



Item No. 8

Meeting Date

Wednesday 15th June 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

Phone: 0141 287 8751

HSCP Performance Report Q4 2021/22

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 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 at each meeting, with specific service areas focused upon and relevant Service Leads in attendance.

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 ☒
Council Corporate Management Team ☐
Health Board Corporate Management Team ☐
Council Committee ☐
Update requested by IJB ☐
Other ☐
Not Applicable ☐

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

OFFICIAL

	c) review and discuss performance with the Strategic Lead for Criminal Justice and Homelessness
--	---

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 within 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 focused.
--	---

Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.
-------------------	---

Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 15).
----------------	---

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:	N/A
------------------------------------	-----

Financial:	None.
-------------------	-------

Legal:	None.
---------------	-------

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 social work performance indicators.
---	--

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.
--	---

OFFICIAL

OFFICIAL

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 4 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)
 - v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.
- 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.

OFFICIAL

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 Q4, 49 indicators were GREEN (42.6%); 60 RED (52.2%); and 6 AMBER (5.2%). 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
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	26
8. Intermediate Care: Percentage Occupancy	33
9. Intermediate Care: Average Length of stay (Days)	34
10. Percentage of intermediate care users transferred home	35
11. Number of Anticipatory Care Plan (ACP) <u>Conversations</u> and <u>Summaries Completed</u> and Shared with the patient's GP	37
14. Total number of Older People Mental Health patients delayed	41
Unscheduled Care	
2. A&E Waits Less Than 4 Hours (%) (<u>QEUH</u>) (<u>GRI</u>)	44
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	46
7. Total Number of Acute Delays	49
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)	51
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+)	52
Primary Care	
3. Flu Immunisation Rates (All categories)	56

OFFICIAL

4. Shingles Immunisation Rates	<u>58</u>
5i. AHP Waiting Times – Podiatry Physio Dietetics	<u>59</u>
<i>Children's Services</i>	
1. Uptake of the Ready to Learn Assessments <i>North East North West South</i>	<u>62</u>
4. Access to CAMHS services - % seen with 18 weeks	<u>65</u>
5. % looked after & accommodated children under 5 who have had a Permanency Review	<u>67</u>
7. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	<u>70</u>
<i>Adult Mental Health</i>	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (North East and South)	<u>76</u>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale and Gartnavel)	<u>79</u>
4. Total number of Adult Mental Health delays	<u>82</u>
<i>Sexual Health (Sandyford)</i>	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	<u>84</u>
2. Number of IUD insertions	<u>84</u>
3. Number of vLARC Implant appointments offered	<u>86</u>
4. Number of vLARC Implant insertions.	<u>86</u>
6-9. Number of individual young people attending all Sandyford services - aged 13-15 for females; and 16-17 for males and females.	<u>89</u>
<i>Alcohol and Drugs</i>	
2. Percentage of Parental Assessments completed within 30 days of referral	<u>92</u>
3. Percentage of Service Users with an initiated recovery plan following assessment	<u>94</u>
<i>Homelessness</i>	
2. Percentage of live homeless applications over 6 months duration at the end of the quarter	<u>96</u>
3. Number of new resettlement plans completed - total to end of quarter (citywide).	<u>98</u>
4. Average number of weeks from application to settled accommodation	<u>99</u>
7. Number of new Housing First tenancies created	<u>103</u>
8. Number of Households in Bed & Breakfast Accommodation	<u>104</u>
9. Number of Temporary Furnished Flats	<u>106</u>
<i>Health Improvement</i>	
5. Exclusive Breastfeeding at 6-8 weeks (general population)	<u>118</u>
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	<u>121</u>
<i>Human Resources</i>	
1. NHS Sickness absence rate	<u>124</u>
2. Social Work Sickness Absence Rate	<u>125</u>
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	<u>126</u>

OFFICIAL

OFFICIAL

4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	129
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	130
<i>Business Processes</i>	
2. Percentage of NHS Stage 2 Complaints responded to within timescale	132
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	137

OFFICIAL

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
Older People
2. Percentage of service users who receive a reablement service following referral for a home care service: Community Referral
7. Number of Clustered Supported Living tenancies offered to Older People
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – North West
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill
B) RED TO AMBER
Children's Services
9. Number of out of authority placements
C) AMBER TO GREEN
Older People
2. Percentage of service users who receive a reablement service following referral for a home care service: Hospital Discharge
Children's Services
2. Percentage of HPIs allocated by Health Visitors by 24 weeks – North East
Homelessness
5. Number of households reassessed as homeless or potentially homeless within 12 months

ii. Performance Declined

A) GREEN TO RED
Older People
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.
Primary Care
5iii. AHP Waiting Times – Dietetics
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale
B) GREEN to AMBER
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill
Criminal Justice
5. Percentage of Criminal Justice Social Work Reports submitted to court
C) AMBER to RED
Unscheduled Care
4. Number of Unscheduled Hospital Bed Days - Acute (18+)
Children's Services
1. Uptake of the Ready to Learn Assessments – North West and South
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
Homelessness
7. Number of new Housing First tenancies created

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.
- c) review and discuss performance with the Strategic Lead for Criminal Justice and Homelessness

OFFICIAL



CORPORATE PERFORMANCE REPORT

**QUARTER 4
2021/22**

OFFICIAL

CONTENTS

SECTION	PAGE NUMBER
1. Performance Summary	11
2. Older People's Services	
i. Older People & Carers	26
ii. Unscheduled Care	43
3. Primary Care	54
4. Children's Services	62
5. Adult Services	
i. Adult Mental Health	76
ii. Sandyford (Sexual Health)	84
iii. Alcohol and Drugs	91
iv. Homelessness	95
v. Criminal Justice	108
6. Health Improvement	114
7. Human Resources	123
8. Business Processes	130
Appendix 1 – Other Indicators	139
Appendix 2 – National Health & Wellbeing Outcomes	144
Appendix 3 – HSCP Corporate Priorities	145
Appendix 4 – APR Local KPIs	146

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

OFFICIAL

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	7 (38.9%)	2 (11.1%)	8 (44.4%)	1 (5.6%)	7 (38.9%)	2 (11.1%)	9 (50.0%)	
Unscheduled Care	5 (50%)	1 (10%)	4 (40%)		6 (60%)		4 (40%)	
Primary Care	11 (78.6%)	1 (7.1%)	2 (14.3%)		12 (85.8%)	1 (7.1%)	1 (7.1%)	
Children's Services	4 (25%)	3 (18.8%)	9 (56.2%)		6 (37.5%)	1 (6.3%)	9 (56.2%)	
Adult Mental Health	7 (70%)		3 (30%)		5 (50%)	1 (10%)	4 (40%)	
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	5 (55.6%)	2 (22.2%)	2 (22.2%)		6 (66.7%)		3 (33.3%)	
Criminal Justice			6 (100%)			1 (16.7%)	5 (83.3%)	

OFFICIAL

OFFICIAL

Health Improvement	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	1 (14.3%)		6 (85.7%)		2 (28.6%)		5 (71.4%)	
TOTAL No. and (%)	56 (48.7%)	9 (7.8%)	49 (42.6%)	1 (0.9%)	60 (52.2%)	6 (5.2%)	49 (42.6%)	

OFFICIAL

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
Older People & Carers				
<i>Home Care, Day Care and Residential Services</i>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q4	76% 	▼  to  OFFICIAL
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q4 Period 13 (Mar)	71.7% (Hosp)  72.5% (Community) 	Hosp ▲  to  Comm ▲  to 
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q4 Period 13 (Mar)	39.4% 	▼
4. Day Care (provided) – Review Rates (No data available between Q1 20/21 and Q3 21/22 as day centres were closed)	95%	Q4	91% 	 to 
5. Provided Residential Care – Occupancy Rates	95%	Q4	96% 	▼

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Provided Residential Care – Review Rates	95%	Q4	99% 	▲
ii. Commissioned Services				
7. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Q4	84 	▲ to 
8. Intermediate Care: Percentage Occupancy.	90%	Mar 22	58% 	▼
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Mar 22	42 days 	▲
10. Intermediate Care: Percentage of users transferred home.	>30%	Mar 22	15% 	▼
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 Annual total	Conversations 208  Summaries 50 	▲ ▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q4	3% 	▼
13.i Referrals to Telecare: Standard	2,000/p.a. 500/quarter	Year-end total	2771 	▼ (Q3 to Q4)
13.ii Referrals to Telecare: Enhanced	500/p.a. 125/quarter	Year-end total	672 	▲ (Q3 to Q4)

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
14. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Dec 21	19 	▼
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	Year End Total	2391 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr 21-Jan 22	117,569 (11,756 per month) 	▲
2. A&E Waits Less Than 4 Hours (%)	95%	Mar 22	GRI – 61.7%  QEUH – 47.7% 	GRI ▼ QEUH ▼
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr 21-Jan 22	50,020* (5002* per month)  *provisional	▲
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/month)	Apr 21-Jan 22	402,178* (40,218* per month)  *provisional	▼  to 
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2772 per month)	Apr – Dec 21	665* (74* per month)  *provisional	▲

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Apr – Dec 21	107,860* (11,984* per month)  *provisional	▲
7. Total number of Acute Delays	0	Mar 22	136 (Total) 75 (Non-AWI) 61 (AWI) 	Total ▼ Non-AWI ▼ AWI ▼
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly average 3327)	Apr 21-Jan 22	52,669 (5266 per month) 	▲
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 (Monthly average 159)	Apr 21- Mar 22	16,209 (1351 per month) 	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q3	75.98% 	▲
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Dec 21	 £152.33	▼
3. Flu Immunisation rates				
Aged 75+	90%	Wk 15 2022	62.9% (R)	n/a
Aged 65-75	90%	Wk 15 2022	58.5% (R)	n/a
65 and over	90%	Wk 15 2022	60.3% (R)	n/a
Aged 60-65	65%	Wk 15 2022	57.8% (R)	n/a
Aged 55-60	65%	Wk 15 2022	35.6% (R)	n/a
Aged 50-55	65%	Wk 15 2022	28.9% (R)	n/a

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Pregnant Women (At Risk)	70%	Wk 15 2022	27.4% (R)	n/a
Pregnant Women (Not at Risk)	70%	Wk 15 2022	10.2% (R)	n/a
4. Shingles Immunisation Rates (aged 71-79) (Health Board wide data)	60%	Sep 21-Feb 22	52.2% 	▲
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Mar 22	28% 	►
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Mar 22	38.5% 	▼
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Mar 22	93.2% 	▼  to 
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Mar 22	NE - 86%  NW- 81%  S - 84% 	NE ▼ NW  to  ▼ South  to  ▼
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jan 22	NE - 95%  NW- 98%  S - 95% 	NE  to  ▲ NW ▲ S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q4	3069 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Mar 22	59.37% 	▲

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
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%	Q4	62% 	▲
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q4	100%(<5s)  100% (5-18) 	(<5s) ► (5-18) ►
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	Q4	51% 	▼  to 
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q4	80% 	▲
9. Number of out of authority placements	30 by end of 21/22.	Q4	31 	▲  to 
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q3	93.7% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q3	96.17% 	▲

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Mar 22	NE 46.3% NW 92.4% S 81.2%	NE ▼ NW to ▲ S ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Mar 22	Stob 28.4 Lev 32.6 Gart 32.8	Stob to ▲ Lev ▼ Gart ▼
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Mar 22	Stob 97.5% Lev 96.5% Gart 95.1%	Stob to ▼ Lev ▼ Gart ▲
4. Total number of Adult Mental Health delays	0	Mar 22	26 Total 23 (Non-AWI) 3 (AWI) 	Total ▼ Non-AWI ▼ AWI ▲
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q4	1465 	▲
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q4	1032 	▲
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q4	1626 	▲
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1148 per quarter	Q4	853 	▲

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q4	1 	►
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15)	Q4	6 (13-15) 	▲
	27 (16-17)		14 (16-17) 	▼
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15)	Q4	46 (13-15) 	▼
	195 (16-17)		146 (16-17) 	▲
10. Waiting times for access to TOPAR appointments	5 working days	Q4	0 	►
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q3	94% 	▲
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q4	55% 	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q4	51% 	▼
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q4	99% 	►

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q4	48% 	►
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000/1250 per quarter	Q4	1156 (Q4) 4675 (21/22 Total) 	▲ ▲
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q4	45 weeks 	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum (<120 per quarter)	Q4	121 	▲ ▲ to 
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4	100% 	►
7. Number of new Housing First tenancies created	280 by year end 21/22	Q4	10 – Q4 256 - total 	▼ ▲ to 
8. Number of Households in Bed & Breakfast Accommodation	350 by end of 21/22.	Q4	414 	▼
9. Number of Temporary Furnished Flats	1850 by end of 21/22.	Q4	2,350	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q4	87% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q4	93% 	▲
3. Percentage of CPO 3-month Reviews held within timescale.	75%	Q4	86% 	▶
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q4	80% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q4	77% 	▼  to 
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q4	90% 	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Q4	1615 – Q4 (7749 – full year) 	▼ (Q3 to Q4)
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 21/22	Q3	921 	▼
3. Women smoking in pregnancy (general population)	12%	Q4	9.5% 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (most deprived quintile).	17%	Q4	16.7% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population)(reported in arrears)	33% by end of 21/22	Q4	28.3% 	►
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 21/22	Q4	20.1% 	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.4% by end of 21/22	Q4	23.5% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Mar 22	6.39% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/ 4-week period	Q4 Period 13	2.6 ADL 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Mar 22	29.9% 	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Mar 22	60% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Mar 22	52% 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q3	95.1% 	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	43.2% 	▼  to 
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q3	74% 	►
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	70% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q3	98% 	►
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q3	38% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q4	83% 	▲

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	85%	79% (R)	70% (R)	64% (R)	63% (R)	73% (R)	84% (G)	85% (G)	84% (G)	76% (R)	
North East		85% (G)	73% (R)	66% (R)	65% (R)	80% (R)	88% (G)	90% (G)	89% (G)	83% (G)	
North West		77% (R)	68% (R)	60% (R)	65% (R)	77% (R)	84% (G)	82% (A)	81% (A)	71% (R)	
South		77% (R)	70% (R)	66% (R)	61% (R)	66% (R)	81% (A)	85% (G)	83% (G)	76% (R)	

Performance Trend

Performance fell between Q3 and Q4 with the city RAG rating moving from GREEN to RED. North West and South both moved to RED from AMBER and GREEN respectively. Performance also fell in North East although it remained GREEN.

Issues Affecting Performance

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

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.

[Back to Summary](#)

OFFICIAL

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					
		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)	Q3 Per 10 (Dec)	Quarter 4		
										Per 11 (Jan)	Per 12 (Feb)	Per 13 (Mar)
Hospital Discharges	70%	68.9% (G)	77.3% (G)	71.3% (G)	70.3% (G)	70.9% (G)	75% (G)	76% (G)	67.9% (A)	77.4% (G)	65.3% (R)	71.7% (G)
Community Referrals	70%	75.5% (G)	69.5% (G)	77.9% (G)	78.5% (G)	81.5% (G)	70.4% (G)	75.3% (G)	66% (R)	72.6% (G)	73.4% (G)	72.5% (G)

Performance Trend

Leading into Q4, period 11 indicated that performance would achieve target. Hospital Discharge performance however dipped to RED during Period 12 before moving back to GREEN during Period 13, whilst Community Referrals achieved GREEN throughout the quarter.

[Back to Summary](#)

OFFICIAL

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

		19/20	20/21					21/22				
Locality	Target	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) %	Q3 Per 10 (Dec) %	Quarter 4		
										Per 11 (Jan) %	Per 12 (Feb) %	Per 13 (Mar) %
City	>35%	36.4 (G)	36.4 (G)	31.5 (R)	43.0 (G)	37.2 (G)	37.3 (G)	38.3 (G)	42.3 (G)	35.0 (G)	28.0 (R)	39.4 (G)
North East		45.6 (G)	27.3 (R)	26.2 (R)	49.2 (G)	26.3 (R)	46.9 (G)	50.0 (G)	37.9 (G)	43.8 (G)	29.4 (R)	38.6 (G)
North West		37.3 (G)	39.0 (G)	37.9 (G)	40.5 (G)	52.4 (G)	38.3 (G)	39.6 (G)	46.4 (G)	33.3 (A)	24.1 (R)	45.5 (G)
South		30.7 (R)	39.7 (G)	27.7 (R)	41.2 (G)	28.9 (R)	31.4 (R)	31.6 (R)	40.5 (G)	31.7 (R)	30.6 (R)	34.3 (G)
Performance Trend												
Performance varies across locality and over time. At city and locality level performance dipped to RED during Period 12 before moving back to GREEN during Period 13.												
Back to Summary												

OFFICIAL

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	Q4
95%	96% (G)	98% (G)	97% (G)	100% (G)	N/A	N/A	91% (A)

Performance Trend

Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak and Q4 21/22 is the first quarter where we have been able to report this indicator.

At Q4 the proportion of Day Care service users who had had a review was just outwith the target range for this indicator.

All Day Care centres were reopened by September 2021; prior to reopening, Day Care Managers reviewed all eligible service users registered with their service to clarify their return status, and whether they still required a service. The current number of Day Care service users is 325.

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, with formal reviews scheduled in line with normal schedules.

All reviews are in-house, a service specific review looking at their day care need, rather than their care need; therefore, no statutory reviews are undertaken (social worker led which are completed every 6 months with the service users).

Issues Affecting Performance

Day Care Centres continue to experience low attendance due, in part, to ongoing COVID-19 restrictions and guidance set by HSCP.

Actions to Improve Performance

Proposal to review Day Care Services performance and capacity submitted, and development sessions for staff ongoing to promote upskilling.

Further discussion at SLT and submission to accommodation group related to guidance and ongoing restrictions, specifically relating to social distancing which limits the capacity of the Day Care centres.

Timescales for Improvement

6 months.

[Back to Summary](#)

OFFICIAL

OFFICIAL

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

	2019/20			2020/21				2021/22			
Target	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	94% (G)	90% (R)	91% (A)	91% (A)	95% (G)	85% (R)	93% (G)	94% (G)	97% (G)	97% (G)	96% (G)
Performance Trend											
The residential occupancy rate exceeded target (GREEN) at the end of March. 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. Back to Summary											

OFFICIAL

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

	2019/20				2020/21		2021/22			
Target	Q1	Q2	Q3	Q4	Q1-Q3	Q4	Q1	Q2	Q3	Q4
95%	97% (G)	95% (G)	95% (G)	96% (G)	N/A*	100% (G)	24% (R)	96% (G)	97% (G)	99% (G)
Performance Trend										
Performance remained GREEN at Quarter 4 with 99% of residents having had a review. 7% of these reviews were in-house reviews of new residents carried out by care home staff while the other 92% 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. <u>*2020-21</u> 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. Back to Summary										

OFFICIAL

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)

Locality	Target	21/22				
		Q1	Q2	Q3	Q4	Year to Date
City	75 per annum (19 per quarter)	25 (G)	21 (G)	18 (R)	20 (G)	84 (G)
North East	25 per annum (6 per quarter)	10 (G)	9 (G)	8 (G)	8 (G)	35 (G)
North West	25 per annum (6 per quarter)	5 (R)	3 (R)	6 (G)	9 (G)	23 (R)
South	25 per annum (6 per quarter)	10 (G)	9 (G)	4 (R)	3 (R)	26 (G)
Performance Trend						
New Supported Living indicator from 2021/22						
Both the City Q4 and annual targets were met for this indicator (GREEN) at year end. North East and South (GREEN) met the annual target; North West remained slightly outside the annual target range (RED).						
Back to Summary						

OFFICIAL

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	19/20		2020/21				2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
City	90%	73% (R)	56% (R)	62% (R)	38% (R)	52% (R)	69% (R)	61% (R)	64% (R)	56% (R)	56% (R)	58% (R)
North East		64% (R)	54% (R)	59% (R)	42% (R)	61% (R)	76% (R)	73% (R)	53% (R)	35% (R)	37% (R)	44% (R)
North West		84% (R)	68% (R)	77% (R)	52% (R)	46% (R)	67% (R)	57% (R)	73% (R)	72% (R)	67% (R)	66% (R)
South		71% (R)	43% (R)	49% (R)	16% (R)	50% (R)	64% (R)	53% (R)	67% (R)	61% (R)	64% (R)	63% (R)

Performance Trend

Performance has declined in all localities in the last quarter, and 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.

An Intermediate Care daily Huddle was introduced in November last year. This is an MDT approach involving HSCP, AHP and IC care home providers. The focus of the group is to discuss appropriateness of referrals, strong focus on rehab potential, making quicker decisions and setting admission dates.

Timescales for Improvement

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

[Back to Summary](#)

OFFICIAL

OFFICIAL

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	19/20	2020/21				2021/22					
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
City	<28 days	31 (R)	40 (R)	39 (R)	48 (R)	47 (R)	46 (R)	43 (R)	50 (R)	49 (R)	60 (R)	42 (R)
North East		27 (G)	42 (R)	49 (R)	45 (R)	58 (R)	54 (R)	46 (R)	60 (R)	38 (R)	87 (R)	86 (R)
North West		36 (R)	49 (R)	37 (R)	65 (R)	57 (R)	50 (R)	48 (R)	43 (R)	55 (R)	63 (R)	42 (R)
South		30 (R)	27 (G)	26 (G)	29 (A)	35 (R)	34 (R)	36 (R)	46 (R)	43 (R)	43 (R)	32 (R)

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.

An Intermediate Care daily Huddle was introduced in November last year. This is an MDT approach involving HSCP, AHP and IC care home providers. The focus of the group is to discuss appropriateness of referrals, strong focus on rehab potential, making quicker decisions and setting admission dates.

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](#)

OFFICIAL

OFFICIAL

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	19/20	2020/21				2021/22					
			Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
Glasgow	Home	30%	19% (R)	11 (R)	7% (R)	15% (R)	25% (R)	26% (R)	13% (R)	19% (R)	17% (R)	18% (R)	15% (R)
	Res/Nursing	N/A	62%	72%	72%	60%	50%	54%	55%	65%	55%	62%	63%
	Readmissions	N/A	13%	11%	13%	18%	22%	18%	13%	11%	21%	15%	22%
	Deceased	N/A	6%	6%	9%	8%	3%	2%	19%	5%	7%	6%	0%
NE	Home	30%	19% (R)	10% (R)	12% (R)	20% (R)	10% (R)	25% (R)	17% (R)	8% (R)	0% (R)	0% (R)	25% (R)
	Res/Nursing	N/A	58%	80%	65%	47%	50%	50%	75%	83%	0%	78%	75%
	Readmissions	N/A	19%	10%	18%	20%	40%	19%	0%	0%	100 %	11%	0%
	Deceased	N/A	4%	0%	6%	13%	0%	6%	8%	8%	0%	11%	0%
NW	Home	30%	0% (R)	10% (R)	0% (R)	14% (R)	25% (R)	18% (R)	11% (R)	15% (R)	25% (R)	10% (R)	8% (R)
	Res/Nursing	N/A	77%	67%	65%	57%	50%	59%	44%	62%	63%	60%	62%
	Readmissions	N/A	9%	10%	18%	29%	25%	23%	33%	15%	6%	30%	31%
	Deceased	N/A	14%	14%	18%	0%	0%	0%	11%	8%	6%	0%	0%
South	Home	30%	38% (G)	13% (R)	8% (R)	9% (R)	36% (G)	37% (G)	10% (R)	33% (G)	9% (R)	33% (G)	20% (R)
	Res/Nursing	N/A	54%	75%	92%	82%	50%	53%	40%	50%	55%	53%	60%
	Readmissions	N/A	8%	13%	0%	0%	7%	11%	10%	17%	27%	7%	20%
	Deceased	N/A	0%	0%	0%	9%	7%	0%	40%	0%	9%	7%	0%

Performance Trend

Performance improved in the North East in the last quarter but has declined in the North West, South and at a city level and all now RED in March 22.

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.

OFFICIAL

An Intermediate Care daily Huddle was introduced in November last year. This is an MDT approach involving HSCP, AHP and IC care home providers. The focus of the group is to discuss appropriateness of referrals, strong focus on rehab potential, making quicker decisions and setting admission dates.

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.

[Back to Summary](#)

OFFICIAL

iii. HSCP Community Services

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				
		Full year	Full Year	Q1	Q2	Q3	Q4	Year to Date
No. ACP conversations held	800 p.a.	530 (R)	264 (R)	93 (R)	44 (R)	14 (R)	57 (R)	208 (R)
No. summaries completed and shared with GPs	200 p.a.	130 (R)	69 (R)	28 (R)	8 (R)	0 (R)	14 (R)	50 (R)

Performance Trend 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. At Q4 and year-end performance was below target. Targets for this indicator were made prior to the COVID-19 pandemic. Targets were not achieved during 2020/21, and whilst the pandemic no doubt had an effect on performance, it is also 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. 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
Issues Affecting Performance 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. This data submission contains limited input from teams due to recording system issues. Data submissions have occurred from some District Nurses teams in the North West Locality, Community Rehab Teams and the Health Review Team from the Carers Partnership. It is likely that ACP conversations continued in Q4 and ACPs may have been shared with GPs as well, however we cannot report on this.

OFFICIAL

OFFICIAL

This data submission includes information from all OPPC teams across the three localities via EMIS, however the use of EMIS codes to track ACP progress is still being embedded within teams. Therefore, some information may be missing from this submission.

Actions to Improve Performance

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.

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](#) (SOP) for ACPs across all six HSCPs were published in February 2022.

As staff adapt to new ways of working, for example remote consultations there is opportunity to refocus our attention on ACP conversations and sharing ACP summaries on Clinical Portal. New resources have been created to clarify the process for staff to initiate ACP telephone calls whilst isolating/working from home. Service Managers and Team Leads will be responsible for re-establishing and prioritising this within their areas of responsibility.

GC HSCP have established an implementation group who will review the current implementation plan to embed ACPs into our culture. 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.

Online training resources have been created for all staff by the Macmillan ACP Programme. These are available via the [ACP Training Hub](#) and include an e-module and Face-to-Face virtual training. Total training numbers during Q4 was 50. In addition, at the end of Q4 there are 26 ACP Champions, and more Champions are actively being recruited across all localities.

A [new ACP website](#) has been developed by the Macmillan ACP Programme with dedicated information and resources to help people think about future planning. An advisory network has been established as a way to stay up to date with all developments, as well as giving professionals the opportunity to work alongside the Macmillan Anticipatory Care Planning Programme as they develop staff resources and promote future planning to the public. The link to join this network is provided: [click here](#)

Timescales for Improvement

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.

[Back to Summary](#)

OFFICIAL

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	Q4
City	0%	0% (G)	1% (A)	1% (A)	2% (A)	6% (R)	5% (R)	8% (R)	1% (A)	2% (A)	1% (A)	3% (A)
North East		0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	0% (G)	0% (G)	1% (A)	1% (A)
North West		0% (G)	2% (A)	0% (G)	0% (G)	5% (R)	4% (R)	3% (A)	0% (G)	0% (G)	0% (G)	1% (A)
South		0% (G)	1% (A)	1% (A)	4% (R)	10% (R)	7% (R)	11% (R)	2% (A)	4% (R)	1% (A)	6% (R)
Performance Trend												
At Q4, city performance dropped slightly but remained AMBER. North West moved from GREEN to AMBER and while performance in South slipped from AMBER to RED.												
At the end of March there were 2,071 open OT assessment activities assigned to workers or teams: 68 (3%) of these had been open for more than 12 months; 53 were open to South, 8 to North East and 7 to North West.												
Issues Affecting Performance												
Waiting times have risen over the last 2 years during Covid-19, as we have only been able to assess critical cases due to both the restrictions and the increase of critical referrals. The teams are trying to move back to a more normal workload for staff which would include allocating out a mixed caseload of mainly critical cases with some substantial and moderate cases given to each member of the OT team. However, this has been difficult to achieve due to the continued high referral rate of which the majority are of critical need. There are Challenges to increase capacity through overtime with demand currently significant.												
Actions to Improve Performance												
Ongoing use where possible of additional hours. Restructuring of allocated work in medium to longer term through establishment of Single Point of Access.												
Timescales for Improvement												
Improvements continue to be expected over the coming months.												
Back to Summary												

OFFICIAL

OFFICIAL

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	Q4	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)	708 (G)	2,771 (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)	202 (G)	672 (G)

Performance Trend
Revised targets for 2021/22 were agreed; these reflect the constraints created by COVID-19. At year end both the quarterly and annual targets were met for Standard and Enhanced Telecare Services (GREEN); the annual targets for Standard and Enhanced were exceeded by 39% and 34% respectively. The volume of Standard telecare referrals during 2021/22 continues the trend of demand for standard telecare returning to pre-Covid levels with a 19% increase in comparison with the 2020/21 annual figure. Equipment supply issues continues to cause delays to installations. The volume of Enhanced telecare referrals received have increased by over 50% on 2020/21 reflecting the removal of suspensions on referrals for extra devices in Q3. Equipment supply issues still impacting delays to installations. Back to Summary

OFFICIAL

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				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
0	City	15 (R)	14 (R)	17 (R)	9 (R)	9 (R)	13 (R)	10 (R)	13 (R)	21 (R)	20 (R)	19 (R)
	NE	7 (R)	6 (R)	5 (R)	4 (R)	3 (R)	3 (R)	3 (R)	5 (R)	4 (R)	4 (R)	6 (R)
	NW	2 (R)	4 (R)	5 (R)	1 (R)	3 (R)	4 (R)	3 (R)	5 (R)	10 (R)	8 (R)	9 (R)
	South	6 (R)	4 (R)	7 (R)	4 (R)	3 (R)	6 (R)	4 (R)	3 (R)	7 (R)	8 (R)	4 (R)
	Area wide team											
Performance Trend												
Numbers vary across localities and over time. Numbers reduced slightly in the last quarter at city level but 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. We are also exploring new ways to support this through MS Teams and remote working. Work will continue over the coming months to ensure that the number of delays is reduced.												
Timescales for Improvement												
Numbers are low and fluctuate month on month. It is unlikely we will ever reach zero.												
Back to Summary												

OFFICIAL

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	Q4	Full Year
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)	632 (G)	2,391 (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)	233 (G)	801 (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)	162 (G)	684 (G)
South	633 (158 per Q)	781 (G)	195 (G)	221 (G)	164 (G)	299 (G)	879 (G)	244 (G)	204 (G)	221 (G)	237 (G)	906 (G)

Performance Trend

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

At year end both the quarterly and annual targets were met by the city and each of the localities (GREEN).

[Back to Summary](#)

UNSCHEDULED CARE

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-Jan)
Glasgow	153,791	155,029	156,783	162,600	159,916 (A)	113,513 (G)	153,791 (Total)	117,569
	12,816	12,919	13,065	13,542	13,326 (A)	9459 (G)	12,816 (Monthly)	11,756 (G)
Performance Trend								
The figures for 21/22 remain below target and GREEN on a pro-rata basis, with the monthly average decreasing from 12,273 in October. 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. Back to Summary								

OFFICIAL

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		19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
GRI	Target 95%	85.9 (R)	95.7 (G)	92.8 (G)	88.5 (R)	91.8 (A)	87.5 (R)	68.5 (R)	71.4 (R)	72.6 (R)	70.5 (R)	61.7 (R)
QEUH		76.8 (R)	95.8 (G)	89.7 (R)	81 (R)	87.9 (R)	80.6 (R)	56.5 (R)	67 (R)	57.1 (R)	56.4 (R)	47.7 (R)

Performance Trend
Performance declined at both hospitals remaining RED in the last quarter.
Issues Affecting Performance
National ED waiting times remain challenging as increased activity returns to acute services following the pandemic. Significant investment in new programmes or change programmes to reduce attendance have commenced or due to commence over Summer / Autumn period.
Actions to Improve Performance
A range of programmes have been developed to reduce the level of GCHSCP residents attending ED or to redirect including Hospital at Home, Home First, Community Rehabilitation. Additional pathways supporting care home residents including targeted Anticipatory care Planning, a new approach to falls management and increased support through the Care Home Support Team. These programmes will continue to be embedded across the system. Wider planning to support frail individuals prior to or at the point of attendance are also being established.
Timescales for Improvement
Ongoing into 2022/23. Back to Summary

OFFICIAL

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-Jan)
Glasgow	70,133	69,656	62,725	63,898	63,324 (G)	54,947 (G)	66,624	50,020* (G)
	5844	5804	5227	5325	5277 (G)	4579 (G)	5552	5002* (G)

*Provisional

Performance Trend
The figures for 21/22 remain below target and GREEN on a pro-rata basis, with the monthly average decreasing from 5114 in October. 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. Back to Summary

OFFICIAL

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-Jan)*
Glasgow	493,371	515,275	506,792	496,071	497,641 (R)	438,871 (G)	453,866	402,178* (R)
	41,114	42,939	42,232	41,339	41,470 (R)	36,572 (G)	37,822	40,218* (R)

*Provisional

Performance Trend
The numbers of unscheduled bed days have continued to increase having fallen due to the pandemic and have moved from AMBER to RED against the annual target on a pro-rata basis since October when the average was 38,839. 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: • 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. Back to Summary

OFFICIAL

OFFICIAL

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)

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	21/22 Target	2021/22 (Apr-Dec)*
Glasgow	36,956	33,278	21,377	19,324	14,192 (G)	1648* (G)	33,260	665 (G)
	3080	2773	1781	1610	1183 (G)	137* (G)	2772	74 (G)

*Provisional								
Performance Trend								
Performance is classified as GREEN with figures remaining very low compared to pre-pandemic. Average has fallen from 79 to 74 since September. Figures are provisional at this stage for 21/22. Please note there is a time lag associated with these figures which are produced nationally. Back to Summary								

OFFICIAL

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-Dec)*
Glasgow	190,791	187,654	182,524	180,888	189,139 (A)	170,093 (G)	181,371	107,860* (G)
	15,899	15,638	15,210	15,074	15,762 (A)	14,174 (G)	15,114	11,984* (G)

*Provisional
Performance Trend
Performance is classified as GREEN with figures remaining low compared to pre-pandemic. Average has fallen from 12,235 to 11,984 since September.
Figures are provisional at this stage for 21/22. Please note there is a time lag associated with these figures which are produced nationally.
Back to Summary

OFFICIAL

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	19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
North East	0	16	16	20	9	19	25	17	8	27	29	23
North West		12	14	17	17	12	15	15	16	32	24	22
South		9	14	19	17	21	20	22	7	26	27	30
Sub-Total (Included Codes)		37	44	56	43	52	60	54	31	85	80	75
North East		12	17	11	22	28	27	29	20	20	21	21
North West		11	13	9	10	13	16	18	11	12	17	19
South		17	11	14	11	10	18	19	18	20	18	21
Sub-Total (Complex Codes)		40	41	34	43	51	61	66	49	52	56	61
Overall Total		77 (R)	75 (R)	90 (R)	86 (R)	103 (R)	121 (R)	120 (R)	80 (R)	137 (R)	136 (R)	136 (R)

Performance Trend
Total numbers delayed have increased in the last quarter and remain RED.
Issues Affecting Performance
- Closure of wards due to Covid - Significant closures of care homes by public health to admissions due to Covid outbreaks as high as 45% (in January 22). There was a 10% increase in referral rates adding to pressures. - Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex. - Staffing pressures in Social Work due to Covid absences. - Access to legal aid has slowed in-line with the impact of omicron, leading on from the winter period.

OFFICIAL

Actions to Improve Performance

A significant focus on AWIs continues; a new real time tracker has been rolled out against the new ISD / AWI codes. This is providing an improved data source to enable the team to focus on specific delays, e.g., awaiting medical reports, legal aid, awaiting court dates, awaiting appointments of private solicitors.

A significant portion of discharges moved to intermediate care or long-term care. The partnership has implemented a daily huddle call for all patients being considered for intermediate care. This has proven to be very successful, initiating 48-hour discharge. The use of discharge to assess pathway has improved outcomes for patients with them being assessed within a care home environment and not in a hospital bed.

A strategic commissioning group has been established to review pathways to care homes, to focus expert resources on complex patients' care needs by identifying the right support.

The additional investment from the Scottish Government has been made with the recent announcement of monies which will further enhance capacity to promote discharge home, 7-day discharge and admission avoidance.

Scottish Government are also monitoring delays very closely. Note there has been significant numbers of care homes closed to admissions due to omicron outbreaks. We have added additional resources to Glasgow City Council's legal team as 52% of all AWI cases are now local authority cases.

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 Jan / Feb 22 and further actions will gain traction to support improvement through Quarter 1.

[Back to Summary](#)

OFFICIAL

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-Jan)
Glasgow	41,582	38,870	29,897	38,656	45,318 (R)	49,902 (R)	39,919	52,669 (R)
	3488	3239	2491	3238	3776 (R)	4159 (R)	3327	5266 (R)

Performance Trend
The figures for 2021/22 are above target and RED on a pro-rata basis. Average fell slightly from 5271 to 5266 since October. Please note there is a time lag associated with these figures which are produced nationally.
Issues Affecting Performance
• Closure of wards due to Covid • Significant closures of care homes by public health to admissions due to Covid outbreaks as high as 45% (in January 22). There was a 10% increase in referral rates adding to pressures. • Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex. • Staffing pressures in Social Work due to Covid absences. • Access to legal aid has slowed in-line with the impact of omicron, leading on from the winter period.
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. With the reduction in Omicron cases and rates there is an expectation that the care home / beds will recover, however it is anticipated that staffing will still remain a key challenge. Furthermore, as with Indicator 7 (above): • Development of a real time tracker • Implementing daily huddle calls & utilising discharge to assess pathways • A strategic review by commissioning around the pathways into care homes.
Timescales for Improvement
The aim is to continue to further reduce AWI bed days lost through to March 22 with more sustained improvements through to next quarter (Apr – Jun 22). Similarly, the focus on non AWI remains with daily scrutiny throughout the winter period. Back to Summary

OFFICIAL

OFFICIAL

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	Q1	Q2	Q3	Q4	Year to Date
City	1910 (159 per month (477 per Quarter))	6571 (R)	11,163 (R)	4,174 (R)	4,588 (R)	3,791 (R)	3,656 (R)	16,209 (R)
North East		2460	4881	1,968	1,760	1,615	1,278	6,621
North West		2356	2397	1102	1260	858	1099	4,319
South		1755	3885	1104	1568	1318	1279	5,269

Performance Trend
Performance remains above target and RED. Numbers have reduced over Q3 and Q4 but the year-end total exceeds the target and is an increase on previous years.
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. Furthermore, as with Indicator 7 (above): • Closure of wards due to Covid • Significant closures of care homes by public health to admissions due to Covid outbreaks as high as 45% (in January 22). There was a 10% increase in referral rates adding to pressures. • Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex. • Staffing pressures in Social Work due to Covid absences.

OFFICIAL

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. Furthermore, as with Indicator 7 (above): • Development of a real time tracker • Implementing daily huddle calls & utilising discharge to assess pathways • A strategic review by commissioning around the pathways into care homes.
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 throughout 2022/23. Back to Summary

PRIMARY CARE

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		
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	78%	77.49% (G)	77.04% (G)	77.03% (G)	76.96% (G)	76.83% (G)	76.72% (G)	74.68% (A)	75.98% (A)
NE		78.20% (G)	77.73% (G)	77.76% (G)	77.75% (G)	77.63% (G)	77.51% (G)	75.57% (A)	76.94% (G)
NW		76.61% (G)	76.16% (G)	76.20% (G)	76.17% (G)	76.04% (A)	75.90% (A)	73.94% (R)	75.42% (A)
S		77.57% (G)	77.13% (G)	77.08% (G)	76.91% (G)	76.79% (G)	76.70% (G)	74.50% (A)	76.04% (A)
NHSGGC		77.50%	76.75%	77.06%	76.98%	76.84%	76.73%	74.71%	76.17%

Performance Trend

All localities improved in the last quarter with North East moving from AMBER to GREEN and North West moving from RED to AMBER. North East and city remained AMBER. 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. [Back to Summary](#)

OFFICIAL

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		
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
City	Cost below (or same) as Board average	£153.46 (G)	£151.97 (G)	£151.40 (G)	£150.76 (G)	£147.61 (G)	£150.24 (G)	£151.24 (G)	£152.33 (G)
NE		£148.55 (G)	£148.23 (G)	£148.15 (G)	£147.45 (G)	£144.49 (G)	£147.00 (G)	£147.89 (G)	£149.49 (G)
NW		£151.63 (G)	£149.23 (G)	£148.98 (G)	£148.59 (G)	£145.63 (G)	£148.15 (G)	£149.45 (G)	£149.52 (G)
S		£159.54 (G)	£157.85 (G)	£157.17 (G)	£156.36 (G)	£152.85 (G)	£155.69 (G)	£156.55 (G)	£158.12 (G)
NHSGGC		£171.58	£169.97	£169.40	£168.73	£164.95	£167.94	£169.37	£170.75

Performance Trend
Variations across sectors and over time with a slight increase in all localities in the last quarter but they remain GREEN. This is reported one quarter in arrears. Back to Summary

OFFICIAL

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 15 2022
Aged 75+	90%	62.9%* (R)
Aged 65-75	90%	58.5%* (R)
65 and over	90%	60.3%* (R)
Aged 60-65	65%	57.8%* (R)
Aged 55-60	65%	35.6%* (R)
Aged 50-55	65%	28.9%* (R)
Pregnant Women (At Risk)	70%	27.4%* (R)
Pregnant Women (Not at Risk)	70%	10.2%* (R)

*Provisional

Performance Trend
Figures are for HSCP and are taken from the flu portal. These cover the 21/22 vaccination period (1 October to 31 March) and are provisional at this stage.
Issues Affecting Performance
The flu programme was halted by the Scottish Government so we could get as many people vaccinated against Covid-19 as possible. The Health Board then put in place a contract with our community pharmacists for Feb/March 22 to catch anyone who missed their vaccinations.
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 maternity services, our dedicated team for children's services, in community setting by

OFFICIAL

OFFICIAL

Public Health, by community pharmacies and by our dedicated team for care homes/patients who cannot leave home/vulnerable. In 2021/22 the flu programme was halted by the Scottish Government so we could get as many people vaccinated against Covid-19 as possible. The Health Board then put in place a contract with community pharmacists for Feb/March 22 in an attempt to catch anyone who missed their vaccinations.

Whilst the Health Board has responsibility for the overall programme delivery, Glasgow HSCP established a team to provide vaccinations for care homes and for people who cannot attend the mass clinics. This provides us with the ability to follow up in a more targeted way those people who would otherwise not be able to get vaccinated.

Timescales for Improvement

The flu delivery model for delivery of flu vaccinations may be developed for next year's programme once we learn from the experience of the 2021/22 programme.

[Back to Summary](#)

OFFICIAL

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-Feb 22)
Glasgow City	60%	52.2% (R)

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
During 2021/22, the delivery of the shingles vaccination was 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 did not have to be delivered at this time and participating practices could deliver them at a later date if they needed to protect their capacity. Responsibility for all vaccinations that were previously delivered in GP surgeries transferred to the health board/HSCP at the end March 2022. There will be on-going work at national level and through the health board's vaccination programme board to finalise the delivery models for the adult flu, shingles and pneumococcal vaccinations during 2022/23 and to ensure that these models are aligned with other vaccination programmes, such as the COVID 19 booster programme.
Timescales for Improvement
The Vaccination Transformation Programme offers the opportunity to look at alternative forms of provision to increase uptake in the future. Back to Summary

OFFICIAL

OFFICIAL

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	19/20	2020/21				2021/22					
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
MSK Physio	90% within 4 wks	33 (R)	7 (R)	45 (R)	92 (G)	87 (G)	63 (R)	42 (R)	28 (R)	29 (R)	30 (R)	28 (R)
Podiatry	90% within 4 wks	N/A	N/A	48.1 (R)	40.4 (R)	58.7 (R)	48.9 (R)	40.2 (R)	56.2 (R)	35.5 (R)	37.4 (R)	38.5 (R)
Dietetics	100% within 12 wks	100 (G)	98.5 (G)	100 (G)	100 (G)	100 (G)	100 (G)	83.6 (R)	98.1 (G)	97.8 (G)	95.6 (A)	93.2 (R)

Performance Trend

MSK Physio

% patients seen within the 4 week target has remained similar in Q4 and remains RED

Podiatry

% patients seen within the 4 week target has reduced since December and remains RED

Dietetics

% patients seen within the 12 week target has reduced and moved to RED

Issues Affecting Performance

MSK Physio

All patients who are categorised as urgent continue to be seen within 4 weeks.

Referral rates increased substantially in Q4 from approximately 4,500 in January to almost 5,800 in March. During Jan the service once again had to redeploy 13% of the available workforce to support Acute colleagues. This meant that caseloads had to be fully absorbed by remaining staff (approx 728 patients each week for 4 weeks) to ensure continuity of patient care. There were also unprecedented levels of sickness absence within the service in Feb 22. The sickness absence rate was 5.73% (with a further 0.84% off with covid related absence). Vacancy levels within the service are also unusually high (18wte vacancy and a further 8 wte maternity leave; sick leave and covid related absence). Newly qualified staff have also had very little face-to-face experience due to the pandemic affecting practice placement experience. This has resulted in newly qualified practitioners requiring more time for supervision and support to ensure governance requirements are met. Service efficiency continued to

OFFICIAL

be impacted by the 2m social distancing requirement. MSK accommodation has been reduced in 4 sites across GGC.

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.

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 issues and staff absence are the most significant issues affecting performance coupled with restrictions in waiting areas meaning reduced capacity.

The service is also experiencing significant recruitment issues with vacancy levels sitting at 12%.

Dietetics

Due to vacancies, sick leave and maternity leave there has been lower staffing levels. This has impacted on the activity levels of the service. As a result there has been an impact on waiting times. Some posts have been difficult to recruit to, thus clinic caseload capacity has been affected.

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. 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 has recruited 12 additional staff as part of an undergraduate process for 18 weeks as well as a funded return to practice framework. The service has also developed subspecialty specialist triage for all new patients within nail surgery MSK and orthopaedic waits.

Both of these initiatives will have a direct impact on new patients waits over the coming months.

OFFICIAL

OFFICIAL

Dietetics

There has been a drive to undertake additional clinics to reduce the number of patients waiting over 12 weeks. Additional clinics have been provided by all dietitians across community. The additional clinics have been focused on areas with the longest wait. Nationally the profession has been reporting that recruiting to posts has been challenging. Here in NHS GGC there have been some posts that the service has found slow to recruit to. Gradually, these difficult to fill posts have been getting recruited to, which will increase service capacity. There have been staff returning from sick leave on phased returns, which have now been completed and this has been beneficial in terms of supporting an improvement of the waiting list.

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

It had been anticipated given the actions described that 4 weeks should be realistic by the end of July 2022. However, the referral rate has increased by 23% and is now over 4000 per month. If that referral rate is sustained, then the improvement trajectory may be delayed until late summer 2022.

Dietetics

It is anticipated that the position will improve gradually as posts are filled and staff return from sick leave. It is an improvement will be seen in both Quarter 1 and 2 of 2022-23

[Back to Summary](#)

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

CHILDREN'S SERVICES

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

Locality	Target	19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
North East	95%	89% (R)	46% (R)	90% (A)	91% (A)	84% (R)	90% (A)	93% (G)	87% (R)	87% (R)	88% (R)	86% (R)
North West		88% (R)	54% (R)	81% (R)	85% (R)	80% (R)	87% (R)	87% (R)	90% (A)	82% (R)	83% (R)	81% (R)
South		91% (A)	65% (R)	85% (R)	90% (A)	88% (R)	89% (R)	90% (A)	91% (A)	90% (A)	92% (G)	84% (R)

Performance Trend
Performance declined in all localities in the last quarter.
Issues Affecting Performance
The number of Ready to Learn Assessments carried out has been significantly affected by the impact of the COVID-19 pandemic, as initial guidance was that these visits should be 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 Covid 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 is recorded as "unscheduled" rather than the 27-30 month assessment, and is therefore not captured 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, which is also impacting on this key performance indicator.
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 are continuing 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.
Back to Summary

OFFICIAL

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	19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
North East	95%	98% (G)	96% (G)	97% (G)	98% (G)	96% (G)	96% (G)	98% (G)	97% (G)	95% (G)		
North West		95% (G)	99% (G)	95% (G)	97% (G)	96% (G)	98% (G)	97% (G)	97% (G)	98% (G)		
South		96% (G)	97% (G)	97% (G)	97% (G)	99% (G)	99% (G)	97% (G)	94% (G)	95% (G)		

Performance Trend
Variations across areas and over time but all remain GREEN. There is a time lag in the availability of this data. Back to Summary

OFFICIAL

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)	737 (G)	3069 (G)
NE	344	86	764 (G)	138 (G)	205 (G)	218 (G)	210 (G)	771 (G)	260 (G)	220 (G)	185 (G)	195 (G)	860 (G)
NW	576	144	918 (G)	196 (G)	189 (G)	214 (G)	213 (G)	812 (G)	217 (G)	185 (G)	191 (G)	170 (G)	763 (G)
S	613	153	833 (G)	344 (G)	355 (G)	437 (G)	404 (G)	1540 (G)	366 (G)	386 (G)	322 (G)	372 (G)	1446 (G)

Performance Trend

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

[Back to Summary](#)

OFFICIAL

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	19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
City	100%	51.9 (R)	29.5 (R)	45.4 (R)	54.64 (R)	60.81 (R)	53.27 (R)	53.01 (R)	49.58 (R)	62.5 (R)	54.6 (R)	59.37 (R)
North East		51.1 (R)	30.7 (R)	42.8 (R)	51.56 (R)	57.58 (R)	54.22 (R)	72.73 (R)	54.32 (R)	51.09 (R)	57.25 (R)	68.39 (R)
North West		50.1 (R)	26.5 (R)	46.4 (R)	62.79 (R)	62.24 (R)	49.83 (R)	78.72 (R)	47.69 (R)	58.24 (R)	53.52 (R)	56.48 (R)
South		54.1 (R)	31.8 (R)	47 (R)	52.87 (R)	61.47 (R)	55.95 (R)	24.69 (R)	46.67 (R)	77.32 (R)	52.21 (R)	50.0 (R)

Performance Trend
Variations exist across localities and over time. Performance remains RED across the city.
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 although we have been able to offer an increased level of flexibility to children, young people and their families regarding how they access appointments. Families are being asked to contact the service to arrange an appointment and potential barriers to accessing appointments online are identified and face-to-face appointments provided as required. As a result, there has been a decrease in the number of appointments missed. There continues to be challenges in relation to recruitment, with approximately 50% of new posts that have been advertised being recruited to. Of these posts, many have involved the recruitment of existing staff from different parts of the service. This is particularly the case in relation to recruitment of registered professionals (e.g. nurses, psychologists, allied health professionals). Most teams continue to experience 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.
Actions to Improve Performance
Currently work is orientated towards assessing and supporting children with presenting difficulties that require an urgent response as well as increasing the number of first treatment appointments offered whilst also developing plans to ensure a sustainable workforce in the longer term. Work is also ongoing to ensure effective analysis of the needs of children who are being accepted into the service to inform service development and delivery planning. 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

OFFICIAL

OFFICIAL

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.

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.

Timescales for Improvement

Progress is being made across the city both in relation to the numbers of children waiting and in terms of the length of time children are waiting for a first appointment. The rate of progress has recently started to increase as a small group of staff have been identified who are able to provide additional appointments in overtime and/or via bank shifts. We anticipate this to continue into the summer.

Links across the wider system have now been established. The quality of these connections will continue to be developed and understanding regarding the wider network of supports available for children and young people in relation to their health and wellbeing continues to be developed and shared across the network.

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

[Back to Summary](#)

OFFICIAL

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 Q4	
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	% with review	Number without a Permanency Review
City	90%	70% (R)	68% (R)	66% (R)	58% (R)	59% (R)	55% (R)	58% (R)	65% (R)	57% (R)	62% (R)	30
North East		71% (R)	68% (R)	69% (R)	57% (R)	59% (R)	51% (R)	62% (R)	69% (R)	63% (R)	62% (R)	13
North West		80% (R)	65% (R)	65% (R)	52% (R)	52% (R)	53% (R)	42% (R)	47% (R)	38% (R)	57% (R)	9
South		59% (R)	71% (R)	64% (R)	61% (R)	62% (R)	59% (R)	62% (R)	74% (R)	65% (R)	62% (R)	8

Performance Trend

Performance at city and locality level remained RED during Quarter 4. Although remaining RED, there was a significant improvement in South of 19 percentage points in comparison with the previous quarter (Q3).

At the end of March, a total of 30 children (of 78 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

There is continued increasing demand for children's social work services exacerbated due to the cost-of-living crisis, poverty, and social stress caused by the pandemic that is contributing to increased 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,

OFFICIAL

OFFICIAL

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.

There remains a backlog in progressing this important work.

Actions to Improve Performance

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 have been appointed and will commence on Monday 9th May. They will have a role in overseeing this work and processing the plans for young children.

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.

It is hoped that as covid subsides more face-to-face meetings will be facilitated to ensure parents are fully involved in these complex discussions and decisions about the future care of their children.

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.

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Under 5s	100%	100% (G)	100% (G)	73.33 (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Aged 5-18		92.9% (R)	100% (G)	92.9% (R)	100% (G)	96.15% (A)	85% (R)	100% (G)	100% (G)	100% (G)

Performance Trend
Percentages can fluctuate due to the small numbers involved. Performance has remained GREEN in the last quarter for both age groups. Back to Summary

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	60%	41% (R)	45% (R)	32% (R)	42% (R)	49% (R)	51% (R)	59% (G)	58% (A)	51% (R)	
North East		57% (R)	49% (R)	52% (R)	41% (R)	49% (R)	55% (R)	76% (G)	61% (G)	45% (R)	
North West		33% (R)	42% (R)	22% (R)	23% (R)	41% (R)	50% (R)	63% (G)	64% (G)	70% (G)	
South		21% (R)	45% (R)	24% (R)	53% (R)	58% (A)	45% (R)	50% (R)	51% (R)	40% (R)	
Performance Trend											
At city level performance dropped from AMBER to RED during Q4; performance also declined significantly in North East which dropped from GREEN to RED. Performance also dropped in South which remained RED. In North West there was an improvement in performance (GREEN).											
Issues Affecting Performance											
The last six months have been really challenging in South due to an acute period of sickness across Team Leader and Service Manager grades, and both North East and South localities have been impacted by the level of sickness associated with the Omicron variant, which has affected timely submission of reports.											
North East performance has been significantly impacted by staff turnover. Over the latter half of 2021 & start of 2022, and since the last recruitment, a number of staff have left the service. This has meant whole caseloads have had to be reallocated. Additionally, there have been several members of staff who have had periods of sickness. Covid had a significant impact at the start of 2022 with more staff affected than at any other time during the course of the pandemic. Although some staff were able to work, periods of isolation impacted on the workload of other team members. Staff sickness and Covid isolation periods have primarily affected front line staff, meaning on a week-to-week basis, Team Leaders have had to reallocate work within their teams. This has led to delays in the completion of new report requests from SCRA. Also, some social work staff have reported											

OFFICIAL

OFFICIAL

that they have delayed sending reports until they have been able to provide a comprehensive assessment including the views of all agencies and the child(ren)/family members (one example was waiting for school to return after the Easter holidays as education staff had made the referral to SCRA, and other agencies have also been impacted by Covid sickness levels which has delayed incorporation of their views into reports).

Actions to Improve Performance

South have benefitted from new temporary Team Leaders, who started in post at the beginning of February and have been settling into their role and progressing the range of tasks required following the prolonged period of Team Leader absence. There has also been some return to work of Team Leaders and Service Managers, which enables a greater focus on performance, and processes have been established to train and refresh workers on recording practice, and to support and scrutinise performance to improve overall performance and achieve targets. This has built momentum during mid quarter 1 so should lead to a small level of improvement in Q1 and greater improvement in Q2.

A number of the staff who were off sick in North East have now also returned to work. There is recruitment under way with new staff starting over the next 4 weeks. There is increased management oversight of the requested reports. Service Managers are having regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines. The importance of submitting reports on time will be discussed at the full staff team meeting on the 12/5/22 and at the four weekly Team Leader/ Service Manager meetings.

Timescales for Improvement

It is anticipated there will be an improvement in the timescales for submitting new reports to SCRA within the next recording cycle in South and North East.

[Back to Summary](#)

OFFICIAL

Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, in 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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	75%	68% (R)	65% (R)	76% (G)	77% (G)	80% (G)	78% (G)	79% (G)	79% (G)	80% (G)
North East		63% (R)	62% (R)	82% (G)	80% (G)	84% (G)	82% (G)	81% (G)	78% (G)	83% (G)
North West		71% (R)	72% (A)	77% (G)	81% (G)	82% (G)	80% (G)	79% (G)	79% (G)	80% (G)
South		73% (A)	67% (R)	69% (R)	78% (G)	80% (G)	81% (G)	82% (G)	82% (G)	85% (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 <i>non-recording</i> of Employability status increased slightly from 2% to 3% between Quarters 3 and 4. This equates to a total of 25 young people in the city – 3 (1%) in North East and 4 (1%) in South who do not have their employability status recorded. All young people have their status recorded in North West. The other 18 are young people whose team is “not indicated” (i.e., those without a primary relationship to a worker or team).										
Back to Summary										

OFFICIAL

OFFICIAL

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	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
31	40	33 (Q1) 32 (Q2) 31 (Q3) 30 (Q4)	47 (R)	46 (R)	42 (R)	45 (R)	40 (G)	34 (G)	34 (A)	31 (G)	35 (R)	31 (A)

Performance Trend

Placements decreased by 4 from 35 to 31 during Q4 with the numbers being outwith the target range and the RAG rating at AMBER.

Issues Affecting Performance

The pattern 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. Over quarter 4, 2 young people returned home, and more young people are expected to transition out of out of authority placements over the next quarter.

Timescales for Improvement

Work is continuing in relation to monitoring 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 to identify appropriate accommodation and support. This can be difficult to predict given the nature of court processes.

[Back to Summary](#)

OFFICIAL

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		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	93.5% (G)	93.2% (G)	94.24% (G)	94.37% (G)	95.15% (G)	94.20% (G)	93.31% (G)	94.28% (G)	93.7% (G)
North East		94.1% (G)	91.5% (A)	94.13% (G)	94.98% (G)	94.56% (G)	93.15% (G)	94.94% (G)	94.24% (G)	94.59% (G)
North West		92.2% (A)	93.3% (G)	94.86% (G)	94.34% (G)	95.2% (G)	94.32% (G)	90.91% (A)	94.89% (G)	95.24% (G)
South		93.8% (G)	94.4% (G)	93.86% (G)	93.92% (G)	95.56% (G)	94.94% (G)	93.79% (G)	93.87% (G)	91.92% (A)

Performance Trend
Performance slightly decreased in the last quarter at a city level and in the South with the other two localities increasing slightly. This indicator is reported in arrears. Back to Summary

OFFICIAL

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		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	95.8% (G)	96.35% (G)	96.52% (G)	97.25% (G)	96.15% (G)	96.25% (G)	96.32% (G)	95.85% (G)	96.17% (G)
North East		96.5% (G)	97.64% (G)	98.46% (G)	98.07% (G)	96.97% (G)	97.03% (G)	96.44% (G)	95.59% (G)	97.14% (G)
North West		95.5% (G)	95.07% (G)	94.36% (G)	96.66% (G)	96.24% (G)	95.77% (G)	96.27% (G)	94.49% (G)	96.41% (G)
South		95.4% (G)	96.03% (G)	96.69% (G)	97.08% (G)	95.4% (G)	96.01% (G)	96.26% (G)	97.16% (G)	95.17% (G)

Performance Trend
Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North East and North West. South slightly decreased. This indicator is reported in arrears. Back to Summary

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

OFFICIAL

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	19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
NE	90%	70.7 (R)	70.7 (R)	53.7 (R)	75 (R)	56.6 (R)	82.3 (R)	76.5 (R)	56.6 (R)	55.2 (R)	82.8 (R)	46.3 (R)
NW		88.7 (G)	45.8 (R)	84 (R)	95.7 (G)	93.6 (G)	97.1 (G)	92.5 (G)	84 (R)	79.8 (R)	90.5 (G)	92.4 (G)
S		79.5 (R)	77.6 (R)	93 (G)	58.7 (R)	91.4 (G)	92.8 (G)	94.8 (G)	80.5 (R)	95.5 (G)	81.7 (R)	81.2 (R)

Performance Trend

Performance over the last quarter was GREEN in the North West and South, and RED in the North East.

The overall % starting a PT within 18 weeks in March 2022 is circa 92% 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 over the last quarter was fewer than pre-pandemic activity.

Performance varies between localities and between teams within each locality. As a result of the outbreak of Covid-19 all teams in the 3 localities and the Hosted services accrued long waits.

At the end of the last quarter, the number of people still waiting over 18 and yet to start their PT treatment increased. The North West had 51 people still waiting over 18 weeks who are yet to start a PT; The South, with 146 people still waiting over 18 weeks who are yet to start a PT; and the North East, with 250 people still waiting over 18 weeks who are yet to start a PT. These identified pressures continue over the coming quarters.

The Glasgow City Hosted services had reduced the number of people still waiting over 18 weeks who are yet to start a PT to 105 people and continues as an identified pressure over the coming quarters.

The number of people still waiting over 52 weeks in across Glasgow City increased during the quarter. There were 13 people waiting over 52 weeks in the teams serving the 3 localities in Glasgow City and 63 people waiting over 52 weeks in the Glasgow City Hosted services.

OFFICIAL

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, Q3 Oct-Dec 21, and Q4 Jan-Mar 22.

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 addressing long waits and seeing more people over 18 weeks relative to total seen can often result in low percentage activity, when the measure is percentage starting within 18 weeks.

Social distancing measures continued and resulted in reduced consulting space that is prioritised primarily for urgent clinical need.

There is a continuing 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 is variation in the level of demand across the full range of waiting times that will require mitigation to prevent an adverse impact on the waiting time standard.

Actions to Improve Performance

The Trauma service has been supported by capacity where it is available from across the MH services to appoint people who are waiting over 52 weeks to start treatment.

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 is delivering digital-based group interventions with the CMHTs

Peripatetic Band 7 therapist targeting people with long waits.

OFFICIAL

OFFICIAL

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. Back to Summary

OFFICIAL

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	19/20	2020/21					2021/22				
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
Stobhill	28 days	22.9 (G)	28.8 (A)	31.3 (R)	31.2 (R)	35.5 (R)	31.2 (R)	32.2 (R)	30.1 (R)	29.8 (R)	27.5 (G)	28.4 (G)
Leverndale		23.1 (G)	22 (G)	22.9 (G)	22.9 (G)	23.9 (G)	29.8 (R)	31.8 (R)	31.7 (R)	40 (R)	32.5 (R)	32.6 (R)
Gartnavel		27.4 (G)	39.4 (R)	30.5 (R)	28 (G)	31.7 (R)	29.8 (R)	37.7 (R)	31.3 (R)	37.8 (R)	34.8 (R)	32.8 (R)

Performance Trend

Performance remained RED in Leverndale and Gartnavel and moved from RED to GREEN in Stobhill between December and March.

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 continues to impact on Glasgow City located acuter admissions when capacity is reduced either on a GC located site or elsewhere in the wider acute admission system.
2. Numbers of COVID- positive patients caused just over 2% reduction in actual available bed days for the three main adult acute bed sites, although this reduction is not reflected in formal statistics e.g., Stobhill could not use 212 days of empty beds across the quarter due to being closed to new admissions.
3. Staff absence rates, inpatient ward skill mix and nurse per bed ratio still remains 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 2021/2022 the numbers staying over 6 months has re-stabilised between 5 and 11 at each site. The overall GG&C adult acute numbers variance remains anticipated to be between 24 and 39 people.
5. Occupied bed day use boarding into Glasgow City hospitals both internally and external to the Health Board area continues. GRH particularly has boarders from other GGC localities as well as external. Boarders remain relatively few in number whilst the

OFFICIAL

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 prioritise maintaining safe care. Contingency responses remain fluid and on-going day to day and site to site. Variance between 24 and 39 people in activity for 2022/2023 should not be unexpected whilst the following continues to be progressed:

1. Consolidation of 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. Maintaining 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 and staffing guidelines continually reviewed updated and applied.
5. Progress on-going development of Discharge Co-ordination Teams.
6. The use of beds by external Health Boards given local capacity and the impact internal placement of patients still affecting communication and discharge planning and to be further reviewed via Bed Management lead.
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 continues to be slightly reducing in pressure. Guidelines restricting practice continued to be applicable to March 2022 and into 2022/23. Operational contingency arrangements subject to on-going review. System wide support mechanisms also reviewed across sites, specialties with wider mental health services.

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 at least into early 2022/2023. The overall pressure on adult acute admission beds is such that the initial phased movement towards the adult acute admission bed strategy endpoint is being 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 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 continues to require 6-12 months in 2022/23 to progress and assess the impact of actions.

[Back to Summary](#)

OFFICIAL

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	19/20	2020/21				2021/22					
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
Stobhill	<95%	93.2 (G)	75.7 (G)	94 (G)	91.4 (G)	96.5 (G)	97 (G)	98.8 (A)	95.7 (G)	92.2 (G)	94.5 (G)	97.5 (A)
Leverndale		85.8 (G)	77 (G)	90.6 (G)	82.0 (G)	88.8 (G)	92.4 (G)	98.8 (A)	90.8 (G)	95.1 (G)	91.9 (G)	96.5 (G)
Gartnavel		90.6 (G)	85.5 (G)	95.4 (G)	89.2 (G)	93.4 (G)	93.2 (G)	97.5 (A)	97.2 (G)	96 (G)	99.3 (A)	95.1 (G)

Performance Trend
Performance remained GREEN in Gartnavel and Leverndale between December and March, while moving from GREEN to AMBER in Stobhill.
Issues Affecting Performance
The number of admissions and discharges increased at Stobhill during March 2022 to their highest level since before the pandemic. The number of admissions is approaching but remains within anticipated variance levels, as does % occupancy for the way the system of care is working. Discharges also increased to the highest level since March 2020 and again remains within anticipated variance levels. Stobhill had wards closed to admissions due to COVID in mid-late February which when re-opened to admissions filled with people in early March, before further closures mid-March and re-opening late March.
Actions to Improve Performance
A range of discharge work for people with stays of over 6 months has been a focus of work and this is anticipated as increasing admissions and discharge and maintaining pressure on reducing average length of stay shortening average length of stay including integrated discharge capacity and adult mental health social care options.
Timescales for Improvement
The discharge work and team service being progressed will be reviewed over the first 1-3 quarters of 2022/2023. Back to Summary

OFFICIAL

OFFICIAL

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

Performance Trend

Numbers vary across localities and over time. Delays increased since December.

OFFICIAL

Issues Affecting Performance
Admission routes and discharge relationships continued to be disrupted due to COVID related issues affecting both patients and staff. Staff have continued to be re-deployed to ward areas to maintain safe and effective treatment and wards continue to be closed to admissions and patient movement as a result of infection prevention and control measures on an ongoing basis.
Actions to Improve Performance
Wards continue to face significant pressures with increased admission rates and some ongoing ward closures. The integrated discharge teams continue to meet regularly 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: • Recruitment is now complete and additional posts will be appointed to discharge teams across the city in the next four to six weeks • An additional post has been recruited to the Commissioning Team to work on the mental health social care contract to increase the number of providers and the types of care available • Plans for the development of Waterloo Close are progressing and HSCP staff are working on identifying suitable patients currently delayed in hospital who can be transferred to this facility • Additional MHOs have been recruited and will be appointed to teams across the HSCP to assist with addressing 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. Back to Summary

Other Annually Reported Indicators - See Appendix 1, Section 3

11. Deaths from Suicide

OFFICIAL

SANDYFORD (SEXUAL HEALTH)

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		1355	299	996	1375	1497	1438	1106	877	1115
NE		267	0	273	388	475	483	332	284	323
NW		987	299	723	987	1022	955	774	593	792
S		101	0	0	0	0	0	0	0	0
NHSGGC	1888/ Quarter	1870 (G)	299 (R)	1311 (R)	1723 (R)	1839 (A)	1784 (R)	1400 (R)	1169 (R)	1465 (R)

IUD – number of insertions

Locality	Target	19/20	20/21				21/22			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		999	305	895	1135	1196	1178	892	742	782
NE		182	0	186	273	352	372	256	233	203
NW		757	305	709	861	844	806	636	509	579
S		60	0	0	0	0	0	0	0	0
NHSGGC	1309/ quarter	1322 (G)	310 (R)	1124 (R)	1413 (G)	1488 (G)	1484 (G)	1154 (R)	998 (R)	1032 (R)

Performance Trend

Additional Saturday clinics have been offered to increase availability of IUDs. Training lists are now in place since March 2022 so more staff can be trained and additional lists established. We have also invited Primary Care to come for shadow sessions so that IUDs can resume in GP practices.

Issues Affecting Performance

With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase during 2022.

OFFICIAL

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, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase during 2022.

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		1202	156	1100	1377	1550	1278	1019	745	1003
NE		454	0	372	571	654	513	382	311	414
NW		665	156	728	806	896	765	637	434	589
S		83	0	0	0	0	0	0	0	0
NHSGGC	2431/ quarter	1691 (R)	156 (R)	1586 (R)	2028 (R)	2278 (R)	1966 (R)	1621 (R)	1217 (R)	1626 (R)

Implants – number of insertions

Locality	Target	19/20	20/21				21/22			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		617	148	750	693	811	654	587	401	512
NE		228	0	204	289	326	229	201	178	224
NW		334	148	545	403	484	425	386	223	288
S		55	0	0	0	0	0	0	0	0
NHSGGC	1148/ quarter	865 (R)	148 (R)	1034 (R)	1017 (R)	1148 (G)	991 (R)	899 (R)	635 (R)	853 (R)

Performance Trend
Number of implant appointments and insertions have increased since the last report but both remain RED.
Issues Affecting Performance
All LARC procedures (except emergency criteria) were stopped during lockdown. From June 2021 priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Since March 2022 two further locations have weekly Implant lists. Performance has improved over the last quarter but is still below target as services are not open in all locations.
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. However increased capacity in existing sites means number of insertion target has been achieved.

OFFICIAL

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, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase during 2022.

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	2 working days	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NE		5 (R)	NA	1 (G)	1 (G)	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)
NW		2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	2 (G)
S		5 (R)	NA	NA	NA	NA	NA	NA	NA	NA
NHSGGC		3	1	1	1	1	1	2	1	2

Performance Trend
Performance remains GREEN in all localities and city and Board wide. 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. Back to Summary

OFFICIAL

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			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	13-15	4	6 (R)	2 (R)	7 (R)	4 (R)	5 (R)	6 (R)	2 (R)	4 (G)	6 (G)
NHSGGC		13	13 (R)	3 (R)	12 (R)	14 (R)	11 (R)	14 (R)	8 (R)	11 (R)	9 (R)
City	16-17	27	16 (R)	3 (R)	18 (R)	16 (R)	27 (R)	23 (R)	29 (G)	18 (R)	14 (R)
NHSGGC		49	38 (R)	4 (R)	29 (R)	30 (R)	37 (R)	39 (R)	47 (G)	34 (R)	28 (R)

Female

Area	Age	Target	19/20	20/21				21/22			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	13-15	75	71 (R)	21 (R)	36 (R)	40 (R)	43 (R)	68 (R)	61 (R)	51 (R)	46 (R)
NHSGGC		143	145 (R)	37 (R)	87 (R)	95 (R)	87 (R)	129 (R)	118 (R)	109 (R)	107 (R)
City	16-17	195	192 (R)	69 (R)	136 (R)	149 (R)	137 (R)	180 (R)	172 (R)	143 (R)	146 (R)
NHSGGC		358	384 (R)	132 (R)	246 (R)	280 (R)	256 (R)	343 (R)	314 (R)	266 (R)	278 (R)

Performance Trend

Performance varies between age groups and over time. Only 13-15 year old males target has been met. Targets have been adjusted downwards across all age groups for 2021/22.

Issues Affecting Performance

The service is currently seeing Young People across 5 sites but face to face care remains limited.

Actions to Improve Performance

As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided over the coming months in increasing number of locations. This is ongoing and based on available accommodations and changes to COVID restrictions.

Timescales for Improvement

With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise to pre-2020 levels.

[Back to Summary](#)

OFFICIAL

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	19/20	2020/21				2021/22			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5 working days	6 (R)	2 (G)	0 (G)	0 (G)	0 (G)	0 (G)	1 (G)	0 (G)	0 (G)

Performance Trend
Performance remained GREEN in the last quarter. Back to Summary

ALCOHOL AND DRUGS

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

Locality	Target	2019/20		2020/21				2021/22		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	90%	98% (G)	98% (G)	98% (G)	99% (G)	98% (G)	99% (G)	95% (G)	92% (G)	94% (G)
North East		99% (G)	98% (G)	94% (G)	100% (G)	99% (G)	99% (G)	Locality information is no longer available for this indicator		
North West		100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)			
South		93% (G)	90% (G)	96% (G)	99% (G)	99% (G)	97% (G)			
Performance Trend										
Public Health Scotland (PHS) published Waiting Times figures during Q4 for Quarters 1-3 of 21/22 following a delay caused by data quality issues with the new Drug and Alcohol Information System (DAISy). DAISy is the national database developed to collect drug and alcohol referral, waiting times and outcome information from staff delivering specialist drug and alcohol interventions.										
The Glasgow City ADP figure exceeded the 90% target in Quarters 1, 2 and 3. A breakdown by locality is no longer available for this indicator from PHS.										
Back to Summary										

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	75%	77% (G)	80% (G)	67% (R)	76% (G)	57% (R)	67% (R)	40% (R)	33% (R)	55% (R)	
North East		88% (G)	86% (G)	62% (R)	78% (G)	78% (G)	83% (G)	20% (R)	40% (R)	67% (R)	
North West		33% (R)	59% (R)	75% (G)	50% (R)	33% (R)	0% (R)	0% (R)	0% (R)	N/A	
South		61% (R)	80% (G)	67% (R)	90% (G)	0% (R)	67% (R)	100% (G)	0% (R)	33% (R)	

Performance Trend

The number of Parental Assessment forms completed on careFirst during Q4 remained very low (see table below) with a total of 11 forms completed across the city over the 3-month period. These low numbers continue to cause significant fluctuation in performance between quarters. During Q4 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 2018-2022 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	21/22 Q4
City	71	95	33	33	30	12	10	9	11
NE	49	71	21	18	18	6	5	5	6
NW	6	17	4	4	9	2	2	1	0
South	13	5	6	10	3	3	2	2	3
Other	3	2	2	1	0	1	1	1	2

Issues Affecting Performance

The service has not been offering routine appointments to service users and has instead been responding to crisis and prescription management. Remobilisation should support a more planned approach to assessments. Supervision has been affected and again Team Leaders have been advised to agree supervision dates for the remainder of the year, which will include a review of caseloads and particularly parents. Staff vacancies and

OFFICIAL

sickness continue to impact on capacity ensure all cases are allocated, although parents should be prioritised.

Actions to Improve Performance

As the service begins to remobilise, all service users will be offered appointments or home visits and staff will be reminded of the need to undertake parental assessments. The functionality of the eform has yet to be amended due to a need to prioritise Daisy, however there is a regular ADRS ICT meeting and Parental Assessments will be added as a standing agenda item to review the outputs regularly. Audit activity will re-commence as Team Leaders return to office based roles and parental assessments will be included.

Timescales for Improvement

Remobilisation is due to begin and it is expected that there should be a significant improvement in assessment completion from August 2022.

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	70%	82% (G)	83% (G)	82% (G)	80% (G)	74% (G)	67% (A)	60% (R)	55% (R)	51% (R)
North East		84% (G)	86% (G)	83% (G)	82% (G)	77% (G)	70% (G)	66% (R)	63% (R)	60% (R)
North West		87% (G)	89% (G)	88% (G)	85% (G)	76% (G)	67% (A)	60% (R)	54% (R)	48% (R)
South		79% (G)	79% (G)	78% (G)	77% (G)	73% (G)	68% (A)	58% (R)	51% (R)	48% (R)

Performance Trend

There was a further drop in performance during Q4 - all localities remain below target and RED.

Issues Affecting Performance

Staff vacancies and sickness absence continue to have a significant impact on performance, and there has been limited face to face contact with service users who are not high risk or in crisis. Whilst the staffing levels continue to impact on caseload management and assessments, the remobilisation of service includes the need to have face to face contact with all service users to review care plans.

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 with a number of workstreams developed. We await confirmation of SG funding to recruit to additional staffing in order to reduce caseloads and provide capacity to undertake recovery planning.

All staff will be advised to update recovery plans following planned contact with service users over the coming months as remobilisation of service progresses and all service users should be offered an opportunity to meet with their worker to review care plans and recovery plans.

Timescales for Improvement

Recovery planning should become more routine for staff over the next three months in line with remobilisation plans, and a significant improvement in performance is expected.

However, whilst unallocated caseloads are covered for essential and urgent care requirements only, it is likely that there will remain an under achievement of the target completion of recovery plans. Once funding is confirmed, the service will progress with recruitment.

[Back to Summary](#)

Other Annually Reported Indicators - See Appendix 1, Section 2

9. Number of drug related deaths

10. Number of alcohol related deaths

OFFICIAL

OFFICIAL

HOMELESSNESS

Indicator	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
Purpose	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP 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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	95%	97% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	
North East		96% (G)	99% (G)	100% (G)	98% (G)	98% (G)	99% (G)	97% (G)	100% (G)	100% (G)	
North West		97% (G)	98% (G)	98% (G)	98% (G)	100% (G)	98% (G)	99% (G)	100% (G)	99% (G)	
South		97% (G)	100% (G)	100% (G)	99% (G)	100% (G)	100% (G)	99% (G)	99% (G)	98% (G)	
Asylum & Refugee Team (ARST)		98% (G)	98% (G)	100% (G)	99% (G)	100% (G)	100% (G)	97% (G)	100% (G)	100% (G)	
Performance Trend											
Performance was maintained during Q4 with all localities and teams remaining above target (GREEN). Total decisions made during Q4 was 1,265; 10 (1%) were outwith timescale.											
Back to Summary											

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	<40%	43% (R)	50% (R)	55% (R)	51% (R)	44% (R)	39% (G)	43% (R)	48% (R)	48% (R)	
North East		45% (R)	47% (R)	50% (R)	50% (R)	42% (R)	39% (G)	41% (G)	46% (R)	45% (R)	
North West		41% (G)	46% (R)	49% (R)	42% (R)	43% (R)	40% (G)	43% (R)	50% (R)	51% (R)	
South		44% (R)	47% (R)	51% (R)	48% (R)	45% (R)	37% (G)	40% (G)	43% (R)	44% (R)	
Asylum & Refugee Team (ARST)		38% (G)	64% (R)	90% (R)	73% (R)	45% (R)	40% (G)	51% (R)	61% (R)	61% (R)	

Performance Trend

Performance remained static during Q4 with all Teams and localities outwith the target range (<40%) and RED.

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	Q4
1,376	1,540	1,582	1,922	1,979	1,781	1,641	1,609

Issues Affecting Performance

The year-on-year increase in the number of households seeking homelessness assistance, (6,420 yr. 2020/21 to 7,010 yr. 2021/22) aligned to the relative shortfall in the supply of settled lets is having a detrimental impact on this area of performance.

OFFICIAL

In addition, 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.

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 roll out of the matching pilot and continue to improve resettlement timescales are now in post. The matching pilot with the Wheatley Group is now being managed across the three Community Homelessness Services. Work is also ongoing to extend the approach incrementally across the City.

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 Q3 2022/23.

[Back to Summary](#)

OFFICIAL

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	Total 19/20	2020/21				Total 20/21	21/22				Total 21/22
		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
21/22 5,000 per annum (1,250 per quarter)	3,774 (R)	829 (R)	800 (R)	1,041 (R)	1,291 (G)	3,961 (R)	1,332 (G)	1,136* (R)	1,051 (R)	1,156 (R)	4,675 (R)

**Q2 figure (1,031) was amended by Team to 1,136.*

Performance Trend
Performance improved slightly between Q3 and Q4 however neither the pro-rata quarterly target of 1,250 settlement plans nor the annual target for 21/22 were met.
Issues Affecting Performance
The service has continued to see increased demand for homelessness services through Q4 2021/22 which had an impact on the number of resettlement plans completed during the quarter. Despite these challenges the service completed 1,156 new resettlement plans during Q4 2021/22.
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. There are currently 2,664 resettlement plans completed awaiting an offer of settled accommodation. This is 65.8% of the full duty caseload. 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 Q2 2021/22. The service currently has 2,572 resettlement plans completed for homeless households awaiting an offer of settled accommodation. Back to Summary

OFFICIAL

OFFICIAL

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	Q4
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)	45 Wks (R)

Performance Trend
New indicator from 2020/21.
Performance did not meet target (RED) during Q4 with the average number of weeks increasing by 4 since Q3.
Issues Affecting Performance
In March 2022, 7% of the total cases closed had a registration date of over two years. If these cases were removed, the average case duration would be 28 weeks for all cases closed during March 2022.
Given that the measure is taken at case closure, work to prioritise rehousing by date of case registration, 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. As the service continues to expand the matching process

OFFICIAL

OFFICIAL

and focuses on resettling homeless households in registration date order, we will continue to see increases in the numbers of weeks to resettle homeless households.

Timescales for Improvement

As we continue to see an increase in the number of settled lets made to homeless households and a focus on the resettlement of longer-term cases, a reduction to the average number of weeks from assessment decision to settled accommodation should be seen through Q4 2022/23.

[Back to Summary](#)

OFFICIAL

Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months.
Purpose	This indicator reports on the number of “Repeats” 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				Full Year Total 21/22
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
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)	121 (G)	526 (R)

Performance Trend

During Q4 there was further slight improvement with the number of Repeats moving from AMBER to GREEN, however the overall annual figure was outwith the target range and RED.

Additional Information: Breakdown of “reassessment/repeat” figures

Analysis of the 121 households reassessed during Q4 shows:

- 21 households presented Out of Hours.
- 75 Households received temporary accommodation; 20 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 a continual reduction through 2021/22 in the number of households making repeat homelessness presentations, as the actions were taken to address performance in this area to ensure the monitoring and tracking of repeat homeless presentations. Q4 saw the service meeting target for this area of performance.

Actions to Improve Performance

The service undertook an audit of the repeat cases to gain an improved understanding of the drivers for the increase during Q2 2021/22.

The service identified 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 & Q4 of 2021/22. An action plan was developed to support continued improvements in this area. The service will continue to monitor performance in this area.

Timescales for Improvement

Ongoing.

[Back to Summary](#)

OFFICIAL

OFFICIAL

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	Q4
City	100%	71% (R)	65% (R)	99% (G)	99% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

Performance Trend

Performance remained on target (GREEN) during the fourth quarter of 21/22.

[Back to Summary](#)

OFFICIAL

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	Q4
City	600 over 5 years from 2019/20.	Number created during quarter	0	19	25	32	22	17	12	10
	Q2 target is 240. 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)	256 (R)

Performance Trend

Target revised to 280 Housing First tenancies by end Q4 2021/22.

At year end the revised target of 280 Housing First tenancies was not met (RED).

Issues Affecting Performance

The service experienced challenges in relation to the provision of support to Housing First tenants that impacted the ability to secure settled lets during 2021/22.

During 2021/22 the service secured 61 Housing First tenancies. This figure continues to be the highest number of Housing First tenancies for any Local Authority area in Scotland.

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 continues to work 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 Q2 of 2022/23.

[Back to Summary](#)

OFFICIAL

OFFICIAL

Indicator	8. Number of Households in Bed & Breakfast Accommodation
Purpose	The R RTP 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	Q4
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 or less	496 (R)	573 (R)	439 (R)	344 (G)	286 (G)	389 (R)	369 (R)	414 (R)

Performance Trend

New indicator from 2020/21.

During Q4 this indicator remained RED with a 12% increase 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	Q4
22 days	21 days	25 days	25 days

Issues Affecting Performance

The service has seen an increase in demand for emergency accommodation through Q4. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty.

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. To this end, during 2021/22 the HSCP secured 3,305 settled lets for homeless households.

OFFICIAL

OFFICIAL

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 has been 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 Q2 of 2022/23.

[Back to Summary](#)

OFFICIAL

Indicator	9. Number of Temporary Furnished Flats
Purpose	The R RTP 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)

Target	20/21				21/22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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)	2,350 (R)
Performance Trend								
New indicator from 20/21. There was little change in the number of temporary furnished flats (TFFs) between Q3 and Q4.								
Issues Affecting Performance								
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.								
Actions to Improve Performance								
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.								

OFFICIAL

OFFICIAL

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 Q2 2022/23, this will set out revised targets for our TFF provision.

[Back to Summary](#)

OFFICIAL

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP 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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	80%	76% (R)	19% (R)	70% (R)	73% (R)	76% (R)	77% (A)	86% (G)	81% (G)	87% (G)	
North East		82% (G)	22% (R)	72% (R)	73% (R)	81% (G)	72% (R)	76% (R)	80% (G)	94% (G)	
North West		70% (R)	22% (R)	62% (R)	69% (R)	71% (R)	78% (A)	93% (G)	83% (G)	80% (G)	
South		75% (R)	17% (R)	74% (R)	78% (A)	75% (R)	81% (G)	89% (G)	82% (G)	87% (G)	
Performance Trend											
During Q4 performance met target (GREEN) across all localities.											
In Q4 402 CPOs were made; an increase of just over 5% from the Q3 figure of 382.											
Back to Summary											

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	85%	85% (G)	71% (R)	80% (R)	86% (G)	85% (G)	83% (G)	85% (G)	83% (G)	93% (G)	
North East		79% (R)	67% (R)	80% (R)	79% (R)	80% (R)	78% (R)	84% (G)	72% (R)	91% (G)	
North West		87% (G)	75% (R)	82% (A)	91% (G)	87% (G)	85% (G)	88% (G)	86% (G)	92% (G)	
South		87% (G)	67% (R)	78% (R)	86% (G)	88% (G)	88% (G)	83% (G)	89% (G)	93% (G)	
Performance Trend											
During Q4 the target for Case Management Plans was exceeded (GREEN) in all localities; North East moved from RED to GREEN with an increase of 19 percentage points over the last quarter.											
Back to Summary											

OFFICIAL

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	75%	87% (G)	86% (G)	83% (G)	84% (G)	87% (G)	83% (G)	85% (G)	86% (G)	86% (G)	
North East		79% (G)	72% (A)	67% (R)	74% (G)	88% (G)	75% (G)	80% (G)	81% (G)	84% (G)	
North West		90% (G)	91% (G)	85% (G)	97% (G)	92% (G)	91% (G)	97% (G)	91% (G)	89% (G)	
South		91% (G)	92% (G)	100% (G)	83% (G)	82% (G)	81% (G)	81% (G)	86% (G)	85% (G)	
Performance Trend											
During Q4 the city and localities continued to exceed target (GREEN).											
Back to Summary											

OFFICIAL

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	70%	66% (R)	63% (R)	73% (G)	89% (G)	65% (R)	70% (G)	70% (G)	75% (G)	80% (G)
North East		61% (R)	70% (G)	78% (G)	73% (G)	50% (R)	68% (A)	74% (G)	82% (G)	84% (G)
North West		67% (A)	59% (R)	69% (G)	100% (G)	58% (R)	61% (R)	64% (R)	66% (R)	80% (G)
South		73% (G)	64% (R)	73% (G)	100% (G)	83% (G)	80% (G)	70% (G)	75% (G)	76% (G)
Performance Trend										
Performance improved in all localities during Q4 with North West moving from RED to GREEN over this period due to standardising recording for this indicator across city. Excluding breaches from the figures gives the following: NE 86%, NW 86% and South 81% (City 85%). Back to Summary										

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	80%	77% (A)	70% (R)	85% (G)	75% (R)	76% (R)	81% (G)	79% (G)	81% (G)	77% (A)	
North East		77% (A)	64% (R)	90% (G)	75% (R)	78% (A)	84% (G)	82% (G)	81% (G)	77% (A)	
North West		75% (R)	72% (R)	83% (G)	79% (G)	74% (R)	81% (G)	80% (G)	81% (G)	79% (G)	
South		79% (G)	71% (R)	82% (G)	71% (R)	75% (R)	77% (A)	77% (A)	81% (G)	74% (R)	

Performance Trend

During Q4 performance slipped at city and locality level with performance in the city and North East moving from GREEN to AMBER, and in the South moving from GREEN to RED. Performance remained GREEN in North West.

Issues Affecting Performance

The Omicron covid variant has had a significant impact on the availability of service users to attend for court report interviews and staff sickness through January and February 2022. We are now seeing a more stable position regarding covid and do not anticipate the same pressures in Q2.

Actions to Improve Performance

This indicator will continue to be monitored closely through local and citywide performance meetings.

Timescales for Improvement

We are now seeing a more stable position regarding covid and do not anticipate the same pressures in Q2.

[Back to Summary](#)

OFFICIAL

OFFICIAL

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 Licences.
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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	90%	100% (G)	95% (G)	97% (G)	81% (R)	81% (R)	88% (G)	94% (G)	96% (G)	90% (G)
North East		100% (G)	100% (G)	92% (G)	85% (R)	80% (R)	60% (R)	100% (G)	100% (G)	100% (G)
North West		100% (G)	80% (R)	100% (G)	78% (R)	83% (R)	80% (R)	92% (G)	90% (G)	88% (G)
South		100% (G)	100% (G)	100% (G)	75% (R)	80% (R)	100% (G)	89% (G)	100% (G)	82% (R)

Performance Trend

During Q4 performance at city level decreased although it remained GREEN. In South performance fell significantly by 18 percentage points moving from GREEN to RED.

This indicator relates to a small number of cases who did not attend their first appointment. Citywide there were 4 cases where individuals were detained immediately following release or failed to attend on the day of release. Again, we would like to highlight the challenges in meeting the target of 90% consistently as the number of those released on throughcare licences are small. The overall percentage can be impacted by a small number, on this occasion 4 cases, not presenting for their first appointment for reasons out with our control.

[Back to Summary](#)

OFFICIAL

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)	1615 (G)	7749 (G)
NE	1636	409	1070 (R)	0 (R)	13 (R)	120 (R)	107 (R)	254 (R)	42 (R)	132 (R)	173 (R)	4 (R)	351 (R)
NW	1585	397	934 (R)	0 (R)	63 (R)	46 (R)	35 (R)	165 (R)	43 (R)	48 (R)	86 (R)	44 (R)	221 (R)
S	1845	461	651 (R)	3 (R)	23 (R)	25 (R)	16 (R)	72 (R)	26 (R)	23 (R)	43 (R)	1 (R)	93 (R)
City Wide (Non sector specific)			1739	72	216	1763	1727	3778	1836	2049	1633	1566	7084

Performance Trend

Performance remains GREEN at year-end with both the quarterly and Annual targets being met. There was 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.

[Back to Summary](#)

OFFICIAL

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 Cumulative Totals			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	1217	1389 (G)	257 (R)	614 (G)	903 (G)	1280 (G)	387 (G)	670 (G)	921 (G)	
NE	478	516 (G)	95 (R)	228 (A)	336 (A)	459 (A)	146 (G)	243 (G)	347 (G)	
NW	385	422 (G)	83 (R)	203 (G)	298 (G)	442 (G)	124 (G)	212 (G)	281 (G)	
S	352	451 (G)	79 (R)	183 (G)	269 (G)	379 (G)	117 (G)	215 (G)	293 (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 Q3. This indicator is reported in arrears. Back to Summary

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	12%	9.8% (G)	10.4% (G)	9.6% (G)	10.0% (G)	8.2% (G)	9.7% (G)	10.6% (G)	9.3% (G)	9.5% (G)	
North East		10.1%	12.7%	11.1%	13.2%	10.6%	12.9%	11.6%	12.0%	12.1%	
North West		8.6%	7.8%	8.5%	8.4%	6.3%	7.0%	9.4%	8.5%	8.3%	
South		10.4%	10.8%	9.5%	9.1%	7.9%	9.5%	10.7%	8%	8.6%	

Performance Trend

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

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	17%	14.6% (G)	15.0% (G)	14.7% (G)	15.4% (G)	12.4% (G)	14.8% (G)	15.3% (G)	14.5% (G)	16.7% (G)	
North East		14.2%	15.2%	14.9%	18.3%	14.0%	16.1%	15.4%	16.8%	15.3%	
North West		13.7%	12.6%	15.1%	13.5%	10.9%	12.9%	14.3%	14.5%	15.5%	
South		15.7%	16.4%	14.2%	14.2%	11.9%	14.9%	15.9%	12.1%	15.9%	

*Provisional

Performance Trend
Performance at a city level remains GREEN although rates increased in the last quarter at city level and in the North West and South. North East rates decreased. Back to Summary

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	33% (end 21/22)	31.7 (G)	28.2 (R)	30.4 (R)	31.5 (G)	29.6 (R)	30.2 (A)	30 (R)	28.3 (R)	28.3 (R)
North East		25.1	24.1	24.6	22.5	21.3	23.6	22.1	17.9	17.2
North West		36.7	33.1	35.8	37.7	38.3	37.1	34.3	33.5	33.8
South		33.2	27.6	31	33.4	29.5	29.7	32.5	31.9	32.2

Performance Trend

Performance remained RED at a city level. 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.

Issues Affecting Performance

The Board Infant Feeding Team currently have a 0.8 wte vacancy which has had an impact on their capacity. With a view to reducing the BF attrition rate, the team have managed to maintain the clinic appointments at present with 12 appointments being offered per week to mothers and babies experiencing feeding issues in spite of staff shortages. There continues to be occasional connection issues with Attend Anywhere and some contacts have been by phone calls only.

In local communities, Two face to face Breastfeeding groups in Glasgow City are back up and running on a weekly basis. This follows having to reclose due to increasing Omicron numbers within the community. Currently on average approx. 10 mums attending weekly to one group and between 2 and 5 weekly for the other group. The remobilisation of the HV led groups has been delayed due to capacity and current GGC Covid restrictions. However, SBARs are under development to support planning and processes to re-establish these as soon as is possible within current safety considerations. Online support groups as well as 1-1 and Attend Anywhere appointments continue to be offered, uptake remains variable via these platforms but

OFFICIAL

as the weather improves walk and talk groups will also be considered as a way of providing support to families.

As previously, Midwifery and Health Visiting team capacity continues to be impacted because of vacancies and absence, however, teams continue to support mothers and also contribute to UNICEF processes as far as capacity allows.

Actions to Improve Performance

The Breastfeeding Problem-Solving Clinic continues to offer a blended approach to support offered 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 still to increase the number of face-to-face appointments as appropriate other venues are secured. A model of a blended approach will continue as there are advantages to the Attend Anywhere system which include ease and speed of access. There has also been the possibility of offering a joint call/contact with mums via Attend Anywhere whilst the Health Visitor is carrying out her home visit and this has resulted in greater satisfaction for the patient.

The face-to-face clinic has allowed staff to begin shadowing appointments to build their knowledge and skills. There has recently been both student HVs and a Local GP shadow at the clinic.

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 has now completed and submitted their UNICEF annual reports in the first quarter of 2022. NE Glasgow has recently been revalidated in Feb 2022 and South and NW Glasgow await feedback.

The extension to the telephone breastfeeding peer support pilot in Glasgow city continues currently until March 2023. There are plans to continue to target the recruitment of peer volunteers from our diverse communities going forward as well as trying to increase uptake of mums from these communities. We will continue to work with the Scottish Government QI team to utilise Quality Improvement approaches to improve uptake of this service. Since the service started in April 21 this service has supported around 125-130 mums. We are working closely with the Breastfeeding Network to continue to increase uptake of the service.

NCT has been permitted to recommence the provision of breastfeeding support on postnatal wards across the GGC (QEUH, PRM, RAH). This is currently funded by Scottish Government and the first peers restarted in the wards last week with plans for more to have their inductions this week which will allow them to begin offering support. Breastfeeding Network have also requested to provide support in the postnatal wards alongside NCT and this is also now being implemented. We have agreement from NCT that they will highlight local 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, has continued to fund peer support service during 2022/23. The support provided by Breastfeeding Network 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. The SBAR underdevelopment will allow provision of more face-to-face support as guidance allows. The plan is that the support provided by BFN will expand to include antenatal sessions and further face-to-face infant feeding groups.

Further stock of electric breast pumps and breast pump accessories have now been purchased to allow the Breast Pump Loan Scheme in the city to continue to assist families to provide breastmilk to their babies as part of problem solving and support for continued breastfeeding.

OFFICIAL

Local breastfeeding mums' video/audio stories have been completed and used on the GGC website as well as used on our social media platforms. These will also be used 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 are progressing well. Since Dec 21, Glasgow City Council community venues in the city have been updated and the transfer of Libraries to the new scheme is progressing. Dates to offer some museums and community venues have been set. Plans continue for the rollout of the BFS scheme to wider organisations and businesses to support normalising breastfeeding.

Timescales for Improvement

Processes to recommence Peer support provision in maternity units now commenced. Face-to-face groups restarting by Aug 2022. Telephone support pilot continued until end March 2023. Peer support/Mum2Mum recruitment and further courses will take place by November 2022.

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	24.4% (end 21/22)	24.8% (G)	18.9% (R)	22.4% (A)	21.8% (R)	21.9% (R)	21.2% (R)	20.7% (R)	20.9% (R)	20.1% (R)	
North East		23.8%	21.4%	21.6%	19.6%	18.5%	20.1%	19.0%	17.2%	17.1%	
North West		22.4%	20.1%	25.8%	20.8%	24.6%	25.3%	22.2%	19.5%	20.9%	
South		27.7%	15.9%	20.5%	25.3%	23.4%	19.1%	21.5%	25.6	22.9%	
Performance Trend											
Performance remained RED in the last quarter, decreasing slightly at a city level and in the North East and South (while increasing in the other areas). 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.											
Issues Affecting Performance											
As per KPI 5 above. 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 and local Peer Support antenatal session online.											
Actions to Improve Performance											
See KPI 5 above. Met with Family Nurse Partnership Supervisor to discuss partnership work at the Young Parents' Support Base at Smithycroft High School. Work has progressed and now undertaking consultation with young parents re delivery of 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 keen to support input.											
Timescales for Improvement											
See KPI 5 above. Feedback meeting with FNP end of March 22. Back to Summary											

OFFICIAL

OFFICIAL

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)	23.5 (G)
NE	39.9%	37.7%	24.8%	27.2 %	29.3%	27.0	31.8	31.8	30.8	30.7
NW	27.2%	25.6%	19.7%	23.9 %	20.2%	24.6	21.3	21.2	20.1	21.2
S	31.3%	29.5%	23.8%	26.1 %	23.5%	25.3	27.7	26.1	23.2	21.4

Performance Trend

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.

[Back to Summary](#)

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

OFFICIAL

HUMAN RESOURCES

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

		19/20	2020/21					2021/22				
Locality	Target	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
Grand Total	4%	6.37 (R)	5.55 (R)	6.07 (R)	5.79 (R)	5.1 (R)	6.41 (R)	7.64 (R)	6.83 (R)	5.48 (R)	6.17 (R)	6.39 (R)
Adult Services		6.7 (R)	6.8 (R)	6.91 (R)	6.5 (R)	5.16 (R)	6.21 (R)	8.43 (R)	7.23 (R)	5.82 (R)	6.57 (R)	6.60 (R)
Children's Services		5.6 (R)	4.2 (R)	3.4 (G)	4.9 (R)	4.58 (R)	6.76 (R)	7.95 (R)	5.77 (R)	4.31 (R)	5.26 (R)	5.82 (R)
Clinical Director		7.3 (R)	2.0 (G)	1.0 (G)	2.5 (G)	0 (G)	0.38 (G)	0.90 (G)	4.15 (R)	0.33 (G)	1.14 (G)	2.82 (G)
Health Improvement		3.9 (G)	1.8 (G)	2.2 (G)	3.3 (G)	5.06 (R)	5.21 (R)	5.40 (R)	2.91 (G)	1.61 (G)	3.0 (G)	4.24 (R)
Older People		7.4 (R)	5.8 (R)	6.0 (R)	6.0 (R)	6.14 (R)	6.94 (R)	8.22 (R)	8.54 (R)	6.94 (R)	7.39 (R)	7.37 (R)
Resources		4.8 (R)	2.1 (G)	2.3 (G)	4.6 (R)	4.34 (R)	5.2 (R)	3.81 (G)	3.6 (G)	3.50 (G)	3.59 (G)	5.42 (R)
Public Protection and Complex Care		8.1 (R)	5.3 (R)	8.9 (R)	7.9 (R)	5.37 (R)	8.38 (R)	5.07 (R)	4.48 (R)	6.34 (R)	6.68 (R)	5.04 (R)

Performance Trend

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

Issues Affecting Performance

There is a decreased level of sickness absence this quarter, although almost all areas remain above the 4% target. Long term absence continues to be at a higher level than short term absence, in keeping with established trend. It is noted that Older People's Services has a higher level of sickness absence, while Adult services and Children's services have decreased overall compared to the previous quarter. There remains a trend of high levels of absence in areas with inpatient services.

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

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

OFFICIAL

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
Back to Summary

OFFICIAL

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

ADL Target (10.2 per year/0.2 per week)	2020/21				2021/22			
	P11	P12	P13	Annual Total	P11	P12	P13	Annual Total
	0.8	0.8	1.2	10.2	0.8	0.8	1.2	10.2
Glasgow	1.4 (R)	1.4 (R)	2.1 (R)	15.9 (R)	1.6 (R)	1.5 (R)	2.6 (R)	19.6 (R)
Resources	0.8 (G)	0.9 (R)	1.1 (G)	10.4 (G)	0.7 (G)	0.9 (R)	1.4 (R)	10.7 (A)
Adult Services	0.7 (G)	0.9 (R)	1.5 (R)	10.4 (G)	1.7 (R)	1.4 (R)	2.9 (R)	19.6 (R)
Public Protection & Complex Care	0.5 (G)	0.6 (G)	1.1 (G)	7.0 (G)	1.0 (R)	0.9 (R)	1.9 (R)	11.3 (R)
Children's Services	1.5 (R)	0.9 (R)	1.5 (R)	10.8 (R)	1.3 (R)	1.2 (R)	2.6 (R)	15.7 (R)
Older People's Services	1.5 (R)	0.9 (R)	1.5 (R)	11.5 (R)	1.2 (R)	1.0 (R)	2.0 (R)	17.6 (R)
Care Services	2.0 (R)	1.9 (R)	2.8 (R)	21.2 (R)	1.9 (R)	1.8 (R)	3.1 (R)	24.4 (R)

Performance Trend

Overall absence performance covering Period 12-13 for GHSCP is consistently showing an increase in Average Days Lost (ADL) compared to the same period in 2020/21. All service areas above target, with Adult Services and Care Services the highest. The overall totals for 21/22 are also higher than for 20/21 across all service areas

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. [Back to Summary](#)

OFFICIAL

OFFICIAL

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					
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
Glasgow	80%	41 (R)	35.6 (R)	34 (R)	29.3 (R)	25.7 (R)	28 (R)	27.8 (R)	30 (R)	29.6 (R)	29.8 (R)	29.9 (R)
HSCP Central		32.8 (R)	35.6 (R)	35.5 (R)	33 (R)	29.3 (R)	32.9 (R)	29 (R)	26 (R)	27.8 (R)	27.3 (R)	26.4 (R)
North East		45.8 (R)	37.1 (R)	38.3 (R)	31.2 (R)	26.5 (R)	30.8 (R)	30 (R)	35 (R)	34.5 (R)	34.5 (R)	34.8 (R)
North West		36.6 (R)	31.5 (R)	29.7 (R)	25 (R)	20.5 (R)	18.9 (R)	20 (R)	25 (R)	23.7 (R)	23.9 (R)	24.8 (R)
South		35.4 (R)	38.6 (R)	34 (R)	30.5 (R)	28.7 (R)	31.9 (R)	32 (R)	32 (R)	31.3 (R)	31.3 (R)	30.8 (R)
Mental Health Central		31.3 (R)	22.8 (R)	30.3 (R)	28.5 (R)	26.9 (R)	29.7 (R)	22 (R)	30 (R)	29.8 (R)	29.8 (R)	30.9 (R)

Performance Trend

Performance has improved at a city level since September but remains RED across all areas. The NHSGGC figure for March 2022 was **43%** and the Partnership average was **36%** therefore we are **13.1%** points below the board wide average and **7.1%** points below the Partnership average.

Issues Affecting Performance

Covid19 has continued to have an impact and it is important that KSF processes recognise the difficulties faced in the last two years and is seen as an integral part of the support mechanisms in place for staff.

Actions to Improve Performance

- We have organised a series of awareness and support sessions for managers/reviewers to better navigate the TURAS platform with Learning & Education colleagues
- We are encouraging reviewers and staff to use the 3 standard questions on the review to look at how COVID-19 has impacted them and their service and consider options going forward
- We are looking at reviewers discussing and including "personal" supports for staff in the objectives/PDP components of TURAS so that they can be reviewed going forward and will support them to be able to have these conversations including on personal wellbeing.

OFFICIAL

OFFICIAL

Timescales for Improvement
Improvements sought in future quarters Back to Summary

OFFICIAL

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					
		Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
Glasgow	100%	20% (R)	67% (R)	67% (R)	44% (R)	58% (R)	44% (R)	49% (R)	44% (R)	44% (R)	50% (R)	60% (R)

Performance Trend
Performance increased between December and March but remains RED.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Actions to Improve Performance
Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored on a monthly basis to encourage improvement.
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
Back to Summary

OFFICIAL

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

Target	2019/ 20	2020/21				2021/22						
	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Jan 22	Feb 22	Mar 22
100%	20% (R)	50% (R)	50% (R)	9% (R)	29% (R)	62% (R)	43% (R)	69% (R)	59% (R)	47% (R)	58% (R)	52% (R)

Performance Trend
Performance decreased between December and March and remains RED.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Actions to Improve Performance
-Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored on a monthly basis to encourage improvement
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
Back to Summary

Other Annually Reported Indicators - See Appendix 1, Section 2

15. I-Matters Completion

BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1 st of April 2017.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory 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 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.
City	70%	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	95.1% (G) 162
North East		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	82.6% (G) 23
North West		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	85.7% (G) 21
South		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	100% (G) 12
Prisons		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	99% (G) 106

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP remained GREEN and performance improved at a city level over the last quarter. Performance also improved in all localities with the exception of the North East but all remain GREEN. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance

[Back to Summary](#)

OFFICIAL

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	Scottish Public Services Ombudsman (SPSO) Statutory 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 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.
City	70%	73% (G) 219	80% (G) 269	59% (R) 195	69% (G) 100	75% (G) 191	79% (G) 110	64% (R) 145	78% (G) 145	43.2% (R) 155
North East		100% (G) 12	89% (G) 19	33% (R) 12	54% (R) 13	100% (G) 3	100% (G) 2	83% (G) 6	100% (G) 2	100% (G) 1
North West		56% (R) 18	70% (G) 10	40% (R) 15	58% (R) 12	56% (R) 25	47% (R) 17	57% (R) 23	52% (R) 23	40% (R) 25
South		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	80% (G) 10
Prisons		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	37.8% (R) 119

Performance Trend

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

Issues Affecting Performance

Poor performance for the city as a whole is largely driven by poor performance in prison healthcare which, as can be seen from both of the above tables, accounts for the majority of health care complaints. Although overall numbers of complaints have fallen, there has been a slight increase in number of complaints subject to stage 2 of the complaints process. This increased pressure, coupled with acute staffing pressures (particularly in Low Moss which had the most complaints of the three prisons), has impacted the resource available for the formal investigation and response required at stage 2. Resolution of complaints at stage 1 has not been impacted. In North-West, there were a number of staff changes during the period Q2 and Q3 2021-22, specific to staff with responsibility for complaints handling. Key staff left in July and October 2021 and new staff were not recruited until November and trained in December with temporary cover in the interim period.

OFFICIAL

Actions to Improve Performance
For Prison Healthcare, the most effective action required to address performance is to address the underlying staffing pressures created by vacancy levels of up to 50% in some prisons and other staff pressures as a result Covid or other illnesses leading to absences.
Timescales for Improvement
For North-West performance should improve in Q4 as staff changes are complete. For Prison Healthcare, though the pressures of staff absence from Covid should recede as the general population recovers from the pandemic, the problem of staff vacancies is a longer-term issue, still extant at time of report. Marked performance improvement is not therefore anticipated until as late as 2022-23 Q3.
Back to Summary

OFFICIAL

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	Scottish Public Services Ombudsman (SPSO) Statutory 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
		% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of 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	74% (G) 121
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	71% (G) 17
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	64% (R) 11
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	45% (R) 22
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	100% (G) 10
Home care		N/A	N/A	N/A	N/A	N/A	N/A	81% (G) 53	77% (G) 61	51% (R) 55
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	100% (G) 6

Performance Trend

This indicator is reported **one quarter in arrears**. During Q3 performance at city level, in North East and Centre remained GREEN. Performance in South remained RED. Performance improved in the Homelessness Team moving from RED to GREEN during the reporting period while performance fell in North West and the Home Care Team both moving from GREEN to RED.

Performance in complaints handling for social work and social care has been impacted by staffing pressures as a result of staff absence (including due to Covid) and staff vacancies. These factors have impacted most heavily in South and home care, partly because these service areas have the largest number of complaints and partly because of particular staffing pressures in home care services. Performance should improve in line with measures taken to improve recruitment and retention and reduce impact of staff absence through illness, as well as the easing of such absences as the general population recovers from the pandemic.

[Back to Summary](#)

OFFICIAL

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	Scottish Public Services Ombudsman (SPSO) Statutory 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	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.	% <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	70% (G) 53

Performance Trend

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

Although performance fell by a further 8 percentage points during Q3 the 70% target continued to be met (GREEN).

[Back to Summary](#)

OFFICIAL

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	Scottish Public Services Ombudsman (SPSO) Statutory 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	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.	% <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	98% (G) 90

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to FOIs continued to meet target at Q3 (GREEN). Back to Summary

OFFICIAL

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	Scottish Public Services Ombudsman (SPSO) Statutory 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	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.	% <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	38% (R) 129

Performance Trend

This indicator is reported **one quarter in arrears**. Performance in relation to Subject Access Requests improved slightly between Q2 and Q3 but remained 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

OFFICIAL

more cases overall than were received but were never able, due to external constraints, to close 100% within legal deadlines.

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.

[Back to Summary](#)

OFFICIAL

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
		%	%	%	%	%	%	%	%	%	
		<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%	73% (R) 324	77% (A) 143	77% (A) 272	76% (R) 279	73% (R) 315	85% (G) 249	83% (G) 348	81% (G) 279	83% (G) 408	
North East		85% (G) 68	95% (G) 19	90% (G) 42	91% (G) 54	93% (G) 56	91% (G) 56	88% (G) 66	92% (G) 48	86% (G) 78	
North West		80% (G) 74	70% (R) 23	67% (R) 55	84% (G) 61	63% (R) 63	92% (G) 50	85% (G) 68	78% (A) 63	87% (G) 100	
South		81% (G) 63	67% (R) 24	69% (R) 64	75% (R) 56	77% (A) 57	79% (G) 57	90% (G) 106	82% (G) 90	75% (R) 100	
Centre		71% (R) 86	70% (R) 37	67% (R) 61	52% (R) 75	64% (R) 119	79% (G) 75	70% (R) 101	77% (A) 66	79% (G) 106	
Care Services (prev. Cordia)		27% (R) 33	85% (G) 40	98% (G) 50	97% (G) 33	90% (G) 20	100% (G) 11	100% (G) 7	75% (R) 12	100% (G) 24	

Performance Trend

During Q4 performance remained GREEN at city level and in North East. Performance moved from AMBER to GREEN in North West and Centre, while Care Services moved from RED to GREEN. Performance in South fell from GREEN to RED over the same period.

Following a decrease of 20% in the number of enquiries between Q2 and Q3, there was a 46% increase in the number of enquiries received during Q4.

[Back to Summary](#)

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%	87.2%	87.4%	89.4% (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% (G)		95.4%
	Scotland	95.7%	95.8%	96%	96.0%	96%		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. These will be updated for the 2022 Report

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	74.8% (G)	73.1% (G)	76.4% (G)	75% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). From national screening report last produced April 2022. Previous figures were 75.7 (City); 75.1 (NE); 74.8 (NW); 76.8 (S).
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22		100% (G)	96.08% (G)	98% (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 2021 were 100% (NE); 98.4% (NW); 100% (S). Next update due for Jan-Mar 2023 in June 2023.

OFFICIAL

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 for Sep 21. 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 for Sep 21. 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).

OFFICIAL

OFFICIAL

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. Last updated July 2021. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019)..
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 2022).

OFFICIAL

OFFICIAL

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. Next due Summer 2022.

OFFICIAL

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

OFFICIAL

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

OFFICIAL

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
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.

OFFICIAL