <u>Summaries</u> Completed and Shared with the patient's GP | 38 |
| 14. Total number of Older People Mental Health patients delayed | 42 |
| Unscheduled Care | |
| 2. A&E Waits Less Than 4 Hours (%) (<u>QEUH</u>) (<u>GRI</u>) | 45 |
| 7. Total Number of Acute Delays | 50 |
| 8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) | 52 |
| 9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+) | 53 |
| Primary Care | |
| 3. Flu Immunisation Rates (Various) | 56 |
| 4. Shingles Immunisation Rates | 58 |
| 5i. AHP Waiting Times – Podiatry Physio | 59 |

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|---|-----|
| <i>Children's Services</i> | |
| 1. Uptake of the Ready to Learn Assessments (North East) | 62 |
| 4. Access to CAMHS services - % seen with 18 weeks | 65 |
| 5. % looked after & accommodated children under 5 who have had a Permanency Review | 67 |
| 9. Number of out of authority placements | 72 |
| <i>Adult Mental Health</i> | |
| 1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (all localities) | 75 |
| 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (all hospital sites) | 78 |
| 4. Total number of Adult Mental Health delays | 81 |
| <i>Sexual Health (Sandyford)</i> | |
| 1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered | 83 |
| 2. Number of IUD insertions | 83 |
| 3. Number of vLARC Implant appointments offered | 85 |
| 4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions. | 85 |
| 6-9. Number of individual young people attending all Sandyford services - aged 13-15 for females; and 16-17 for males and females. | 88 |
| <i>Alcohol and Drugs</i> | |
| 2. Percentage of Parental Assessments completed within 30 days of referral | 91 |
| 3. Percentage of Service Users with an initiated recovery plan following assessment | 93 |
| <i>Homelessness</i> | |
| 2. Percentage of live homeless applications over 6 months duration at the end of the quarter | 95 |
| 3. Number of new resettlement plans completed - total to end of quarter (citywide). | 97 |
| 4. Average number of weeks from application to settled accommodation | 98 |
| 8. Number of Households in Bed & Breakfast Accommodation | 103 |
| 9. Number of Temporary Furnished Flats | 105 |
| <i>Health Improvement</i> | |
| 5. Exclusive Breastfeeding at 6-8 weeks (general population) | 117 |
| 6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) | 120 |
| <i>Human Resources</i> | |
| 1. NHS Sickness absence rate | 123 |
| 2. Social Work Sickness Absence Rate | 125 |
| 3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)) | 127 |
| 4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline | 129 |

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| 5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline | 130 |
| <i>Business Processes</i> | |
| 6. % of Social Work Data Protection Subject Access Requests completed within required timescale | 136 |

Changes in RAG Status

4.4 There has been a change in RAG status for **18** indicators since the last report. Of these, performance improved for **8** and declined for **10**.

i. Performance Improved

| |
|---|
| A) RED TO GREEN |
| <i>Primary Care</i> |
| 5iii. AHP Waiting Times – Dietetics |
| <i>Sandyford (Sexual Health)</i> |
| 6. Number of individual young people attending all Sandyford services aged 13-15 (Male) |
| <i>Business Processes</i> |
| 2. Percentage of NHS Stage 2 Complaints responded to within timescale |
| B) RED TO AMBER |
| <i>Children’s Services</i> |
| 1. Uptake of the Ready to Learn Assessments (North West) |
| <i>Homelessness</i> |
| 5. Number households reassessed as homeless or potentially homeless within 12 months. |
| C) AMBER TO GREEN |
| 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (All 3 localities) |

ii. Performance Declined

| |
|---|
| A) GREEN TO RED |
| <i>Older People</i> |
| 2. Percentage of service users who receive a reablement service following referral for a home care service (community referrals) |
| <i>Children’s Services</i> |
| 1. Uptake of the Ready to Learn Assessments (North West) |
| 9. Number of out of authority placements |
| <i>Adult Mental Health</i> |
| 1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral (North West and South) |
| <i>Sandyford (Sexual Health)</i> |
| 7. Number of individual young people attending all Sandyford services aged 16-17 (Male) |

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| B) GREEN to AMBER |
| Older People |
| 2. Percentage of service users who receive a reablement service following referral for a home care service (hospital referrals) |
| Unscheduled Care |
| 4. Number of Unscheduled Hospital Bed Days - Acute (18+) |
| Primary Care |
| 1. Prescribing Costs: Compliance with Formulary Preferred List |
| Children's Services |
| 2. Percentage of HPIs allocated by Health Visitors by 24 weeks. |

Covid Impact and Reporting

- 4.5 The impact of Covid upon performance in relation to the HSCP's KPIs has been analysed and each indicator has been categorised as follows on the Summary at Page 11:
- A. Performance was affected but now back to pre-Covid levels
 - B. Performance was unaffected
 - C. Performance continues to be impacted by Covid
- 4.6 This analysis shows that of the KPIs where trends can be observed over the pandemic 30 (29.5%) of the KPIs appear to be continuing to be impacted by Covid. Another 33 (32.3%) were affected but are back to pre-Covid levels. 39 (38.2%) have not been significantly impacted and have continued at similar levels throughout the pandemic period.
- 4.7 The majority of those which are continuing to be impacted were already RED prior to Covid, with performance declining further. A small number have actually been impacted in a positive direction (e.g. unscheduled hospital bed days).
- 4.8 Information Returns to monitor the impact of Covid and service responses were introduced by the Scottish Government at the start of the pandemic in relation to Vulnerable Children and Adult Protection. More recently, additional information has also been requested through the introduction of a new Social Care Assessments and Need Return and the recommencement of a Quarterly Monitoring Return which was suspended at the start of the pandemic (covering a number of areas including the provision of free personal/nursing care, eligibility criteria and waiting times).
- 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 4.3; and
 - c) review and discuss performance with the Strategic Leads for Health Improvement and Older People/Unscheduled Care.

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CORPORATE PERFORMANCE REPORT

**QUARTER 3
2021/22**

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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 | |
|---|--------------|---|--|--|
|  | RED | Performance misses target by 5% or more | ▲ | Improving |
|  | AMBER | Performance misses target by between 2.5% and 4.99% | ▶ | Maintaining |
|  | GREEN | Performance is within 2.49% of target | ▼ | Worsening |
|  | GREY | No current target and/or performance information to classify performance against. | N/A | This is shown when no comparable data is available to make trend comparisons |

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2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

| CARE GROUPS/AREAS | Previous Period RAG Rating | | | | This Period RAG Rating | | | |
|---|---|---|---|---|---|---|---|---|
| |  |  |  |  |  |  |  |  |
| Older People & Carers | 6 (33.3%) | 1 (5.6%) | 9 (50%) | 2 (11.1%) | 7 (38.9%) | 2 (11.1%) | 8 (44.4%) | 1 (5.6%) |
| Unscheduled Care | 5 (50%) | | 5 (50%) | | 5 (50%) | 1 (10%) | 4 (40%) | |
| Primary Care (Flu categories changed since last quarter) | 7 (63.6%) | 2 (18.2%) | 2 (18.2%) | | 10 (71.5%) | 1 (7.1%) | 3 (21.4%) | |
| Children's Services | 3 (18.7%) | 1 (6.3%) | 12 (75%) | | 4 (25%) | 3 (18.8%) | 9 (56.2%) | |
| Adult Mental Health | 5 (50%) | 3 (30%) | 2 (20%) | | 7 (70%) | | 3 (30%) | |
| Sandyford Sexual Health | 7 (70%) | | 3 (30%) | | 7 (70%) | | 3 (30%) | |
| Alcohol & Drugs | 2 (66.7%) | | 1 (33.3%) | | 2 (66.7%) | | 1 (33.3%) | |
| Homelessness | 6 (66.7%) | 1 (11.1%) | 2 (22.2%) | | 5 (55.6%) | 2 (22.2%) | 2 (22.2%) | |
| Criminal Justice | | | 6 (100%) | | | | 6 (100%) | |










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|-----------------------------|-----------------------------|----------------------------|-----------------------------|---------------------------|-----------------------------|----------------------------|-----------------------------|---------------------------|
| Health Improvement | | 2 (28.6%) | 5 (71.4%) | | | 2 (28.6%) | 5 (71.4%) | |
| Human Resources | 5 (100%) | | | | 5 (100%) | | | |
| Business Processes | 2 (28.6%) | | 5 (71.4%) | | 1 (14.3%) | | 6 (85.7%) | |
| TOTAL No. and (%) | 48 (42.9%) | 10 (8.9%) | 52 (46.4%) | 2 (1.8%) | 53 (46.1%) | 11 (9.6%) | 50 (43.4%) | 1 (0.9%) |










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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 and shows any changes in RAG status in the last period. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.









| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|--------|------------------------|---|--|--|
| Older People & Carers | | | | | |
| Home Care, Day Care and Residential Services | | | | | |
| 1. Home Care: Percentage of older people (65+) reviewed in the last 12 months. | 85% | Q3 | 84%  | ▼ | A |
| 2. Percentage of service users who receive a reablement service following referral for a home care service. | 70% | Q3 Period 10 (Dec) | 67.9% (Hosp)  | Hosp ▼  to  | C |
| | | | 66% (Comm)  | Comm ▼  to  | C |
| 3. Percentage of service users leaving the service following reablement period with no further home care support. | >35% | Q3 Period 10 (Dec) | 42.3%  | ▲ | B |
| 4. Day Care (provided) – Review Rates (No data available 20/21 as day centres been closed) | 95% | Q4 19/20 | N/A  | N/A | C |

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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|--|------------------------|--|---|--|
| 5. Provided Residential Care – Occupancy Rates | 95% | Q3 | 97%  | ▶ | A |
| 6. Provided Residential Care – Review Rates | 95% | Q3 | 97%  | ▲ | A |
| ii. Commissioned Services | | | | | |
| 7. Number of Clustered Supported Living tenancies offered to Older People | 75 per annum (19/quarter) | Q3 | 64  | ▼  to  | n/a |
| 8. Intermediate Care: Percentage Occupancy. | 90% | Dec 21 | 64%  | ▲ | C |
| 9. Intermediate Care: Average Length of stay (Days). | < 28 days | Dec 21 | 50 days  | ▼ | C |
| 10. Intermediate Care: Percentage of users transferred home. | >30% | Dec 21 | 19%  | ▲ | A |
| iii. HSCP Community Services | | | | | |
| 11. Number of community service led Anticipatory Care Plans in Place | Conversations 800 p.a. Summaries 200 p.a. | 21/22 | Conversations 151  | ▼ | C |
| | | | Summaries 36  | ▼ | C |









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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|---------------------------|------------------------|---|---|--|
| 12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year. | 0% | Q3 | 1%  | ▲ | A |
| 13.i Referrals to Telecare: Standard | 2,000/p.a. 500/quarter | Q3 | 2063  | ▲ | A |
| 13.ii Referrals to Telecare: Enhanced | 500/p.a. 125/quarter | Q3 | 470  | ▲ | C |
| 14. Total number of Older People Mental Health patients delayed (Excluding AWI) | 0 | Dec 21 | 13  | ▼ | B |
| 15. 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 | Q3 | 1176  | ▲ | A |
| Unscheduled Care | | | | | |
| 1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears) | 153,791 (12,816/month) | Apr-Oct 21/22 | 85,912 (12,273 per month)  | ▲ | A |
| 2. A&E Waits Less Than 4 Hours (%) | 95% | Sep 21 | GRI – 71.4%  QEUH – 67%  | GRI ▲ QEUH ▲ | A A |
















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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|----------------------------------|------------------------|--|---|--|
| 3. Number of Emergency Admissions (18+) (reported in arrears) | 66,624 (5552/month) | Apr-Oct 21/22 | 35,802 (5114 per month)  | ▲ | A |
| 4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears) | 453,866 (37,822/month) | Apr-Oct 21/22 | 271,877 (38,839 per month)  | ▼  to  | C |
| 5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears) | 33,260 (2772 per month) | Apr-Sep 21/22 | 475 (79 per month)  | ▼ | C |
| 6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears) | 181,371 (15,114 per month) | Apr-Sep 21/22 | 73,414 (12,235 per month)  | ▲ | C |
| 7. Total number of Acute Delays | 0 | Dec 21 | 80 (Total) 31(Non-AWI) 49 (AWI)  | Total ▲ Non-AWI ▲ AWI ▲ | A |
| 8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears) | 39,919 (Monthly average 3776) | Apr-Oct 21/22 | 36,900 (5271/ month)  | ▼ | B |



















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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|-------------------------------|------------------------|---|---|--|
| 9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+). | 1910 (Monthly average 159) | Apr-Dec | 12,553 (1395 per month)  | ▲ | B |
| Primary Care | | | | | |
| 1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears). | 78% | Q2 |  74.68% | ▼  to  | B |
| 2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears) | At/Below NHSGGC average | Sep 21 |  £151.24 | ▼ | B |
| 3. Flu Immunisation rates | | | | | |
| Aged 75+ | 90% | Week 7 2022 | 72.8%  | ▶ | n/a |
| Aged 65-75 | 90% | Week 7 2022 | 68.1%  | ▶ | n/a |
| 65 and over | 90% | Week 7 2022 | 70%  | ▶ | n/a |
| Aged 60-65 | 65% | Week 7 2022 | 65.8%  | ▶ | n/a |
| Aged 55-60 | 65% | Week 7 2022 | 40.4%  | ▶ | n/a |
| Aged 50-55 | 65% | Week 7 2022 | 33.1%  | ▶ | n/a |
| Pregnant Women (At Risk) | 70% | Week 7 2022 | 26.4%  | ▶ | n/a |
| Pregnant Women (Not at Risk) | 70% | Week 7 2022 | 9.9%  | ▶ | n/a |
| 4. Shingles Immunisation Rates (aged 70) (Health Board wide data) | 60% | Sep 20 – Nov 21 | 51.4%  | ▼ | B |
| 5i. AHP Waiting Times – MSK Physio | 90% within 4 weeks | Dec 21 | 28%  | ▶ | n/a |










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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|--|------------------------|--|--|--|
| 5ii. AHP Waiting Times – Podiatry | 90% within 4 weeks | Dec 21 | 56.2%  | ▲ | C |
| 5iii. AHP Waiting Times – Dietetics | 100% within 4 weeks | Dec 21 | 98.1%  | ▶  to  | B |
| Children’s Services | | | | | |
| 1. Uptake of the Ready to Learn Assessments | 95% | Dec 21 | NE - 87%  NW- 90%  S - 91%  | NE  to  ▼ NW  to  ▲ | A A A |
| 2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears) | 95% | Oct 21 | NE - 91%  NW- 94%  S - 99%  | NE  to  ▼ NW ▼ S ▲ | B B B |
| 3. Number of referrals being made to Healthier, Wealthier Children Service | 1533 annually/ 383 per quarter across city | Q3 | 2332  | ▲ | B |
| 4. Access to CAMHS services – percentage seen with 18 weeks | 100% | Dec 21 | 49.58%  | ▼ | C |
















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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|-------------------------------------|------------------------|--|---|--|
| 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% | Q3 | 57%  | ▼ | C |
| 6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days | 100% | Q3 | 100%(<5s)  | %(<5s) ► | B |
| | | | 100% (5-18)  | (5-18) ► | B |
| 7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>) | 60% | Q3 | 58%  | ▼ | B |
| 8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training. | 75% | Q3 | 79%  | ► | A |
| 9. Number of out of authority placements | 30 by end of 21/22. 33 by end of Q1 | Q3 | 35  | ▼  to  | B |
| 10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears) | 95% | Q3 | 94.28%  | ▲ | B |












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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|---------|------------------------|---|---|--|
| 11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears) | 95% | Q3 | 95.85%  | ▼ | B |
| Adult Mental Health | | | | | |
| 1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral. | 90% | Dec 21 | NE 56.6%  NW 84%  S 80.5%  | All ▼ NW & S  to  | C C C |
| 2. Average Length of Stay (Short Stay Adult Mental Health Beds) | 28 Days | Dec 21 | Stob 30.1  Lev 31.7  Gart 31.3  | All ▲ | A A A |
| 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) | 95% | Dec 21 | Stob 95.7%  Lev 90.8%  Gart 97.2%  | All ▲ All  to  | A A A |
| 4. Total number of Adult Mental Health delays | 0 | Dec 21 | 14 Total 10 (Non-AWI) 4 (AWI)  | Total ▲ Non-AWI ▲ AWI ▲ | B |








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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|------------------|------------------------|---|--|--|
| Sandyford (Sexual Health) | | | | | |
| 1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered. | 1888 per quarter | Q3 | 1169  | ▼ | C |
| 2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions. | 1309 per quarter | Q3 | 998  | ▼ | C |
| 3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered. | 2431 per quarter | Q3 | 1217  | ▼ | C |
| 4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions. | 1148 per quarter | Q3 | 635  | ▼ | C |
| 5. Median waiting times for access to Urgent Care appointments. | 2 Working Days | Q3 | 1  | ▶ | B |
| 6 &7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male) | 4 (13-15) | Q3 | 4 (13-15)  | ▲  to  | A |
| | 27 (16-17) | | 18(16-17)  | ▼  to  | A |










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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|----------------|------------------------|--|---|--|
| 8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female) | 75 (13-15) | Q3 | 51(13-15)  | ▼ | C |
| | 195 (16-17) | | 143(16-17)  | ▼ | C |
| 10. Waiting times for access to TOPAR appointments | 5 working days | Q3 | 0  | ▲ | A |
| Alcohol and Drugs | | | | | |
| 1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears) | 90% | Q4 20/21 | 99%  | ▲ | B |
| 2. Percentage of Parental Assessments completed within 30 days of referral. | 75% | Q3 | 33%  | ▼ | C |
| 3. Percentage of Service Users with an initiated recovery plan following assessment | 70% | Q3 | 55%  | ▼ | C |
| Homelessness | | | | | |
| 1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation | 95% | Q3 | 99%  | ▲ | B |

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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|--------------------------------------|------------------------|---|--|--|
| 2. Percentage of live homeless applications over 6-month duration at the end of the quarter. | <40% | Q3 | 48%  | ▼ | C |
| 3. Number of new resettlement plans completed - total to end of quarter (citywide) | Annual target 5,000/1250 per quarter | Q3 | 1051  | ▲ | A |
| 4. Average number of weeks from assessment decision to settled accommodation. | 26 weeks | Q3 | 41 weeks  | ▼ | n/a |
| 5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears) | <480 per annum (<120 per quarter) | Q3 | 124  | ▲ to  | B |
| 6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made. | 100% | Q3 | 100%  | ▶ | B |
| 7. Number of new Housing First tenancies created. | 300 by end of Q2 21/22 | Q3 | 12 – Q3 246 - total  | ▼ | n/a |
| 8. Number of Households in Bed & Breakfast Accommodation | 350 by end of 21/22. New target TBC | Q3 | 369  | ▲ | n/a |
| 9. Number of Temporary Furnished Flats | 1850 by end of 20/21. New target TBC | Q3 | 2,348  | ▲ | n/a |








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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|-------------------------------|------------------------|---|---|--|
| Criminal Justice | | | | | |
| 1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence. | 80% | Q3 | 81%  | ▼ | A |
| 2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days. | 85% | Q3 | 83%  | ▼ | B |
| 3. Percentage of CPO 3 month Reviews held within timescale. | 75% | Q3 | 86%  | ▲ | B |
| 4. Percentage of Unpaid Work (UPW) requirements completed within timescale. | 70% | Q3 | 75%  | ▲ | A |
| 5. Percentage of Criminal Justice Social Work Reports submitted to court | 80% | Q3 | 81%  | ▲ | B |
| 6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison. | 90% | Q3 | 96%  | ▲ | B |
| Health Improvement | | | | | |
| 1. Alcohol Brief Intervention delivery (ABI). | 5066 (annual) 3801 (To Q3) | Q3 | 6134  | ▼ | A |




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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|--|------------------------|--|---|--|
| 2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears) | 1217 for 21/22 | Q2 21/22 | 670  | ▼ | A |
| 3. Women smoking in pregnancy (general population) | 12% | Q3 | 9.3%  | ▲ | B |
| 4. Women smoking in pregnancy (most deprived quintile). | 17% | Q3 | 14.5%  | ▲ | B |
| 5. Exclusive Breastfeeding at 6-8 weeks (general population)(reported in arrears) | 33% by end of 21/22 | Q3 | 28.3%  | ▼ | B |
| 6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears) | 24.4% by end of 21/22 | Q3 | 20.9%  | ▲ | B |
| 7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears) | 30.4% by end of 21/22 | Q3 | 24%  | ▲ | B |
| Human Resources | | | | | |
| 1. NHS Sickness absence rate (%) | <4% | Dec 21 | 6.83%  | ▲ | C |
| 2. Social Work Sickness Absence Rate (Average Days Lost) | <0.2 per week per employee. <0.8/period | Q3 Period 11 | 1.6 ADL  | ▲ | C |
| 3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF). | 80% | Dec 21 | 30%  | ▲ | C |

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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|---|--------|------------------------|--|--|--|
| 4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline. | 100% | Dec 21 | 44%  | ▼ | B |
| 5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline. | 100% | Dec 21 | 59%  | ▼ | B |
| Business Processes | | | | | |
| 1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears) | 70% | Q2 | 92.2%  | ▼ | B |
| 2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears) | 70% | Q2 | 78%  | ▲ to  | B |
| 3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears) | 70% | Q2 | 74%  | ▼ | B |
| 4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears) | 70% | Q2 | 78%  | ▼ | B |

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| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status | Covid Impact A. Performance was affected but now back to pre-Covid levels B. Performance - unaffected C. Performance - continues to be impacted by Covid |
|--|--------|------------------------|--|---|--|
| 5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears) | 100% | Q2 | 98%  | ▶ | A |
| 6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears) | 100% | Q2 | 33%  | ▼ | C |
| 7. Percentage of elected member enquiries handled within 10 working days. | 80% | Q2 | 81%  | ▼ | A |

1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

| Locality | Target | 2019/20 | | 2020/21 | | | | 21/22 | | |
|---|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 85% | 80% (R) | 79% (R) | 70% (R) | 64% (R) | 63% (R) | 73% (R) | 84% (G) | 85% (G) | 84% (G) |
| North East | | 86% (G) | 85% (G) | 73% (R) | 66% (R) | 65% (R) | 80% (R) | 88% (G) | 90% (G) | 89% (G) |
| North West | | 82% (A) | 77% (R) | 68% (R) | 60% (R) | 65% (R) | 77% (R) | 84% (G) | 82% (A) | 81% (A) |
| South | | 75% (R) | 77% (R) | 70% (R) | 66% (R) | 61% (R) | 66% (R) | 81% (A) | 85% (G) | 83% (G) |
| Performance Trend | | | | | | | | | | |
| <p>Although performance fell slightly in all localities during Q3 there was no change to RAG rating; performance remained GREEN in the city, North East and South while North West remained slightly below target range and AMBER.</p> <p>Back to Summary</p> | | | | | | | | | | |

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|---------------------------------------|---|
| Indicator | 2. Percentage of service users who receive a reablement service following referral for a home care service |
| Purpose | All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported by calendar monthly financial periods. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Lead | Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services |

| Referral Source | Target | 19/20 | | 20/21 | | | | 21/22 | | | | |
|---------------------|--------|-----------------------|-----------------------|----------------------|----------------------|-----------------------|-----------------------|----------------------|----------------------|----------------|----------------|-----------------|
| | | Q3 Per 10 (Dec) | Q4 Per 13 (Mar) | Q1 Per 4 (Jun) | Q2 Per 7 (Sep) | Q3 Per 10 (Dec) | Q4 Per 13 (Mar) | Q1 Per 4 (Jun) | Q2 Per 7 (Sep) | Quarter 3 | | |
| | | | | | | | | | | Per 8 (Oct) | Per 9 (Nov) | Per 10 (Dec) |
| Hospital Discharges | 70% | 62.7% (R) | 68.9% (G) | 77.3% (G) | 71.3% (G) | 70.3% (G) | 70.9% (G) | 75% (G) | 76% (G) | 70.7% (G) | 68.9% (G) | 67.9% (A) |
| Community Referrals | 70% | 75.4% (G) | 75.5% (G) | 69.5% (G) | 77.9% (G) | 78.5% (G) | 81.5% (G) | 70.4% (G) | 75.3% (G) | 82.2% (G) | 78.2% (G) | 66% (R) |

Performance Trend

Leading into Q3, the first two periods indicated that the performance would achieve the target as it had in Q2 and Q1. However, Hospital Discharges and Community referrals narrowly missed their targets in Period 10.

Issues Affecting Performance

The main issues affecting the performance within this quarter can be attributed to Covid –19 and the Omicron wave throughout December.

Absence rates rose which impacted on capacity and adversely affecting the reablement model and Hospital Discharge process. Likewise, the community referrals awaiting reablement were delayed due to the issues of absence and service capacity.

Actions to Improve Performance

The aim is to minimise absence levels by continuing to develop and improve new and existing support available to our workforce.

Timescales for Improvement

It is expected that performance will return to above target by next quarter.

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|---------------------------------------|--|
| Indicator | 3. Percentage of service users leaving the service following Reablement period with no further home care support. |
| Purpose | The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. Information is reported by calendar monthly financial period. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Lead | Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | | | |
|------------|--------|-----------------|-----------------|----------------|----------------|-----------------|-----------------|----------------|----------------|-------------|-------------|--------------|
| | | Q3 Per 10 (Dec) | Q4 Per 13 (Mar) | Q1 Per 4 (Jun) | Q2 Per 7 (Sep) | Q3 Per 10 (Dec) | Q4 Per 13 (Mar) | Q1 Per 4 (Jun) | Q2 Per 7 (Sep) | Quarter 3 | | |
| | | | | | | | | | | Per 8 (Oct) | Per 9 (Nov) | Per 10 (Dec) |
| City | >35% | 35.4 (G) | 36.4% (G) | 36.4 (G) | 31.5 (R) | 43.0 (G) | 37.2 (G) | 37.3% (G) | 38.3 (G) | 35.8 (G) | 31.0 (R) | 42.3% (G) |
| North East | | 49.4 (G) | 45.6 (G) | 27.3 (R) | 26.2 (R) | 49.2 (G) | 26.3 (R) | 46.9% (G) | 50.0 (G) | 36.4 (G) | 32.8 (R) | 37.9% (G) |
| North West | | 38.5 (G) | 37.3% (G) | 39.0 (G) | 37.9 (G) | 40.5 (G) | 52.4 (G) | 38.3% (G) | 39.6 (G) | 46.6 (G) | 33.3 (A) | 46.4% (G) |
| South | | 30.2 (R) | 30.7% (R) | 39.7 (G) | 27.7 (R) | 41.2 (G) | 28.9 (R) | 31.4% (R) | 31.6 (R) | 26.7 (R) | 27.8 (R) | 40.5% (G) |

Performance Trend

Performance varies across locality and over time. At city level performance dipped to RED during Period 9 before moving back to GREEN during Period 10. Between the end of Q2 and Q3 performance in South improved significantly with the RAG rating moving from RED to GREEN. North East and North West remained GREEN between the end of Q2 and Q3.

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

| | 2019/20 | | | | 20/21 | 2021/22 |
|--------|------------|------------|------------|-------------|---------|---------|
| Target | Q1 | Q2 | Q3 | Q4 | Q1 - Q4 | Q1 – Q3 |
| 95% | 96% (G) | 98% (G) | 97% (G) | 100% (G) | N/A | N/A |

Performance Trend

Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak.

A number of Day Care Centres have recently reopened however data remains currently unavailable. Service users, who previously attended the day centres, have had an informal review of their support needs carried out to ensure that the service can continue to meaningfully support them on their return. Formal reviews will be arranged in line with normal schedules.

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|---------------------------------------|---|
| Target/Ref | 5. Provided Residential Care Homes – Occupancy Rates |
| Purpose | To monitor occupancy rates within our own local authority run residential care homes (provided). |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services |

| Target | 2019/20 | | | 2020/21 | | | | 2021/22 | | |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| 95% | 94% (G) | 90% (R) | 91% (A) | 91% (A) | 95% (G) | 85% (R) | 93% (G) | 94% (G) | 97% (G) | 97% (G) |
| Performance Trend | | | | | | | | | | |
| <p>The residential occupancy rate exceeded target (GREEN) at Q3 with 534 residents (out of 550 places) at the end of December. Occupancy has returned to pre-pandemic levels with the development of a Discharge to Assess pathway which supports the assessment of prospective residents from hospital in a homely environment. Close scrutiny of admissions and discharges continues to be carried out in line with Health Protection Scotland guidance in relation to COVID-19 to minimise the risk of introducing infection to care homes.</p> <p>Back to Summary</p> | | | | | | | | | | |

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|---------------------------------------|--|
| Target/Ref | 6. Provided Residential Care – Review Rates |
| Purpose | To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 5 (See Appendix 3) |
| HSCP Lead | Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services |

| Target | 2019/20 | | | | 2020/21 | | 2021/22 | | |
|--------|------------|------------|------------|------------|---------|-------------|------------|------------|------------|
| | Q1 | Q2 | Q3 | Q4 | Q1-Q3 | Q4 | Q1 | Q2 | Q3 |
| 95% | 97% (G) | 95% (G) | 95% (G) | 96% (G) | N/A* | 100% (G) | 24% (R) | 96% (G) | 97% (G) |

Performance Trend

Performance remained GREEN at Quarter 3 with 97% of residents having had a review. 6% of these reviews were in-house reviews of new residents carried out by care home staff while the other 91% received a statutory review led by a social worker.

In June 2020, a formal request from Chief Social Work Office (Iona Colvin) was issued to all Chief Social Work Officers seeking enhanced professional and clinical oversight of all care home residents due to the pandemic. This led to a focussed project to prioritise statutory reviews for all care home residents and accounts for the change in focus for this indicator from in-house to statutory reviews.

*2020-21

No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.

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ii. Commissioned Services

| | |
|---------------------------------------|---|
| Indicator | 7. Number of Clustered Supported Living tenancies offered to Older People |
| Purpose | To monitor the number of tenancies offered by Registered Social Landlords (RSLs) that may be used for the purpose of delivering both a suitable tenancy and a package of social care to maintain an older person in the community where the alternative may have been admission to residential care. This model of care is called Clustered Supported Living and supports the Maximising Independence Strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) Frances McMeeking, Assistant Chief Officer, Operational Care Services |

| Locality | Target | 21/22 | | | |
|-------------|--|-------------------|-------------------|-------------------|-------------------|
| | | Q1 | Q2 | Q3 | Year to Date |
| City | 75 per annum (19 per quarter) | 25 (G) | 21 (G) | 18 (R) | 64 (G) |
| North East | 25 per annum (6 per quarter) | 10 (G) | 9 (G) | 8 (G) | 27 (G) |
| North West | 25 per annum (6 per quarter) | 5 (R) | 3 (R) | 6 (G) | 14 (R) |
| South | 25 per annum (6 per quarter) | 10 (G) | 9 (G) | 4 (R) | 23 (G) |

Performance Trend

New Supported Living indicator from 2021/22

During Q3 the target for the city total was narrowly missed (RED). North East and North West (GREEN) met target while South (RED) was outwith the quarterly target range. Although the quarterly target was not met, the cumulative year to date numbers indicate that the annual target is likely to be met at the end of Q4.

Issues Affecting Performance

COVID restrictions saw housing allocations suspended for large parts of the year which has had an impact on performance. Despite this we have maintained a good number of offers. This has translated to a cumulative total of 243 users living in clustered supported living in Q1, 235 in Q2 and 238 in Q3. This represented a high turnover period with a number of vacancies to be filled.

Actions to Improve Performance

Housing Options for Older People (HOOP) will continue to liaise with RSLs to maximise tenancy offers.

Timescales for Improvement

The annual target for this KPI is 75 which equates to 18.75 tenancy offers per quarter. Although Q3 is slightly below this average, we are still on track to exceed the KPI; anything over 11 offers in Q4 will meet the target.

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|---------------------------------------|---|
| Indicator | 8. Intermediate Care: Percentage Occupancy |
| Purpose | To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| City | 90% | 88% (G) | 73% (R) | 56% (R) | 62% (R) | 38% (R) | 52% (R) | 69% (R) | 61% (R) | 66% (R) | 61% (R) | 64% (R) |
| North East | | 86% (A) | 64% (R) | 54% (R) | 59% (R) | 42% (R) | 61% (R) | 76% (R) | 73% (R) | 75% (R) | 62% (R) | 53% (R) |
| North West | | 91% (G) | 84% (R) | 68% (R) | 77% (R) | 52% (R) | 46% (R) | 67% (R) | 57% (R) | 66% (R) | 64% (R) | 73% (R) |
| South | | 88% (G) | 71% (R) | 43% (R) | 49% (R) | 16% (R) | 50% (R) | 64% (R) | 53% (R) | 57% (R) | 58% (R) | 67% (R) |

Performance Trend

Performance has improved slightly at city level and in the North West and South in the last quarter but declined in the North East. All remain RED.

Issues Affecting Performance

Occupancy levels have dropped due to the impact of Covid on the care home sector

Actions to Improve Performance

Referrals for admissions to Intermediate Care beds have gradually increased in recent months.

Due to the success of the Discharge to Assess policy the HSCP has been able to support a wide range of discharge options. The focus of intermediate care continues to be on rehabilitation and returning services user home (see indicator 10). A review of intermediate care capacity has been completed taking into account the drop in occupancy levels with a tender exercise underway to secure the appropriate level of bed capacity going forward.

Timescales for Improvement

The new intermediate care tender is due to be completed and contracts in place by 1 June 2022

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

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| City | <28 days | 37 (R) | 31 (R) | 40 (R) | 39 (R) | 48 (R) | 47 (R) | 46 (R) | 43 (R) | 57 (R) | 50 (R) | 50 (R) |
| North East | | 37 (R) | 27 (G) | 42 (R) | 49 (R) | 45 (R) | 58 (R) | 54 (R) | 46 (R) | 61 (R) | 52 (R) | 60 (R) |
| North West | | 37 (R) | 36 (R) | 49 (R) | 37 (R) | 65 (R) | 57 (R) | 50 (R) | 48 (R) | 75 (R) | 64 (R) | 43 (R) |
| South | | 35 (R) | 30 (R) | 27 (G) | 26 (G) | 29 (A) | 35 (R) | 34 (R) | 36 (R) | 39 (R) | 29 (R) | 46 (R) |

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| Performance Trend |
| Performance has declined in the last quarter with performance improving slightly in the North West. All remain RED. |
| Issues Affecting Performance |
| The current COVID-19 restrictions continue to have an impact on average length of stay which is above target. The key factors that contributed to this include the increased infection control required, an increased level of frailty among service users, and discharge plans that have been impacted by the effects of Covid on other services. |
| Actions to Improve Performance |
| A recovery plan for intermediate care has been developed with a focus on increasing home discharge options (see indicator 10) and joint multi-disciplinary/agency efforts to support individuals with complex needs to return home. |
| Timescales for Improvement |
| Improvement in length of stay is dependent on a number of key factors, including a reduction in Covid cases in Glasgow, the availability of appropriate service provision for individuals to move to and in conjunction with this, the capacity of the care sector to recruit staff. Back to Summary |

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| Indicator | 10. Percentage of intermediate care users transferred home |
| Purpose | To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| Locality | Destination | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|----------|--------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Glasgow | Home | 30% | 19% (R) | 19% (R) | 11% (R) | 7% (R) | 15% (R) | 25% (R) | 26% (R) | 13% (R) | 16% (R) | 22% (R) | 19% (R) |
| | Res/Nursing | N/A | 65% | 62% | 72% | 72% | 60% | 50% | 54% | 55% | 70% | 54% | 65% |
| | Readmissions | N/A | 10% | 13% | 11% | 13% | 18% | 22% | 18% | 13% | 12% | 16% | 11% |
| | Deceased | N/A | 6% | 6% | 6% | 9% | 8% | 3% | 2% | 19% | 2% | 8% | 5% |
| NE | Home | 30% | 33% (G) | 19% (R) | 10% (R) | 12% (R) | 20% (R) | 10% (R) | 25% (R) | 17% (R) | 12% (R) | 0% (R) | 8% (R) |
| | Res/Nursing | N/A | 67% | 58% | 80% | 65% | 47% | 50% | 50% | 75% | 71% | 60% | 83% |
| | Readmissions | N/A | 0% | 19% | 10% | 18% | 20% | 40% | 19% | 0% | 18% | 30% | 0% |
| | Deceased | N/A | 0% | 4% | 0% | 6% | 13% | 0% | 6% | 8% | 0% | 10% | 8% |
| NW | Home | 30% | 9% (R) | 0% (R) | 10% (R) | 0% (R) | 14% (R) | 25% (R) | 18% (R) | 11% (R) | 9% (R) | 27% (R) | 15% (R) |
| | Res/Nursing | N/A | 61% | 77% | 67% | 65% | 57% | 50% | 59% | 44% | 91% | 60% | 62% |
| | Readmissions | N/A | 17% | 9% | 10% | 18% | 29% | 25% | 23% | 33% | 0% | 13% | 15% |
| | Deceased | N/A | 13% | 14% | 14% | 18% | 0% | 0% | 0% | 11% | 0% | 0% | 8% |
| South | Home | 30% | 20% (R) | 38% (G) | 13% (R) | 8% (R) | 9% (R) | 36% (G) | 37% (G) | 10% (R) | 27% (R) | 33% (G) | 33% (G) |
| | Res/Nursing | N/A | 68% | 54% | 75% | 92% | 82% | 50% | 53% | 40% | 53% | 42% | 50% |
| | Readmissions | N/A | 8% | 8% | 13% | 0% | 0% | 7% | 11% | 10% | 13% | 8% | 17% |
| | Deceased | N/A | 4% | 0% | 0% | 0% | 9% | 7% | 0% | 40% | 7% | 17% | 0% |

Performance Trend

Performance improved in the North West and South and at a city level while declining in the North East in the last quarter. South moved from RED to GREEN.

Issues Affecting Performance

COVID-19 restrictions continue to have an impact on the % of individuals returning home. Similar to factors that affect length of stay the factors that affect the numbers discharged home include Covid infection control requirements, the frailty of individual service users, and the impact of Covid on other services involved in discharges.

Actions to Improve Performance

While improvements have been made in the number of service users transferring home a recovery plan for intermediate care is in the process of being implemented with a focus on further increasing home discharge options.

Timescales for Improvement

Further progress is anticipated over the coming months but this is dependent on the level of frailty of individual service users, the number of Covid cases reducing in Glasgow, and the impact of Covid on other services involved in discharges

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iii. HSCP Community Services

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| Indicator | 11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP |
| Purpose | 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. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| Indicator | Target 21/22 | 19/20 | 20/21 | 21/22 | | | | Year to Date |
|---|--------------|------------|------------|-----------|-----------|-----------|----|--------------|
| | | Full year | Full Year | Q1 | Q2 | Q3 | Q4 | |
| No. ACP conversations held | 800p.a. | 530 (R) | 264 (R) | 93 (R) | 44 (R) | 14 (R) | | 151 (R) |
| No. summaries completed and shared with GPs | 200 p.a. | 130 (R) | 69 (R) | 28 (R) | 8 (R) | 0 (R) | | 36 (R) |

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| <p>Performance Trend</p> <p>This indicator relates to GCHSCP Older People & Primary Care Teams and the number of completed summary versions of the national ACP that have been shared with GPs, and the number of conversations that have been held with patients to raise awareness of the benefits of ACPs. Performance is below target for Q3 of 2021/22.</p> <p>Targets for this indicator were made prior to the COVID-19 pandemic. Targets were not achieved during 2020/21, and whilst the pandemic had an effect on performance, it is likely that the current activity may be under reported due to the system and processes for capturing conversations and recording progress, not being fully embedded as yet. This is a work in progress.</p> <p>At NHS Greater Glasgow and Clyde level, the number of ACPs on Clinical Portal can be reported. It is not currently possible to differentiate to a HSCP level, however this additional detail is due to arrive following an eHealth update. Given the previous work carried out in Glasgow City it is likely that GCHSCP staff have made a substantial contribution to these figures. Clinical Portal ACP figures are only available until end August 2021 Total ACPs Uploaded to Clinical Portal Per Quarter: Q1 – 203; Q2 (July & August) – 117</p> |
| <p>Issues Affecting Performance</p> <p>Continued pressures on services due to the COVID-19 Pandemic have limited staff capacity to engage with people on the topic of ACPs and future care planning.</p> <p>As District Nurse Teams were limited to “essential work” only, recording of ACP conversations was paused. There is only limited data contribution for this submission from District Nurse teams (North West locality). It is likely that ACP conversations continued in Q3 and ACPs may have been shared with GPs as well, however we cannot report on this.</p> |

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| Actions to Improve Performance |
| <p>The HSCP has committed to two additional years of funding for the Anticipatory Care Programme alongside the other HSCPs in NHSGGC. This programme will provide ongoing support to staff as ACP processes are embedded into core business, and also increase capacity for staff training.</p> <p>The HSCP has established an implementation group to review the implementation plan to embed ACPs. This plan includes a renewed focus on staff training and the development of ACP Champions to support colleagues to start ACP conversations and record them. Standing Operating Procedures for ACPs across all six HSCPs was published in February 2022.</p> |
| Timescales for Improvement |
| <p>Staff training will continue to be offered to all key staffing groups identified in the HSCP Implementation Plan throughout 2021/22, alongside other work identified in the plan. However, all ongoing developments may be impacted by the changing landscape of COVID-19 and the overall recovery plan.</p> <p>Back to Summary</p> |

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

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | | |
|-------------|-----------|-----------|-----------|-----------|-----------|------------|-----------|------------|-----------|-----------|-----------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 0% | 0% (G) | 1% (A) | 1% (A) | 2% (A) | 6% (R) | 5% (R) | 8% (R) | 1% (A) | 2% (A) | 1% (A) |
| North East | | 0% (G) | 0% (G) | 0% (G) | 0% (G) | 0% (G) | 1% (A) | 1% (A) | 0% (G) | 0% (G) | 1% (A) |
| North West | | 0% (G) | 2% (A) | 0% (G) | 0% (G) | 5% (R) | 4% (R) | 3% (A) | 0% (G) | 0% (G) | 0% (G) |
| South | | 0% (G) | 1% (A) | 1% (A) | 4% (R) | 10% (R) | 7% (R) | 11% (R) | 2% (A) | 4% (R) | 1% (A) |

Performance Trend

At Q3, city performance improved slightly but remained AMBER. North West remained GREEN while performance in North East slipped from GREEN to AMBER. Performance in South improved moving from RED to AMBER.

At the end of December there were 1,835 open OT assessment activities assigned to workers or teams: 16 (1%) of these had been open for more than 12 months; 10 were open to South, 4 to North East and 2 to North West.

Issues Affecting Performance

Due to the pandemic all locality community O.T. teams have seen an increase in sickness absence levels. Some staff have also reduced their working hours which impacts on capacity.

Actions to Improve Performance

We continue to focus on the longest waits in prioritising caseloads.

A data cleaning process is underway as we to Eclipse to ensure data is accurately capturing the number of OT assessments and how long they have been waiting. Additional OT input is being considered.

Timescales for Improvement

Improvements continue to be expected over the coming months.

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| Target/Ref | 13. Referrals to Telecare |
| Purpose | 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. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| Telecare Referrals | Scot Govt. Targets | Revised Annual Targets | 19/20 Full Year Total | 20/21 | | | | 20/21 Full Year Total | 2021/22 | | | |
|--------------------|--------------------|------------------------|-----------------------|------------|------------|------------|------------|-----------------------|------------|------------|------------|--------------|
| | 19/20 & 20/21 | 21/22 | | Q1 | Q2 | Q3 | Q4 | | Q1 | Q2 | Q3 | Year to date |
| Standard | 2,750 688 per Q | 2,000 500 per Q | 2,723 (G) | 468 (R) | 541 (R) | 680 (G) | 637 (R) | 2,326 (R) | 660 (G) | 657 (G) | 746 (G) | 2,063 (G) |
| Enhanced | 1,500 375 per Q | 500 125 per Q | 1,565 (G) | 41 (R) | 163 (R) | 121 (R) | 119 (R) | 444 (R) | 158 (G) | 151 (G) | 161 (G) | 470 (G) |

Performance Trend

Revised targets for 2021/22 have now been agreed; these reflect the constraints created by COVID-19.

During Quarter 3 the revised quarterly pro-rata targets were met for both Standard and Enhanced Telecare Services (GREEN).

The volume of **Standard** telecare referrals this quarter continues the trend of demand for standard telecare returning to pre-Covid levels with a 14% increase in comparison with Q2. Equipment supply issues delayed some installations near the end of Q3 however, the cumulative number of referrals for Quarters 1 to 3 (2,063) has exceeded the 21/22 annual target with one quarter to spare.

The number of **Enhanced** telecare referrals marginally increased from Q2. As with Standard referrals, equipment supply issues delayed some installations near the end of Q3. The suspension of Enhanced telecare was lifted during quarter 3 (15/11/21) so it is anticipated that the increase will be more significant during quarter 4. Restoration of full access through the online format for referral submission from the early part of Q4 should also facilitate an increase in uptake. The number of cumulative Quarter 1-3 referrals (470) are on track to meet the annual target for 21/22 (500).

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| Indicator | 14. Total number of Older People Mental Health patients delayed (Excluding AWI) |
| Purpose | To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity). |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| TARGET | AREA | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|--------|----------------|----------|-----------|-----------|-----------|----------|----------|-----------|-----------|-----------|-----------|-----------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| 0 | City | 8 (R) | 15 (R) | 14 (R) | 17 (R) | 9 (R) | 9 (R) | 13 (R) | 10 (R) | 21 (R) | 16 (R) | 13 (R) |
| | NE | 2 (R) | 7 (R) | 6 (R) | 5 (R) | 4 (R) | 3 (R) | 3 (R) | 3 (R) | 6 (R) | 6 (R) | 5 (R) |
| | NW | 3 (R) | 2 (R) | 4 (R) | 5 (R) | 1 (R) | 3 (R) | 4 (R) | 3 (R) | 9 (R) | 4 (R) | 5 (R) |
| | South | 3 (R) | 6 (R) | 4 (R) | 7 (R) | 4 (R) | 3 (R) | 6 (R) | 4 (R) | 6 (R) | 6 (R) | 3 (R) |
| | Area wide team | | | | | | | | | | | |

Performance Trend

Numbers vary across localities and over time. Numbers increased slightly since September and remain RED.

Issues Affecting Performance

There continues to be robust scrutiny of all OPMH delays but we also continue to experience challenges in discharging patients with complex needs. Covid also continues to have an impact on our ability to discharge to other providers.

Actions to Improve Performance

The new discharge pathway supports 72-hour discharge and includes dedicated Social Work resource, improved MDT working and early referral to Social Work is all in place. We are also exploring new ways to support this through MS Teams and remote working. Work will over the coming months to ensure the number of delays reduces.

Timescales for Improvement

Numbers are low and fluctuate month on month. It is unlikely we will ever reach zero.

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| Indicator | 15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement. |
| Purpose | To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 6 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| Locality | Annual Target | 19/20 Full Year Total | 20/21 | | | | 20/21 Full Year Total | 21/22 | | |
|----------------|----------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | | | Q1 | Q2 | Q3 | Q4 | | Q1* | Q2 | Q3 |
| Glasgow | 1,900 (475 per Q) | 1,932 (G) | 364 (R) | 488 (G) | 443 (R) | 633 (G) | 1928 (G) | 604 (G) | 572 (G) | 583 (G) |
| North East | 633 (158 per Q) | 740 (G) | 122 (R) | 155 (A) | 156 (G) | 171 (G) | 604 (A) | 180 (G) | 188 (G) | 200 (G) |
| North West | 633 (158 per Q) | 411 (R) | 47 (R) | 112 (R) | 123 (R) | 163 (G) | 445 (R) | 180 (G) | 180 (G) | 162 (G) |
| South | 633 (158 per Q) | 781 (G) | 195 (G) | 221 (G) | 164 (G) | 299 (G) | 879 (G) | 244 (G) | 204 (G) | 221 (G) |

Performance Trend

***N.B.** The figures for Q1 were reviewed and amended by the service during Q2.

During Q3 all localities continued to exceed the quarterly pro-rata target (GREEN).

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UNSCHEDULED CARE

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| Indicator | 1. New Accident and Emergency (A&E) attendances (18+) |
| Purpose | To monitor attendance at Accident and Emergency Departments. 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) but excludes GP Assessment Unit attendances . Source of data is ISD MSG data reports. |
| Type of Indicator | Ministerial Strategic Group (MSG) Indicator 3. |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 21/22 Target | 2021/22 (Apr-Oct) |
|----------------|---------|---------|---------|---------|-------------|-------------|------------------|-------------------|
| Glasgow | 153,791 | 155,029 | 156,783 | 162,600 | 159,916 (A) | 113,513 (G) | 153,791 (Total) | 85,912 |
| | 12,816 | 12,919 | 13,065 | 13,542 | 13,326 (A) | 9459 (G) | 12,816 (Monthly) | 12,273 (G) |

Performance Trend

The figures for 21/22 are slightly below target and GREEN on a pro-rata basis. The numbers of attendances have, however, continued to increase having fallen due to the pandemic and are approaching pre-pandemic levels in recent months. Please note there is a time lag associated with these figures which are produced nationally.

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

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|----------|--------|---------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| GRI | 95% | | 85.9 (R) | 95.7 (G) | 92.8 (G) | 88.5 (R) | 91.8 (A) | 87.5 (R) | 68.5 (R) | 65.9 (R) | 75.9 (R) | 71.4 (R) |
| QEUH | | | 76.8 (R) | 95.8 (G) | 89.7 (R) | 81 (R) | 87.9 (R) | 80.6 (R) | 56.5 (R) | 52.4 (R) | 60.3 (R) | 67 (R) |

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| Performance Trend |
| After improving at the start of the pandemic in 2020/21, performance declined at both hospitals and has worsened in 2021/22 remaining RED, although performance has improved in the last quarter. |
| Issues Affecting Performance |
| As has been reported nationally A&E waiting times continue to be a cause for concern and a key indicator of the pressure the NHS is currently facing. Recent analysis has shown that approximately a third of ED attendances could have been seen elsewhere. The Scottish Government issued national guidance on re-directing patients who could be seen more appropriately by other services e.g. community pharmacies. The aim of this policy is to ease pressure on A&E departments so emergencies and other urgent cases can be seen timeously. It is still early days in evaluating the impact of this guidance. |
| Actions to Improve Performance |
| Action plans are being developed to implement the new re-direction policy across all A&E departments. Pressures from the recent Omicron wave are still being felt. |
| Timescales for Improvement |
| Ongoing into 2022/23. Back to Summary |

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| Indicator | 3. Number of Emergency Admissions (18+) |
| Purpose | To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports. |
| Type of Indicator | Ministerial Strategic Group (MSG) Indicator 1` |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 21/22 Target | 2021/22 (Apr-Oct) |
|----------------|---------|---------|---------|---------|---------------|---------------|--------------|-------------------|
| Glasgow | 70,133 | 69,656 | 62,725 | 63,898 | 63,324 (G) | 54,947 (G) | 66,624 | 35,802* (G) |
| | 5844 | 5804 | 5227 | 5325 | 5277 (G) | 4579 (G) | 5552 | 5114* (G) |

*Provisional

| Performance Trend |
|---|
| <p>The figures for 21/22 are below target and GREEN on a pro-rata basis. The numbers of admissions have, however, continued to increase having fallen due to the pandemic and are now approaching pre-pandemic levels. Figures are provisional at this stage for 21/22. Please note there is a time lag associated with these figures which are produced nationally.</p> <p>Back to Summary</p> |

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| Indicator | 4. Number of Unscheduled Hospital Bed Days - Acute (18+) |
| Purpose | To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports. |
| Type of Indicator | Ministerial Strategic Group (MSG) Indicator 2 |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 21/22 Target | 2021/22 (Apr-Oct)* |
|----------------|---------|---------|---------|---------|----------------|----------------|--------------|--------------------|
| Glasgow | 493,371 | 515,275 | 506,792 | 496,071 | 497,641 (R) | 438,871 (G) | 453,866 | 271,877* (A) |
| | 41,114 | 42,939 | 42,232 | 41,339 | 41,470 (R) | 36,572 (G) | 37,822 | 38,839* (A) |

*Provisional

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| Performance Trend |
| The numbers of unscheduled bed days have continued to increase having fallen due to the pandemic and have moved from GREEN to AMBER against the annual target on a pro-rata basis. Figures are provisional at this stage for 21/22. Please note there is a time lag associated with these figures which are produced nationally. |
| Issues Affecting Performance |
| 2020/21 saw a significant reduction in unscheduled care activity during the peak of the pandemic. Previous years performance was above target and as activity returns, we see an increase in bed days associated with unscheduled care. |
| Actions to Improve Performance |
| The Unscheduled Care Commissioning Plan details a range of programmes which have been targeted as part of the wider unscheduled care plan which aim to reduce both the number of patients attending acute care settings and the bed days occupied. These include: <ul style="list-style-type: none"> • Hospital at Home • Programmes to support care homes – care home assurance, falls pathway • Provision of community respiratory service, home antibiotic and heart failure programmes • Redirection • Flow Hub Navigation Centre • Alternatives to admission through primary care • Mental Health Assessment Units • Management of Delayed Discharge • Management of Frailty to avoid attendance or prevent admission / reduce length of stay • Targeting of frequent attenders / high volume conditions |
| Timescales for Improvement |
| A number of these programmes have been established, such as Hospital at Home, Flow Hub Navigation and management of Delays. Other programmes are in progress for 2022/23. For a number of programmes the intention is to grow capacity during 22/23. |
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|---------------------------------------|--|----------------|----------------|----------------|----------------|----------------|---------------------|---------------------------|
| Indicator | 5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay | | | | | | | |
| Purpose | 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. | | | | | | | |
| Type of Indicator | Ministerial Strategic Group (MSG) Indicator 2 | | | | | | | |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) | | | | | | | |
| Strategic Priority | Priority 3 (See Appendix 3) | | | | | | | |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services) | | | | | | | |
| Glasgow | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 21/22 Target | 2021/22 (Apr-Sep)* |
| | 36,956 | 33,278 | 21,377 | 19,324 | 14,192 (G) | 1648* (G) | 33,260 | 475 (G) |
| | 3080 | 2773 | 1781 | 1610 | 1183 (G) | 137* (G) | 2772 | 79 (G) |

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| *Provisional |
| Performance Trend |
| Performance is classified as GREEN with figures remaining very low compared to pre-pandemic. It should be noted, however, that there is a time lag associated with these figures which are produced nationally and the figures are incomplete for 20/21 and 21/22. |
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| Indicator | 6. Number of Unscheduled Hospital Bed Days – Mental Health (18+). |
| Purpose | 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. |
| Type of Indicator | Ministerial Strategic Group (MSG) Indicator 2 |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People’s Services) |

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 21/22 Target | 2021/22 (Apr-Sep)* |
|----------------|---------|---------|---------|---------|----------------|----------------|--------------|--------------------|
| Glasgow | 190,791 | 187,654 | 182,524 | 180,888 | 189,139 (A) | 170,093 (G) | 181,371 | 73,414* (G) |
| | 15,899 | 15,638 | 15,210 | 15,074 | 15,762 (A) | 14,174 (G) | 15,114 | 12,235* (G) |

*Provisional

Performance Trend

Performance is classified as GREEN with figures remaining low compared to pre-pandemic. Figures are provisional at this stage for 21/22. Please note there is a time lag associated with these figures which are produced nationally.

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| Indicator | 7. Total number of Acute Delays |
| Purpose | To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Frances McMeeking, Assistant Chief Officer, Operational Care Services |

| Locality | Target | 2019/20 | | | 2020/21 | | | 2021/22 | | | | |
|-----------------------------------|--------|---------------|---------------|---------------|---------------|---------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| North East | 0 | 20 | 16 | 16 | 20 | 9 | 19 | 25 | 17 | 13 | 18 | 8 |
| North West | | 10 | 12 | 14 | 17 | 17 | 12 | 15 | 15 | 10 | 16 | 16 |
| South | | 16 | 9 | 14 | 19 | 17 | 21 | 20 | 22 | 17 | 17 | 7 |
| Sub-Total (Included Codes) | | 46 | 37 | 44 | 56 | 43 | 52 | 60 | 54 | 40 | 51 | 31 |
| North East | | 9 | 12 | 17 | 11 | 22 | 28 | 27 | 29 | 26 | 21 | 20 |
| North West | | 10 | 11 | 13 | 9 | 10 | 13 | 16 | 18 | 14 | 10 | 11 |
| South | | 2 | 17 | 11 | 14 | 11 | 10 | 18 | 19 | 16 | 18 | 18 |
| Sub-Total (Complex Codes) | | 21 | 40 | 41 | 34 | 43 | 51 | 61 | 66 | 56 | 49 | 49 |
| Overall Total | | 67 (R) | 77 (R) | 75 (R) | 90 (R) | 86 (R) | 103 (R) | 121 (R) | 120 (R) | 96 (R) | 100 (R) | 80 (R) |

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| Performance Trend |
| Total numbers delayed have decreased in the last quarter but remain RED. |
| Issues Affecting Performance |
| <ul style="list-style-type: none"> • Closure of wards due to Covid • Significant closures of care homes to admissions due to Covid outbreaks • Care Homes staggering admissions due to staffing pressures • Staffing pressures in Social Work due to Covid absences |

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Actions to Improve Performance

There is a significant focus on AWI activity currently with the development of a tracker process to monitor individual patient progress against agreed milestones. It is envisaged that this will mitigate delays across the AWI journey and identify escalation required.

A proportion of discharges move to intermediate care or long term care placements. Movement to these locations and also the use of Discharge to Assess will be scrutinized over the winter period to maximise available capacity and to minimise delays.

Additional investment has been made with the recent announcement of monies from the Scottish Government which will further enhance capacity to promote discharge home, seven day discharge and admission avoidance. Scottish Govt are also monitoring delays very closely. Note there has been significant numbers of care homes closed to admissions due to omicron outbreaks.

Operationally, there are daily senior management huddles to focus on delays and a high level of scrutiny within the HSCP to identify opportunities to prevent delays or mitigate their impact.

Timescales for Improvement

Actions were in place to reduce delays during Nov/Dec 21 and further actions will gain traction to support improvement through to March/April 22.

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| Indicator | 8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). |
| Purpose | To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. |
| Type of Indicator | MSG Indicator 4 |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Frances McMeeking, Assistant Chief Officer, Operational Care Services |

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 21/22 Target | 2021/22 (Apr-Oct) |
|----------------|---------|---------|---------|---------|---------------|---------------|--------------|-------------------|
| Glasgow | 41,582 | 38,870 | 29,897 | 38,656 | 45,318 (R) | 49,902 (R) | 39,919 | 36,900 (R) |
| | 3488 | 3239 | 2491 | 3238 | 3776 (R) | 4159 (R) | 3327 | 5271 (R) |

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| Performance Trend |
| The figures for 2021/22 are above target and RED on a pro-rata basis. Please note there is a time lag associated with these figures which are produced nationally. |
| Issues Affecting Performance |
| The number of patients associated with delays have seen a reduction over the period Sept 21 to present. This has been helped by a reduction in the number of AWI cases. AWI Bed days associated with delays have shown a plateauing from the previous period but there remain some longer stay AWI cases that continue to contribute significantly. Non AWI bed days increased slightly during the reporting period which have been impacted on by capacity of care homes to accept admissions. |
| Actions to Improve Performance |
| Additional investment – including new Scottish Government monies, support for seven day discharge, an improvement in the capacity for care homes and the targeted work to progress AWI cases should support a reduction in bed days. |
| Timescales for Improvement |
| The aim is to continue to further reduce AWI bed days lost through to Dec 21 with more sustained improvements through to March 22. Similarly, the focus on non AWI remains with daily scrutiny throughout the winter period. Back to Summary |

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

| Indicator | Target | 19/20 | 20/21 | 21/22 | | | | |
|-------------|----------------------------------|---------------------|-----------------------|---------------------|---------------------|---------------------|-----|-----------------------|
| | | Full year | Full Year | Jun | Sep | Dec | Mar | Year to Date |
| City | 1910 (159/ month) | 6571 (R) | 11,163 (R) | 1470 (R) | 1618 (R) | 1139 (R) | | 12,553 (R) |
| North East | | 2460 | 4881 | 632 | 663 | 479 | | 3728 |
| North West | | 2356 | 2397 | 399 | 420 | 232 | | 2362 |
| South | | 1755 | 3885 | 439 | 535 | 428 | | 2672 |

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| Performance Trend |
| Performance remains above target and RED. |
| Issues Affecting Performance |
| The legal process with AWI delays means that each contributes significantly to bed days lost each month. In comparison, Non AWI delays are less likely to individually impact on bed days lost. A reduction in AWI numbers recently with a number of cases moving to Guardianship has seen a reduction in overall numbers, as well as a plateauing of bed days lost. |
| Actions to Improve Performance |
| There is a significant focus on AWI activity currently with the development of a tracker process to monitor individual patient progress against agreed milestones. It is envisaged that this will mitigate delays across the AWI journey and identify escalation required. Additional investment has been planned to support the GCC legal team where capacity to process Local Authority applications has been recognised as a current issue in the journey. |
| Timescales for Improvement |
| It is hoped that the current trend of reduction in AWI delays will continue or at least plateau with the current actions during 2021/22 Back to Summary |

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PRIMARY CARE

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| Indicator | 1. Prescribing Costs: Compliance with Formulary Preferred List |
| Purpose | To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | |
|-------------|--------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| City | 78% | 77.76% (G) | 77.49% (G) | 77.04% (G) | 77.03% (G) | 76.96% (G) | 76.83% (G) | 76.72% (G) | 74.68% (A) |
| NE | | 78.47% (G) | 78.20% (G) | 77.73% (G) | 77.76% (G) | 77.75% (G) | 77.63% (G) | 77.51% (G) | 75.57% (A) |
| NW | | 76.96% (G) | 76.61% (G) | 76.16% (G) | 76.20% (G) | 76.17% (G) | 76.04% (A) | 75.90% (A) | 73.94% (R) |
| S | | 77.79% (G) | 77.57% (G) | 77.13% (G) | 77.08% (G) | 76.91% (G) | 76.79% (G) | 76.70% (G) | 74.50% (A) |
| NHSGGC | | 77.76% | 77.50% | 76.75% | 77.06% | 76.98% | 76.84% | 76.73% | 74.71% |

Performance Trend

All localities reduced again in the last quarter and all moved from GREEN. North East, the South and city moved to AMBER while the North West moved to RED. This is reported one quarter in arrears.

Issues Affecting Performance

Changes to the Preferred List (PL) in Q2 with a change to the dermatology lines has shifted our Preferred List position. Epimax products are now the agents of choice. Increasing use of triple combination inhalers in line with respiratory guidelines and best practice are also affecting our PL position along with increasing use of GLP1s in diabetes again in line with the evidence and guidelines. All agents are on the NHS GGC Formulary.

Actions to Improve Performance

Switch protocols are available & in use to implement the dermatology changes across practices. Scriptswitch a GP practice tool linked into prescribing software prompts a PL choice at the time of prescribing. An investigation of the board wide data is underway with a review of current target given the formulary change. Along with a request for more timely update of prescribing data to the HSCP locality teams.

Timescales for Improvement

With the above switch systems in place for the dermatology changes there will be a gradual improvement over the year.

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| Indicator | 2. Prescribing Costs: Annualised cost per weighted list size |
| Purpose | 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. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | |
|---------------|---------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | Dec | Mar | Jun | Sep | Dec | Mar | Jun | Sep |
| City | Cost below (or same) as Board average | £151.13 (G) | £153.46 (G) | £151.97 (G) | £151.40 (G) | £150.76 (G) | £147.61 (G) | £150.24 (G) | £151.24 (G) |
| NE | | £146.37 (G) | £148.55 (G) | £148.23 (G) | £148.15 (G) | £147.45 (G) | £144.49 (G) | £147.00 (G) | £147.89 (G) |
| NW | | £149.48 (G) | £151.63 (G) | £149.23 (G) | £148.98 (G) | £148.59 (G) | £145.63 (G) | £148.15 (G) | £149.45 (G) |
| S | | £156.91 (G) | £159.54 (G) | £157.85 (G) | £157.17 (G) | £156.36 (G) | £152.85 (G) | £155.69 (G) | £156.55 (G) |
| NHSGGC | | £168.79 | £171.58 | £169.97 | £169.40 | £168.73 | £164.95 | £167.94 | £169.37 |

Performance Trend

Variations across sectors and over time with a slight increase in all areas in the last quarter but they remain GREEN. This is reported one quarter in arrears.

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| Indicator | 3. Flu Immunisation Rates |
| Purpose | To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data will be reported for Q3 and Q4 each year when the programme is delivered. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention) |

| Group | Target uptake | % uptake Week 7 2022 |
|------------------------------|----------------------|-----------------------------|
| Aged 75+ | 90% | 72.8% (R) |
| Aged 65-75 | 90% | 68.1% (R) |
| 65 and over | 90% | 70% (R) |
| Aged 60-65 | 65% | 65.8% (G) |
| Aged 55-60 | 65% | 40.4% (R) |
| Aged 50-55 | 65% | 33.1% (R) |
| Pregnant Women (At Risk) | 70% | 26.4% (R) |
| Pregnant Women (Not at Risk) | 70% | 9.9% (R) |

Performance Trend

Figures are for HSCP and are taken from the flu portal. These are provisional at this stage and will be subject to data cleansing at the end of the vaccination period (1 October to 31 March each year). Data shown is at Week 7 of 2022. Comparisons are not available for all categories but year-end data in 20/21 was as follows: 72% (over 65s); 39% (pregnant not at risk); 54% (pregnant at risk)

Issues Affecting Performance

Primarily relates to ability/willingness of people to take the vaccination and our capacity to provide enough staff who are able to deliver the vaccine.

Actions to Improve Performance Narrative

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.

The Vaccination Transformation Programme is a national programme led by the Scottish Government (SG) to coordinate the migration of vaccination delivery out of GP practices and use alternate vaccination delivery models across Scotland. By late 2020, Scotland had a mixed delivery model for influenza vaccination which varies considerably by NHS Board.

The Health Board took on full responsibility from GPs for delivery of the flu vaccination programme this year and the programme was delivered via a number of ways: by

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maternity services, our dedicated team for children's services, in community setting by Public Health, by community pharmacies and by our dedicated team for care homes/patients who cannot leave home/vulnerable

Timescales for Improvement

The programme is due to complete at the end March so these figures are for only part way through the programme. A detailed analysis of performance will be available once the programme has finished. It is possible that a different mechanism for delivery of flu vaccinations may be developed for next year's programme once we learn from the experience of the 2021/22 programme.

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| Indicator | 4. Shingles Immunisation Rates (Aged 71-79) |
| Purpose | To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 71 to 79. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention) |

| Area | Target (Sep 21-Aug 22) | Actual (Sep 21-Nov 21) |
|--------------|------------------------|------------------------|
| Glasgow City | 60% | 51.4% (R) |

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| Performance Trend |
| The target relates to the whole year between 1 September 2021 and 31 August 2022. Performance is below target and RED at the end of November. Last year's total was 54.6% for the 20/21 period. |
| Issues Affecting Performance |
| Due to the Covid pandemic this programme could not be effectively delivered in 2020/2021 (Sep-Aug) as the routine shingles programme was suspended temporarily in line with COVID-19 advice, although if a patient was well and presented for any other scheduled appointment, they could be opportunistically vaccinated. The impact from Covid-19 continues to impact the 2021/2022 programme as services try to resume a business as usual model. |
| Actions to Improve Performance |
| The delivery of the shingles vaccination is the responsibility of GP practices but had been temporarily suspended as described above. A letter was subsequently issued to practices on the 21 July 2021 by the Scottish Government, which directed that the shingles' programme would commence on 1 September 2021 as in previous years, and that eligible individuals can be immunised from this date. However, shingles vaccinations do not have to be delivered at this time and participating practices can deliver them at a later date if they need to protect their capacity. An options appraisal for how the vaccine will be delivered going forward is being undertaken as part of the Vaccination Transformation Programme, which is focused on transferring responsibility for delivering vaccinations from GPs to the HSCP, NHS GG&C and other providers. |
| Timescales for Improvement |
| The Vaccination Transformation Programme offers the opportunity to look at alternative forms of provision to increase uptake in the future. |
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| Target/Ref | 5. AHP Waiting Times |
| Purpose | 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. |
| Type of Indicator | Local HSCP indicator for |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention) |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------------------|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| MSK Physio | 90% within 4 wks | 33 (R) | 33 (R) | 7 (R) | 45 (R) | 92 (G) | 87 (G) | 63 (R) | 42 (R) | 32 (R) | 38 (R) | 28 (R) |
| Podiatry | 90% within 4 wks | 95.2 (G) | N/A | N/A | 48.1 (R) | 40.4 (R) | 58.7 (R) | 48.9 (R) | 40.2 (R) | 61.6 (R) | 58.2 (R) | 56.2 (R) |
| Dietetics | 100% within 12 wks | 99.9 (G) | 100 (G) | 98.5 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 83.6 (R) | 78.9 (R) | 95.6 (G) | 98.1 (G) |

Performance Trend

MSK Physio

% patients seen within the 4 week target has seen an overall decrease within Q2 21/22. The reasons for this are 2 fold. Firstly demand has continued to increase to pre covid levels. Secondly MSK capacity has been reduced due to further redeployment of staff (n = 18) to support Acute colleagues with the pandemic effort. These staff were deployed in August and did not return to MSK until 18th October 2021. The combination of increasing demand and decreased capacity has resulted in a reduction in the percentage number of patients seen within 4 weeks. There has also been a rising in maximum waiting times in Q2 for the aforementioned reasons. The redeployment of staff in August and September was reflected in the waiting times rising by a week each week during this period.

Podiatry

Performance remains below target and has reduced in the last quarter. Referral numbers have now increased and are at pre pandemic levels. A new telephone triage system has been introduced for the first contact and currently only around 45% of patients are requiring further contact.

Issues Affecting Performance

MSK Physio

Since March 2021 demand for MSK service has increased to pre covid levels. The MSK service continues to remobilise but within Q2 a further 18 staff were redeployed to support Acute colleagues. There is limited Face to face capacity within MSK departments due to ongoing social distancing requirements, and this is variable across sites. The majority of first appointments (88%) remain managed virtually (by telephone) and patients are escalated and prioritised to Face to face based on clinical need. This has increased the number of patient transfers between MSK sites (to where there is F2F capacity) and this has reduced MSK capacity and increased workload for MSK staff. On scrutiny

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of the patients escalated for F2F the majority of patients requiring face to face were where they required post op Physiotherapy following orthopaedic surgery. In the interest of service efficiency this cohort of patients is now escalated straight to F2F for their first appointments. The service also had to allow increased time for virtual new patient appointments (due to increased paperwork involved) and this has reduced return appointment capacity within the service.

Podiatry

NHSGG&C Podiatry suspended all of its activity except for Foot Protection and infected lesions on 23 March 2020. Referrals were not accepted for anything other than these conditions, and the service took back shared care dressings from District Nurses etc to allow them to be utilised across the wider system. All urgent referrals were seen within the 2 day response period. The referral performance above relates to 'non-urgent' self-referrals.

The first phase of the recovery plan is addressing waiting times by triaging all new self-referrals by telephone. Current data indicate that only around 20% of these patients are being given a face to face appointment. The service was reduced again at the beginning on January 2021 and suspended all new telephone review in preparation for supporting the COVID Vaccination process and in an anticipation of an increase in sickness absence.

There is a waiting list of patients who have been triaged via telephone as requiring non urgent Podiatry care and will be appointed in line with the Boards guidance on accommodation and ongoing infection control measures.

Accommodation and staff having to isolate are due to contact tracing are the biggest issues affecting performance.

The service is also experiencing significant recruitment issues with vacancy levels sitting at 11%

Actions to Improve Performance

MSK Physio

Rotational staff were returned to MSK within October 2021. This has increased New Patient and return capacity and is expected to decrease waiting times moving forward/

Physiotherapy patients are being offered a first appointment on a GGC wide basis (as first appointment is virtual), but also with the first offer being at the 3 sites closest to their home (to reduce the number of internal transfers for a F2F appointment). The GGC wide offer of first appointment has resulted in equity of waiting times across GGC. This has increased efficiency of NP provision.

Appointing patients who require follow up physiotherapy after orthopaedic surgery to a F2F new patient appointment will also increase efficiency and effectiveness of service provision.

Project work has started to consider the number of patient transfers (which is limiting MSK capacity and affecting staff wellbeing due to added workload). The service hopes to reduce the number of patient transfers by October 21. Demand will need to be monitored as rise in demand will result in demand exceeding MSK capacity.

Podiatry

Blended clinical templates have now been developed and are 50/50 face to face and virtual. These will progress when accommodation becomes available. Some accommodation has now been released however the need for distancing still limits the overall capacity.

The service is working in conjunction with NES and NHS careers to advertise return to practice for Podiatrists who may not have practiced for some time. This will be done on an 'earn as you learn basis'.

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Timescales for Improvement

MSK Physio

It is anticipated that service recovery in terms of face to face will only increase significantly when there is a relaxation in social distancing requirements. Demand continues to rise and will need to be monitored on an ongoing basis to ensure demand does not exceed capacity. If this happens, and waiting times rise then resource will be utilised to address this issue.

Podiatry

The service is involved in ongoing negotiation around available clinical accommodation. This will clearly be contingent on any further extension of emergency measures. Other variables are recruitment of staff. The extension of emergency measures until end of March 2022 suggest no significant impact will be made until beyond that date.

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Other Annually Reported Indicators - See Appendix 1, Section 3

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

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CHILDREN'S SERVICES

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| Indicator | 1. Uptake of the Ready to Learn Assessments |
| Purpose | To monitor the extent to which Health Visitors are completing the universal Ready to Learn assessments on time. These are a core part of the Scottish Child Health Programme. Invitations are issued to all children when they are approximately 27 months old. The focus is on each child's language, speech and emotional development as part of their preparation for nursery and then school. The figures shown below relate to those completed between 27 and 33 months. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| North East | 95% | 92% (G) | 89% (R) | 46% (R) | 90% (A) | 91% (A) | 84% (R) | 90% (A) | 93% (G) | 89% (R) | 86% (R) | 87% (R) |
| North West | | 89% (R) | 88% (R) | 54% (R) | 81% (R) | 85% (R) | 80% (R) | 87% (R) | 87% (R) | 88% (R) | 85% (R) | 90% (A) |
| South | | 91% (A) | 91% (A) | 65% (R) | 85% (R) | 90% (A) | 88% (R) | 89% (R) | 90% (A) | 92% (G) | 89% (R) | 91% (A) |

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| Performance Trend |
| Performance improved slightly in the North West and South in the last quarter, moving from RED to AMBER in the North West while remaining AMBER in the South. North East moved from GREEN to RED. |
| Issues Affecting Performance |
| The number of Ready to Learn Assessments carried out has been significantly affected by the impact of the COVID-19 pandemic, initial guidance was that these visits were cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home). If families are seen after the 27-30 month timescale, while they still have an assessment it will be recorded as "unscheduled" rather than 27-30 months and therefore not included in these figures. In the second lockdown and subsequently there are still families who have returned to their countries of origin and therefore unable to be assessed |
| Actions to Improve Performance |
| Continue to carry out developmentally appropriate assessments for children who missed their 27 – 30 month Ready to Learn Assessment due to factors associated with the pandemic, and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage. Team leaders to continue to review caseloads to ensure performance continues to improve. |
| Timescales for Improvement |
| Ongoing work is progressing to assess children who missed their 27 – 30 month assessment. |
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| Indicator | 2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks |
| Purpose | To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 |
| North East | 95% | 98% (G) | 98% (G) | 96% (G) | 97% (G) | 98% (G) | 96% (G) | 96% (G) | 93% (G) | 97% (G) | 98% (G) | 91% (A) |
| North West | | 99% (G) | 95% (G) | 99% (G) | 95% (G) | 97% (G) | 96% (G) | 98% (G) | 96% (G) | 97% (G) | 97% (G) | 94% (G) |
| South | | 99% (G) | 96% (G) | 97% (G) | 97% (G) | 97% (G) | 99% (G) | 99% (G) | 92% (G) | 98% (G) | 97% (G) | 99% (G) |

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| Performance Trend |
| Variations across areas and over time. North East moved to AMBER in October. There is a time lag in the availability of this data. |
| Issues Affecting Performance |
| The time lag in data collection may explain the slight decrease in the percentage of HPIs allocated by a Health Visitor by 24 weeks in North East. |
| Actions to Improve Performance |
| Situation will be monitored and remedial action taken if North East HPI rate does not return to GREEN. |
| Timescales for Improvement |
| North East HPI rate will return to levels above 95% within next 3 months. |
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| Indicator | 3. Number of referrals being made to the Healthier, Wealthier Children Service. |
| Purpose | To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 5 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities. |

| Locality | Annual Target | Quarterly Target | 19/20 Total | 2020/21 | | | | | 2021/22 | | | | |
|----------|---------------|------------------|--------------|------------|------------|------------|------------|-------------|------------|------------|------------|----|-------------|
| | | | | Q1 | Q2 | Q3 | Q4 | 20/21 Total | Q1 | Q2 | Q3 | Q4 | 21/22 Total |
| City | 1533 | 383 | 2,515 (G) | 678 (G) | 749 (G) | 869 (G) | 827 (G) | 3123 (G) | 843 (G) | 791 (G) | 698 (G) | | 2332 (G) |
| NE | 344 | 86 | 764 (G) | 138 (G) | 205 (G) | 218 (G) | 210 (G) | 771 (G) | 260 (G) | 220 (G) | 185 (G) | | 665 (G) |
| NW | 576 | 144 | 918 (G) | 196 (G) | 189 (G) | 214 (G) | 213 (G) | 812 (G) | 217 (G) | 185 (G) | 191 (G) | | 593 (G) |
| S | 613 | 153 | 833 (G) | 344 (G) | 355 (G) | 437 (G) | 404 (G) | 1540 (G) | 366 (G) | 386 (G) | 322 (G) | | 1074 (G) |

Performance Trend

Targets continue to be met at city level. Numbers of referrals have decreased in the last quarter.

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

| Area | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|---------------|---------------|---------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| City | 100% | 56.2 (R) | 51.9 (R) | 29.5 (R) | 45.4 (R) | 54.64 (R) | 60.81 (R) | 53.27 (R) | 53.01 (R) | 48.67% (R) | 48.47% (R) | 49.58% (R) |
| North East | | 49.5 (R) | 51.1 (R) | 30.7 (R) | 42.8 (R) | 51.56 (R) | 57.58 (R) | 54.22 (R) | 72.73 (R) | 46.49% (R) | 48.57% (R) | 54.32% (R) |
| North West | | 57.5 (R) | 50.1 (R) | 26.5 (R) | 46.4 (R) | 62.79 (R) | 62.24 (R) | 49.83 (R) | 78.72 (R) | 61.84% (R) | 50.00% (R) | 47.69% (R) |
| South | | 62.1 (R) | 54.1 (R) | 31.8 (R) | 47 (R) | 52.87 (R) | 61.47 (R) | 55.95 (R) | 24.69 (R) | 41.82% (R) | 47.27% (R) | 46.67% (R) |

Performance Trend

Variations exist across localities and over time. Performance remains RED across the city declining at a city level and in the North East and North West in the last quarter. South improved.

Issues Affecting Performance

The restrictions associated with the pandemic response are continuing to have an impact on the number of face to face appointments that can be offered. As a result, these appointments are limited to only those appointments assessed as essential. Near Me/Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged that for some patients Near Me/Attend Anywhere does not meet the needs of the child/young person, and/ or fit with the family circumstances. This is contributing to those children / young people experiencing a longer wait for an appointment than would ordinarily be the case. In these circumstances parents and carers have been advised that they can get in touch at any time if they feel there is a deterioration requiring an urgent appointment. In addition, appointments were less well attended in the run up to Christmas, which has impacted the teams' broader efforts to address the waiting list, and is likely to continue to have an impact in the next quarter as these appointments are rescheduled.

PHS have updated the Digital Appointment Data Recording Guidance, which has been circulated via the CAMHS WLI Group. This notes the conditions for an appropriate digital offer. Most teams are experiencing particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Further there are challenges with recruitment and resourcing teams to meet current demands.

Actions to Improve Performance

Comprehensive review / validation of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial.

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City wide CAMHS Waiting List Initiative resources were realigned with locality teams, and staffing has now mainly been appointed. These fixed term posts will further locality based support and will help to reduce internal waits, optimise capacity within teams, ensure a seamless patient journey, and facilitate further reductions in the size of the waiting list.

Work is ongoing to ensure CAMHS teams are embedded within Children's Services in localities by improving connections, alignment and collaboration with other services within the HSCP, in Education and across the third sector, with the aim of ensuring children, young people and their families are able to access the right kind of support, within their local area, at the point of need. It is anticipated that the SG funded Tier 1&2 services recently commissioned by Education will begin to have an impact this year.

Work is being undertaken with referrers to improve the quality of information contained in referral forms to ensure the right children and young people are being referred at the right time. This work will also aim to increase understanding of what CAMHS is able to offer, to facilitate thinking about how to best offer this, and to improve knowledge and understanding of what else is available within the wider locality that may better meet the needs of children and young people.

The CAMH service may be represented at Joint Support Team Meetings to aid discussions regarding the needs of children and young people and to identify the most appropriate supports and interventions, and colleagues are continuing to explore different means of service delivery given ongoing restrictions. The learning from the service response over the course of the pandemic is being analysed and will contribute to ongoing efforts to make sustainable improvements to service delivery.

There is an increased focus on DNA rate for choice appointments, data is being reviewed and plans developed with the aim of reducing this.

The West CAMHS pilot of a digital group for parents of young children with anxiety was successful. A complete set of guidance was signed off by the SCS Clinical Governance Committee, meaning that all parts of the service can now proceed with group work delivered remotely.

Brief Interventions work continues citywide.

Efforts to reschedule missed/ cancelled/ non-attended appointments in the run up to Christmas are continuing, but the net effect of these appointments not taking place is likely to continue to affect performance into the next quarter.

Timescales for Improvement

The Waiting List Initiative is continuing and is likely to take some additional time before improvements are seen in Glasgow City, with the level of missed appointments over the Christmas period likely to continue to impact as these appointments are rescheduled. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support.

Links are already being established with colleagues and partners within localities and this work will continue on an ongoing basis. For example, service managers are now attending the JST-ISG and Locality Planning Meetings.

Service Managers have undertaken a programme of work for referrers with the intention of continuing to implement throughout 2022.

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

| Locality | Target | 2019/20 | | | 2020/21 | | | | 21/22 | | 21/22 Q3 | |
|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|---------------|---|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | % with review | Number <u>without</u> a Permanency Review |
| City | 90% | 72% (R) | 70% (R) | 68% (R) | 66% (R) | 58% (R) | 59% (R) | 55% (R) | 58% (R) | 65% (R) | 57% (R) | 35* |
| North East | | 81% (R) | 71% (R) | 68% (R) | 69% (R) | 57% (R) | 59% (R) | 51% (R) | 62% (R) | 69% (R) | 63% (R) | 13 |
| North West | | 76% (R) | 80% (R) | 65% (R) | 65% (R) | 52% (R) | 52% (R) | 53% (R) | 42% (R) | 47% (R) | 38% (R) | 13 |
| South | | 59% (R) | 59% (R) | 71% (R) | 64% (R) | 61% (R) | 62% (R) | 59% (R) | 62% (R) | 74% (R) | 65% (R) | 8 |

*1 child's Team is not indicated on careFirst.

Performance Trend

Performance at city and locality level remained RED during Quarter 3 with a decrease in performance seen in all localities in comparison to the previous quarter (Q2).

At the end of December, a total of 35 children (of 82 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

There has been a significant increase in referrals for a children's social work services since the early autumn 2020, exacerbated due to increased economic uncertainty, and social stress, which are contributing to increase family difficulties. The complexity of the current situation, the impact of the most recent Covid surge and consequent proportion of staff having to self-isolate, continues to mean that deployment of staff resource has had to be prioritised to respond to these matters, often on an emergency basis. Consequently, recovery planning has been affected and continues to make arranging face to face meetings with families more challenging. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve throughout the course of the pandemic. In addition, the Family Assessment and Contact Service (FACS) and the Glasgow Infant and Family Team (GIFT) only resumed face to face contact and support in September so this has had a knock-on effect in relation to concluding the permanence outcomes for a significant number of the children under the age of 4.

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Actions to Improve Performance

There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work as far as possible, whilst juggling emergency demand, and the increased availability of administrative support will continue to help to support improvement. In addition, as some of the offices have been equipped with access to large screens in meeting rooms, this has enabled a blended form of Permanence Review meeting to take place using Microsoft Teams in order to progress this work.

A city-wide permanence forum has been established to bring a focus to this work and the locality permanence forums have now been re-established. A full audit of all the children under 5 has been undertaken and the work required to progress their care plans has been quantified. Permanence workshops and peer support opportunities have commenced to focus on this group of children and to ensure their plans are progressed appropriately. Two additional Independent Reviewing Officers are in the process of being appointed who will have a role in overseeing this.

Timescales for Improvement

Ongoing work is being progressed to undertake reviews, and additional capacity continues to be provided by the Independent Care and Review Team.

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|-----------|--------|--------------|--------------|-------------|---------------|-------------|---------------|-------------|-------------|-------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| Under 5s | 100% | 100% (G) | 100% (G) | 100% (G) | 73.33 (R) | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) |
| Aged 5-18 | | 92.7% (R) | 92.9% (R) | 100% (G) | 92.86% (R) | 100% (G) | 96.15% (A) | 85% (R) | 100% (G) | 100% (G) |

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| Performance Trend |
| Percentages can fluctuate due to the small numbers involved. Performance has remained GREEN in the last quarter for both age groups. |
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| Indicator | 7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date. |
| Purpose | 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. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 7 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | |
|---|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 60% | 40% (R) | 41% (R) | 45% (R) | 32% (R) | 42% (R) | 49% (R) | 51% (R) | 59% (G) | 58% (A) |
| North East | | 33% (R) | 57% (R) | 49% (R) | 52% (R) | 41% (R) | 49% (R) | 55% (R) | 76% (G) | 61% (G) |
| North West | | 51% (R) | 33% (R) | 42% (R) | 22% (R) | 23% (R) | 41% (R) | 50% (R) | 63% (G) | 64% (G) |
| South | | 41% (R) | 21% (R) | 45% (R) | 24% (R) | 53% (R) | 58% (A) | 45% (R) | 50% (R) | 51% (R) |
| Performance Trend | | | | | | | | | | |
| At city level performance dropped from GREEN to AMBER during Q3; performance also declined significantly in North East although it remained GREEN. There was little change in performance for North West which remained GREEN and South which remained RED. | | | | | | | | | | |
| Issues Affecting Performance | | | | | | | | | | |
| South performance has been significantly impacted by Team Leader and Service Manager absence due to ill health and bereavement which has reduced managerial cover, added delays in allocation processes and reduced the oversight and support to staff. Frontline staff sickness has also been a factor in the lower than desired staff performance in South in this area. South have been given additional temporary TLs to offset these difficulties from the end of January. | | | | | | | | | | |
| Actions to Improve Performance | | | | | | | | | | |
| The newly added temporary Team Leaders in Glasgow South will offer greater managerial oversight and support to existing and new staff and will supplement the existing efforts being made to improve performance in this area. | | | | | | | | | | |
| The management team is reviewing the data and addressing data quality and practice issues. | | | | | | | | | | |
| Timescales for Improvement | | | | | | | | | | |
| Improvements in South's new reports to SCRA are anticipated within the next reporting cycle. Back to Summary | | | | | | | | | | |

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| Indicator | 8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training. |
| Purpose | To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Locality | Target | 2019/20 | | | 2020/21 | | | | 2021/22 | | |
|-------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 75% | 74% (G) | 71% (R) | 68% (R) | 65% (R) | 76% (G) | 77% (G) | 80% (G) | 78% (G) | 79% (G) | 79% (G) |
| North East | | 76% (G) | 71% (R) | 63% (R) | 62% (R) | 82% (G) | 80% (G) | 84% (G) | 82% (G) | 81% (G) | 78% (G) |
| North West | | 79% (G) | 76% (G) | 71% (R) | 72% (A) | 77% (G) | 81% (G) | 82% (G) | 80% (G) | 79% (G) | 79% (G) |
| South | | 69% (R) | 69% (R) | 73% (A) | 67% (R) | 69% (R) | 78% (G) | 80% (G) | 81% (G) | 82% (G) | 82% (G) |

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

All localities remained above target and GREEN during the reporting period.

The percentage of *non-recording* of Employability status increased slightly from 2% to 3% between Quarters 2 and 3. This equates to a total of 26 young people in the city – 14 (6%) in North East, 2 (1%) in North West and 3 (1%) in South who do not have their employability status recorded. The other 7 are young people whose team is “not indicated” (i.e. those without a primary relationship to a worker or team).

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| Indicator | 9. Number of out of authority placements |
| Purpose | To monitor the number of out of authority placements. These include residential schools, secure units and specialist purchased resources. Reducing out of authority placements is an objective for our Children's Transformation Programme to ensure that Glasgow's children remain connected to their families, friends, schools and communities, |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 2 (See Appendix 2) |
| Strategic Priority | Priority 3 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Target | | | 2019/20 | | | 2020/21 | | | | 2021/22 | | |
|--------|-------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| 19/20 | 20/21 | 21/22 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| 31 | 40 | 33 (Q1) 32 (Q2) 31 (Q3) 30 (Q4) | 46 (R) | 47 (R) | 46 (R) | 42 (R) | 45 (R) | 40 (G) | 34 (G) | 34 (A) | 31 (G) | 35 (R) |

Performance Trend

Placements increased from 31 to 35 during Q3 with the numbers being outwith the target range and the RAG rating moving from GREEN to RED.

Issues Affecting Performance

The increase in numbers of OOA placements is largely down to an increase in the numbers of young people in secure care.

Actions to Improve Performance

Ongoing monitoring is in place.
 The impact of remand from court on the numbers is not possible to control or predict. Robust procedures are in place in the court to offer alternatives to remand and a range of packages to support young people at home.
 Placement stability for young people can have a significant impact on the numbers of young people going in to an out of authority placement; significant work has been undertaken in this area and the figures around placement movement have greatly improved.
 Numbers of young people coming into care have consistently reduced over the past 5 years, and this will also have an ongoing impact.
 24 of the young people in out of authority placements at period 3 are over 16 with 10 aged 18+.
 Pathways plans are in place where appropriate and young people are given move on options in line with Continuing Care legislation.

Timescales for Improvement

Work is ongoing in relation to monitoring the out of authority placements. There will be natural movement as young people plan to move on to independence when they are ready.
 For the young people in secure care, work is ongoing to support them when they leave secure care to identify appropriate accommodation and support. This can be difficult to predict given the nature of court processes.

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| Indicator | 10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months |
| Purpose | To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|-------------|--------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| City | 95% | 92.1% (A) | 93.5% (G) | 93.2% (G) | 94.24% (G) | 94.37% (G) | 95.15% (G) | 94.20% (G) | 93.31% (G) | 94.28% (G) |
| North East | | 89.4% (R) | 94.1% (G) | 91.5% (A) | 94.13% (G) | 94.98% (G) | 94.56% (G) | 93.15% (G) | 94.94% (G) | 94.24% (G) |
| North West | | 93.5% (G) | 92.2% (A) | 93.3% (G) | 94.86% (G) | 94.34% (G) | 95.2% (G) | 94.32% (G) | 90.91% (A) | 94.89% (G) |
| South | | 93.3% (G) | 93.8% (G) | 94.4% (G) | 93.86% (G) | 93.92% (G) | 95.56% (G) | 94.94% (G) | 93.79% (G) | 93.87% (G) |

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| Performance Trend |
| <p>Performance slightly improved in last quarter at city level and in all localities and moved from AMBER to GREEN in the North West. This indicator is reported in arrears.</p> <p>Back to Summary</p> |

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| Indicator | 11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years |
| Purpose | To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Mike Burns, Assistant Chief Officer (Children's Services) |

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|------------|--------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| City | 95% | 96.3% (G) | 95.8% (G) | 96.35% (G) | 96.52% (G) | 97.25% (G) | 96.15% (G) | 96.25% (G) | 96.32% (G) | 95.85% (G) |
| North East | | 96.9% (G) | 96.5% (G) | 97.64% (G) | 98.46% (G) | 98.07% (G) | 96.97% (G) | 97.03% (G) | 96.44% (G) | 95.59% (G) |
| North West | | 96.6% (G) | 95.5% (G) | 95.07% (G) | 94.36% (G) | 96.66% (G) | 96.24% (G) | 95.77% (G) | 96.27% (G) | 94.49% (G) |
| South | | 95.6% (G) | 95.4% (G) | 96.03% (G) | 96.69% (G) | 97.08% (G) | 95.4% (G) | 96.01% (G) | 96.26% (G) | 97.16% (G) |

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| Performance Trend |
| Performance remains GREEN across the city with a small decrease in the last quarter at a city level and in the North East and North West. South slightly increased. This indicator is reported in arrears. |
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Other Annually Reported Indicators - See Appendix 1, Section 3

- 5. % of 0-2 year olds registered with a dentist
- 6. % of 3-5 year olds registered with a dentist
- 7. % of P1 children with no obvious decay experience
- 8. % of P7 children with no obvious decay experience

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ADULT MENTAL HEALTH

| | |
|---------------------------------------|--|
| Target/Ref | 1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral |
| Purpose | To monitor the waiting times for people who started a PT treatment. The NHS LDP Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This indicator relates to all adults and older people and to people who started a PT in that quarter. |
| Type of Indicator | NHS LDP (Local Development Plan) Standard |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Jackie Kerr, Assistant Chief Officer (Adult Services) |

| Locality | Target | 2019/20 | | | 2020/21 | | | 2021/22 | | | | |
|----------|--------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| NE | 90% | 80.8 (R) | 70.7 (R) | 70.7 (R) | 53.7 (R) | 75 (R) | 56.6 (R) | 82.3 (R) | 76.5 (R) | 78.8 (R) | 70.2 (R) | 56.6 (R) |
| NW | | 90.7 (G) | 88.7 (G) | 45.8 (R) | 84 (R) | 95.7 (G) | 93.6 (G) | 97.1 (G) | 92.5 (G) | 93.8 (G) | 87 (G) | 84 (R) |
| S | | 82.7 (R) | 79.5 (R) | 77.6 (R) | 93 (G) | 58.7 (R) | 91.4 (G) | 92.8 (G) | 94.8 (G) | 93.6 (G) | 85.1 (R) | 80.5 (R) |

| Performance Trend |
|---|
| <p>Performance deteriorated in the last quarter and is now RED in all areas, having been GREEN in the North West and South.</p> <p>The overall % starting a PT within 18 weeks in September 2021 is circa 89% for all the services managed by Glasgow City HSCP (including the Glasgow City Hosted services that cover the whole of NHS GG&C)> The overall total starting a PT is fewer than pre pandemic activity.</p> <p>Performance varies between localities and between teams within each locality. As a result of the initial outbreak of Covid-19 all teams in the 3 localities and the Hosted services accrued long waits.</p> <p>The North West has 25 people still waiting over 18 weeks who are yet to start a PT. The South, with 132 people still waiting over 18 weeks who are yet to start a PT, is an identified pressure over the coming quarters. Similarly, the North East, with 99 people still waiting over 18 weeks who are yet to start a PT, is also an identified pressure over the coming quarters. The Glasgow City Hosted services have 117 people still waiting over 18 weeks who are yet to start a PT, and is an identified pressure over the coming quarters.</p> <p>The number of people still waiting over 52 weeks in across Glasgow City increased during the quarter. There are 6 people waiting over 52 weeks in the teams serving the 3 localities in Glasgow City and 49 people waiting over 52 weeks in the Glasgow City Hosted services.</p> |

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Issues Affecting Performance

The effect of the outbreak of Covid-19 continues to have a multiple impacts on the overall performance of delivering PTs through Q1 Apr-Jun 21, Q2 Jul-Sep 21 and Q3 Oct-Dec 21.

The initial service reaction to the Covid-19 outbreak created a large cohort of people waiting to start a PT. Waiting list initiatives to target the long waits can result in a short-term higher proportion of people starting their treatment beyond the Standard timeframe.

Teams seeing more people over 18 weeks relative to total seen can produce low percentage during low festive period activity.

Social distancing measures result in reduced consulting space which is prioritised primarily for urgent clinical need.

There is a Board wide focus on addressing the longest waits of over 52 weeks.

Alternative IT based interventions require infrastructure and hardware, for both healthcare staff and patients.

Some people are waiting longer due to clinical, social and personal reasons which prevent them engaging in remote consultations (so are waiting for a face-to-face approach).

The capacity to deliver PTs is affected by vacancies, annual leave, sick leave and extended leave. Recruitment to some posts has resulted in no applicants

There are bulges of demand across the full range of wait of waiting times that will require mitigation to prevent an adverse impact on the waiting time standard.

Actions to Improve Performance

Outside of the Trauma service, teams with people waiting over 52 weeks have scheduled appointments to start treatment by, where able, the end of February 22.

Services are sharing capacity, if available, within/across HSCP locality & care group boundaries. Trauma service sourcing appropriate venues with space for face-to-face interventions between clinicians & patients with translators in attendances

Digital alternatives to face-to-face approaches (i.e. Anytime Anywhere or Near Me) are being used. Safe face-to-face appointments are being conducted where facilities are suitable

Staff and patients training and support to adjust to a range of home- and social distanced work-based arrangements requiring IT and telecoms equipment to continue to deliver services.

Teams continue to source alternative appropriate accommodation, i.e. in GP facilities and other community setting. Trauma service requires safe space to include translators alongside the clinician and patient..

Telephone contact with patients, who are waiting for their treatment to start, continues on a regular basis providing support and information of how to contact services should their condition deteriorate.

The Board wide PT Group team has been implemented and is delivering digital-based group interventions with the CMHTs

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Peripatetic Band 7 therapist targeting people with long waits

Access to cCBT for people with Long Term Conditions being delivered

The Scottish Government Internet Enabled CBT initiative targeting the North East and North West

Heads of Service and Professional Leads are routinely monitoring team performance to assess the impact of actions.

The timescales for approval to recruit are being assertively followed up. Where recruitment to some posts has resulted in no applicants, alternatives to create capacity to support existing teams and staff being generated are required.

Timescales for Improvement

Learning about the long term impact of the continuing Covid-19 social distancing measures on the ability of services to deliver PTs is ongoing.

People waiting over 36 weeks will be reviewed in future quarters.

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

| Hospital | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|---------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Stobhill | 28 days | 36.1 (R) | 22.9 (G) | 28.8 (A) | 31.3 (R) | 31.2 (R) | 35.5 (R) | 31.2 (R) | 32.2 (R) | 33.6 (R) | 28.1 (R) | 30.1 (R) |
| Leverndale | | 33.0 (R) | 23.1 (G) | 22 (G) | 22.9 (G) | 22.9 (G) | 23.9 (G) | 29.8 (R) | 31.8 (R) | 36.3 (R) | 28.5 (G) | 31.7 (R) |
| Gartnavel | | 38.7 (R) | 27.4 (G) | 39.4 (R) | 30.5 (R) | 28 (G) | 31.7 (R) | 29.8 (R) | 37.7 (R) | 40.1 (R) | 32.1 (R) | 31.3 (R) |

Performance Trend

Performance improved in all hospitals between September and December but remained RED.

Issues Affecting Performance

The ongoing Covid-19 pandemic still continues to have a significant impact on the pattern of MH services responses. Services continue to respond flexibly to fluctuations in:

1. Wards being closed to new admissions due to COVID continues to reduce patient movement. This particularly impacts on Glasgow City located acuter admissions when capacity is reduced elsewhere is the wider acute admission system.
2. Numbers of COVID- positive patients
3. Staff absence rates, inpatient ward skill mix and nurse per bed ratio continues to be an identified on-going risk
4. The number of people staying 6 months or longer rose dramatically from Sept 2019 and grew during the initial period of COVID. Throughout 2021 the numbers staying over 6 months has been reduced.
5. Occupied bed day use boarding into Glasgow City hospitals both internally and external to the Health Board area continues. Although external boarders are relatively few in number the margins and pressure on occupancy for a month remains the equivalent of 3-4 beds per month for the quarter.

Actions to Improve Performance

Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of fluctuations in activity for 2022/2023:

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1. Consolidation continues of all unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
2. Maintained direct access to mental health assessment units during day time established for Primary Care.
3. Piloting In-reach practitioners across inpatients to identify those patients who require short term admissions and then safely continue their care and treatment in the community.
4. In-patient admissions testing and isolation for COVID and personal protective equipment and staffing guidelines continually reviewed updated and applied.
5. On-going work by Discharge Co-ordination Teams
6. The use of beds by external Health Boards given local capacity and the impact internal placement of patients affecting the communication and discharge planning will be reviewed by the Bed Management Group.
7. Staffing absence and the impact on skill mix and staff per bed ratios remains a chronic issue.

Timescales for Improvement

The longer-term impact of the COVID-19 pandemic appears to be slightly reducing. Remobilisation will continue through to March 2022, and operational contingency arrangements continue to be reviewed. System wide support mechanisms also being reviewed across sites and specialties with the wider mental health “family”.

On-going pressure still remain with vacancies, non-Covid absences, seasonal annual leave and the requirement to support staff to decompress in the coming months. Maintaining safe and effective care means admissions for people from outwith their usual admission hospital. This position is likely to remain in 2022. The overall pressure on adult acute admission beds is such that phased movement towards the adult acute admission bed strategy endpoint will require to be reviewed. The chronic pressure in the acute mental health system and fine margins means that any increase of average length of stay from 28 days to 31 days is equivalent to an additional 21 beds being full for the month of December. The incremental accumulation of the impact of the small numbers of borders into adult acute short stay beds from other specialties and other Health Boards, delayed discharges, patients with stays of over 6 months, wards temporarily closing to admissions due to infections and staff absences contribute to and all have an impact on average lengths of stay. The tight margins require delivery of a more steady state than is currently available and will require 6-12 months in 2022/23 to progress and bed in the planned actions.

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

| Hospital | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------|--------|--------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Stobhill | <95% | 100.2 (R) | 93.2 (G) | 75.7 (G) | 94 (G) | 91.4 (G) | 96.5 (G) | 97 (G) | 98.8 (A) | 92.7 (G) | 97.2 (G) | 95.7 (G) |
| Leverndale | | 94.6 (G) | 85.8 (G) | 77 (G) | 90.6 (G) | 82.0 (G) | 88.8 (G) | 92.4 (G) | 98.8 (A) | 97.6 (A) | 95 (G) | 90.8 (G) |
| Gartnavel | | 88.9 (G) | 90.6 (G) | 85.5 (G) | 95.4 (G) | 89.2 (G) | 93.4 (G) | 93.2 (G) | 97.5 (A) | 97 (G) | 99 (A) | 97.2 (G) |

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| Performance Trend |
| Performance moved from AMBER to GREEN in the last quarter in all hospitals. |

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

| Locality | Target | 2019/20 | | | 2020/21 | | | | 2021/22 | | | |
|-----------------------------------|----------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| North East | | 10 | 5 | 3 | 2 | 4 | 6 | 6 | 7 | 2 | 3 | 3 |
| North West | | 9 | 5 | 6 | 8 | 4 | 5 | 8 | 6 | 4 | 4 | 3 |
| South | | 7 | 5 | 0 | 2 | 1 | 4 | 2 | 4 | 4 | 4 | 4 |
| City/LD | | 0 | 0 | 1 | 1 | 1 | 1 | 0 | | | | |
| Sub-Total (Included Codes) | | 26 | 15 | 10 | 13 | 10 | 16 | 16 | 17 | 10 | 10 | 10 |
| North East | | 0 | 1 | 0 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 1 |
| North West | | 0 | 2 | 4 | 2 | 2 | 6 | 5 | 3 | 2 | 3 | 2 |
| South | | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| City/LD | | 0 | 0 | 0 | 0 | 1 | 1 | 0 | | | | |
| Sub-Total (Complex Codes) | | 1 | 4 | 4 | 4 | 4 | 9 | 7 | 5 | 4 | 6 | 4 |
| North East Total | | 10 | 6 | 3 | 3 | 5 | 8 | 8 | 8 | 3 | 5 | 4 |
| North West Total | | 9 | 7 | 10 | 10 | 6 | 11 | 13 | 9 | 6 | 7 | 5 |
| South Total | | 8 | 6 | 0 | 3 | 1 | 4 | 2 | 5 | 5 | 5 | 5 |
| City/LD | | 0 | 0 | 1 | 1 | 2 | 2 | 0 | | | | |
| All Delays | 0 | 27 (R) | 19 (R) | 14 (R) | 17 (R) | 14 (R) | 25 (R) | 23 (R) | 22 (R) | 14 (R) | 17 (R) | 14 (R) |

Performance Trend

Numbers vary across localities and over time. Delays increased between June and August.

Issues Affecting Performance

Admission routes and discharge relationships continued to be disrupted due to significant COVID related issues, COVID- positive patients in some areas and staff re-deploying to ward areas to

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maintain safe and effective treatment and wards closing to admissions and patient movement as a result of infection prevention and control measures.

Actions to Improve Performance

A number of patients who have been recorded as delayed over the last number of months have been as a result of ongoing ward closures due to COVID as mental health hospitals continue to be under significant pressures on beds both prior to and during the pandemic with increased admission rates for the majority of the time.

The integrated discharge teams continue to meet and include representative across the service with links to housing providers and commissioners . There continues to be pressure on delays due to the complexity of patient need and availability of commissioned packages of care and accommodation

Ongoing discussions are taking place with commissioning team with regard to availability of resource and plans are in place to ensure appropriate systems are implemented to allow people to return to their own home where appropriate.

Timescales for Improvement

A number of discussions have taken place and actions to address delays and improve performance include:

- Increase in staffing to the integrated discharge teams which will address the delays in social work assessments and accessing care home placements
- Increase in funding for the adult mental health social care contract which will increase the number of providers and the types of care available
- Development of the learning disability adult social care resource at Waterloo Close which will support eight adults with complex learning disabilities. The adults currently delayed within LD wards are being targeted for this resource
- Increase in MHO across the city will address delays in relation to guardianship applications

Regular reviews continue on progressing solutions for people to move out of hospital, as well as the demand from vulnerable people entering care from the community.

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Other Annually Reported Indicators - See Appendix 1, Section 3

11. Deaths from Suicide

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SANDYFORD (SEXUAL HEALTH)

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

IUD – number of appointments

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|---------------|--------------------------|---------------------|---------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | | 1149 | 1355 | 299 | 996 | 1375 | 1497 | 1438 | 1106 | 877 |
| NE | | 283 | 267 | 0 | 273 | 388 | 475 | 483 | 332 | 284 |
| NW | | 755 | 987 | 299 | 723 | 987 | 1022 | 955 | 774 | 593 |
| S | | 111 | 101 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHSGGC | 1888/ Quarter | 1650 (R) | 1870 (G) | 299 (R) | 1311 (R) | 1723 (R) | 1839 (A) | 1784 (R) | 1400 (R) | 1169 (R) |

IUD – number of insertions

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|---------------|--------------------------|---------------------|---------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|--------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | | 964 | 999 | 305 | 895 | 1135 | 1196 | 1178 | 892 | 742 |
| NE | | 201 | 182 | 0 | 186 | 273 | 352 | 372 | 256 | 233 |
| NW | | 684 | 757 | 305 | 709 | 861 | 844 | 806 | 636 | 509 |
| S | | 79 | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHSGGC | 1309/ quarter | 1310 (G) | 1322 (G) | 310 (R) | 1124 (R) | 1413 (G) | 1488 (G) | 1484 (G) | 1154 (R) | 998 (R) |

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| Performance Trend |
| Number of IUD appointments and insertions have fallen since the last report and both remain RED. |
| Issues Affecting Performance |
| Staffing pressures due to annual leave, vacancies and other absence have affected performance in this last quarter. |
| The availability of appointments offered continues to be affected by the service's inability to access the accommodation across the Board area which was previously used / agreed for use to provide services. |

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Actions to Improve Performance

Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. The Recovery Plan indicates a further extension of this over the coming months, if pandemic circumstances allow. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved – currently restricted by access to other sites limited.

Timeline for Improvement

With the full recovery of services, and once accommodation issues are rectified, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to reach and maintain target levels during 2022.

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|---------------------------------------|--|
| Indicator | 3 & 4. Number of vLARC Implant appointments and insertions offered across all Sandyford locations |
| Purpose | To establish if clinical capacity is being maximised. |
| National/ Corporate/ Local | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health) |

Implants – number of appointments

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|---------------|--------------------------|---------------------|---------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | | 1169 | 1202 | 156 | 1100 | 1377 | 1550 | 1278 | 1019 | 745 |
| NE | | 495 | 454 | 0 | 372 | 571 | 654 | 513 | 382 | 311 |
| NW | | 583 | 665 | 156 | 728 | 806 | 896 | 765 | 637 | 434 |
| S | | 91 | 83 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHSGGC | 2431/ quarter | 1655 (R) | 1691 (R) | 156 (R) | 1586 (R) | 2028 (R) | 2278 (R) | 1966 (R) | 1621 (R) | 1217 (R) |

Implants – number of insertions

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|---------------|--------------------------|--------------------|--------------------|--------------------|---------------------|---------------------|---------------------|--------------------|--------------------|--------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | | 601 | 617 | 148 | 750 | 693 | 811 | 654 | 587 | 401 |
| NE | | 206 | 228 | 0 | 204 | 289 | 326 | 229 | 201 | 178 |
| NW | | 336 | 334 | 148 | 545 | 403 | 484 | 425 | 386 | 223 |
| S | | 59 | 55 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHSGGC | 1148/ quarter | 874 (R) | 865 (R) | 148 (R) | 1034 (R) | 1017 (R) | 1148 (G) | 991 (R) | 899 (R) | 635 (R) |

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| Performance Trend |
| Number of implant appointments and insertions have fallen since last report and both remain RED. |
| Issues Affecting Performance |
| Staffing pressures due to annual leave, vacancies and other absence have affected performance in this last quarter. |
| The availability of appointments offered continues to be affected by the service's inability to access the accommodation across the Board area which was previously used / agreed for use to provide services. |
| Actions to Improve Performance |
| Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. |

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The Recovery Plan indicates a further extension of this over the coming months, if pandemic circumstances allow. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved – currently restricted by access to other sites limited.

Timescales for Improvement

With the full recovery of services, and once accommodation issues are rectified, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to reach and maintain target levels during 2022.

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|---------------------------------------|---|
| Indicator | 5. Median waiting times for access to Urgent Care appointments. |
| Purpose | To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results. |
| Type of Indicator | National Indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|----------|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 2 working days | 5 (R) | 3 (R) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) |
| NE | | 9 (R) | 5 (R) | NA | 1 (G) | 1 (G) | 3 (R) | 1 (G) | 1 (G) | 1 (G) |
| NW | | 5 (R) | 2 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 2 (G) | 1 (G) |
| S | | 8 (R) | 5 (R) | NA | NA | NA | NA | NA | NA | NA |
| NHSGGC | | 6 | 3 | 1 | 1 | 1 | 1 | 1 | 2 | 1 |

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| Performance Trend |
| <p>Performance remains GREEN and has improved in the North West. Target has been adjusted to be based upon median rather than average waiting times as small numbers of outliers were distorting the figures. The service in the South has not yet reopened so is classed as N/A.</p> <p>Back to Summary</p> |

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| Indicator | 6-9 Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female) |
| Purpose | Improved service access across all Sandyford services for young people aged under 18 |
| National/ Corporate/ Local | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health) |

Male

| Area | Age | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|--------|-------|--------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 13-15 | 4 | 5 (R) | 6 (R) | 2 (R) | 7 (R) | 4 (R) | 5 (R) | 6 (R) | 2 (R) | 4 (G) |
| NHSGGC | | 13 | 13 (R) | 13 (R) | 3 (R) | 12 (R) | 14 (R) | 11 (R) | 14 (R) | 8 (R) | 11 (R) |
| City | 16-17 | 27 | 20 (R) | 16 (R) | 3 (R) | 18 (R) | 16 (R) | 27 (R) | 23 (R) | 29 (G) | 18 (R) |
| NHSGGC | | 49 | 48 (R) | 38 (R) | 4 (R) | 29 (R) | 30 (R) | 37 (R) | 39 (R) | 47 (G) | 34 (R) |

Female

| Area | Age | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|--------|-------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 13-15 | 75 | 69 (R) | 71 (R) | 21 (R) | 36 (R) | 40 (R) | 43 (R) | 68 (R) | 61 (R) | 51 (R) |
| NHSGGC | | 143 | 161 (R) | 145 (R) | 37 (R) | 87 (R) | 95 (R) | 87 (R) | 129 (R) | 118 (R) | 109 (R) |
| City | 16-17 | 195 | 190 (R) | 192 (R) | 69 (R) | 136 (R) | 149 (R) | 137 (R) | 180 (R) | 172 (R) | 143 (R) |
| NHSGGC | | 358 | 358 (R) | 384 (R) | 132 (R) | 246 (R) | 280 (R) | 256 (R) | 343 (R) | 314 (R) | 266 (R) |

Performance Trend

Performance declined across all categories between Q2 and Q3 with the exception of 13-15 year old males which increased slightly and moved to GREEN. Targets have been adjusted downwards across all age groups for 2021/22.

Issues Affecting Performance

The service is currently restricted to only 3 sites. The service opened on a Saturday in June however low attendance and other factors affecting performance caused it to close again in November.

Actions to Improve Performance

The service aims to have YP service in a total of 9 sites across GGC so currently there is not physical service capacity to reach target.
As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided in increasing number of locations.

Timescales for Improvement

With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise through 2022. [Back to Summary](#)

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| Indicator | 10. Waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments |
| Purpose | To monitor waiting times for access to first appointment at TOPAR service |
| National/ Corporate/ Local | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 3 |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Leads | Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health) |

| Target | 2019/20 | | 2020/21 | | | | 2021/22 | | |
|----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| 5 working days | 5 (G) | 6 (R) | 2 (G) | 0 (G) | 0 (G) | 0 (G) | 0 (G) | 1 (G) | 0 (G) |

| Performance Trend |
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| <p>Performance remained GREEN in the last quarter and improved.</p> <p>Back to Summary</p> |

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ALCOHOL AND DRUGS

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| Indicator | 1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral. |
| Purpose | To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred. |
| Type of Indicator | NHS LDP (Local Development Plan) Standard |
| Health & Wellbeing Outcome | Outcome 7 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Jackie Kerr, Assistant Chief Officer (Adult Services) |

| Locality | Target | 2019/20 | | | 2020/21 | | | | 2021/22 |
|-------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-----------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Quarters 1 to 3 |
| City | 90% | 98% (G) | 98% (G) | 98% (G) | 98% (G) | 99% (G) | 98% (G) | 99% (G) | TBC |
| North East | | 100% (G) | 99% (G) | 98% (G) | 94% (G) | 100% (G) | 99% (G) | 99% (G) | TBC |
| North West | | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) | TBC |
| South | | 91% (G) | 93% (G) | 90% (G) | 96% (G) | 99% (G) | 99% (G) | 97% (G) | TBC |

Performance Trend

Public Health Scotland (PHS) have not yet published Waiting Times figures due to data quality issues with the new Drug and Alcohol Information System (DAISy).

DAISy is a national database developed to collect drug and alcohol referral, waiting times and outcome information from staff delivering specialist drug and alcohol interventions. The system went live in GGCNHS at the start of April 2021. We await further communication from PHS on the current position.

The most recent data for this indicator relates to Q4 2020/21.

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

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | |
|-------------|--------|------------|------------|------------|------------|------------|------------|------------|-------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 75% | 71% (R) | 77% (G) | 80% (G) | 67% (R) | 76% (G) | 57% (R) | 67% (R) | 40% (R) | 33% (R) |
| North East | | 81% (G) | 88% (G) | 86% (G) | 62% (R) | 78% (G) | 78% (G) | 83% (G) | 20% (R) | 40% (R) |
| North West | | 60% (R) | 33% (R) | 59% (R) | 75% (G) | 50% (R) | 33% (R) | 0% (R) | 0% (R) | 0% (R) |
| South | | 65% (R) | 61% (R) | 80% (G) | 67% (R) | 90% (G) | 0% (R) | 67% (R) | 100% (G) | 0% (R) |

Performance Trend

The number of Parental Assessment forms completed on careFirst during Q3 remained very low (see table below) with a total of 9 forms completed across the city over the 3-month period. These low numbers continue to cause significant fluctuation in performance between quarters. During Q3 no locality met target.

As noted previously there has been a significant downward trend in the number of Parental Assessment forms completed on careFirst over the past few years – numbers completed from 2018-2021 are shown below.

2018/19 Q1 – 457, Q2 – 432, Q3 – 507, Q4 – 210
2019/20 Q1 – 201, Q2 – 69, Q3 – 49, Q4 – 71

| Locality | 19/20 Q4 | 20/21 Q1 | 20/21 Q2 | 20/21 Q3 | 20/21 Q4 | 21/22 Q1 | 21/22 Q2 | 21/22 Q3 |
|-------------|----------|----------|----------|----------|----------|----------|----------|----------|
| City | 71 | 95 | 33 | 33 | 30 | 12 | 10 | 9 |
| NE | 49 | 71 | 21 | 18 | 18 | 6 | 5 | 5 |
| NW | 6 | 17 | 4 | 4 | 9 | 2 | 2 | 1 |
| South | 13 | 5 | 6 | 10 | 3 | 3 | 2 | 2 |
| Other | 3 | 2 | 2 | 1 | 0 | 1 | 1 | 1 |

Issues Affecting Performance

The service continues to be severely affected by vacancies and sickness absence, as well as covid restrictions, which has impacted on the capacity to undertake full initial assessments and reviews. Parental assessments require to be signed off by a Team Leader within 30 days, however due to staffing and working arrangements this has proved to be problematic and adds to the delay in meeting this target.

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Actions to Improve Performance

New referrals continue to be prioritised for screening and assessment across the city, to ensure that parental assessments are captured and completed timeously. This requires a review of the current team structures and contingency plans. However, due to the staffing level across vacancies and sickness this has not been fully reviewed.

The functionality of the system to automatically open a parental assessment following set questions will be looked at and if this can be upgraded then completion rates will be improved

Timescales for Improvement

Service Managers have been asked to review how new referrals are managed as currently the RAG status is at critical level due to the level of staffing.

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 70% | 80% (G) | 82% (G) | 83% (G) | 82% (G) | 80% (G) | 74% (G) | 67% (A) | 60% (R) | 55% (R) |
| North East | | 91% (G) | 84% (G) | 86% (G) | 83% (G) | 82% (G) | 77% (G) | 70% (G) | 66% (R) | 63% (R) |
| North West | | 89% (G) | 87% (G) | 89% (G) | 88% (G) | 85% (G) | 76% (G) | 67% (A) | 60% (R) | 54% (R) |
| South | | 86% (G) | 79% (G) | 79% (G) | 78% (G) | 77% (G) | 73% (G) | 68% (A) | 58% (R) | 51% (R) |

Performance Trend

There was a further drop in performance during Q3 - all localities remain below target and RED.

Issues Affecting Performance

The main issues affecting performance continue to be staffing levels and vacancies. Staff continue to be based in the office on a rotational basis but the impact of low staffing continues to affect caseload and care management across the service. As treatment and immediate care continues to be prioritised then recovery plans continue to be affected until staffing levels improve.

Actions to Improve Performance

ADRS commissioned an evaluation of service and a number of recommendations were made, including an increase in resource and/or capacity in order to ensure staff are able to care plan service users. An implementation group had been established but meetings had to be cancelled due to Omicron and the need to focus on service delivery.

However, a meeting is now schedule for end of February and workstreams are set up to meet. These meetings are being prioritised due to the pressures within the service and the need to progress with the recommendations from the review.

Timescales for Improvement

Remobilisation of service is unlikely to progress until vacancies are filled, and workforce capacity can be increased.

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Other Annually Reported Indicators - See Appendix 1, Section 2

- 9. Number of drug related deaths
- 10. Number of alcohol related deaths

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HOMELESSNESS

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|------------------------------|------------|-------------|------------|-------------|-------------|------------|-------------|-------------|------------|-------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 95% | 94% (G) | 97% (G) | 99% (G) | 99% (G) | 98% (G) | 99% (G) | 99% (G) | 98% (G) | 99% (G) |
| North East | | 86% (R) | 96% (G) | 99% (G) | 100% (G) | 98% (G) | 98% (G) | 99% (G) | 97% (G) | 100% (G) |
| North West | | 97% (G) | 97% (G) | 98% (G) | 98% (G) | 98% (G) | 100% (G) | 98% (G) | 99% (G) | 100% (G) |
| South | | 94% (G) | 97% (G) | 100% (G) | 100% (G) | 99% (G) | 100% (G) | 100% (G) | 99% (G) | 99% (G) |
| Asylum & Refugee Team (ARST) | | 100% (G) | 98% (G) | 98% (G) | 100% (G) | 99% (G) | 100% (G) | 100% (G) | 97% (G) | 100% (G) |

Performance Trend

Performance was maintained during Q3 with all localities and teams remaining above target (GREEN).

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

| Locality | Target | 2019/20 | | | 2020/21 | | | | 2021/22 | | |
|------------------------------|----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | <40% | 42% (R) | 43% (R) | 43% (R) | 50% (R) | 55% (R) | 51% (R) | 44% (R) | 39% (G) | 43% (R) | 48% (R) |
| North East | | 44% (R) | 43% (R) | 45% (R) | 47% (R) | 50% (R) | 50% (R) | 42% (R) | 39% (G) | 41% (G) | 46% (R) |
| North West | | 41% (G) | 39% (G) | 41% (G) | 46% (R) | 49% (R) | 42% (R) | 43% (R) | 40% (G) | 43% (R) | 50% (R) |
| South | | 44% (R) | 45% (R) | 44% (R) | 47% (R) | 51% (R) | 48% (R) | 45% (R) | 37% (G) | 40% (G) | 43% (R) |
| Asylum & Refugee Team (ARST) | | 33% (G) | 35% (G) | 38% (G) | 64% (R) | 90% (R) | 73% (R) | 45% (R) | 40% (G) | 51% (R) | 61% (R) |

Performance Trend

Performance slipped further during Q3 with all Teams and localities now outwith the target range (<40%); both North East and South moved from GREEN to RED during the quarter.

Additional Information: Volume of Homeless Applications

The table below shows of the volume of new Homeless Applications per quarter and illustrates the increase in demand on the service since Quarter 1 2020/21.

| 2020 / 2021 | | | | 2021 / 2022 | | |
|-------------|-------|-------|-------|-------------|-------|-------|
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| 1,376 | 1,540 | 1,582 | 1,922 | 1,979 | 1,781 | 1,641 |

Issues Affecting Performance

The inability to resettle homeless households into settled lets, due to the ceasing of letting activity during the first six months of 2020/21, continues to have an impact on the number of live homeless cases over 6 months. This position has been extenuated by the increase in homeless applications received since Q4 2020/21.

An area of continuing pressure is the resettlement of families requiring larger sized properties and the low turnover and availability of this type of housing stock across the City.

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Actions to Improve Performance

The HSCP continues to work with the City's RSL partners to secure an increase in the number of lets to homeless households. Three additional RRTP Senior Homelessness Workers to lead on the planned roll out of the matching pilot and continue to improve resettlement timescales are now in post.

Work has been undertaken with NRS to identify the scale of need for larger type properties to resettle homeless households. This demand analysis has informed investment priorities for NRS colleagues. The HSCP is working with RSLs to develop the Local Letting Plans for 2022/23. The overall letting figure will reflect the ongoing pressures on the HSCP.

Timescales for Improvement

Progress with securing an increase in the number of settled lets for homeless households will result in progress with the reduction in the number of live cases over six months.

As we continue to see an increase in the number of settled lets made to homeless households, performance improvements should be seen from Q1 2022/23.

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| Target/Ref | 3. Number of new resettlement plans completed - total to end of quarter (citywide). |
| Purpose | To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Target | 2019/20 | | Total 19/20 | 2020/21 | | | | Total 20/21 | 21/22 | | | Year to Date |
|--|--------------|--------------|--------------|------------|------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Q3 | Q4 | | Q1 | Q2 | Q3 | Q4 | | Q1 | Q2 | Q3 | |
| 21/22 5,000 per annum (1,250 per quarter) | 1,020 (G) | 1,009 (G) | 3,774 (R) | 829 (R) | 800 (R) | 1,041 (R) | 1,291 (G) | 3,961 (R) | 1,332 (G) | 1,031 (R) | 1,051 (R) | 3,413 (R) |

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| Performance Trend |
| Performance improved slightly between Q2 and Q3 however the pro-rata quarterly target of 1,250 completed resettlement plans was not met (RED). |
| Issues Affecting Performance |
| The service has continued to see increased demand for homelessness services through Q3 2021/22 which had an impact on the number of resettlement plans completed during the quarter. |
| Actions to Improve Performance |
| A Senior Community Homelessness Worker from each Service has been identified to lead and manage performance in this area, with weekly oversight by the Team Leader. Beyond this three Senior Homelessness Workers who have been recruited will provide additional capacity to manage the resettlement process. Weekly, Monthly and Quarterly oversight is also in place by Service Manager and Head of Service. |
| Timescales for Improvement |
| It is likely that the service will see improvements through Q4 2021/22. The service currently has 2572 resettlement plans completed for homeless households awaiting an offer of settled accommodation. Back to Summary |

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| Indicator | 4. Average number of weeks from assessment decision to settled accommodation. |
| Purpose | A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Locality | Target | 2020/21 | | | | 21/22 | | |
|-----------|----------|------------|------------|------------|------------|------------|------------|------------|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City-wide | 26 weeks | 42 wks (R) | 42 wks (R) | 41 wks (R) | 45 wks (R) | 39 wks (R) | 35 wks (R) | 41 wks (R) |

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| Performance Trend |
| New indicator from 2020/21. |
| Performance did not meet target (RED) during Q3. |
| Issues Affecting Performance |
| The service has seen a continued reduction in the average number of weeks from assessment decision to settled accommodation over the previous three quarters and was making steady progress towards target of 26 weeks. During Q3 the service secured settled accommodation for 44 households who had a homelessness application for over two years. Given that the measure is taken at case closure this has significantly impacted upon the reporting of the average number of weeks from assessment decision to settled accommodation. |
| Actions to Improve Performance |
| The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households to speed up the resettlement process and relieve pressure on temporary accommodation. The service has placed increased emphasis with RSLs on the need for an increase in the supply of larger sized properties. |
| The HSCP continues to work with the Wheatley Group and a small number of Community Based Housing Associations on a pilot to match homeless households to void properties. This has increased the number of lets made to homeless households and has reduced the number of offer refusals, speeding up the resettlement timescales for homeless |

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households. As the service continues to expand the matching process, we will continue to see increases in the numbers of households resettled who have had homelessness applications over two years.

Timescales for Improvement

As we continue to see an increase in the number of settled lets made to homeless households, continued performance improvements in relation to the average number of weeks from assessment decision to settled accommodation, should be seen late Q1 2022/23.

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| Target/Ref | 5. Number of households reassessed as homeless or potentially homeless within 12 months. |
| Purpose | This indicator reports on the number of “ <u>Repeats</u> ” by monitoring the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed). |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Locality | Target | Full Year Total 19/20 | 2020/21 | | | | Full Year Total 20/21 | 2021/22 | | | |
|----------|-----------------------------------|-----------------------|---------|--------|--------|---------|-----------------------|---------|---------|---------|--------------|
| | | | Q1 | Q2 | Q3 | Q4 | | Q1 | Q2 | Q3 | Year to Date |
| City | <480 per annum (<120 per Quarter) | 437 (G) | 108 (G) | 94 (G) | 95 (G) | 123 (A) | 420 (G) | 154 (R) | 127 (R) | 124 (A) | 405 (R) |

Performance Trend

During Q3 there was a slight improvement in the number of households reassessed as homeless or potentially homeless within 12 months with the RAG rating moving from RED to AMBER, however the year-to-date figure remains RED.

Additional Information: Breakdown of “reassessment/repeat” figures

Analysis of the 124 households reassessed during Q3 shows:

- 22 households presented Out of Hours.
- 81 Households received temporary accommodation; 26 of these were accommodated in Emergency Accommodation (B&B/Private Hotel) on the day they presented to us.

Issues Affecting Performance

The service has seen an increase in the number of households re-presenting as homeless. Analysis of this has shown that repeat presentations are, generally, driven by households with complex case histories.

Actions to Improve Performance

The service has undertaken an audit of the repeat cases to gain an improved understanding of the drivers for the increase.

The service is undertaking a number of actions to address the underlying causes of the increase to reflect the outcome of the audit and has already seen performance improvements through Q3 2021/22. An action plan has been developed to support continued improvements in this area.

Timescales for Improvement

The service has undertaken the audit and developed an action plan and should see continued performance improvements throughout Q4 2021/22. [Back to Summary](#)

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| Target/Ref | 6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made. |
| Purpose | This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 7 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | |
|----------|--------|------------|------------|------------|------------|-------------|-------------|-------------|-------------|-------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 100% | 71% (R) | 65% (R) | 99% (G) | 99% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) |

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| Performance Trend |
| Performance remained on target (GREEN) during the third quarter of 21/22. |
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| Indicator | 7. Number of new Housing First tenancies created. |
| Purpose | The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Locality | Target | | 20/21 | | | | 21/22 | | |
|----------|--------------------------------|-------------------------------|-------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 600 over 5 years from 2019/20. | Number created during quarter | 0 | 19 | 25 | 32 | 22 | 17 | 12 |
| | Target by end of 21/22 is 280 | Cumulative Total | 119 (Base -line) | 138 (R) | 163 (R) | 195 (R) | 217 (R) | 234 (A) | 246 (A) |

Performance Trend

Performance target confirmed as 280 Housing First tenancies to be secured by end Q4 2021/22.

Issues Affecting Performance

The HSCP is on track to meet current target for end of Q4 2021/22.

Actions to Improve Performance

The HSCP is now working to mainstream the Housing First approach in order to ensure that service users with complex case histories continue to have access to mainstream tenancies with Housing First support.

Homelessness Services is currently working with Vanguard Scotland to review and improve our end to end systems and processes within the Housing First Team, which should enhance service user experiences and outcomes.

Timescales for Improvement

The service will continue to see progress in the number of settled lets with Housing First support secured through Q4 of 2021/22.

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| Indicator | 8. Number of Households in Bed & Breakfast Accommodation |
| Purpose | The RRTP sets out an ambition to end the use of bed and breakfast accommodation during the life of the plan. This indicator will allow the HSCP to track progress in meeting this objective. The figures reported are the number of households who are in B&B and Private Hotels at the end of the quarter. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Locality | Target | 20/21 | | | | 21/22 | | |
|----------|---|------------|------------|------------|------------|------------|------------|------------|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | Eradicate the use over 5 years from initial baseline of 341 at the end of 19/20 (68 per year) Target for end of 21/22 is 350 units | 496 (R) | 573 (R) | 439 (R) | 344 (G) | 286 (G) | 389 (R) | 369 (R) |

Performance Trend

New indicator from 2020/21.

Although the numbers during Q3 remained slightly outwith the target range (RED) there was a decrease of 5% (20) in the number of homeless households accommodated within B&B type accommodation.

Additional Information: Average Length of Time people spend in B&B

The average number of days a household spend in B&B/Private Hotels within a quarter is provided below. This is taken from those temporary tenancies which ended within that quarter.

| 2021/2022 | | |
|-----------|---------|---------|
| Q1 | Q2 | Q3 |
| 22 days | 21 days | 25 days |

Issues Affecting Performance

The service has seen an increase in demand for emergency accommodation through Q3. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty.

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Actions to Improve Performance

The HSCP will continue to work with RSL partners to secure an increased level of supply of settled lets to reduce reliance on bed and breakfast type accommodation.

In order to comply, over time, with the revised Unsuitable Accommodation Order (UAO), the service has developed an implementation plan setting out a number of actions to reduce and eliminate the use of bed and breakfast type accommodation. A B&B reduction strategy is being developed with continued B&B oversight arrangements in place as part of this strategy.

Timescales for Improvement

The service will expect to see reductions in the use of bed and breakfast type accommodation through Q1 of 2022/23.

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|---------------------------------------|---|
| Indicator | 9. Number of Temporary Furnished Flats |
| Purpose | The RRTP sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Locality | Target | 20/21 | | | | 21/22 | | |
|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | Reduce supply by 1,000 from initial baseline of 2,156 over 5 years from end of 19/20. Target for end of 2021/22 is 1,850 | 2,424 (R) | 2,569 (R) | 2,612 (R) | 2,384 (R) | 2,368 (R) | 2,359 (R) | 2,348 (R) |
| Performance Trend | | | | | | | | |
| <p>New indicator from 20/21. There was a further slight decrease in the number of temporary furnished flats between Q2 and Q3.</p> | | | | | | | | |
| Issues Affecting Performance | | | | | | | | |
| <p>The HSCP increased the supply of TFFs at the beginning of the public health emergency to allow it to meet the demand for temporary accommodation. With the continued increase in demand for homelessness assistance and the extension of the Unsuitable Accommodation Order it is likely that the HSCP will continue to utilise similar numbers of TFFs in order to meet statutory duties and reduce reliance of bed and breakfast accommodation.</p> | | | | | | | | |
| Actions to Improve Performance | | | | | | | | |
| <p>The HSCP is currently finalising a Temporary Accommodation Strategy. The core objective of the strategy will be to ensure sufficient supply of emergency accommodation to meet statutory duties. Any reduction in TFF numbers will be contingent upon progress being made to secure an increase in the number of settled lets and reductions in resettlement times.</p> | | | | | | | | |

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The service also continues to work with RSL partners to convert a number of TFFs into settled lets in order that service users do not have the upheaval of moving to another property.

The target will continue to be reviewed in line with demand for emergency accommodation and the supply of settled lets.

Timescales for Improvement

The service will review this target in line with policy decisions and the medium-term economic implications of the public health emergency. The HSCP will have the temporary accommodation strategy completed by Q4 2021/22, this will set out revised targets for our TFF provision.

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CRIMINAL JUSTICE

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|---------------------------------------|---|
| Indicator | 1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence. |
| Purpose | To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 5 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|-------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 80% | 75% (R) | 76% (R) | 19% (R) | 70% (R) | 73% (R) | 76% (R) | 77% (A) | 86% (G) | 81% (G) |
| North East | | 79% (G) | 82% (G) | 22% (R) | 72% (R) | 73% (R) | 81% (G) | 72% (R) | 76% (R) | 80% (G) |
| North West | | 73% (R) | 70% (R) | 22% (R) | 62% (R) | 69% (R) | 71% (R) | 78% (A) | 93% (G) | 83% (G) |
| South | | 73% (R) | 75% (R) | 17% (R) | 74% (R) | 78% (A) | 75% (R) | 81% (G) | 89% (G) | 82% (G) |

Performance Trend

During Q3 performance met target (GREEN) across all localities. North East moved from RED to GREEN.

In Q3 382 CPOs were made; an increase of just under 4% on the Q2 figure of 368.

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| Indicator | 2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days. |
| Purpose | To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 5 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|--|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 85% | 72% (R) | 85% (G) | 71% (R) | 80% (R) | 86% (G) | 85% (G) | 83% (G) | 85% (G) | 83% (G) |
| North East | | 75% (R) | 79% (R) | 67% (R) | 80% (R) | 79% (R) | 80% (R) | 78% (R) | 84% (G) | 72% (R) |
| North West | | 71% (R) | 87% (G) | 75% (R) | 82% (A) | 91% (G) | 87% (G) | 85% (G) | 88% (G) | 86% (G) |
| South | | 71% (R) | 87% (G) | 67% (R) | 78% (R) | 86% (G) | 88% (G) | 88% (G) | 83% (G) | 89% (G) |
| Performance Trend | | | | | | | | | | |
| <p>During Q3 the target for Case Management Plans continued to be met (GREEN) in the city, North West and South. Performance in North East fell by 12 percentage points moving from GREEN to RED during Q3.</p> <p>Back to Summary</p> | | | | | | | | | | |

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|---|--------|------------|------------|------------|-------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 75% | 76% (G) | 87% (G) | 86% (G) | 83% (G) | 84% (G) | 87% (G) | 83% (G) | 85% (G) | 86% (G) |
| North East | | 82% (G) | 79% (G) | 72% (A) | 67% (R) | 74% (G) | 88% (G) | 75% (G) | 80% (G) | 81% (G) |
| North West | | 90% (G) | 90% (G) | 91% (G) | 85% (G) | 97% (G) | 92% (G) | 91% (G) | 97% (G) | 91% (G) |
| South | | 63% (R) | 91% (G) | 92% (G) | 100% (G) | 83% (G) | 82% (G) | 81% (G) | 81% (G) | 86% (G) |
| Performance Trend | | | | | | | | | | |
| <p>Reviews have been held by telephone during the current Covid-19 emergency.</p> <p>During Q3 the city and localities continued to exceed target (GREEN).</p> <p>Back to Summary</p> | | | | | | | | | | |

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| Indicator | 4. Percentage of Unpaid Work (UPW) requirements completed within timescale. |
| Purpose | To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 5 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|---|--------|------------|------------|------------|------------|-------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 70% | 71% (G) | 66% (R) | 63% (R) | 73% (G) | 89% (G) | 65% (R) | 70% (G) | 70% (G) | 75% (G) |
| North East | | 75% (G) | 61% (R) | 70% (G) | 78% (G) | 73% (G) | 50% (R) | 68% (A) | 74% (G) | 82% (G) |
| North West | | 68% (A) | 67% (A) | 59% (R) | 69% (G) | 100% (G) | 58% (R) | 61% (R) | 64% (R) | 66% (R) |
| South | | 71% (G) | 73% (G) | 64% (R) | 73% (G) | 100% (G) | 83% (G) | 80% (G) | 70% (G) | 75% (G) |
| Performance Trend | | | | | | | | | | |
| <p>Performance improved in the city, North East and South during Q3. Performance also improved slightly in North West although it remained RED.</p> <p>Excluding breaches from the figures gives the following: NE 90%, NW 72% and South 81% (City 82%).</p> <p>Additional support is being offered to North West by the performance team to assist them in reviewing their processes supporting service users to complete unpaid work orders within the timescales.</p> <p>Back to Summary</p> | | | | | | | | | | |

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|------------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 80% | 78% (A) | 77% (A) | 70% (R) | 85% (G) | 75% (R) | 76% (R) | 81% (G) | 79% (G) | 81% (G) |
| North East | | 82% (G) | 77% (A) | 64% (R) | 90% (G) | 75% (R) | 78% (A) | 84% (G) | 82% (G) | 81% (G) |
| North West | | 77% (A) | 75% (R) | 72% (R) | 83% (G) | 79% (G) | 74% (R) | 81% (G) | 80% (G) | 81% (G) |
| South | | 76% (R) | 79% (G) | 71% (R) | 82% (G) | 71% (R) | 75% (R) | 77% (A) | 77% (A) | 81% (G) |

Performance Trend

During Q3, the target was met in all localities with South moving from AMBER to GREEN during the quarter. South have implemented a number of measures to quality control the letters being sent to court to ensure completion of report requests.

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| Indicator | 6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison |
| Purpose | 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. The data shown below excludes Extended Sentence Licenses. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 5 (See Appendix 3) |
| HSCP Leads | Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services) |

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|------------|--------|-------------|-------------|-------------|-------------|------------|------------|-------------|-------------|-------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 90% | 92% (G) | 100% (G) | 95% (G) | 97% (G) | 81% (R) | 81% (R) | 88% (G) | 94% (G) | 96% (G) |
| North East | | 100% (G) | 100% (G) | 100% (G) | 92% (G) | 85% (R) | 80% (R) | 60% (R) | 100% (G) | 100% (G) |
| North West | | 89% (G) | 100% (G) | 80% (R) | 100% (G) | 78% (R) | 83% (R) | 80% (R) | 92% (G) | 90% (G) |
| South | | 89% (G) | 100% (G) | 100% (G) | 100% (G) | 75% (R) | 80% (R) | 100% (G) | 89% (G) | 100% (G) |

Performance Trend

During Q3 performance improved at city level and all localities remained GREEN. A significant performance improvement was seen in South with an increase of 11 percentage points.

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HEALTH IMPROVEMENT

| | |
|---------------------------------------|--|
| Indicator | 1. Alcohol brief intervention delivery (ABI) |
| Purpose | To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk. |
| Type of Indicator | NHS LDP (Local Development Plan) Standard |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Equalities |

| Locality | Annual Target | Quarterly Target | 19/20 Total | 2020/21 | | | | | 2021/22 | | | | |
|------------------------------------|---------------|------------------|-------------|-----------|------------|-------------|-------------|-------------|-------------|-------------|-------------|----|-------------|
| | | | | Q1 | Q2 | Q3 | Q4 | 20/21 Total | Q1 | Q2 | Q3 | Q4 | 21/22 Total |
| City | 5066 | 1267 | 4394 (R) | 75 (R) | 315 (R) | 1954 (G) | 1885 (G) | 4269 (R) | 1947 (G) | 2252 (G) | 1935 (G) | | 6134 (G) |
| NE | 1636 | 409 | 1070 (R) | 0 (R) | 13 (R) | 120 (R) | 107 (R) | 254 (R) | 42 (R) | 132 (R) | 173 (R) | | 347 (R) |
| NW | 1585 | 397 | 934 (R) | 0 (R) | 63 (R) | 46 (R) | 35 (R) | 165 (R) | 43 (R) | 48 (R) | 86 (R) | | 177 (R) |
| S | 1845 | 461 | 651 (R) | 3 (R) | 23 (R) | 25 (R) | 16 (R) | 72 (R) | 26 (R) | 23 (R) | 43 (R) | | 92 (R) |
| City Wide (Non sector specific) | | | 1739 | 72 | 216 | 1763 | 1727 | 3778 | 1836 | 2049 | 1633 | | 5518 |

Performance Trend

Performance remains GREEN with strong performance by Police Custody Suites and by GCA (Glasgow Council on Alcohol)

Note: City wide services are delivered in localities but are recorded at a city-wide level.

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| Indicator | 2. Smoking Quit Rates at 3 months from the 40% most deprived areas |
| Purpose | To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings. |
| Type of Indicator | NHS LDP (Local Development Plan) Standard |
| Health & Wellbeing Outcome | Outcome 5 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Equalities |

| Locality | Annual Target | 19/20 Total | 2020/21 Cumulative Totals | | | | 2021/22 | | | | 21/22 Total |
|----------|---------------|-------------|---------------------------|------------|------------|-------------|------------|------------|----|----|-------------|
| | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | |
| City | 1217 | 1389 (G) | 257 (R) | 614 (G) | 903 (G) | 1280 (G) | 387 (G) | 283 (R) | | | 670 (G) |
| NE | 478 | 516 (G) | 95 (R) | 228 (A) | 336 (A) | 459 (A) | 146 (G) | 97 (R) | | | 243 (G) |
| NW | 385 | 422 (G) | 83 (R) | 203 (G) | 298 (G) | 442 (G) | 124 (G) | 88 (R) | | | 212 (G) |
| S | 352 | 451 (G) | 79 (R) | 183 (G) | 269 (G) | 379 (G) | 117 (G) | 98 (G) | | | 215 (G) |

Performance Trend

Performance remained GREEN in the last quarter at a city level and in all localities on a cumulative basis against the target to the end of Q2. It was RED, however, in Q2 in the North East and North West and at city level. This indicator is reported in arrears.

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|-------------|------------|----------------------------|---------------------------|----------------------------|---------------------------|----------------------------|---------------------------|---------------------------|----------------------------|---------------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 12% | 10.8% (G) | 9.8% (G) | 10.4% (G) | 9.6% (G) | 10.0% (G) | 8.2% (G) | 9.7% (G) | 10.6% (G) | 9.3% (G) |
| North East | | 10.8% | 10.1% | 12.7% | 11.1% | 13.2% | 10.6% | 12.9% | 11.6% | 12.0% |
| North West | | 10% | 8.6% | 7.8% | 8.5% | 8.4% | 6.3% | 7.0% | 9.4% | 8.5% |
| South | | 11.3% | 10.4% | 10.8% | 9.5% | 9.1% | 7.9% | 9.5% | 10.7% | 8% |

Performance Trend

Performance at a city level remains GREEN with rates decreasing in the last quarter at a city level and in the North West and South. North East rates slightly increased.

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|------------|--------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 17% | 17.2% (G) | 14.6% (G) | 15.0% (G) | 14.7% (G) | 15.4% (G) | 12.4% (G) | 14.8% (G) | 15.3% (G) | 14.5% (G) |
| North East | | 14.2% | 14.2% | 15.2% | 14.9% | 18.3% | 14.0% | 16.1% | 15.4% | 16.8% |
| North West | | 15.9% | 13.7% | 12.6% | 15.1% | 13.5% | 10.9% | 12.9% | 14.3% | 14.5% |
| South | | 20.8% | 15.7% | 16.4% | 14.2% | 14.2% | 11.9% | 14.9% | 15.9% | 12.1% |

*Provisional

| Performance Trend |
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| <p>Performance at a city level remains GREEN with rates decreasing in the last quarter at city level and in the South. Rates in the other localities increased.</p> <p>Back to Summary</p> |

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| Indicator | 5. Exclusive Breastfeeding at 6-8 weeks (general population) |
| Purpose | To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding). |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Equalities |

| Locality | Target | 2019 | | 2020 | | | | 2021 | | |
|-------------|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 33% (end 21/22) | 28.3 (R) | 31.7 (G) | 28.2 (R) | 30.4 (R) | 31.5 (G) | 29.6 (R) | 30.2 (A) | 30 (R) | 28.3 (R) |
| North East | | 19.7 | 25.1 | 24.1 | 24.6 | 22.5 | 21.3 | 23.6 | 22.1 | 17.9 |
| North West | | 35.1 | 36.7 | 33.1 | 35.8 | 37.7 | 38.3 | 37.1 | 34.3 | 33.5 |
| South | | 29.9 | 33.2 | 27.6 | 31 | 33.4 | 29.5 | 29.7 | 32.5 | 31.9 |

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| Performance Trend |
| Targets are set at a city-wide level for 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). Data is reported in arrears. Performance moved from AMBER to RED in last quarter. |
| Issues Affecting Performance |
| The Breastfeeding problem solving clinic has continued throughout the pandemic but has been conducted through Attend Anywhere rather than face-to-face. Due to Infant Feeding team staff shortages the waiting list for the Breastfeeding Problem Solving Clinic was previously between one to two weeks in August 2021. This has improved with an increase in staffing and many women are seen within a week from referral date. There have been occasional connection issues with Attend Anywhere and some contacts have been by phone calls only. |
| In local communities, most infant feeding support groups are still suspended although two restarted in November 2021 before shutting again a month later due to Omicron. However, these have since restarted and further groups plan to remobilise over the coming months. Online support and outdoor buggy walk and talk groups continue to be offered. Uptake of the virtual services has dropped gradually over the past 12 months. |

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Midwifery and Health Visiting team capacity has continued to be impacted upon due to vacancies and absence, however, teams continue to support mothers and also contribute to UNICEF processes as far as capacity allows.

We are continuing to see an increase in mixed feeding rates across the city. This is reflected in other parts of NHS GGC as well as nationally. The latest data from ISD Scotland shows that Breastfeeding rates in Scotland are increasing mainly due to increases in mixed feeding. Rates are also increasing among mothers from our most deprived communities. (See [Public Health Scotland Infant Feeding Statistics 2020/21](#)).

Actions to Improve Performance

The Breastfeeding Problem Solving Clinic adopted a blended approach which started in December 2021 with some patients being seen at the West Maternity Care Centre when a face-to-face appointment was deemed more appropriate. The plan going forward is to increase the amount of face-to-face appointments but to continue with a blended approach as there are advantages to the Attend Anywhere system.

The advantages of Attend Anywhere are that patients have often been seen more timeously, sometimes the same day or within a few days of referral. In some instances, phone calls from Health Visitors have been converted to an Attend Anywhere whilst the Health Visitor is carrying out her home visit and this has resulted in greater satisfaction for the patient, Health Visitor and Infant Feeding Advisor. Pre-arranged Attend Anywhere appointments with the Health Visitor have also been possible. In some instances, this has been at a Health Visitors request to develop their knowledge, understanding and skills around breastfeeding as well as assisting the Infant Feeding Advisor with observations. The women have given very positive feedback from these visits.

In order to maintain UNICEF Gold Accreditation, Glasgow City localities continue to implement action plans in response to feedback received via UNICEF revalidation submissions. Ongoing audit cycles continue and each area will be completing and submitting their UNICEF annual reports in the first quarter of 2022. NE Glasgow has recently revalidated with UNICEF in Feb 2022 and South and NW Glasgow due to do this in March 2022

Further funding for 2022/23 was granted to the telephone breastfeeding peer support pilot. As a part of the pilot, targeted recruitment of peer volunteers from our diverse communities is ongoing and work is currently underway with the Scottish Government QI team to utilise Quality Improvement approaches to improve uptake. To date this service has supported around 100 mums, 14% of which were from ethnic minority communities. We are working closely with the Breastfeeding Network to increase uptake of the service, including amongst our ethnic minority communities.

The Scottish Government has funded NCT to recommence the provision of breastfeeding support on postnatal wards across the GGC (QEUH, PRM, RAH). This will include highlighting the support services in place, including the telephone support service, which we hope will increase uptake by mums.

In order to try to increase rates in the North East, which are the lowest in the city, HI will continue to fund peer support service during 2022/23. These are currently supplied by The Breastfeeding Network and include online support groups, buggy walk and talk groups, a face-to-face group as well as one-to-one support via email/telephone/social media. Once guidance allows, their support will expand to include input at antenatal sessions and further face-to-face infant feeding groups. Currently there is also a face-to-face group and buggy walk and talk sessions running in Glasgow South.

Further funding was secured in order to replace damaged electric breast pumps and renew supplies of breast pump accessories in each of the Glasgow localities. This will allow the

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Breast Pump Loan Scheme to continue to assist families across the city to provide breastmilk to their babies.

Local breastfeeding mums' video/audio stories have been completed and used on the GGC website as well as used on our social media platforms, including during Scottish Breastfeeding week in June 2022.

Plans to transition existing organisations who hold the NHSGGC Breastfeeding Welcome Award to the national Breastfeeding Friendly Scotland (BFS) scheme is progressing. Since Jan 2022 Some Glasgow City Council community venues have been updates via remote awareness sessions and transferred to the new scheme and the update and transfer of Libraries is underway and discussion is currently taking place with regards to Museums. The national rollout of the BFS scheme will also be promoted to wider organisations and businesses to support normalising breastfeeding. As part of this, we provided training to Glasgow Clyde College which was cascaded to approx. 600 staff to make them aware of our key breastfeeding messages and to allow them to join the BFS scheme.

Timescales for Improvement

Processes to recommence Peer support provision in maternity units underway
Face-to-face groups restarting by June 2022. Telephone support pilot ongoing until end March 2023 at present. Peer support/Mum2Mum recruitment and further courses will take place by November 2022.

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| Indicator | 6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) |
| Purpose | To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding). |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 5 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Equalities |

| Locality | Target | 2019 | | 2020 | | | | 2021 | | |
|-------------|----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 24.4% (end 21/22) | 20.2% (R) | 24.8% (G) | 18.9% (R) | 22.4% (A) | 21.8% (R) | 21.9% (R) | 21.2% (R) | 20.7% (R) | 20.9% (R) |
| North East | | 15.8% | 23.8% | 21.4% | 21.6% | 19.6% | 18.5% | 20.1% | 19.0% | 17.2% |
| North West | | 24.2% | 22.4% | 20.1% | 25.8% | 20.8% | 24.6% | 25.3% | 22.2% | 19.5% |
| South | | 22.1% | 27.7% | 15.9% | 20.5% | 25.3% | 23.4% | 19.1% | 21.5% | 25.6 |

Performance Trend

Targets are set at a city-wide level for 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Data is reported in arrears. Performance remained RED in the last quarter, though increased slightly at a city level and in the South (while declining in the other areas).

Issues Affecting Performance

COVID-19 continues to impact on Midwifery and Health Visiting capacity, some services and face-to-face breastfeeding support groups within community settings. Face to face antenatal classes via Midwifery Services have not as yet started up again and mothers continue to be signposted to the Solihull online pre-recorded classes.

Actions to Improve Performance

See KPI 5 above.

As part of telephone Support Pilot extension until March 2023 there will be ongoing work to recruit and train further peer and Mum 2 Mum supporters who reflect the communities in the City including with other languages.

Involvement of voluntary sector partners working with Children and Families to share breastfeeding support opportunities.

Met with Family Nurse Partnership Supervisor to discuss partnership work at the Young Parents' Support Base at Smithycroft HS. Proposed work is to hold 2 x infant feeding workshops with young parents antenatally and a support group for young mums postnatally, with input from other young mums who have breastfed (as well as HI and FNP). FNP to discuss at next supervisor meeting and advise us what support they can offer.

Timescales for Improvement

See KPI 5 above.
Feedback meeting with FNP end of March 22.

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|---------------------------------------|---|
| Indicator | 7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks) |
| Purpose | 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. This includes exclusive and mixed breastfeeding. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 5 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Fiona Moss, Head of Health Improvement and Equalities |

| AREA | 2017/18 Drop Off Rates | 2021/22 Target | 2020 | | | | 2021 | | | |
|------|------------------------|----------------|-----------|-----------|-----------|----------|----------|----------|--------|----|
| | | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| HSCP | 32.3% | 30.4% | 22.7% (G) | 25.7% (G) | 24.0% (G) | 25.5 (G) | 26.7 (G) | 25.7 (G) | 24 (G) | |
| NE | 39.9% | 37.7% | 24.8% | 27.2% | 29.3% | 27.0 | 31.8 | 31.8 | 30.8 | |
| NW | 27.2% | 25.6% | 19.7% | 23.9% | 20.2% | 24.6 | 21.3 | 21.2 | 20.1 | |
| S | 31.3% | 29.5% | 23.8% | 26.1% | 23.5% | 25.3 | 27.7 | 26.1 | 23.2 | |

| Performance Trend |
|---|
| <p>New indicator this year. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2021/22 and is GREEN. Data is reported in arrears.</p> <p>Back to Summary</p> |

Other Annually/Biennially Reported Indicators - See Appendix 1, Section 3

- 12. Percentage of those invited who undertake bowel screening
- 13. Percentage of women invited who attend for breast screening.
- 14. Percentage of women invited who attend for cervical screening

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HUMAN RESOURCES

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|---------------------------------------|--|
| Indicator | 1. NHS Sickness absence rate (%) |
| Purpose | To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below. |
| Type of Indicator | NHS LDP (Local Development Plan) Standard |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Christina Heuston, Head of Corporate Services |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|------------------------------------|--------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Grand Total | 4% | | 6.37 (R) | 5.55 (R) | 6.07 (R) | 5.79 (R) | 5.1 (R) | 6.41 (R) | 7.64 (R) | 6.96 (R) | 7.25 (R) | 6.83 (R) |
| Adult Services | | 6.5 (R) | 6.7 (R) | 6.8 (R) | 6.91 (R) | 6.5 (R) | 5.16 (R) | 6.21 (R) | 8.43 (R) | 7.83 (R) | 8.36 (R) | 7.23 (R) |
| Children's Services | | 5.8 (R) | 5.6 (R) | 4.2 (R) | 3.4 (G) | 4.9 (R) | 4.58 (R) | 6.76 (R) | 7.95 (R) | 6.16 (R) | 5.84 (R) | 5.77 (R) |
| Clinical Director | | N/A | 7.3 (R) | 2.0 (G) | 1.0 (G) | 2.5 (G) | 0 (G) | 0.38 (G) | 0.90 (G) | 0 (G) | 0.60 (G) | 4.15 (R) |
| Health Improvement | | 3.59 (G) | 3.9 (G) | 1.8 (G) | 2.2 (G) | 3.3 (G) | 5.06 (R) | 5.21 (R) | 5.40 (R) | 3.72 (G) | 1.99 (G) | 2.91 (G) |
| Older People | | 6.92 (R) | 7.4 (R) | 5.8 (R) | 6.0 (R) | 6.0 (R) | 6.14 (R) | 6.94 (R) | 8.22 (R) | 7.78 (R) | 8.31 (R) | 8.54 (R) |
| Resources | | 4.8 (R) | 4.8 (R) | 2.1 (G) | 2.3 (G) | 4.6 (R) | 4.34 (R) | 5.2 (R) | 3.81 (G) | 3.65 (G) | 3.78 (G) | 3.6 (G) |
| Public Protection and Complex Care | | 8.81 (R) | 8.1 (R) | 5.3 (R) | 8.9 (R) | 7.9 (R) | 5.37 (R) | 8.38 (R) | 5.07 (R) | 6.91 (R) | 6.93 (R) | 4.48 (R) |

Performance Trend

Variations across areas and over time but performance overall remains above target for the HSCP.

Issues Affecting Performance

Although there is a decreased level of sickness, this quarter shows a continuation of a high level of sickness absence levels across the HSCP, with long term absence higher than short term absence, in keeping with established trend. It is noted that Older People's Services had an increased level of sickness, while Adult services and Children's services had slight decreases. There remains a constant trend of high levels of absence in areas with inpatient services.

Absence related to mental health remains the most commonly used absence code.

The increased level of sickness absence across the quarter is reflective of a trend across the Board.

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Actions to Improve Performance

1. HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.
2. Ensure links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available to HSCP staff and managers.
3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.
4. The HR Team are identifying areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR where required.

Timescales for Improvement

Ongoing - subject to agreed review periods

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| Indicator | 2.Social Work Sickness Absence Rate (Average Days Lost, ADL) |
| Purpose | 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. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 1 (See Appendix 2) |
| Strategic Priority | Priority 1 (See Appendix 3) |
| HSCP Lead | Christina Heuston, Assistant Chief Officer, HR |

| | 2020/21 | | | | 2021/22 | | | |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| | P8 | P9 | P10 | P11 | P8 | P9 | P10 | P11 |
| ADL Target | | | | | | | | |
| (10.2 per year/0.2 per week) | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 | 0.8 |
| Glasgow | 1.2 (R) | 1.3 (R) | 1.4 (R) | 1.4 (R) | 1.7 (R) | 1.7 (R) | 1.6 (R) | 1.6 (R) |
| Resources | 0.9 (R) | 1.0 (R) | 1.0 (R) | 0.8 (G) | 1.0 (R) | 1.0 (R) | 1.0 (R) | 0.7 (G) |
| Adult Services | 0.6 (G) | 0.8 (G) | 0.6 (G) | 0.7 (G) | 1.6 (R) | 1.7 (R) | 2.0 (R) | 1.7 (R) |
| Public Protection & Complex Care | 0.8 (G) | 0.7 (G) | 0.7 (G) | 0.5 (G) | 0.8 (G) | 0.9 (R) | 1.0 (R) | 1.0 (R) |
| Children's Services | 0.9 (R) | 0.9 (R) | 1.0 (R) | 0.9 (R) | 1.4 (R) | 1.4 (R) | 1.5 (R) | 1.3 (R) |
| Older People's Services | 0.9 (R) | 1.1 (R) | 1.1 (R) | 0.8 (G) | 1.3 (R) | 1.5 (R) | 1.4 (R) | 1.2 (R) |
| Care Services | 1.6 (R) | 1.8 (R) | 1.8 (R) | 2.0 (R) | 2.1 (R) | 2.0 (R) | 1.9 (R) | 1.9 (R) |

Performance Trend

Overall absence performance covering quarter 3 (Period 9-11) for GHSCP is consistently showing an increase in Average Days Lost (ADL) compared to 2020/21.

Issues Affecting Performance

The impact of the pandemic on the workforce has been quite significant, in particular on staff mental health and wellbeing.

Actions to Improve Performance

- 1) HR continue to work with managers to develop localised Wellbeing and Attendance Action Plans for each staff group, taking on board employee and manager feedback to implement a quarterly plan that is operationally feasible. This includes a refresh of processes, manager training and incorporating staff mental health and wellbeing promotions / activities into daily working lives.
- 2) Ongoing analysis of absence trends and deploying HR resources to managers that have the greatest need for support, will continue and is in line with the overall HR Wellbeing and Attendance Action Plan.

Timescales for Improvement

The anticipated improvements in order to report a reversed trend, is likely to take some time, with a more realistic timescale of progress being made within the year 2022/23 as the overall aim.

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| Indicator | 3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)). |
| Purpose | To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 8 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Lead | Christina Heuston, Head of Corporate Services |

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|-----------------------|------------|---------------------------|-------------------------|---------------------------|-------------------------|---------------------------|---------------------------|-------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Glasgow | 80% | 37.9 (R) | 41 (R) | 35.6 (R) | 34 (R) | 29.3 (R) | 25.7 (R) | 28 (R) | 27.8 (R) | 28 (R) | 30 (R) | 30 (R) |
| HSCP Central | | 34.5 (R) | 32.8 (R) | 35.6 (R) | 35.5 (R) | 33 (R) | 29.3 (R) | 32.9 (R) | 29 (R) | 28 (R) | 27 (R) | 26 (R) |
| North East | | 44.9 (R) | 45.8 (R) | 37.1 (R) | 38.3 (R) | 31.2 (R) | 26.5 (R) | 30.8 (R) | 30 (R) | 34 (R) | 35 (R) | 35 (R) |
| North West | | 34.5 (R) | 36.6 (R) | 31.5 (R) | 29.7 (R) | 25 (R) | 20.5 (R) | 18.9 (R) | 20 (R) | 22 (R) | 23 (R) | 25 (R) |
| South | | 33.8 (R) | 35.4 (R) | 38.6 (R) | 34 (R) | 30.5 (R) | 28.7 (R) | 31.9 (R) | 32 (R) | 33 (R) | 32 (R) | 32 (R) |
| Mental Health Central | | 32.3 (R) | 31.3 (R) | 22.8 (R) | 30.3 (R) | 28.5 (R) | 26.9 (R) | 29.7 (R) | 22 (R) | 30 (R) | 30 (R) | 30 (R) |

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| Performance Trend |
| Performance has improved at a city level since September but remains RED across all areas. The NHSGGC figure for December 2021 was 43% , and Partnership was at 37% therefore we are 13% points below the board wide average and 7% points below the Partnership average. |
| Issues Affecting Performance |
| The last quarter has seen a significant rise in sickness absence as well as covid related absence and increased use of AL. This may have a knock on effect on the ability of services to maintain the input to KSF processes due to the service pressures. Further to this, it is important that KSF processes recognise the difficulties faced in the last year and is used to support staff and is seen as an integral part of the support mechanisms for staff. |
| Actions to Improve Performance |
| The 4-point plan should continue to try and maintain interest and encourage staff to think about the future building on the impact of COVID-19, as explained below. There are 4 key actions: |
| - We are organising a series of awareness and support sessions for Managers and Reviewers to better navigate the TURAS platform with our Learning & Education Colleagues |

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- We are encouraging reviewers and staff to use the 3 standard questions on the review to look at how COVID-19 has impact them and their service and look at the options going forward
- We are looking at Reviewers discussing “personal” supports for staff and putting these in either the objectives or PDP components of TURAS, so that they can be reviewed going forward
- To support reviewers to have these “supportive” meetings for all staff with a view of looking at personal wellbeing.

Timescales for Improvement

Improvements sought in future quarters

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

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|----------|--------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Glasgow | 100% | 59% (R) | 20% (R) | 67% (R) | 67% (R) | 44% (R) | 58% (R) | 44% (R) | 49% (R) | 41% (R) | 47% (R) | 44% (R) |

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| Performance Trend |
| Performance fluctuates across areas and over time as numbers involved are small. Performance decreased slightly between September and December and remains RED. |
| Issues Affecting Performance |
| There remains an ongoing issue where some individuals complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers. The increase at the end of the last quarter continued with a peak in April at 67%, followed by a decline. However, work continues to improve induction being undertaken and recorded. |
| Actions to Improve Performance |
| Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. The performance is being monitored on a monthly basis to seek an urgent improvement. Managers are encouraged to ensure all induction is complete and to sign off the online induction programme |
| 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 should be maintained at a positive level. Back to Summary |

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

| Locality | Target | 2019/20 | | 2020/21 | | | | 2021/22 | | | | |
|----------|--------|------------|------------|------------|-----------|------------|------------|------------|------------|------------|------------|------------|
| | | Dec 19 | Mar 20 | Jun 20 | Sep 20 | Dec 20 | Mar 21 | Jun 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 |
| Glasgow | 100% | 20% (R) | 50% (R) | 50% (R) | 9% (R) | 29% (R) | 62% (R) | 43% (R) | 69% (R) | 64% (R) | 47% (R) | 59% (R) |

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| Performance Trend |
| Performance fluctuates across areas and over time as numbers involved are small. Performance decreased between September and December and remains RED. |
| Issues Affecting Performance |
| Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers. |
| Actions to Improve Performance |
| <ul style="list-style-type: none"> -Monthly named data is provided to all service areas via Senior Learning and Education Advisors in an attempt to prevent breaches of induction targets. -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 NHSGG&C. -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. |
| Timescales for Improvement |
| <p>This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance.</p> <p>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.</p> <p>Back to Summary</p> |

Other Annually Reported Indicators - See Appendix 1, Section 2

15. I-Matters Completion

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BUSINESS PROCESSES

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

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|------------|--------|---------------------|---------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| | | % of no. | | % of no. | | % of no. | | % of no. | | |
| City | 70% | 91.2% (G) 237 | 92.4% (G) 447 | 96% (G) 270 | 98.5% (G) 271 | 86.6% (G) 309 | 95.2% (G) 292 | 94.2% (G) 224 | 95.8% (G) 263 | 92.2% (G) 256 |
| North East | | 86.2% (G) 28 | 88.2% (G) 34 | 80% (G) 15 | 100% (G) 6 | 75% (G) 20 | 84.2% (G) 19 | 68.7% (G) 16 | 82.3% (G) 17 | 91.7% (G) 24 |
| North West | | 80% (G) 10 | 69.6% (G) 23 | 70.6% (G) 17 | 85.7% (G) 14 | 81.2% (G) 16 | 63.7% (R) 22 | 65% (R) 20 | 75% (G) 16 | 76.2% (G) 42 |
| South | | 75% (G) 12 | 50% (R) 8 | 66.7% (A) 9 | 86% (G) 14 | 72.7% (G) 10 | 85.7% (G) 20 | 100% (G) 7 | 88.9% (G) 9 | 85.7% (G) 14 |
| Prisons | | 99.5% (G) 187 | 95% (G) 382 | 100% (G) 229 | 100% (G) 237 | 87.4% (G) 263 | 100% (G) 231 | 99.4% (G) 181 | 98.6% (G) 221 | 96.6% (G) 176 |

| Performance Trend |
|---|
| <p>This indicator is reported one quarter in arrears. HSCP remained GREEN and performance decreased slightly over the last quarter. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance</p> <p>Back to Summary</p> |

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

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|------------|--------|---------------------|-------------------|---------------------|---------------------|--------------------|---------------------|--------------------|-----------------------|-----------------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| | | | | | | | | | % <u>of</u> no. | % <u>of</u> no. |
| City | 70% | 62% (R) 174 | 73% (G) 219 | 80% (G) 269 | 59% (R) 195 | 69% (G) 100 | 75% (G) 191 | 79% (G) 110 | 64% (R) 145 | 78% (G) 145 |
| North East | | 67% (A) 18 | 100% (G) 12 | 89% (G) 19 | 33% (R) 12 | 54% (R) 13 | 100% (G) 3 | 100% (G) 2 | 83% (G) 6 | 100% (G) 2 |
| North West | | 80% (G) 10 | 56% (R) 18 | 70% (G) 10 | 40% (R) 15 | 58% (R) 12 | 56% (R) 25 | 47% (R) 17 | 57% (R) 23 | 52% (R) 23 |
| South | | 83% (G) 18 | 89% (G) 9 | 57% (R) 7 | 50% (R) 8 | 94.1% (G) 17 | 78% (G) 18 | 76% (G) 17 | 69% (G) 16 | 61% (R) 18 |
| Prisons | | 56.7% (R) 128 | 72% (G) 180 | 80.3% (G) 233 | 63.1% (R) 160 | 67.2% (A) 58 | 77.9% (G) 145 | 86.5% (G) 74 | 64% (R) 100 | 86.3% (G) 102 |
| | | | | | | | | | | |

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP as a whole moved from RED to GREEN in the last period. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance.

The numbers of complaints dealt with at stage 2 in localities in any given quarter is relatively small, such that a small numeric change can produce large percentage variation. Performance in the localities is therefore best considered on an annualised basis. In the context of the particularly poor performance in North West however, it should be noted that this locality has the highest number of complaints of the three localities (largely associated with specialist sexual health services located only in that locality).

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | |
|--------------|--------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | Q3 % <i>of</i> no. | Q4 % <i>of</i> no. | Q1 % <i>of</i> no. | Q2 % <i>of</i> no. | Q3 % <i>of</i> no. | Q4 % <i>of</i> no. | Q1 % <i>of</i> no. | Q2 % <i>of</i> no. |
| City | 70% | 63% (R) 106 | 57% (R) 103 | 70% (G) 23 | 70% (G) 50 | 74% (G) 39 | 50% (R) 34 | 76% (G) 107 | 74% (G) 134 |
| North East | | 70% (G) 27 | 79% (G) 29 | 67% (A) 6 | 75% (G) 8 | 100% (G) 8 | 62% (R) 8 | 94% (G) 16 | 83% (G) 18 |
| North West | | 58% (R) 19 | 32% (R) 25 | 100% (G) 1 | 50% (R) 14 | 43% (R) 7 | 25% (R) 4 | 78% (G) 8 | 79% (G) 14 |
| South | | 63% (R) 30 | 53% (R) 30 | 50% (R) 6 | 73% (G) 15 | 91% (G) 11 | 40% (R) 10 | 63% (R) 16 | 58% (R) 24 |
| Homelessness | | 58% (R) 19 | 50% (R) 8 | 50% (R) 4 | 90% (G) 10 | 58% (R) 12 | 67% (A) 6 | 67% (A) 6 | 62% (R) 13 |
| Home-care | | N/A | N/A | N/A | N/A | N/A | N/A | 81% (G) 53 | 77% (G) 61 |
| Centre | | 63% (R) 11 | 73% (G) 11 | 100% (G) 6 | 67% (A) 3 | 100% (G) 1 | 50% (R) 6 | 75% (G) 8 | 100% (G) 4 |

Performance Trend

This indicator is reported **one quarter in arrears**. During Q2 performance in all Teams and localities was above target and GREEN with the exception of South which remained RED, and Homelessness which dropped from AMBER to RED.

Complaint volume increased across all localities putting pressure on administrative process, particularly in South locality, which experienced the highest volume.

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

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|----------|--------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| | | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. |
| City | 70% | 50% (R) 48 | 50% (R) 54 | 51% (R) 59 | 59% (R) 39 | 76% (G) 58 | 84% (G) 68 | 89% (G) 70 | 87% (G) 52 | 78% (G) 67 |

| Performance Trend |
|--|
| <p>This indicator is reported one quarter in arrears.</p> <p>Performance dropped by 9 percentage points during Q2 but remained above target and GREEN. The relative drop is associated with pressure created by a rise in volume from the preceding quarter.</p> <p>Back to Summary</p> |

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

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|----------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| | | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. |
| City | 100% | 97% (G) 94 | 97% (G) 72 | 96% (A) 92 | 95% (R) 61 | 99% (G) 80 | 100% (G) 75 | 98% (G) 90 | 98% (G) 83 | 98% (G) 98 |

| Performance Trend | |
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| <p>This indicator is reported one quarter in arrears.</p> <p>Performance in relation to FOIs continued to meet target at Q2 (GREEN).</p> <p>Back to Summary</p> | |

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

| Locality | Target | 19/20 | | | 20/21 | | | | 21/22 | |
|----------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| | | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. |
| City | 100% | 72% (R) 185 | 68% (R) 144 | 58% (R) 146 | 18% (R) 50 | 34% (R) 95 | 19% (R) 110 | 21% (R) 109 | 41% (R) 144 | 33% (R) 116 |

Performance Trend

This indicator is reported **one quarter in arrears**. Performance in relation to Subject Access Requests fell between Q1 and Q2 (RED).

Issues Affecting Performance

As previously reported, there are a number of severe and long-term pressures inhibiting performance of this function. These include continuing high demand, particularly for historic archived social work files associated with rising public interest in researching personal and family history, rising awareness of rights and ongoing national abuse enquiries. Covid-19 led to closure of the public archives for well over a year from early 2020. Some continued restriction on access to those archived files continued in 2021 (and continue at time of report). As can be seen in the table above, Covid-19 did not however lead to a cessation of incoming requests. There was a drop in requests early in the pandemic but these have since trended upwards again. These combined pressures led to a backlog in requests well above 200 cases during 2020-21 and these pressures continue in 2021-22. This is a rolling backlog: existing cases plus new cases minus closed cases (both existing and new).

The figures above only report on the closure of cases within legal deadlines. Any cases closed from the backlog are no longer within legal deadlines. The figures above therefore only really reflect the closure of *new* cases within time and such cases largely relate to the recent records of current clients, which continue to be the minority of requests. These figures, which were appropriate before the Covid-19 pandemic gave rise to considerable backlog and restricted access to archived files, do not reflect the true rate of closure of cases and therefore true team performance. In particular they do not reflect the reduction in backlog that has been achieved by the team.

The team regularly reports the status of the backlog to the Council's Data Protection Officer. In April 2021 there had been 221 outstanding requests, at the end of August there had been 200, and in December 2021 there had been 168 – a reduction by one quarter in a 9 month period. This reduction means that there must have been months in which the team closed more cases overall than were received but were never able, due to external constraints, to close 100% within legal deadlines.

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Actions to Improve Performance

The team will continue to focus on clearing the backlog, the existence of which creates the most pressing issue both in terms of poor customer service and financial and reputational risk for the Council. Inevitably therefore the performance figures as represented in the above table will continue to reflect a poor performance against legal deadlines, being based only on such new requests as it is possible to clear against a deadline without requiring full access to archived records.

No further action is being taken at this time as the team are working at maximum capacity and currently achieving the reduction in backlog over the anticipated longer term timescale.

We will report the status of the backlog in future reports. We expect to see a gradual further reduction in this backlog, together with a gradual improvement in the clearance rate of all new requests within time, as the restrictions on access to archived files are lifted.

Representations have been made to the Council's GDPR group on the matter of how this performance is currently reported within the Council.

Timescales for Improvement

It is not anticipated these issues will be fully resolved until the end of 2022 at the earliest and more likely the final quarter of 2022/23.

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

| Locality | Target | 19/20 | | 20/21 | | | | 21/22 | | |
|---------------------------------|--------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| | | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. | % <u>of</u> no. |
| City | 80% | 85% (G) 316 | 73% (R) 324 | 77% (A) 143 | 77% (A) 272 | 76% (R) 279 | 73% (R) 315 | 85% (G) 249 | 83% (G) 348 | 81% (G) 279 |
| North East | | 95% (G) 61 | 85% (G) 68 | 95% (G) 19 | 90% (G) 42 | 91% (G) 54 | 93% (G) 56 | 91% (G) 56 | 88% (G) 66 | 92% (G) 48 |
| North West | | 79% (G) 66 | 80% (G) 74 | 70% (R) 23 | 67% (R) 55 | 84% (G) 61 | 63% (R) 63 | 92% (G) 50 | 85% (G) 68 | 78% (A) 63 |
| South | | 84% (G) 81 | 81% (G) 63 | 67% (R) 24 | 69% (R) 64 | 75% (R) 56 | 77% (A) 57 | 79% (G) 57 | 90% (G) 106 | 82% (G) 90 |
| Centre | | 82% (G) 87 | 71% (R) 86 | 70% (R) 37 | 67% (R) 61 | 52% (R) 75 | 64% (R) 119 | 79% (G) 75 | 70% (R) 101 | 77% (A) 66 |
| Care Services (prev. Cordia) | | 86% (G) 21 | 27% (R) 33 | 85% (G) 40 | 98% (G) 50 | 97% (G) 33 | 90% (G) 20 | 100% (G) 11 | 100% (G) 7 | 75% (R) 12 |

Performance Trend

During Q3 performance remained GREEN at city level and in North East and South. Performance fell in North West dropping from GREEN to AMBER and in Care Services which dropped from GREEN to RED. Performance improved in Centre which moved from RED to AMBER just below the target range.

Following an increase in the overall number of enquiries to pre-Covid levels during Q2 (348), in Q3 there was a decrease of 20% (from 348 to 279).

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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 | Area | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | Target |
|---|----------|-------|-------|-------|-------|-------|--------------|--------|
| MSG 5. % of Last 6 months of life spent in the Community* | Glasgow | 86.0% | 86.7% | 87.3% | 87.5% | 87.9% | 89.9% (G) | 87.8% |
| | Scotland | 87.0% | 87.3% | 88.0% | 88.0% | 88.4% | 90.5% | N/A |
| MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+) | Glasgow | 94.5% | 94.7% | 95% | 94.9% | 94.9% | 94.9% (G) | 95.4% |
| | Scotland | 95.7% | 95.8% | 96% | 96.0% | 96% | 96.2% | N/A |

*Provisional

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).

Details of performance in relation to these indicators for 2020/21 can be accessed in Chapter 7 of the [Annual Performance Report \(2020/21\)](#) where comparisons are made over time and with the Scottish average.

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3. OTHER CORPORATE/LOCAL INDICATORS

| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|---|--------------------------------|--------|------------|----------------------|----------------------|----------------------|----------------------|---|
| Primary Care | | | | | | | | |
| 1. % able to make an appointment with a doctor three or more working days in advance | Local HSCP Indicator Outcome 9 | 90% | 19/20 | 72% (R) | | | | Performance below target but above the Scottish average (64%). This has reduced from the 2017/18 figure of 76%. From 19/20 Health & Care Experience Survey. |
| 2. % able to see or speak to a doctor or nurse within two working days. | NHS LDP Standard Outcome 9 | 90% | 19/20 | 92% (G) | | | | Performance above target and the same as the Scottish average (92%). This compares to 94% in 2017/18. From 19/20 Health & Care Experience Survey. |
| 3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months. | Local HSCP indicator Outcome 1 | 70% | 19/20 | 75.7% (G) | 75.1% (G) | 74.8% (G) | 76.8% (G) | All areas meeting 'essential' target of 70%. (Desirable target of 85%). National screening report last produced March 2021 for 19/20. |
| 4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day | Local HSCP Indicator Outcome 9 | 50% | Jan-Mar 21 | | 100% (G) | 98.4% (G) | 100% (G) | Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2020 were 78.6% (NE); 80.4% (NW); 80% (S), Next update due for Jan-Mar 2022 in April 2022. |

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| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|--|--------------------------------|--------|--------|-----------------------|----------------------|-----------------------|-----------------------|---|
| Children's Services | | | | | | | | |
| 5. % of 0-2 year olds registered with a dentist | Local HSCP indicator Outcome 1 | 55% | Sep 21 | 25.32% (R) | 28.1% (R) | 24.51% (R) | 23.73% (R) | Provisional figures shown. Updated figures for Mar 21 (also provisional) are 30.88% (City); and for localities 35.19% (NE); 29.13% (NW); 28.8% (S). |
| 6. % of 3-5 year olds registered with a dentist | Local HSCP indicator Outcome 1 | 90% | Sep 21 | 81.48% (R) | 83.9% (R) | 81.55% (R) | 79.52% (R) | Provisional figures shown. Updated figures for Mar 21 (also provisional) are 85.8% (City); and for localities 82.7% (NE); 86.49% (NW); 85.18% (S). |
| 7. % of P1 children with no obvious decay experience | Local HSCP indicator Outcome 1 | 60% | 2020 | 60.1% (G) | | | | Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20). |
| 8. % of P7 children with no obvious decay experience | Local HSCP indicator Outcome 1 | 60% | 2019 | 72.8% (G) | | | | Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 has delayed latest update which was due Oct 21. |
| Others | | | | | | | | |
| 9. Number of drug related deaths | Local HSCP indicator Outcome 1 | N/A | 2020 | 291 | | | | Figures published annually by NRS. Last updated July 2021. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019). |

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| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|--|--------------------------------|---------------|-------------|----------------------|-------------------------------|-----------------------|----------------------|--|
| 10. Number of alcohol related deaths | Local HSCP indicator Outcome 1 | N/A | 2020 | 143 | | | | Figures published annually by ISD. Last updated August 2021. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018);143 (2019). |
| 11. Deaths from suicide. | Local HSCP indicator Outcome 7 | N/A | 2019 | 104 | | | | Figures published annually by ISD. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019). Last updated July 2021. |
| 12. Percentage of those invited who undertake bowel screening | Local HSCP indicator Outcome 1 | 60% | 2019/ 21 | 54.7% (R) | 54% (R) | 55.2% (R) | 54.7% (R) | HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 18/20 when was 53.4% and in all localities (NE 52.8%; NW 54.2%; S 53.4%). |
| 13. Percentage of women invited who attend for breast screening. | Local HSCP indicator Outcome 1 | 70% | 19/20 | N/A | 72% (G) (Scotland) | | | 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. Only Scotland information available at time of the new Annual NHSGGC screening report (Feb 2021). |

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| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|--|--------------------------------|---------------|-------------|--|-----------------------|-----------------------|----------------------|--|
| 14. Percentage of women invited who attend for cervical screening (all ages) | Local HSCP indicator Outcome 1 | 80% | 2020/21 | 58.6% (R) | 61.1% (R) | 52.1% (R) | 63.2% (R) | HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 19/20 when was 57.4% and in NE (58.9%) and S (60.6%). NW declined (53.1%). |
| Human Resources | | | | | | | | |
| 15. I Matters Completion – Response Rates | Local HSCP indicator Outcome 8 | 60% | 2021` | 53% (G) Employment Engagement Index 77 | | | | Figures shown are for the annual survey undertaken in the Summer of 2021. Corresponding response rate figure for 2019 was 62% with the EEI also 77%. Not undertaken in 2020 due to Covid-19. |

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APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

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APPENDIX 4 – APR LOCAL KPIs

In addition to the National Integration and MSG Indicators, the following core set of strategic local indicators are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time.

1. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
2. Number of people in supported living services
3. Percentage of service users who receive a reablement service following referral for a home care service.
4. Total number of Older People Mental Health patients delayed (Excluding AWI)
5. Intermediate Care: % users transferred home.
6. Prescribing Costs: Compliance with Formulary Preferred List.
7. New Accident and Emergency attendances (18+).
8. Total number of Acute Delays
9. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
10. Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+)
11. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement
12. Percentage of HPis (Health Plan Indicators) allocated by Health Visitors by 24 weeks
13. Percent Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks age of HPis (Health Plan Indicators) allocated by Health Visitors by 24 weeks.
14. % of young people currently receiving an aftercare service who are known to be in employment, education or training
15. Number of out of authority placements.
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months)
17. Mumps, Measles and Rubella (MMR) Vaccinations: (% Uptake at 5 yrs)
18. Psychological Therapies: % of people who started treatment within 18 weeks of referral.
19. Total number of Adult Mental Health delays

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20. % of clients commencing alcohol or drug treatment within 3 wks of referral
21. Number of households reassessed as homeless/ potentially homeless within 12 months.
22. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
23. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.
24. Alcohol Brief Intervention Delivery
25. Smoking Quit Rates at 3 months from the 40% most deprived areas.
26. Women smoking in pregnancy (general population)
27. Women smoking in pregnancy (most deprived quintile)
28. Exclusive Breastfeeding at 6-8 weeks (general population)
29. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).
30. NHS Sickness Absence rate (%)
31. Social Work Sickness Absence Rate (Average Days Lost)
32. Percentage of NHS Stage 1 complaints responded to within timescale
33. Percentage of NHS Stage 2 complaints responded to within timescale
34. Percentage of Social Work Stage 1 Complaints responded to within timescale
35. Percentage of Social Work Stage 2 Complaints responded to within timescale
36. Percentage of elected member enquiries handled within 10 working days.

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