



**Item No. 9**

**Meeting Date: Wednesday 9<sup>th</sup> September 2020**

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

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**HSCP PERFORMANCE REPORT Q1 2020/21**

<b>Purpose of Report:</b>	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2020/21.
<b>Background/Engagement:</b>	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting, which would be attended by the relevant Service Leads.
<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <ul style="list-style-type: none"><li>a) note the attached performance report;</li><li>b) review and discuss performance with the Strategic Leads for i) Older People, Unscheduled Care and Carers and ii). Homelessness, in relation to these areas.</li></ul>
<b>Relevance to Integration Joint Board Strategic Plan:</b>	
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.	

## Implications for Health and Social Care Partnership:

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

## **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 1 2020/21.

## **2. Background**

- 2.1 These reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

## **3. Reporting Format**

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

## 4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods 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.
- 4.3 Performance for some KPIs have been affected by the response to Covid and explanations are provided in the report. In some cases, data has not been available as a result of changes to service delivery and this is also noted.

### ***Exceptions***

- 4.4 At Q1, 48 indicators were GREEN (42.8%); 58 RED (51.8%); 4 AMBER (3.6%); and 2 (1.8%); GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<b><i>Older People</i></b>	<b>Page</b>
<b>1. Home Care: Percentage of older people (65+) reviewed in the last 12 months</b>	<b>26</b>
<b>8. Intermediate Care : Percentage Occupancy</b>	<b>33</b>
<b>9. Intermediate Care: Average Length of stay (Days).</b>	<b>35</b>
<b>10. Percentage of intermediate care users transferred home</b>	<b>36</b>
<b>11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP</b>	<b>38</b>
13. Continence Service – Waiting Times	<b>41</b>
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<b>16. Falls rate per 1,000 population aged 65+</b>	<b>46</b>
<b><i>Unscheduled Care</i></b>	
<b>4. Number of Unscheduled Hospital Bed Days - Acute (18+)</b>	<b>51</b>
<b>7. Total Number of Acute Delays</b>	<b>54</b>
<b>9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).</b>	<b>56</b>

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<b>4. Access to CAMHS services - % seen with 18 weeks</b>	70
<b>5. % looked after &amp; accommodated children under 5 who have had a Permanency Review</b>	72
<b>7. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.</b>	74
<b>8. % of young people currently receiving an aftercare service who are known to be in employment, education or training.</b>	75
<b>9. Number of out of authority placements</b>	77
<b>Adult Mental Health</b>	
<b>1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - (NE&amp;S)</b>	80
<b>2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill and Gartnavel)</b>	82
<b>4. Total number of Adult Mental Health delays</b>	85
<b>Sexual Health (Sandyford)</b>	
<b>1 &amp; 2. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered and insertions.</b>	87
<b>3 &amp; 4. Number of vLARC Implant appointments offered and Implant insertions across all Sandyford locations</b>	89
<b>5. Average waiting times for access to Urgent Care appointments.</b>	90
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<b>Homelessness</b>	
<b>2. % of live homeless applications over 6 months duration at end of the quarter.</b>	98
<b>3. Number of new resettlement plans completed - total to end of quarter (citywide)</b>	100
<b>Criminal Justice</b>	
<b>1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence</b>	104
<b>2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.</b>	105
<b>4. Percentage of Unpaid Work (UPW) requirements completed within timescale.</b>	107
<b>5. Percentage of Criminal Justice Social Work Reports submitted to court</b>	109
<b>Health Improvement</b>	
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4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	125
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	126
<b>Business Processes</b>	
4. % of SW Complaints responded to within timescale (Stage 2)	130
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	132

### **Changes in RAG Status**

- 4.5 There has been a change in RAG status for 23 indicators since the last report. Of these, performance improved for 10 and declined for 13.

#### ***i. Performance Improved***

<b>A) RED TO GREEN</b>
<b>Unscheduled Care</b>
1. New Accident and Emergency (A&E) attendances (18+)
2. A&E Waits Less Than 4 Hours (%) – GRI & QEUEH
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
<b>Children's Services</b>
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 (aged 5-18)
<b>Sexual Health - Sandyford</b>
10. Waiting times for access to TOPAR appointments
<b>Homelessness</b>
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made
<b>Health Improvement</b>
5. Exclusive Breastfeeding at 6-8 weeks (general population)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).
<b>B) RED TO AMBER</b>
<b>Business Processes</b>
7. Percentage of elected member enquiries handled within 10 working days.

#### ***ii. Performance Declined***

<b>A) GREEN TO RED</b>
<b>Older People's Services</b>
14. Referrals to Telecare – Basic and Advanced
<b>Adult Mental Health</b>
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral(NW)
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill & Gartnavel)

<b><i>Sexual Health - Sandyford</i></b>
1 & 2 Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered and insertions.
<b><i>Criminal Justice</i></b>
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.
<b>C) AMBER TO RED</b>
<b><i>Children's Services</i></b>
1. Uptake of the Ready to Learn Assessments (S)
<b><i>Criminal Justice</i></b>
5. Percentage of Criminal Justice Social Work Reports submitted to court

## 5. Recommendations

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

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4;
- c) review and discuss performance with the Strategic Leads for i) Older People, Unscheduled Care and Carers and ii) Homelessness, in relation to these areas.



# **CORPORATE PERFORMANCE REPORT**

**QUARTER 1  
2020/21**







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## 1. PERFORMANCE SUMMARY









### 1. Key to the Report

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

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

## 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	9 (47.4%)	2 (10.5%)	7 (36.8%)	1 (5.3%)	11 (57.9%)	2 (10.5%)	5 (26.3%)	1 (5.3%)
Unscheduled Care	7 (80%)		3 (30%)		3 (30%)		7 (70%)	
Carers			2 (100%)				2 (100%)	
Primary Care	6 (54.5%)	1 (9.1%)	4 (36.4%)		6 (54.5%)	1 (9.1%)	4 (36.4%)	
Children's Services	8 (50%)	1 (6.2%)	7 (43.8%)		8 (50%)		8 (50%)	
Adult Mental Health	3 (70%)		7 (30%)		6 (60%)		4 (40%)	
Sandyford Sexual Health	8 (80%)		2 (20%)		9 (90%)		1 (10%)	
Alcohol & Drugs			3 (100%)				3 (100%)	










Homelessness	3 (60%)		2 (40%)		2 (40%)		3 (60%)	
Criminal Justice	2 (33.3%)	1 (16.7%)	3 (50%)		4 (66.7%)		2 (33.3%)	
Health Improvement	3 (42.9%)		3 (42.9%)	1 (14.2%)	1 (14.3%)		5 (71.4%)	1 (14.3%)
Human Resources	5 (100%)				5 (100%)			
Business Processes	4 (50%)		4 (50%)		3 (37.5%)	1 (12.5%)	4 (50%)	
<b>TOTAL</b> No. and (%)	<b>58</b> <b>(51.8%)</b>	<b>5</b> <b>(4.5%)</b>	<b>47</b> <b>(41.9%)</b>	<b>2</b> <b>(1.8%)</b>	<b>58</b> <b>(51.8%)</b>	<b>4</b> <b>(3.6%)</b>	<b>48</b> <b>(42.8%)</b>	<b>2</b> <b>(1.8%)</b>








## 2b. Performance at a Glance

The table below presents a summary of performance at a city-wide level for the performance measures contained within the body of this Combined Performance Report 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
<b>Older People</b>				
<b><i>Home Care, Day Care and Residential Services</i></b>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q1	70% 	▼
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q1 Period 4	77.3% (Hosp)  69.5% (Comm) 	Hosp ▲ Comm ▼
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q1 Period 4	36.4% 	►
4. Day Care (provided) – Review Rates (No data available for Q1 as day centres been closed)	95%	Q4	100% 	N/A
5. Provided Residential Care – Occupancy Rates	95%	Q1	91% 	►
6. Provided Residential Care – Review Rates (No data available for Q1 as these were not being undertaken)	95%	Q4	96% 	▲
















Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>ii. Commissioned Services</b>				
7. Number of people in Supported Living Services. (Awaiting confirmation of new target)	Target under review	Q1	769 	N/A
8. Intermediate Care: Percentage Occupancy.	90%	Jun 20	56% 	▼
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Jun 20	40 days 	▼
10. Intermediate Care: Percentage of users transferred home.	>30%	Jun 20	11% 	▼
<b>iii. HSCP Community Services</b>				
11. Number of community service led Anticipatory Care Plans in Place.	Conversations 800 p.a. Summaries 200 p.a.	Q1	Conversations 76  Summaries 17 	▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q1	2% 	▼
13. Continence Service – Waiting Times	100% within 12 weeks	Jun 20	All  Nursing (N) 83% Nursing (S) 64% Physio 24%	N/A
14.i Referrals to Telecare: Basic	2,750 per annum	Q1	468 	▼  to 
14.ii Referrals to Telecare: Advanced	1500 per annum	Q1	41 	▼  to 










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
15. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	May 20	11 	▲
16. Falls rate per 1,000 population aged 65+ (reported in arrears)	6.75 per quarter (27 total)	2019	28.5 	▲
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (18+)	153,791 for 19/20 (12,816/month)	Apr-May 2020	14.621 (7310 per month) 	▲ to 
2. A&E Waits Less Than 4 Hours (%)	95%	May 20	GRI – 95.5%  QEUH – 94.5% 	Both ▲ Both to 
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 for 19/20 (5552/month)	2019/20	63,331 (5277 per month) 	▲
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 for 19/20 (37,822/month)	2019/20	493,681 (41,140 per month) 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	33,260 for 19/20  (2772 per month)	Apr 19 – Dec 19	12,113 (1346 per month) 	▼
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 for 19/20 (15,114 per month)	2019/20	185,271 (15,439 per month) 	▼
7. Total number of Acute Delays	0	May 20	74 (Total) 34 (Non-AWI) 40 (AWI) 	Total ▲ Non-AWI ▲ AWI ►
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	39,919 for 19/20 (Monthly average 3776)	May 20	6530/ (3265 per month) 	▲  to 
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 19/20 (Monthly average 159)	Apr-May 20	1684 (842 per month) 	▼
























Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Carers</b>				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement (No data available for Q1 as these were not being undertaken)	1900 per annum	19/20	1932 	N/A
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for? (No data available for Q1 as these were not being completed)	70%	Q4	87% 	N/A
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q4 19/20	 77.49%	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Mar 20	 £153.46	▼
3i. Flu Immunisation Rates (over 65s)	75%	Oct 19 – Mar 20	72.2% 	▲
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Oct 19 – Mar 20	42.1% 	▲
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 19 – Mar 20	47.7% 	▲
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 19 – Mar 20	58.2% 	▲
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	65%	Oct 19 – Mar 20	50.5% 	▲

















Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Shingles Immunisation Rates (aged 70)	60%	Sep 19 – Jun 20	34.8% 	▲
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Jun 20	7% 	▼
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Feb 20	98.6% 	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Jun 20	98.5% 	▼
<b>Children's Services</b>				
1. Uptake of the Ready to Learn Assessments	95%	Jun 20	NE - 46%  NW - 54%  S - 65% 	All ▼ S  to 
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	May 20	NE - 94%  NW - 94%  S - 95% 	All ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	383 per quarter across city	Q1	678 	►
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Jun 20	29.5% 	▼
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%	Q1	66% 	▼











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	100%	Q1	100%(<5s)  100% (5-18) 	<5s ► 5-18 ▲ to  
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date ( <i>revised indicator</i> )	60%	Q4	41% 	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	65% 	▼
9. Number of out of authority placements	Reduction of 20 in 2019/20 to 31. Target for 20/21 TBC	Q1	42 	▲
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q4	93.2% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	96.5% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 20	NE 70.8% NW 50% South 77.1%	NE NW  to South
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	May 20	Stob 47.3 Lev 21.9 Gart 34.5	Lev Stob and Gart  Stob and Gart to
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	May 20	Stob 64.3% Gart 74.6% Lev 70.9%	All
4. Total number of Adult Mental Health delays	0	May 20	21 Total 17 (Non-AWI) 4 (AWI)	Total Non-AWI AWI
<b>Sandyford (Sexual Health)</b>				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q1	299	to
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q1	310	to









Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q1	156 	▼
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1888 per quarter	Q1	148 	▼
5. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q1	3 	▲
6&7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	21 (13-15)	Q1	2 (13-15) 	▼
	58 (16-17)		3 (16-17) 	▼
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	146 (13-15)	Q1	21 (13-15) 	▼
	339 (16-17)		69 (16-17) 	▼
10. Waiting times for access to TOPAR appointments	5 working days	Q1	2 	▼  to 
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral <b>(reported quarter in arrears)</b>	90%	Q4	98% 	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q1	80% 	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q1	83% 	▲
<b>Homelessness</b>				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q1	99% 	▲
2. Percentage of live homeless applications over 6 month duration at the end of the quarter.	<40%	Q1	50% 	▼
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000	Q1	829 	▼
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum	19/20	437 	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q1	99% 	▲  to 
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	19% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	71% 	▼  to 
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q1	86% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q1	63% 	▼
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q1	70% 	▼  to 
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q1	95% 	▼
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	5006	Q1	75 	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1219	19/20	1389 	▲
3. Women smoking in pregnancy (general population)	12%	Q1	10.4% 	▼
4. Women smoking in pregnancy (most deprived quintile).	17%	Q1	15% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported quarter in arrears)	31.4% by end of 19/20	Q4	31.8% 	▲  to 

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).(reported quarter in arrears)	22.4% by end of 19/20	Q4	24.9% 	▲  to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	-17%	N/A		N/A
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Jun 20	5.55% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8 per period	Q1 P4 (4-week period)	1. ADL 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework) (KSF).	80%	Jun 20	35.6% 	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Jun 20	67% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Jun 20	50% 	▶
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported quarter in arrears)	70%	Q4	96% 	▲



Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported quarter in arrears)	70%	Q4	80% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported quarter in arrears)	70%	Q4	73% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale(reported quarter in arrears)	70%	Q4	61% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported quarter in arrears)	100%	Q4	96% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale(reported quarter in arrears)	100%	Q4	58% 	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	77% 	▼  to 

# 1. OLDER PEOPLE

## i. Home Care, Day Care and Residential Services

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1
85%	Glasgow	86% (G)	82% (A)	85% (G)	80% (R)	79% (R)	70% (R)
85%	North East	92% (G)	92% (G)	92% (G)	86% (G)	85% (G)	73% (R)
85%	North West	85% (G)	81% (A)	89% (G)	82% (A)	77% (R)	68% (R)
85%	South	83% (G)	75% (R)	78% (R)	75% (R)	77% (R)	70% (R)

### Performance Trend

Home Care service reviews were not undertaken during Q1 as they were deemed to be non-essential visits to service users. As a consequence, performance has fallen across the board with all localities below target and RED including North East which moved from GREEN to RED during the quarter.

### Issues Affecting Performance

Annual reviews were not deemed essential visits for Homecare during the COVID pandemic which is reflected in above performance. Assessment and review activity has largely been directed at facilitating Hospital discharge and supporting families and service users via welfare calls and engagement with Third sector services.

### Actions to Improve Performance

Homecare are amidst the recovery plan where reviews of service users are being prioritised for reinstatement of services as more home carers return to work. Social care workers are beginning to plan review visits for those where interventions and actions have been agreed by the patch Assessment and Operations teams. We continue to prioritise ASP and are gradually recovering services, however there are some areas which are not able to recover as quickly as others due to staff absence.

### Timescales for Improvement

Monitoring capacity to fully recover on a weekly basis.

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<b>Indicator</b>	2. Percentage of service users who receive a reablement service following referral for a home care service.
<b>Purpose</b>	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

Referral Source	Target	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Quarter 1		
		Per 13b	Per 13b	Per 13b	Per 10	Per 13	Per 1+2 (1/4 - 7/5)	Per 3 (8/5 - 5/6)	Per 4 (6/6 - 3/7)
Hospital Discharges	70%	73.4% (G)	72.8% (A)	75.8% (G)	62.7% (R)	68.9% (G)	67.6% (A)	75.8% (G)	77.3% (G)
Community Referrals	70%	76.5% (G)	78.2% (G)	74.8% (G)	75.4% (G)	75.5% (G)	58.6% (R)	75.8% (G)	69.5% (G)
<b>Performance Trend</b>									
New target introduced for 19/20 having previously been 75%.									
Between year-end (GREEN) and Periods 1+2 performance dipped to AMBER for Hospital discharges, and RED for Community referrals before significantly improving for both during Periods 3 and 4 (GREEN).									
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<b>Indicator</b>	3. Percentage of service users leaving the service following Reablement period with no further home care support.
<b>Purpose</b>	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. It should be noted, however, that this function now lies with Cordia. Information reported for 4 weekly financial periods by Cordia been mapped below to the HSCP quarterly reporting cycle.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

		16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Quarter 1		
Locality	Target	Per. 13b	Per 13b	Per 13b	Per 10	Per 13	Per 1+2	Per 3	Per 4
Citywide	>35%	36% (R)	37.9% (R)	35.7% (R)	35.4% (G)	36.4% (G)	50.5% (G)	35.1% (G)	36.4% (G)
North East	>35%	37% (R)	32.5% (R)	34.3% (R)	32.9% (R)	45.6% (G)	40.0% (G)	14.8% (R)	27.3% (R)
North West	>35%	33% (R)	45.7% (G)	42.7% (G)	38.5% (G)	37.3% (G)	41.7% (G)	53.8% (G)	39.0% (G)
South	>35%	39% (A)	35.9% (R)	31.7% (R)	30.2% (R)	30.7% (R)	58.9% (G)	36.4% (G)	39.7% (G)
<b>Performance Trend</b>									
New target introduced for 19/20 having previously been 40%.									
Performance varies across locality and over time. Citywide and North West performance remained GREEN, South moved from RED to GREEN while North East moved from GREEN to RED during Q1.									
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<b>Target/Ref</b>	8. Day Care (provided) - Review Rates
<b>Purpose</b>	To monitor the extent to which reviews for day care service users are being undertaken within the target 6-month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

	2016/17	2017/18	2018/19	2019/20				20/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1
95%	95% (G)	97% (G)	97% (G)	96% (G)	98% (G)	97% (G)	100% (G)	N/A
<b>Performance Trend</b>								
Day Care Centres have been closed since 13 March because of the COVID-19 outbreak so no data is available for Q1.								
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<b>Target/Ref</b>	5. Provided Residential Care Homes – Occupancy Rates
<b>Purpose</b>	To monitor occupancy rates within our own local authority run residential care homes (provided).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

	16/17	17/18	18/19	2019/20				2020/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1
95%	94% (G)	96% (G)	95% (G)	96% (G)	94% (G)	90% (R)	91% (A)	91% (A)
<b>Performance Trend</b>								
There was no change in occupancy rates between Q4 and Q1 with the RAG status remaining AMBER.								
<b>Issues Affecting Performance</b>								
As a result of Covid, there has been a slowdown in referrals and care homes have been required to comply with all relevant national Health Protection Scotland guidance on infection control and care management These have both had an impact on occupancy rates.								
<b>Actions to Improve Performance</b>								
Glasgow HSCP has been working jointly with other HSCPs in NHSGGC to support care homes to respond to the pandemic. A range of actions have been taken over the above period and were <a href="#">reported</a> to the IJB in June by the Chief Officer.								
<b>Timescales for Improvement</b>								
This will be dependent upon the progression of the pandemic and the factors identified above.								
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<b>Target/Ref</b>	6. Provided Residential Care – Review Rates
<b>Purpose</b>	To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes by care home staff.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking Assistant Chief Officer, Operational Care Services

	16/17	17/18	18/19	2019/20				2020/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1
95%	94% (G)	95% (G)	96% (G)	97% (G)	95% (G)	95% (G)	96% (G)	N/A
<b>Performance Trend</b>								
Although some reviews were carried out by phone or mobile devices, no reviews were carried out in our Care Homes during Quarter 1 because of the ongoing COVID-19 pandemic.								
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## ii. Commissioned Services

<b>Indicator</b>	7. Number of people in supported living services.
<b>Purpose</b>	To monitor the number of people receiving supported living packages. These are expected to increase over the course of the year in line with the longer-term accommodation based strategy. This strategy seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) Frances McMeeking Assistant Chief Officer, Operational Care Services

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
Glasgow	<i>Was 920 but under review for 2020/21.</i>	734 (G)	842 (G)	821	798	789	769
North East	N/A	216	250	252	249	250	235
North West	N/A	236	275	263	262	255	265
South	N/A	282	317	306	287	284	269
<b>Performance Trend</b>							
<p>Numbers reduced by 20 during Quarter 1. Work is underway to review this indicator/target as the service is changing and now has three elements: Clustered supported living; HSCP home care supported living; and, Traditional supported living. No RAG rating pending this review.</p> <p><a href="#">Back to Summary</a></p>							



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

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
<b>Glasgow</b>	<b>90%</b>	88% (G)	82% (R)	92% (G)	92% (G)	88% (G)	90% (G)	79% (R)	73% (R)	57% (R)	49% (R)	56% (R)
North East	90%	94% (G)	74% (R)	89% (G)	92% (G)	86% (A)	92% (G)	62% (R)	64% (R)	62% (R)	42% (R)	54% (R)
North West	90%	75% (R)	89% (G)	94% (G)	92% (G)	91% (G)	94% (G)	89% (G)	84% (R)	65% (R)	63% (R)	68% (R)
South	90%	94% (G)	83% (R)	92% (G)	92% (G)	88% (G)	85% (A)	87% (G)	71% (R)	44% (R)	40% (R)	43% (R)

<b>Performance Trend</b>
Performance fell sharply with all localities remaining RED during Q1. Occupancy in South was significantly lower than other areas during the quarter.
<b>Issues Affecting Performance</b>
<p>Occupancy has been impacted on in part due to additional beds in the system from Feb/March via the HSCP "Discharge to Assess" policy.</p> <p>A significant reduction in referral rates associated with the lower number of hospital admissions and discharges from March 2020 as a result of Covid.</p> <p>The complex acute SW referral rate reduced significantly over the period of Covid lockdown and in turn this reduced the number of admissions to Intermediate Care. In addition, infection control measures has had some impact on the ability to arrange admissions to IC Care Homes over the period.</p> <p>A further factor that has affected occupancy numbers has been wider availability of care home options to support discharge and negate SW assessment at ward level.</p>
<b>Actions to Improve Performance</b>
<p>We are now experiencing a higher number of referrals for admissions to IC in line with the associated increase in hospital admissions which in turn is having a positive effect on the number of admissions.</p> <p>Due to the success of the impact of the "Discharge to Assess" policy the HSCP has been able to discharge support range of wider discharge options at the point individuals become fit. The focus of IC going forward will be for rehabilitation and optimising a return home, we have initiated a review of the required IC capacity and will take into account the occupancy reductions in our plan.</p> <p>The HSCP are in the process of reviewing the Intermediate Care (IC) bed capacity. The future capacity and range of provision will take account of the drop in IC occupancy levels with a focus on IC provision for individuals whose have rehabilitation needs to support discharge home where possible.</p>

It is also anticipated the occupancy levels will recover to an extent in the next quarter as we are experiencing and increase in the number of SW Complex discharge referrals.

#### **Timescales for Improvement**

September- December 2020 depending on Covid context, public health and Scottish Government guidance. The commissioning review regarding the numbers of IC beds required going forward is in progress.

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

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
<b>Glasgow</b>	<28	44 (R)	31 (R)	30 (R)	31 (R)	49 (R)	42 (R)	31 (R)	33 (R)	38 (R)	40 (R)
North East	<28	41 (R)	33 (R)	34 (R)	29 (A)	60 (R)	55 (R)	27 (G)	28 (G)	52 (R)	42 (R)
North West	<28	36 (R)	36 (R)	30 (R)	36 (R)	42 (R)	45 (R)	36 (R)	45 (R)	41 (R)	49 (R)
South	<28	38 (R)	32 (R)	41 (R)	42 (R)	44 (R)	31 (R)	30 (R)	21 (G)	30 (R)	27 (G)

### Performance Trend

Since December, average length of stay has reduced across the city. During the April to June period there was considerable variation in the length of stay over time and between localities with South having significantly shorter length of stays than the North East and North West.

### Issues Affecting Performance

COVID-19 restrictions have had a significant impact on average length of stay. Some examples of the context are noted below:

- Service users spending 14 days in isolation on admission, lengthened assessment time in some cases. Rehab has been limited given all the restrictions;
- Difficulties involving families in discharge planning, social work and in some cases rehab staff not being able to have direct contact service users, has affected assessment;
- Confidence in decision regarding discharge plans for individuals with high levels of complex need and frailty due to lack of direct contact;
- Period of time where there was unclear testing strategy for onward discharges (largely now resolved) which resulted in remaining in IC.

### Actions to Improve Performance

A recovery plan for intermediate care has been developed and will be implemented in August 2020, this will support an increase focus on home discharge options and multi-disciplinary/agency joint efforts to support individual with complex need to return home and timely discharge.

### Timescales for Improvement

September-December 2020 depending on Covid context, public health and Scottish Government guidance and the ability of agencies who support discharge to respond

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

Locality		Targets	Apr 16	Apr 17	Apr 18	Apr 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Glasgow	<b>Home</b>	<b>30%</b>	<b>21% (R)</b>	<b>25% (R)</b>	<b>34% (G)</b>	<b>25% (R)</b>	<b>13% (R)</b>	<b>28% (A)</b>	<b>19% (R)</b>	<b>11% (R)</b>	<b>20% (R)</b>	<b>11% (R)</b>
	Res/Nursing	N/A	52%	62%	45%	53%	76%	64%	62%	54%	56%	72%
	Readmissions	N/A	25%	10%	12%	18%	11%	9%	13%	19%	20%	11%
	Deceased	N/A	2%	1%	5%	3%	0%	0%	6%	17%	4%	6%
NE	<b>Home</b>	<b>30%</b>	<b>22% (R)</b>	<b>30% (G)</b>	<b>33% (G)</b>	<b>25% (R)</b>	<b>12% (R)</b>	<b>12% (R)</b>	<b>19% (R)</b>	<b>23% (R)</b>	<b>25% (R)</b>	<b>10% (R)</b>
	Res/Nursing	N/A	39%	59%	50%	45%	76%	82%	58%	46%	63%	80%
	Readmissions	N/A	33%	7%	16%	30%	12%	6%	19%	8%	13%	10%
	Deceased	N/A	6%	0%	0%	0%	0%	0%	4%	23%	0%	0%
NW	<b>Home</b>	<b>30%</b>	<b>21% (R)</b>	<b>22% (R)</b>	<b>27% (R)</b>	<b>27% (R)</b>	<b>13% (R)</b>	<b>24% (R)</b>	<b>0% (R)</b>	<b>9% (R)</b>	<b>67% (G)</b>	<b>10% (R)</b>
	Res/Nursing	N/A	57%	57%	57%	59%	75%	64%	77%	32%	33%	67%
	Readmissions	N/A	21%	17%	11%	9%	13%	12%	9%	41%	0%	10%
	Deceased	N/A	0%	4%	4%	5%	0%	0%	14%	18%	0%	14%
South	<b>Home</b>	<b>30%</b>	<b>21% (R)</b>	<b>22% (R)</b>	<b>39% (G)</b>	<b>22% (R)</b>	<b>14% (R)</b>	<b>41% (G)</b>	<b>38% (G)</b>	<b>5% (R)</b>	<b>7% (R)</b>	<b>13% (R)</b>
	Res/Nursing	N/A	58%	70%	33%	56%	77%	52%	54%	84%	57%	75%
	Readmissions	N/A	21%	7%	9%	17%	9%	7%	8%	0%	29%	13%
	Deceased	N/A	0%	0%	9%	6%	0%	0%	0%	11%	7%	0%

### Performance Trend

Performance was RED across all localities at the end of Q1. South moved from GREEN to RED between the end of Q4 (March) and the end of Q1 (June).

### Issues Affecting Performance

COVID-19 restrictions have impacted the HSCP's ability to optimise home discharge due to the wide range of services/agencies that have been able to respond due to Covid lockdown restrictions i.e.:

- Housing providers being able to allocate housing;
- Availability of services to provide supports for home discharges – e.g. telecare, SLS, day care, SDS providers;
- Service users then have a change in needs/deteriorate whilst waiting these resources leading to reassessment and LTC;
- Restrictions on service users visiting alternate tenancies due to need to isolate for 14 days on return to unit, impact on service user decision making and agreement;
- Use of home passes for trial discharges restricted, initially not possible, currently need to isolate for 14 days if returning to Unit if doing so; and,

-Family ability (or willingness) to contribute to care plans, especially given guidance on shielding/protecting the over 70s.

#### **Actions to Improve Performance**

A recovery plan for intermediate care has been developed and will be implemented in August 2020, this will support an increase focus on home discharge options and multi-disciplinary/agency joint efforts to support individual with complex need to return home. Although it is anticipated we will experience barriers until all relevant agencies are able to respond.

#### **Timescales for Improvement**

September-December 2020 depending on Covid context, public health and Scottish Government guidance.

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### iii. HSCP Community Services

<b>Indicator</b>	11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
<b>Purpose</b>	To monitor progress in the implementation of the new anticipatory care plans. New ACP booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>Total (19/20)</b>	<b>Target (20/21)</b>	<b>Q1 20/21</b>			
Number of ACP conversation held	<b>530 (R)</b>	<b>800p.a. (TBC)</b>	<b>76 (R)</b>			
Number of summaries completed and shared with GPs	<b>130 (R)</b>	<b>200 p.a. (TBC)</b>	<b>17 (R)</b>			
<b>Performance Trend</b>						
A new national model 'My ACP' was launched in 2017 which is patient led. HSCPs in GGC have agreed a summary version that draws on the patient led ACP and with the patient's consent can be shared with the patient's GP. This indicator relates to the number of completed summary versions that are shared with GPs and the number of conversations that are held with patients to raise awareness of the benefits of ACPs. Performance is below target for the period up to March 2020.						
<b>Issues Affecting Performance</b>						
The updated ACP awareness programme for all Older People and Primary Care teams in GCHSCP was completed in March 2020. The sessions were received well however for some teams there was no opportunity to consolidate this training and implement into practice due to the Covid-19 Pandemic. One particular development that was paused was the creation of the social care practitioner role within clinical portal that aimed to give social care staff enhanced levels of information similar to health care professionals. This roll out should have taken place in April however it did not progress due to the reprioritisation of workload. The lock down period provided many staffing challenges and although it was perhaps the optimum time to initiate ACPs with individuals there was an element of negative publicity that impacted on people's perception of what an ACP was and a willingness to engage in the process.						
<b>Actions to Improve Performance</b>						
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. Service Managers and Team Lead will be responsible for re-establishing and prioritising this within their areas of responsibility.						

The new MacMillan ACP Programme commenced in April 2020. The small team has developed a number of resources to support managers, staff and the general public in promoting ACP. A website has been developed with dedicated information and resources to help people think about future planning. <http://www.nhsggc.org.uk/planningcare>

The team are conducting a staff survey to establish how staff currently use these tools, their awareness of ACPs and what challenges there may be to creating a joined up system. This will provide a baseline for refocusing this agenda. Managers were encouraged staff to complete the short survey: <https://webropol.com/s/ACP-Awareness-Survey-July-2020>

An advisory network is in the early stages of development and is a way to stay up to date with all developments, as well as giving you the opportunity to work alongside the Macmillan Anticipatory Care Planning Programme as they develop staff resources and promote future planning to the public. You can register to join here: <https://webropol.com/s/ACP-CAN-Registration>

### **Timescales for Improvement**

The MacMillan ACP Programme developments are well underway and will be ongoing for the next 20 months. The re-engagement with staff from Older People Teams will tie in with service recovery plans.

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
0%	City	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	2% (A)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	0% (G)	1% (GA)	0% (G)	2% (A)	0% (G)	0% (G)
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	4% (R)

#### Performance Trend

At Q1, performance in the South moved from AMBER to RED with North East and North West remaining GREEN and overall city performance remaining AMBER.

At the end of June there were 1,968 open OT assessment activities: 40 of these had been open for more than 12 months; 38 of these were in South.

#### Issues Affecting Performance

The performance in South has been affected by Covid contingency arrangements as Occupational Therapy staff were required to be redirected to the city-wide SW Duty and Adult Protection Hub at the point of lockdown. Covid contingency arrangements for OT resulted in only emergency and critical need provision due to both a reduced availability of staff as a result of shielding arrangements and the need to reduce risk to the service users by direct contact.

#### Actions to Improve Performance

Of the 39 South service users 20 were waiting 1 year + to be allocated all are now allocated with a target date of assessment completion by mid-September 20. A further 20 service users were already allocated, and assessment will be completed by the end of August 20.

#### Timescales for Improvement

Mid-September 2020.

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<b>Target/Ref</b>	13. Continence Service – Waiting Times.
<b>Purpose</b>	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Area	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20
100%	Nursing - North	72% (R)	82% (R)	83% (R)			
	Nursing - South	78% (R)	71% (R)	64% (R)			
	Physio (citywide)	50% (R)	48% (R)	24% (R)			
<b>Performance Trend</b>							
New data collection systems introduced so no historical data shown. Performance red for both the nursing services and the citywide physiotherapy service.							
<b>Issues Affecting Performance</b>							
The emergency measures put in place as a result of Covid 19 have impeded the face to face consultations with patients and these have been replaced with telephone and where necessary, domiciliary visits. These are gradually being withdrawn to allow staff to engage in SPHERE specific interventions which will reduce the waiting lists. Physiotherapy and nursing services have plans in place to reintroduce patients to clinics following a prioritisation process. Referral to the services with SPHERE is being reconsidered and staff numbers have increased as a result of recruitment restart.							
<b>Actions to Improve Performance</b>							
Plans to reopen clinic space have been developed and submitted to appropriate groups Board wide. Applications have been submitted for Attend Anywhere licences to minimise clinic consultation times. Applications for SPHERE staff member underway to purchase laptops that will allow them to operate agilely with MS Teams and Attend Anywhere. Team plans for nursing interventions and physiotherapy interventions in development to ensure most efficient use of time and skills. Prioritisation process underway to ensure those patients on waiting list are seen within appropriate timescales. Recruitment process restarted with new staff beginning in August. Single Point of Access (a temporary measure introduced to reduce the burden on district nursing services is gradually being withdrawn thereby releasing SPHERE staff time)							

<b>Timescales for Improvement</b>
<p>The above work streams will be heavily dependent on clinic access and availability. Unless external factors impede the process, the service hopes to begin face to face consultations by early August and will work through waiting lists over the next months to come. Improvements in waiting times are expected to be evidenced by November 2020</p> <p><a href="#">Back to Summary</a></p>

<b>Target/Ref</b>	14. Referrals to Telecare
<b>Purpose</b>	To monitor the number of Telecare referrals received on a quarterly basis for the Standard and Enhanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Agreed Scot Govt. Annual Targets		16/17	17/18	18/19	19/20 Q3	19/20 Q4	Total 19-20	20/21 Q1	20/21 Q2
	16/17-18/19	19/20								
Standard	2,248	2,750* 688 per Q	2,581 (G)	2,771 (G)	2,706 (G)	692 (G)	671 (G)	2,723 (G)	468 (R)	
Enhanced	304	1,500* 375 per Q	835 (G)	1,222 (G)	1,337 (G)	384 (G)	404 (G)	1,565 (G)	41 (R)	

\* These are targets from 2019/20; funding for expansion is no longer provided by the Scottish Government's TEC Programme. Revised targets for 2020/21 have yet to be agreed.

#### Performance Trend

In line with changes to referral and training, Basic and Advanced telecare services have been re-categorised as Standard and Enhanced respectively.

Since the introduction of lockdown in March 2020, the capacity for installing telecare has been restricted mainly to the supply of Standard Telecare equipment with the provision of Enhanced Telecare suspended. A small number of enhanced referrals have been received (41) but these have only progressed where exceptional circumstances apply. A protocol is in operation to consider referrals for service users in exceptional circumstances where Enhanced Telecare would prevent admission to a care home or to hospital, or where it would enable discharge from hospital.

The drop in Enhanced referrals during Q1 will impact on the annual 2020/21 figures.

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<b>Indicator</b>	15. Total number of Older People Mental Health patients delayed (Excluding AWI)
<b>Purpose</b>	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Apr 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
0	City	11 (R)	11 (R)	16 (R)	9 (R)	16 (R)	18 (R)	15 (R)	7 (R)	11 (R)	
	NE	0 (G)	0 (G)	5 (R)	4 (R)	2 (R)	6 (R)	7 (R)	4 (R)	3 (R)	
	NW	7 (R)	1 (R)	4 (R)	2 (R)	8 (R)	7 (R)	2 (R)	1 (R)	3 (R)	
	South	4 (R)	10 (R)	7 (R)	3 (R)	6 (R)	5 (R)	6 (R)	2 (R)	5 (R)	
<b>Performance Trend</b>											
Numbers vary across localities and over time. Numbers reduced over the last 3 months but remain RED.											
<b>Issues Affecting Performance</b>											
<p>The pandemic has meant some instances of relatives resisting/refusing to discharge to care homes, and some care homes resisting admissions – including in at least one case causing a patient to be admitted to hospital and thus instantly becoming a delayed discharge.</p> <p>While there was a regular and robust scrutiny process of all delays, this process was affected due to outbreaks of Covid across the OPMH wards which closed most wards to discharges for a significant period of time. We continue to experience challenges associated with discharging patients due to the complex needs of this patient group and in addition, Covid had an impact on our ability to discharge to care homes with families challenging discharge and at times refusing to allow discharges to care homes. There continues to be additional delays due to the requirement for two negative tests pre discharge to care homes.</p>											

<b>Actions to Improve Performance</b>
There is a new discharge pathway that supports 72-hour discharge which includes dedicated Social Work resource, improved MDT working and early referral to Social Work however implementation of this was difficult due to Covid. We are currently exploring new ways to support this through MS Teams and remote working. Work will continue to ensure the number of delays reduces.
<b>Timescales for Improvement</b>
By the end of the calendar year.  <a href="#">Back to Summary</a>

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

Area	Target	15/16	16/17	17/18	18/19	2019				
						Q1	Q2	Q3	Q4	Total
Glasgow City	27 total 6.75/ quarter (18/19 and 19/20)	28.9	31.1	30.7	30.5 (R)					28.5 (G)
Scotland	N/A	21.1	21.4	22.2	22.5					

\*Provisional

<b>Performance Trend</b>
National Integration Indicator. Data for 2019 is provided as this was the recommended time period for the 2019/20 APRs given the delay in data. Performance is above target and RED for this period.
<b>Issues Affecting Performance</b>
There is a considerable time lag in the data for this KPI. A review is underway to identify a more appropriate KPI and data source to ensure more timeous reporting
<b>Actions to Improve Performance</b>
<p>Current actions being taken forward to improve performance include:</p> <ul style="list-style-type: none"> <li>Promotion of Level 1 assessment across all relevant staff groups and with other agencies</li> <li>Improved links with SAS to increase use of the pathway for non-conveyance of uninjured fallers with rising numbers of referrals month on month</li> <li>Develop pathway for referral for Scottish Fire and Rescue to access Level 2 assessments and promote opportunity for shared learning</li> <li>Monitor implementation and impact of Falls bundles within OPMH wards</li> <li>Introduce of a frailty tool across HSCP with a specific focus on evidence-based interventions for Frailty Syndromes such as Falls, Reduced Mobility, Delirium and adverse reactions to Medication</li> <li>Engaging with care homes to determine current practice within Care Homes in relation to the prevention of falls and fragility fractures and responses and after a fall interventions</li> </ul>

- |   |
|---|
| <ul style="list-style-type: none"><li>• Explore key learning from The Falls Integrated Response and Support Technology Project and consider options Glasgow</li><li>• Falls prevention is also a key strand of the HSCP's unscheduled care plan agreed by the IJB in March 2020</li></ul> |
| <b>Timescales for Improvement</b>   |
| <p>It is anticipated that further improvements will be achieved during 2020/21. A revised work plan is being drafted to reflect the above priorities</p> <p><a href="#">Back to Summary</a></p>   |

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

1. Percentage of Last 6 months of life spent in the Community (MSG Indicator)
2. Percentage of the Population Unsupported at Home (Aged 65+) (MSG Indicator)

## UNSCHEDULED CARE

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

	2015/16	2016/17	2017/18	2018/19	2019/20 Actual	20/21 Target TBC	Apr 2020	May 2020
<b>Glasgow</b>	153,791	155,029	156,783	162,600	159,916 (R)	153,791 (Total) TBC	6210 (G)	8411 (G)
	12,816	12,919	13,065	13,542	13,326 (R)	12,816 (Monthly) TBC	6210 (G)	7310 (G)
<b>Performance Trend</b>								
<p>The number of attendances have risen slightly over the last four years which is consistent across GG&amp;C as a whole. For 2019/20, the figures are above target and RED although they have decreased since 2018/19, with lower figures in March, linked to Covid, presumably, contributing to this. The figures for April and May are also comparatively low when compared with previous years and they are shown as GREEN against the 2019/20 target as still awaiting confirmation of 2020/21 target. Targets for 2020/21 are being set as part of the Unscheduled Care Commissioning Plan agreed with all IJBs.</p> <p><a href="#">Back to Summary</a></p>								



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

Locality	Target	Mar 16	Mar 17	Mar 18	Apr 19	Feb 20	Mar 20	Apr 20	May 20	Jun 20
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	79.6% (R)	81.5% (R)	85.9% (R)	91.4% (A)	95.5% (G)	
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	75.5% (R)	68.9% (R)	76.8% (R)	90.7% (A)	94.5% (G)	

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

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual</b>
Total	70,133	69,656	62,725	63,898	<b>66,624</b>	<b>63,331*</b> (G)
Monthly average	5844	5804	5227	5325	<b>5552</b>	<b>5277*</b> (G)

\*Provisional

#### **Performance Trend**

A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. The numbers are below target and GREEN for 2019/20. It should be noted, however, that data availability has a time lag and these figures are provisional at this stage for 2019/20.

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

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual
Total	493,371	515,275	506,792	496,071	453,866	493,681* (R)
Monthly average	41,114	42,939	42,232	41,339	37,822	41,140* (R)
*Provisional						
<b>Performance Trend</b>						
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance is above target and RED for 2019/20. It should be noted, however, that data availability has a time lag and these figures are provisional at this stage for 2019/20.						
<b>Issues Affecting Performance</b>						
Unscheduled bed days have been reducing in recent years as improvements have been made in length of stay, community supports and the discharge process. Performance is above target and slightly above the position in 2018/19 indicating that the situation has stabilised although above where we would like to be.						
<b>Actions to Improve Performance</b>						
The HSCP working with the acute division and other HSCPs has agreed a GG&C wide unscheduled care programme design to improve patients experience and deliver improvements in performance. Progress reports will made regularly to the IJB.						
<b>Timescales for Improvement</b>						
The timeline is to see improvements in this indicator before winter 2020/21. A new KPI is to be agreed as part of the Unscheduled Care Commissioning Plan programme agreed with all six IJBs.						
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<b>Indicator</b>	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
<b>Purpose</b>	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual (To Dec)
Total	36,956	33,278	21,377	19,324	33,260	12,113* (G)
Monthly average	3080	2773	1781	1610	2772	1346 (G)

\*Provisional

#### Performance Trend

A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance to December is classified as GREEN. It should be noted, however, that data availability has a time lag and these figures are provisional at this stage for 2019/20.

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<b>Indicator</b>	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
<b>Purpose</b>	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>2019/20 Target</b>	<b>2019/20 Actual</b>
Total	190,791	187,654	182,524	180,888	181,371	185,271* (G)
Monthly average	15,899	15,638	15,210	15,074	15,114	15,439 (G)

\*Provisional

#### **Performance Trend**

A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance is slightly above target but still classified as GREEN. It should be noted, however, that data availability has a time lag and these figures are provisional at this stage for 2019/20.

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

	19/20 Target	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	May 20	Jun 20
North East		10	23	14	16	10	10	
North West		6	15	13	12	8	15	
South		14	12	12	9	1	9	
HA Team								
<b>Sub-Total (Included Codes)</b>		<b>30</b>	<b>50</b>	<b>39</b>	<b>37</b>	<b>19</b>	<b>34</b>	
North East		2	2	6	12	16	16	
North West		5	4	4	11	9	11	
South		4	4	4	17	11	13	
<b>Sub-Total (Complex Codes)</b>		<b>11</b>	<b>10</b>	<b>14</b>	<b>40</b>	<b>36</b>	<b>40</b>	
<b>All Delays</b>	<b>0</b>	<b>41 (R)</b>	<b>60 (R)</b>	<b>53 (R)</b>	<b>77 (R)</b>	<b>55 (R)</b>	<b>74 (R)</b>	
<b>Performance Trend</b>								
Total numbers decreased in April and have risen again in May.								
<b>Issues Affecting Performance</b>								
Delays have fluctuated during this period although the included codes numbers have seen a gradual decline. AWI delays have since March accounted for over half of the total delays.								
<b>Actions to Improve Performance</b>								
A new discharge to assess policy if being introduced to speed up the discharge process. A solution to the AWI issue is still under discussion in the light of the decisions by the EHRC.								
<b>Timescales for Improvement</b>								
It is expected that delays for included codes will improve in the coming months.								
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<b>Indicator</b>	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
<b>Purpose</b>	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
<b>Type of Indicator</b>	MSG Indicator 4
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

<b>Indicator</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>	<b>18/19</b>	<b>19/20</b>	<b>2020/21 Target TBC</b>	<b>2020/21 Actual (To May)</b>
Total	41,582	38,870	29,897	38,656	<b>45,318 (R)</b>	<b>39,919 TBC</b>	<b>6530 (G)</b>
Monthly Average	3488	3239	2491	3238	<b>3776 (R)</b>	<b>3327 TBC</b>	<b>3265 (G)</b>

<b>Performance Trend</b>
<p>Performance for 2019/20 was above target and RED. Performance for 2020/21 is classified as GREEN against the 2019/20 target. A new target for 2020/21 is to be set as part of the Unscheduled Care Commissioning Plan agreed with all six IJBs.</p> <p><a href="#">Back to Summary</a></p>

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

AREA	15/16	16/17	17/18	18/19	19/20	2020/21 Target	Apr 20	May 20	Jun 20	Year to Date
HSCP	10,715	6050	2098	3781	6571	1910 (159/month)	848 (R)	836 (R)		1684/842 per month (R)
NE	3590	1647	336	686	2460		279	315		594
NW	3558	2995	816	1168	2356		178	163		341
S	3910	1408	946	1927	1755		391	358		749
<b>Performance Trend</b>										
Performance for 20/21 is considerably above target and classified as RED against the 2019/20 target. Awaiting confirmation of 2020/21 target.										
<b>Issues Affecting Performance</b>										
The decision by the EHRC earlier in the year has had the effect that AWI patients are no longer discharged to off-site beds.										
<b>Actions to Improve Performance</b>										
Consideration is being given to future NHSGG&C policy and the potential options available										
<b>Timescales for Improvement</b>										
No improvement is envisaged in the short term.										
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## CARERS

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

Locality	Target	17/18 Total	18/19 Total	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	19/20 Total
<b>Glasgow</b>	1900 (475 per Q)	1,942 (G)	1,984 (G)	410 (R)	483 (G)	521 (G)	518 (G)	1,932 (G)
North East	634 (159 per Q)	606 (G)	709 (G)	159 (G)	195 (G)	188 (G)	198 (G)	740 (G)
North West	634 (159 per Q)	620 (G)	502 (R)	50 (R)	94 (R)	146 (R)	121 (R)	411 (R)
South	634 (159 per Q)	716 (G)	783 (G)	201 (G)	194 (G)	187 (G)	199 (G)	781 (G)

### Performance Trend

Carers Support Plans and Young Carer Statements were not been carried out during Q1 because of the current COVID-19 pandemic. Two alternative sets of data have been provided for Q1: the 3<sup>rd</sup> sector carers centres COVID-19 support plans (Emergency plans) and the higher tariff Adult Carer Support Plans carried out by Social Work Carers Teams.

- There were **543** COVID-19 support plans (Emergency plans) carried out in the period citywide.
- **21** high tariff Adult Carer Support Plans were carried out in the period by Social Work Carers Teams.

In additional there were 109 new carers identified during the reporting period (103 new Adult Carers and 6 new Young Carers). A breakdown by locality is shown below:

Citywide	109
North East	40
North West	19
South	50

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

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
<b>Glasgow</b>	70%	82% (G)	85% (G)	80% (G)	77% (G)	84% (G)	87% (G)
North East	70%	74% (G)	86% (G)	72% (G)	89% (G)	87% (G)	86% (G)
North West	70%	86% (G)	90% (G)	82% (G)	69% (G)	83% (G)	91% (G)
South	70%	86% (G)	81% (G)	83% (G)	72% (G)	83% (G)	83% (G)

<b>Performance Trend</b>
The Carers Evaluation Questionnaire was not carried out during Q1 because of the ongoing COVID-19 health emergency.
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## PRIMARY CARE

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

AREA	TARGET	Jan 16- Mar 16	Jan 17- Mar 17	Jan 18- Mar 18	Jan 19- Mar 19	Oct 19 – Dec 19	Jan 20- Mar 20
City	78%			79.45% (G)	78.0% (G)	77.76% (G)	77.49% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.64% (G)	78.47% (G)	78.20% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.19% (G)	76.96% (G)	76.91% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.12% (G)	77.79% (G)	77.57% (G)
NHSGGC	78%	78.86%	79.22%	79.24%	77.97%	77.76%	77.50%
<b>Performance Trend</b>							
All areas remain GREEN. Compliance decreased very slightly at a city level and across all areas in quarter 4. This is reported one quarter in arrears.							
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<b>Indicator</b>	2. Prescribing Costs: Annualised cost per weighted list size
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

AREA	Target	Mar 16	Mar 17	Mar 18	Mar 19	Dec 19	Jan 20	Feb 20	Mar 20
City	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£155.57 (G)	£151.13 (G)	151.11 (G)	£151.14 (G)	£153.46 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£146.37 (G)	146.38 (G)	£146.35 (G)	£148.55 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£149.48 (G)	149.37 (G)	£149.55 (G)	£151.63 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£156.91 (G)	156.95 (G)	£156.91 (G)	£159.54 (G)
NHS GGC		£174.99	£178.44	£178.32	£173.72	£168.79	£168.72	£168.91	£171.58
Performance Trend									
Variations across sectors and over time with an increase in all areas in the last quarter. Initiatives to ensure cost minimisation are ongoing. This is reported one quarter in arrears.									
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<b>Indicator</b>	3. Flu Immunisation Rates
<b>Purpose</b>	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
<b>Target</b>	<b>75%</b>	<b>75%</b>	<b>75%</b>	<b>75%</b>	<b>65%</b>
City	72.2% (A)	42.1% (R)	47.7% (R)	58.2% (R)	50.5% (R)
NHSGGC	74.2%	42.6%	48.2%	57.5%	56.4%
<b>Performance Trend</b>					
These figures relate to the period of the seasonal flu vaccination programme which runs 1 October – 31 March. All age groups below target and RED with the exception of over 65s.					
<b>Issues Affecting Performance</b>					
<p>Relates to willingness/ability of people to take up the vaccine.</p> <p>Looking forward (2020/21), given the expected increase in the number of people who will require to be vaccinated and the constraints imposed as a result of social distancing measures, the following issues are likely to affect delivery:</p> <ul style="list-style-type: none"> <li>• Sufficient staffing being available between September and October to deliver the programme</li> <li>• Availability of accommodation (probably evenings and weekends)</li> <li>• Sufficient doses of vaccine to ensure full coverage of the target groups</li> </ul>					
<b>Actions to Improve Performance</b>					
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 responsibility for delivery of flu vaccinations is moving away from general practice to the NHS Health Board through the Vaccination Transformation Programme. This programme is midway through its implementation and flu immunisations for children now sit with the HSCPs. The timescale for the transfer from general practice of the adult flu vaccination programme has been delayed until March 2022; however, given the expected increase in the uptake of flu vaccinations this year, the expansion of the programme by over 80,000 people in Glasgow who are aged 55 to 65 years and the constraints placed on delivery as a result of social distancing requirements, the Health Board, HSCPs and GP practices will need to work collaboratively to ensure that the programme can be delivered successfully.

There is a Board-wide planning group leading on the programme and Glasgow HSCP has established its own group to ensure that we can implement the programme effectively in the city with our GP partners. However, given the increase in scale and complexity of the challenge this year this is an area of high risk.

#### **Timescales for Improvement**

There is an expectation that the uptake of the flu vaccination will increase this year as a result of the COVID 19 pandemic.

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<b>Indicator</b>	4. Shingles Immunisation Rates
<b>Purpose</b>	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target	Aged 70
<b>Glasgow City</b>	<b>60%</b>	<b>34.80% (R)</b>
NE	60%	32.77% (R)
NW	60%	37.84% (R)
South	60%	34.12% (R)
<b>Performance Trend</b>		
The data shown relates to the cumulative immunisation rates between 1 September 2019 and end of June 2020. The target relates to the whole year between 1 September 2019 and 31 August 2020 and performance is marked as RED as it is below what would be expected on a pre-rata basis.		
<b>Issues Affecting Performance</b>		
The routine <b>shingles</b> programme has been suspended temporarily in line with the current COVID-19 advice for adults aged 70 and over. However, if a patient is well and presents for any other scheduled appointment, they can be opportunistically vaccinated.		
<b>Actions to Improve Performance</b>		
<p>The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:</p> <ul style="list-style-type: none"> <li>- An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes.</li> <li>- Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly</li> <li>- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.</li> </ul>		
<b>Timescales for Improvement</b>		
This will depend on implementation of recovery plan for primary care.		
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<b>Target/Ref</b>	5. AHP Waiting Times
<b>Purpose</b>	To monitor the waiting times performance in relation to AHP services. These services are hosted across NHSGGC with Renfrewshire having managerial responsibility for Podiatry; West Dunbartonshire for MSK Physio; and Acute for Dietetics.
<b>Type of Indicator</b>	Local HSCP indicator for
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	John Nugent, Clinical Director Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Service	Target	Apr 16	Apr 17	Apr 18	Apr 19	Feb 20	Mar 20	Apr 20	May 20	Jun 20
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	42% (R)	33% (R)	8% (R)	4% (R)	7% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	98.6% (G)	N/A	N/A	N/A	N/A
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	99.9% (G)	100% (G)	100% (G)	94.4% (R)	98.5% (G)

#### Performance Trend

##### **MSK Physio**

Performance below target, however within GG&C all patients requiring an urgent appointment were seen within 4 weeks (predominately by Virtual Patient Management, with around 2% requiring face to face assessment and treatment).

##### **Podiatry**

Data has not been available for Podiatry since February due to the Covid-19 situation.

##### **Dietetics**

Dietetics GREEN in June after moving to RED in May. They are seeing patients via telephone and NHS 'Near Me' system.

#### Issues Affecting Performance

##### **MSK Physio**

The sharp decrease in % patients seen within the 4-week target was due to suspension of the "routine" waiting list. A decision was taken to redeploy 80% of MSK staff to support Acute/Community Assessment Centres in response to the pandemic. The service continued to accept and triage routine referrals but only assess and treat patients referred as "urgent".

##### **Podiatry**

Only active foot ulceration and infection cases are being seen and these are being treated urgently so are not experiencing delays. Other cases are not being seen and the waiting times figures will only be recorded once they attend appointments.



<b>Actions to Improve Performance</b>
<p><b><i>MSK Physio</i></b></p> <p>Recovery plans are now underway, and the service has recommenced routine appointments.</p> <p><b><i>Podiatry</i></b></p> <p>Implementation of recovery plan for Podiatry started at beginning of August 2020.</p>
<b>Timescales for Improvement</b>
<p>Timescale will depend on actual implementation of recovery plans.</p> <p><a href="#">Back to Summary</a></p>

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

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

## CHILDREN'S SERVICES

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
95%	NE	87% (R)	88% (R)	90% (A)	92% (G)	93% (G)	92% (G)	89% (R)	85% (R)	49% (R)	46% (R)
	NW	79% (R)	87% (R)	95% (G)	89% (R)	92% (G)	92% (G)	88% (R)	83% (R)	74% (R)	54% (R)
	S	87% (R)	89% (R)	91% (A)	91% (A)	93% (G)	93% (G)	91% (A)	82% (R)	75% (R)	65% (R)

### Performance Trend

Performance has fluctuated over time and between localities. Performance in all localities declined in the last 4 months and moved to RED.

### Issues Affecting Performance

The number of Ready to Learn Assessments carried out was significantly affected by the impact of the COVID-19 pandemic, initially guidance was that these visits were cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home) and there was a proportion of families who returned to their country of origin to stay with family during the period of the pandemic. Work is now being undertaken to follow up on children, where appropriate, who missed their 'Ready to Learn Assessment' within the 27 – 30 month timescale. However these are being recorded as 'unscheduled' checks, as they are out with the appropriate timeframes for 27 – 30 month check.

### 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.

<b>Timescales for Improvement</b>
Ongoing work is progressing to assess children who missed their 27 – 30 month assessment. <a href="#">Back to Summary</a>

<b>Indicator</b>	2. % of HPIs (Health Plan Indicator) allocated by Health Visitor by 24 weeks
<b>Purpose</b>	To monitor the extent to which Health Visitors are allocating Health Plan Indicators to clients on time. The Health Plan Indicator (HPI) is a tool for recording an assessment of the child's need based upon their home environment, family circumstances, and health and wellbeing. Children allocated as 'core' remain on the universal child health pathway; those allocated as 'additional' receive additional input from the health visiting team and (if deemed necessary by the health visitor) multi-agency input. This classification may be subject to change as the child gets older.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Apr 18	Apr 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	
95%	NE	95% (G)	99% (G)	93% (G)	98% (G)	96% (G)	97% (G)	98% (G)	97% (G)	94% (G)	
	NW	93% (G)	98% (G)	96% (G)	99% (G)	97% (G)	97% (G)	95% (G)	96% (G)	94% (G)	
	S	96% (G)	98% (G)	96% (G)	99% (G)	98% (G)	98% (G)	96% (G)	98% (G)	95% (G)	
<b>Performance Trend</b>											
Variations across areas and over time. All areas GREEN.											

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

AREA	Annual Target	Quarterly Target	16/17 Total	17/18 Total	18/19 Total	19/20 Total	20/21 Q1		
City	1,533	383	1,533	1,757 (G)	2,590 (G)	2,515 (G)	678 (G)		
NE	344	86	344	509 (G)	1,078 (G)	764 (G)	138 (G)		
NW	576	144	576	587 (G)	830 (G)	918 (G)	196 (G)		
S	613	153	613	661 (G)	682 (G)	833 (G)	344 (G)		

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

Area	Target	Apr-16	Apr-17	Apr-18	Apr-19	Mar-20	Apr-20	May-20	Jun-20
<b>Glasgow HSCP</b>	100%	100% (G)	100% (G)	92.9% (R)	84.7% (R)	51.9% (R)	40.8% (R)	38.5% (R)	29.5% (R)
North East	100%				88.4% (R)	51.1% (R)	41.2% (R)	38% (R)	30.7% (R)
North West	100%				78.1% (R)	50.1% (R)	37.6% (R)	36.9% (R)	26.5% (R)
South	100%				87.3% (R)	54.1% (R)	43.2% (R)	40.4% (R)	31.8% (R)

#### Performance Trend

Variations exist across localities and over time. Performance remains RED across the city and has decreased at a city level and in all areas in the last quarter

#### Issues Affecting Performance

Throughout the period of the pandemic, the CAMHS service has been contacting all children who have been on the waiting list longest, to offer help and to assess risk/ need. Children who are assessed as high risk and have waited the longest have been offered appointments, however, some patients on the waiting list have declined to engage during lockdown and this has had a negative impact on waiting lists and timescales.

#### Actions to Improve Performance

- Regular updates with CAMHS management and teams to ensure the most effective use of clinical capacity for the waiting list and open caseload throughout the COVID-19 Pandemic. This uses RAG patient status to prioritise new referrals and existing waiting list. Those children and young people waiting longest are being contacted to validate the referrals
- Regular monitoring of CAMHS clinical workforce and capacity available to the service through lockdown period.
- Linking with the Children and Young People's Mental Health Programme Board Performance Team to discuss options and aims of reducing the waiting list backlog.
- Implementation of Attend Anywhere to increase numbers of children seen and clinical capacity, and encourage teams to work efficiently to see children sooner.
- Increase the time available for clinicians to provide help and treatment at first contact. Work with partners and local authorities to support pathways in to and out of CAMH services utilising Tier 2 funding. Develop locality-based Tier 2 information resources to assist clinicians to identify and sign post patients to suitable support.
- Implementation of the revised RTT guidelines to ensure recording of GGC CAMHS waiting lists is in line with the rest of the country (no proxy used). Currently GGC stop the clock at

the 2nd appointment, which is not the standard across the country. This will move to a model where the clinician stops the clock when they start treatment, which is anticipated to be at first contact.

- Analysis of the waiting list and specifically those who have waited longer than 18 week has been undertaken to establish and model additional resource required to see these children.
- Waiting list initiative plan has been developed that aims to increase the resource to focus on seeing the children who have waited longest.
- Waiting list validation has been undertaken and those waiting longest have been contacted to offer help and advice.
- Planning for the development of multiagency referral management groups is underway.
- A transformational change programme is in development to embrace a strength based approach to supporting families.

#### **Timescales for Improvement**

A CAMHS Operational Improvement Group has been established to review the CAMHS delivery model, and identify all options for responding to increasing service demands within the available resource. This group will run throughout 2020 and we aim to have large improvements in the RTT compliance.

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	
							% with review	Number <u>without</u> a Permanency Review
90%	City	76% (R)	80% (R)	75% (R)	70% (R)	68% (R)	66% (R)	35
90%	North East	81% (R)	94% (G)	85% (R)	71% (R)	68% (R)	69% (R)	12
90%	North West	57% (R)	88% (R)	68% (R)	80% (R)	65% (R)	65% (R)	8
90%	South	83% (R)	61% (R)	70% (R)	59% (R)	71% (R)	64% (R)	14
<b>Performance Trend</b>								
Performance at city level remained RED at Q1 with all localities below target (RED).  At the end of Q1 a total of 35 children (of 104 children under 5 looked after for 6 months or more) have not yet had a permanency review.								
<b>Issues Affecting Performance</b>								
The capacity to undertake Permanency Reviews has been significantly affected throughout the pandemic, as a result of barriers to arranging physical meetings; issues with accessing digital platforms, and lack of admin support.								
<b>Actions to Improve Performance</b>								
More buildings are reopening (following approval at Operational Recovery Group), which will facilitate the resumption of reviews, and increase the admin support available to support reviews. A new Review Team has also been establishing to provide an independent reviewing function.								
<b>Timescales for Improvement</b>								
Ongoing work is being progressed to undertake reviews, and additional capacity is being provided by the newly established Review Team.								
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<b>Indicator</b>	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
<b>Purpose</b>	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people. These relate to all Looked After Children residing within Glasgow city with the exception of those under 5s who are being Looked After at Home who are assessed by Health Visitors as part of the Health Visiting Universal Pathway. It also excludes children from other Council areas who may be receiving a service from the Glasgow Vulnerability Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19- Mar 19	Jul 19- Sep 19	Oct 19- Dec 19	Jan 20- Mar 20	Apr 20- Jun 20
100%	Under 5s	95.2% (A)	97.14% (A)	83.33% (R)	23.1% (R)	100% (G)	100% (G)	100% (G)
100%	Aged 5-18	100% (G)	100% (G)	79.4% (R)	92.3% (R)	92.7% (R)	92.9% (R)	100% (G)
<b>Performance Trend</b>								
Percentages can fluctuate due to the small numbers involved. Performance has moved to GREEN for both age groups.								
<p>During the pandemic it was recognised that the LAC Health/Vulnerability Service had a corporate parenting responsibility to continue to provide a service and to assess and respond to the health needs of this group given their greater risk of poorer health outcomes. Referrals for Initial Comprehensive Health Assessments were treated as a priority during the initial response to COVID-19 with staff quickly adapting to new and different methods of working to complete assessments using a combination of virtual and telephone consultations instead of face to face consultations. The number of referrals received for under 5 years (6) was equivalent to last year (Q1 2019/20). 27 referrals were received for over 5s, an increase of 7 from the previous.</p> <p><a href="#">Back to Summary</a></p>								

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Quarters 1 - 4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
60%	Glasgow	67% (G)	61% (G)	Not available	34% (R)	36% (R)	40% (R)	41% (R)
60%	North East	74% (G)	82% (G)		43% (R)	32% (R)	33% (R)	57% (R)
60%	North West	57% (R)	50% (R)		43% (R)	43% (R)	51% (R)	33% (R)
60%	South	65% (G)	44% (R)		24% (R)	36% (R)	41% (R)	21% (R)
Performance Trend								
A new SCRA assessment form was rolled out across the city in 2018/19 and we were unable to report performance during that year. The Q1 figures for this indicator will not be available until mid-August.								
All areas below target (RED) at Q4 although performance in North East (57%) was significantly better than North West (33%) and South (21%).								
Issues Affecting Performance								
There has been an ongoing issues in the report allocation system, which is building in delays for the completion of reports, and in the recording of completion dates for reports, which means that the performance data may be inaccurate.								
Actions to Improve Performance								
There have been efforts to improve the consistency in approach for allocating reports, and for recording completion dates, and it is anticipated that this will have a positive impact on allocation and recording systems.								
Timescales for Improvement								
Ongoing improvements sought in future periods.								
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<b>Indicator</b>	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
<b>Purpose</b>	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4*	19/20 Q2*	19/20 Q3*	19/20 Q4*	20/21 Q1*
75%	<b>Glasgow</b>	61% (R)	67% (R)	74% (G)	74% (G)	71% (R)	68% (R)	65% (R)
75%	North East	65% (R)	77% (G)	83% (G)	76% (G)	71% (R)	63% (R)	62% (R)
75%	North West	49% (R)	50% (R)	63% (R)	79% (G)	76% (G)	71% (R)	72% (A)
75%	South	68% (R)	73% (A)	75% (G)	69% (R)	69% (R)	73% (A)	67% (R)

**Notes**

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

-From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

**Performance Trend**

During Q1, performance dropped further at city level and in the North East and South. North West improved moving from RED to AMBER.

At Q1 the city-wide proportion of *non-recording* remained high (19%); NE had the highest proportion with 31% while the figures for NW and South were 6% and 11% respectively.

**Issues Affecting Performance**

Social Workers have been very busy since the start of lockdown and for all of those available to work, staff have been flexibly responding to urgent requests from across the system. Across the city, staff from the CCAS have been covering a range of generic Children and Families work. To provide this flexible support, CCAS staff have been prioritising young people's wellbeing, mental health and immediate practical needs (e.g. accommodation, access to food etc.).

The RSLs have not been allocating tenancies since the start of lockdown and this has led to complete gridlock in all 16+ accommodation. For each young person whose placement broke down a lot of work and energy was required by staff to find alternatives. Many more young people than usual have been sofa surfing and in precarious housing situations. Even if staff had the time to focus on employability (which they have not been able to do due to other urgent competing demands), there are no supported employment options or courses available due to the pandemic.

In the NE team, which has had the biggest decline in performance (as measured in relation to employment, education and training), there has been a lot of movement within the CCAS team with new staff coming in. Those staff have arrived with their previous caseloads so have not been able to focus on their new caseload of care experienced young people. The team is also carrying a significant amount of CP cases.

#### **Actions to Improve Performance**

The Continuing Care and Aftercare management meeting is on 14/8/20; performance issues will be fully discussed and an action plan will be put in place.

#### **Timescales for Improvement**

For South and North West teams, performance will be expected to increase to around 95% up to date for recording by 3 weeks time – Friday 4<sup>th</sup> September. For NE there is a bigger task to be undertaken. The SMs will have discussions with the management team in NE re the allocation of work as well as getting the team to refocus on employability recording. The team expect to have significantly improved performance by Friday 18<sup>th</sup> September.

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

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	2019/20 Target	Jun 19	Sept 19	Dec 19	Mar 20	Jun 20
120	126	111	67	51	31 (reduction of 20 between year-end 18/19 & 19/20)	48 (R)	46 (R)	47 (R)	46 (R)	42 (R)
<b>Performance Trend</b>										
Number of placements reduced by 4 over the last quarter but remains RED in relation to the 2019/20 annual target of 31.										
<b>Issues Affecting Performance</b>										
The lack of placement moves across the system (due to COVID-19, and the associated risks to children and carers as a result of placement moves, the closure of RSLs, and suspension of repairs etc.) has resulted in fewer options for moving young people on to positive destinations, which has impacted progress with moving young people on from high cost, out of authority placements.										
<b>Actions to Improve Performance</b>										
Reopening of RSLs, ability to arrange repairs, and robust review of young people's circumstances (supported by the new review team) will help to increase placement availability, consequently supporting young people to move back into the City, to be supported in their local communities.										
<b>Timescales for Improvement</b>										
Ongoing improvement is expected, but has been affected by the availability of suitable, local placements.										
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<b>Indicator</b>	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Purpose</b>	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16 Q4	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	Q2	Q3	Q4
<b>HSCP</b>	95%	94.6% (G)	93.8% (G)	93.7% (G)	92.41% (A)	93.16% (G)	92.08% (A)	93.48% (G)	93.2% (G)
North East	95%	N/A	95.8% (G)	95.36% (G)	92.87% (G)	93.41% (G)	89.38% (R)	94.14% (G)	91.5% (A)
North West	95%	N/A	93.6% (G)	93.54% (G)	93.66% (G)	92.83% (G)	93.47% (G)	92.24% (A)	93.3% (G)
South	95%	N/A	92.6% (G)	92.70% (G)	91.21% (A)	93.19% (G)	93.27% (G)	93.80% (G)	94.4% (G)
<b>Performance Trend</b>									
Performance remained GREEN at a city level in the last quarter. North East moved from GREEN to AMBER, while the North West moved from AMBER to GREEN. South remained GREEN. This indicator is reported in arrears.									
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<b>Indicator</b>	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
<b>Purpose</b>	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18	18/19	19/20				
		Q4	Q4	Q4	Q4	Q1	Q2	Q3	Q4	
<b>HSCP</b>	95%	95.9% (G)	96.4% (G)	95.86% (G)	95.85% (G)	96.54% (G)	96.27% (G)	95.77% (G)	96.4% (G)	
North East	95%	N/A	96.6% (G)	96.90% (G)	97.54% (G)	96.6% (G)	96.9% (G)	96.50% (G)	97.6% (G)	
North West	95%	N/A	95% (G)	95.03% (G)	94.53% (G)	96.28% (G)	96.56% (G)	95.51% (G)	95.1% (G)	
South	95%	N/A	97.3% (G)	95.63% (G)	95.54% (G)	96.69% (G)	95.56% (G)	95.36% (G)	96.3% (G)	
<b>Performance Trend</b>										
Performance remains GREEN across the city with a small increase at a city level between Q3 and Q4.										
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#### Other Annually Reported Indicators

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

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
<b>Purpose</b>	To monitor the waiting times for people accessing 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 have been seen in that quarter.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral									
	HSCP Target	Apr 17	Apr 18	Apr 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
NE	90%	87.1% (A)	87% (A)	75.3% (R)	70.4% (R)	71.8% (R)	69.9% (R)	100% (G)	50% (R)	70.8% (R)
NW	90%	81.7% (R)	83.1% (R)	83.8% (R)	90.6% (G)	87% (G)	90.3% (G)	81.8% (R)	67.6% (R)	50% (R)
S	90%	96.5% (G)	94.7% (G)	96.1% (G)	93% (G)	90.2% (G)	80.3% (R)	60% (R)	16.7% (R)	77.1% (R)

### Performance Trend

Performance RED in all areas. It should be noted that numbers starting a Psychological Therapy have been fewer in the last quarter (14 in April, 53 in May and 215 in June across the 3 localities).

### Issues Affecting Performance

The outbreak of Covid-19 has had a considerable impact on the performance of delivering PTs during Q1 Apr-Jun 20. Overall capacity across all mental health services was diverted to support core prioritised mental health care and the remaining capacity was affected.

Many staff adjusted to working from home requiring necessary hardware to continue to deliver services.

Non-urgent group-based and face-to-face interactions less prioritised and alternative IT based interventions require infrastructure to support delivery.

### Actions to Improve Performance

PT activity continues to be monitored across the services, teams are reporting the factors impacting on performance and the actions undertaken to mitigate these issues. This validated information is shared on a monthly basis across the HSCP.

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



Services have commenced the process of recovery. Caseloads are being triaged and re-prioritised. A number of limiting factors are being experienced including social distancing face-to-face and group-based interventions, building capacity and IT equipment orders. Web-based alternative options such as Anytime Anywhere are being used to commence PT treatments with patients where it is possible.

Recruitment processes are continuing, and this will assist with re-establishing capacity and, where possible, provide some flexibility of the resources, to support deliver of PTs across locality and care group boundaries.

### **Timescales for Improvement**

The impact of outbreak of Covid-19 on demand and remobilising services will continue to become clearer. The incidence of a “second wave” would have a further impact on services as they continue to recover over the next few quarters, with the number of people starting a PT returning towards previous levels. However of those people waiting for a psychological therapy the proportion of people waiting longer will impact on the Standard return over the remainder of the year.

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

TARGET	AREA	Mar 18	Mar 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
28 days	Stobhill	20.7 (G)	28.3 (G)	33.6 (R)	34.2 (R)	22.9 (G)	27.2 (G)	47.3 (R)	28.8 (G)
28 days	Leverndale	22.9 (G)	34.1 (R)	31.1 (R)	33.6 (R)	23.1 (G)	22.2 (G)	21.9 (G)	23.1 (G)
28 days	Gartnavel	24.4 (G)	35.9 (R)	31.4 (R)	33.1 (R)	27.4 (G)	32.1 (R)	34.5 (R)	39.4 (R)

#### Performance Trend

Performance fluctuating over time and between hospitals remains. Although fluctuations are anticipated during COVID, period April – June has been specifically impacted.

#### Issues Affecting Performance

The ongoing Covid-19 pandemic led to significant changes for MH services:

1. Significant staff absence rates.
2. Sufficient capacity on larger MH bed sites, principally in short-stay beds.
3. Significant numbers of COVID- positive patients in some areas

#### Actions to Improve Performance

Changes maintained safe and effective care, sustainably deployed clinical staff, and minimised pressures on other services, especially including Emergency Departments, Scottish Ambulance Service and Police Scotland. The changes were:

1. Consolidation of all unscheduled assessments and admissions (other than Inverclyde) on to two sites, at Leverndale and Stobhill Hospitals.
2. Consolidation of medical on call rotas for trainees and consultants. Medical staff based in either community or inpatient settings as far as possible to minimise infection risk.
3. Specified “trigger threshold” for implementing reconfiguration of other HSCP services were prepared which would result in unscheduled care provided from Glasgow locations.
4. All new in-patient admissions tested and isolated for COVID and personal protective equipment guidelines applied. If a ward has two people testing positive then Control of Infection advice on closing to new admissions is instituted.
5. All areas report increasing new admissions and an increasing acuity of person admitted (increased specialisation and observations).
6. All Hospital sites maintaining access to isolating any future admissions who test positive.
7. All Hospital have the ability to increase and/or reintroduce cohorting if infection rates increase.

<b>Timescales for Improvement</b>
Remobilisation will continue through to March 2020 will continue <a href="#">Back to Summary</a>

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

TARGET	AREA	Mar 18	Mar 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
<95%	Stobhill	95.6% (G)	100.8% (R)	101.4% (R)	102.4% (R)	93.2% (G)	60.8% (G)	64.3% (G)	75.7 (G)
<95%	Leverndale	96.8% (G)	102.2% (R)	96.1% (G)	96.5% (G)	85.8% (G)	76.2% (G)	74.6% (G)	77.0 (G)
<95%	Gartnavel	92.7% (G)	98.4% (A)	88.4% (G)	95.6% (G)	90.6% (G)	65.6% (G)	70.9% (G)	85.5 (G)
<b>Performance Trend</b>									
Performance fluctuating over time and between hospitals. All hospitals moved to GREEN in March and have remained so.									
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<b>Indicator</b>	4. Total number of Adult Mental Health Delays
<b>Purpose</b>	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	Apr 19	Feb 20	Mar 20	Apr 20	May 20
North East		2	3	3	6	5	5	5
North West		1	8	3	7	5	8	6
South		1	7	6	6	5	2	5
City							1	1
Sub-Total (Included Codes)		4	18	12	19	15	16	17
North East		0	3	1	1	1	0	0
North West		3	4	0	1	2	2	3
South		0	0	1	1	1	1	1
Sub-Total (Complex Codes)		3	7	2	3	4	3	4
North East Total		2	6	4	7	6	5	5
North West Total		4	12	3	8	7	10	9
South Total		1	7	7	7	6	3	6
City							1	1
All Delays	0	7 (R)	25 (R)	14 (R)	22 (R)	19 (R)	19 (R)	21 (R)

<b>Performance Trend</b>
Numbers vary across localities and over time. Numbers remained similar.
<b>Issues Affecting Performance</b>
Admission routes and discharge relationships have been disrupted due to significant staff absence rates, COVID- positive patients in some areas and staff re-deploying to ward areas to maintain safe and effective treatment.
<b>Actions to Improve Performance</b>
In order to preserve the viability of on-call rotas, safe staffing levels and ultimately allow the safe provision of emergency psychiatric care during this period of unprecedented pressure on

services, consideration being given admission activity consolidated across 2 sites supported by 2 resident on-call rotas. This reconfiguration would be to manage the majority of acute adult admission activity across GGC.

On-call medical cover would be achieved amalgamating core trainee and higher specialist trainee rotas. Consultants undertake 2nd on-call. Any gaps on the MHAU medical staffing rota potentially filled by Speciality Doctors and Consultants as necessary.

Moving consultants to 2nd on call may ultimately only be a first step but it is recognised that moving consultants to a 1st on call rota will severely diminish community/crisis teams' ability to manage patients presenting in distress, crisis and with significant deterioration of major mental illness– with a likely resultant increase in admission rates.

Pressures on junior and consultant staffing levels due to sickness and self-isolation coupled with the structural changes proposed resulted in a 'full functional split' with medical staff working exclusively within inpatient or community settings for this period. This would also minimise travel between sites and reduce the risk of transmission for the duration of the pandemic as well as allowing clinicians with pre-existing health conditions to work exclusively in the community.

Junior doctors would be predominantly or entirely based on inpatient sites for the duration of these measures with medical input in the community delivered by consultant and specialty doctors.

Discharge delays recording continue to be reviewed for improvement in addition to the speed of adherence to procedural administrative processes.

#### **Timescales for Improvement**

Arrangements continually being reviewed operationally during remobilisation to March 2021.

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## SANDYFORD (SEXUAL HEALTH)

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

### IUD – number of appointments

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Jul-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
-	NE	317	377	303	283	267	0
	NW	709	874	829	755	987	299
	S	145	72	114	111	101	0
	HSCP	1171	1323	1246	1149	1355	299
1888 per quarter	GGC	1795 (A)	1927 (G)	1739 (R)	1650 (R)	1870 (G)	299 (R)

### IUD – number of insertions

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
-	NE	209	253	207	201	182	0
	NW	607	748	664	684	757	305
	S	105	57	71	79	60	0
	HSCP	921	1058	942	964	999	305
1309/ quarter	GGC	1339 (G)	1488 (G)	1296 (G)	1310 (G)	1322 (G)	310 (R)

### Performance Trend

Performance below target both for appointments and insertions

### Issues Affecting Performance

All LARC procedures (except emergency criteria) stopped. As a result the number of IUD insertions fell by 76%.

### Actions to Improve Performance

From June 2020, the provision of LARC for people whose need is most urgent / prioritised was restarted in 2 locations, and the recovery Plan indicated a further extension of this over the coming months. There will be an improvement in the next quarter but figures not likely to resume to pre-COVID levels until full recovery of services is achieved.

<b>Timescales for Improvement</b>
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 in 2021  <a href="#">Back to Summary</a>



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

#### Implants – number of appointments

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
-	NE	483	551	501	495	454	0
	NW	690	762	740	583	665	156
	S	314	150	80	91	83	0
	<b>HSCP</b>	<b>1487</b>	<b>1463</b>	<b>1321</b>	<b>1169</b>	<b>1202</b>	<b>156</b>
<b>2431 per quarter</b>	<b>GGC</b>	<b>2182 (R)</b>	<b>2100 (R)</b>	<b>1783 (R)</b>	<b>1655 (R)</b>	<b>1691 (R)</b>	<b>156 (R)</b>

#### Implants – number of insertions

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
-	NE	219	295	227	206	228	0
	NW	364	412	398	336	334	148
	S	161	93	65	59	55	0
	<b>HSCP</b>	<b>744</b>	<b>800</b>	<b>690</b>	<b>601</b>	<b>617</b>	<b>148</b>
<b>1888 per quarter</b>	<b>GGC</b>	<b>1080 (R)</b>	<b>1124 (A)</b>	<b>912 (R)</b>	<b>874 (R)</b>	<b>865 (R)</b>	<b>148 (R)</b>

#### Performance Trend

Performance below target both for appointments and insertions.

#### Issues Affecting Performance

All LARC procedures (except emergency criteria) stopped. As a result, the number of Implant insertions fell by 83%

#### Actions to Improve Performance

From June 2020, the provision of LARC for people whose need is most urgent / prioritised was restarted in 2 locations, and the recovery Plan indicated a further extension of this over the coming months. There will be an improvement in the next quarter but figures not likely to resume to pre-COVID levels until full recovery of services is achieved.

#### 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 in 2021.

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<b>Indicator</b>	5. Average Waiting times for access to Urgent Care appointments.
<b>Purpose</b>	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
<b>Type of Indicator</b>	National Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr 16-Jun 16	Apr 17-Jun 17	Apr 18-Jun 18	Jul 19-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
2 working days	HSCP	2 (G)	2 (G)	5 (R)	8 (R)	5 (R)	5 (R)	3 (R)
	NE	3 (R)	3 (R)	5 (R)	11 (R)	9 (R)	9 (R)	NA
	NW	2 (G)	2 (G)	4 (R)	8 (R)	5 (R)	4 (R)	3 (R)
	S	4 (R)	4 (R)	7 (R)	11 (R)	8 (R)	7 (R)	NA
	GGC	3	2	5	9	6	5	3

<b>Performance Trend</b>
Performance remains above target and RED. However the waiting time has improved since the previous quarter.
<b>Issues Affecting Performance</b>
Urgent Care services criteria has been completely revised during COVID, and has only been provided at Sandyford Central (and Paisley – part) during this quarter. Patients receive call-backs rather than first presentation face-to-face, and this has skewed the performance / waiting times data. Suspension of other routine services allowed Urgent care to be prioritised and therefore, performance has improved.
<b>Actions to Improve Performance</b>
Operational Recovery plan sets out plans to extend Urgent care provision to further sites as Buildings / estate recovery allows.
<b>Timescales for Improvement</b>
With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of Urgent care is set to increase in 2021
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<b>Indicator</b>	6-9 Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
<b>Purpose</b>	Improved service access across all Sandyford services for young people aged under 18
<b>National/Corporate/Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

#### Male

TARGET	AGE	AREA	Oct-Dec 18	Jan-Mar 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
21	13-15	GC HSCP	4 (R)	4 (R)	5 (R)	5 (R)	6 (R)	2 (R)
40		GGC	15 (R)	17 (R)	14 (R)	13 (R)	13 (R)	3 (R)
58	16-17	GC HSCP	38 (R)	30 (R)	23 (R)	20 (R)	16 (R)	3 (R)
110		GGC	57 (R)	58 (R)	49 (R)	48 (R)	38 (R)	4 (R)

#### Female

TARGET	AGE	AREA	Oct – Dec 18	Jan-Mar 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
146	13-15	GC HSCP	96 (R)	94 (R)	78 (R)	69 (R)	71 (R)	21 (R)
292		GGC	193 (R)	183 (R)	153 (R)	161 (R)	145 (R)	37 (R)
339	16-17	GC HSCP	215 (R)	246 (R)	225 (R)	190 (R)	192 (R)	69 (R)
670		GGC	415 (R)	472 (R)	445 (R)	358 (R)	384 (R)	132 (R)

#### Performance Trend

Performance remain below target for males and females, all ages.

#### Issues Affecting Performance

All Young people clinics were suspended, although the Young People's team continued to liaise with partners, and vulnerable young people were seen for urgent presentations. At one point, the number of young people being provided a service fell by over 70% from 192 w/c 01/03/20 to 54 w/c 24/05/20.

<b>Actions to Improve Performance</b>
From the end of May, twice weekly sessions have been provided in the early evening at Sandyford Central, this was extended to other locations in June, and as recovery continues, more YP clinics will be provided over the coming months.
<b>Timescales for Improvement</b>
With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise to pre-2012 levels.
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<b>Indicator</b>	10. Waiting times for access to TOPAR (Termination of Pregnancy and Referral) Appointments
<b>Purpose</b>	To monitor waiting times for access to first appointment at TOPAR service
<b>National/Corporate/Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	Oct-Dec 18	Jan-Mar 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20
5 working days	5 (G)	6 (R)	5 (G)	5 (G)	6 (R)	2 (G)
<b>Performance Trend</b>						
Performance moved from RED to GREEN in the last quarter.						
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## ALCOHOL AND DRUGS

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4
90%	<b>Glasgow</b>	97% (G)	92% (G)	98% (G)	98% (G)	98% (G)	98% (G)
90%	North East	98% (G)	95% (G)	100% (G)	100% (G)	99% (G)	98% (G)
90%	North West	98% (G)	99% (G)	98% (G)	100% (G)	100% (G)	100% (G)
90%	South	99% (G)	88% (G)	88% (G)	91% (G)	93% (G)	90% (G)
<b>Performance Trend</b>							
<p><b>This indicator is reported one quarter in arrears.</b>            At Q4 all localities exceeded the referral to treatment time target (GREEN).</p> <p><a href="#">Back to Summary</a></p>							

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
75%	<b>Glasgow</b>	77% (G)	81% (G)	79% (G)	74% (G)	71% (R)	77% (G)	80% (G)
75%	North East	74% (G)	78% (G)	83% (G)	69% (R)	81% (G)	88% (G)	86% (G)
75%	North West	86% (G)	72% (A)	86% (G)	83% (G)	60% (R)	33% (R)	59% (R)
75%	South	75% (G)	91% (G)	70% (R)	71% (R)	65% (R)	61% (R)	80% (G)
<b>Performance Trend</b>								
<p>Performance at city-level remained GREEN at Q1.</p> <p>It is of note that there has been an ongoing fall in the number of Parental Assessment forms started particularly in the North West and South of the city (NE - 71, NW - 17, South - 5).</p> <p><a href="#">Back to Summary</a></p>								

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
70%	<b>Glasgow</b>	<b>65%</b> <b>(R)</b>	<b>73%</b> <b>(G)</b>	<b>77%</b> <b>(G)</b>	<b>80%</b> <b>(G)</b>	<b>80%</b> <b>(G)</b>	<b>82%</b> <b>(G)</b>	<b>83%</b> <b>(G)</b>
70%	North East	<b>67%</b> <b>(A)</b>	<b>75%</b> <b>(G)</b>	<b>77%</b> <b>(G)</b>	<b>79%</b> <b>(G)</b>	<b>91%</b> <b>(G)</b>	<b>84%</b> <b>(G)</b>	<b>86%</b> <b>(G)</b>
70%	North West	<b>64%</b> <b>(R)</b>	<b>74%</b> <b>(G)</b>	<b>81%</b> <b>(G)</b>	<b>87%</b> <b>(G)</b>	<b>89%</b> <b>(G)</b>	<b>87%</b> <b>(G)</b>	<b>89%</b> <b>(G)</b>
70%	South	<b>73%</b> <b>(G)</b>	<b>76%</b> <b>(G)</b>	<b>78%</b> <b>(G)</b>	<b>79%</b> <b>(G)</b>	<b>86%</b> <b>(G)</b>	<b>79%</b> <b>(G)</b>	<b>79%</b> <b>(G)</b>
<b>Performance Trend</b>								
All localities exceeded target (GREEN) at Q1.								
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### Other Annually Reported Indicators - See Appendix 1, Section 2

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



## HOMELESSNESS

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
95%	<b>City-wide</b>	91% (A)	86% (R)	89% (R)	87% (R)	94% (G)	97% (G)	99% (G)
	North East	90% (R)	83% (R)	88% (R)	79% (R)	86% (R)	96% (G)	99% (G)
	North West	94% (G)	94% (G)	86% (R)	87% (R)	97% (G)	97% (G)	98% (G)
	South	83% (R)	77% (R)	83% (R)	86% (R)	94% (G)	97% (G)	100% (G)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	100% (G)	100% (G)	98% (G)	98% (G)
<b>Performance Trend</b>								
Performance improved at city-wide and locality level during Q1 and all teams met target.								
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<b>Indicator</b>	2. Percentage of live homeless applications over 6 months duration at the end of the quarter.
<b>Purpose</b>	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
<b>&lt;20%</b> (16/17)  <b>&lt;40%</b> (17/18 to 20/21)	<b>City-wide</b>	45% (R)	48% (R)	45% (R)	44% (R)	42% (R)	43% (R)	43% (R)	50% (R)
	North East	41% (R)	50% (R)	46% (R)	44% (R)	44% (R)	43% (R)	45% (R)	47% (R)
	North West	42% (R)	41% (G)	39% (G)	40% (G)	41% (G)	39% (G)	41% (G)	46% (R)
	South	48% (R)	51% (R)	48% (R)	47% (R)	44% (R)	45% (R)	44% (R)	47% (R)
	Asylum & Refugee Team (ARST)	57% (R)	51% (R)	41% (G)	37% (G)	33% (G)	35% (G)	38% (G)	64% (R)
<b>Performance Trend</b>									
Performance was below target (RED) across all teams at Q1 and in particular the ARST had a significant increase in cases of longer duration with numbers rising from 262 (Q4) to 435 (Q1).									
<b>Issues Affecting Performance</b>									
<p>Homelessness Service has not been able to resettle homeless households into settled accommodation through the Section 5 process since mid-March. This is as a consequence of the social distancing measures in place due to Covid and the ceasing of letting activity by the City's RSL partners.</p> <p>The Local Letting Plan (LLP) 2020-21 targets for homelessness households moving into settled accommodation was 1000 households per quarter. With no new lets over the quarter, this therefore has a significant impact on the number of homeless households with applications over 6 months.</p>									
<b>Actions to Improve Performance</b>									
Joint strategic recovery planning is ongoing with City RSL Partners to look at letting resumption dates across the sector.									

<b>Timescales for Improvement</b>
With timescales for letting across the RSL network still to be confirmed, it is unlikely that we will see any significant performance improvement before Q4.  <a href="#">Back to Summary</a>

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

Target	Locality	17/18 Total	18/19 Total	19/20 Q3	19/20 Q4	19/20 Total	20/21 Q1	
<b>Revised for 20/21</b> 5,000 per annum (1,250 per quarter)	City-wide figure only	<b>3,016 (R)</b>	<b>3,593 (R)</b>	<b>1,020 (G)</b>	<b>1,009 (G)</b>	<b>3,774 (R)</b>	<b>829 (R)</b>	

<b>Performance Trend</b>
<b>The annual target was revised from 4,000 to 5,000 for 2020/21.</b>  The quarterly target for the number of new resettlement plans completed during Quarter 1 was not met (RED).
<b>Issues Affecting Performance</b>
With the ceasing of letting activity by the City's RSL partners for over 4 months there was a need to review over 2000 outstanding resettlement plans to ensure the information recorded within the plan is still accurate. This will allow for quicker move on when letting restarts. This however had an impact on the revised resettlement plan target being met.  The work to review the resettlement plans is ongoing, due to be completed by end of Aug 20. This will impact on the service meeting this target in Q2.  The Service did manage to complete 829 new resettlement plans throughout Q1.
<b>Actions to Improve Performance</b>
A Senior Community Homelessness Worker from each casework Service has been identified to lead and manage performance in this area, with weekly oversight by the Team leader.

<b>Timescales for Improvement</b>
It is anticipated that we will not meet target until Q3
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<b>Target/Ref</b>	4. Number of households reassessed as homeless or potentially homeless within 12 months.
<b>Purpose</b>	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Full Year Total	19/20 Q3	19/20 Q4	19/20 Full Year Total	20/21 Q1	
<480 per annum (<120 per Q)	395 (R)	493 (R)	444 (G)	400 (G)	107 (G)	107 (G)	437 (G)		
<b>Performance Trend</b>									
<p>At Q4 we met both our quarterly and annual targets (GREEN) remaining below 480 households during 2019/20.</p> <p>Awaiting Scottish Government report for Q1 figure.</p> <p><a href="#">Back to Summary</a></p>									

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

Target	Locality	16/17	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
100%	City-wide figure only	60.9%	65.5% (R)	61% (R)	74% (R)	76% (R)	71% (R)	65% (R)	99% (G)
<b>Performance Trend</b>									
Performance moved from RED to GREEN for the first time during Q1. The increase in offers is the result of the increased availability of accommodation within the city as private hotels have been used to house people during the current health emergency.									
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## CRIMINAL JUSTICE

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
80%	<b>Glasgow</b>	65% (R)	67% (R)	66% (R)	71% (R)	75% (R)	76% (R)	19% (R)
80%	North East	63% (R)	58% (R)	64% (R)	78% (A)	79% (G)	82% (G)	22% (R)
80%	North West	70% (R)	76% (R)	69% (R)	63% (R)	73% (R)	70% (R)	22% (R)
80%	South	63% (R)	65% (R)	64% (R)	70% (R)	73% (R)	75% (R)	17% (R)
<b>Performance Trend</b>								
As a result of the ongoing COVID-19 emergency there was a very significant reduction in the number of CPOs made during Q1 (total of 37 Orders) in comparison to previous quarters where 502 Orders were made during Q4 and 578 made during Q3. This should be borne in mind when comparing current performance with previous quarters. Performance was significantly lower than normal during Q1 with all localities well below the 80% target (RED).								
<b>Issues Affecting Performance</b>								
Throughout lockdown all UPW provisions within the city were unavailable and it is only since moving into phase 3 of the easing of restrictions that placements are starting to become available in very limited numbers. Court activity is also beginning to increase with more CPOs being imposed and numbers expected to rise over the coming months.								
<b>Actions to Improve Performance</b>								
Justice SW continues to liaise with the Courts / Clerks in relation to ensuring that all clients are directed to Fast Track post sentence. Recovery planning is underway with UPW providers to increase capacity in the system to ensure placements can be offered within timescales.								
<b>Timescales for Improvement</b>								
Improvements anticipated in Q2.								
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<b>Indicator</b>	2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
<b>Purpose</b>	To monitor the extent to which CPO case management plans are being developed within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
85%	City	97% (G)	80% (R)	76% (R)	75% (R)	72% (R)	85% (G)	71% (R)
85%	North East	88% (G)	79% (R)	76% (R)	77% (R)	75% (R)	79% (R)	67% (R)
85%	North West	98% (G)	75% (R)	84% (G)	91% (G)	71% (R)	87% (G)	75% (R)
85%	South	100% (G)	84% (G)	73% (R)	77% (R)	71% (R)	87% (G)	67% (R)
<b>Performance Trend</b>								
There was a significant drop in performance at Q1 across all localities with performance moving from GREEN to RED in the North West, South and at a city level. North East remained RED.								
<b>Issues Affecting Performance</b>								
The significant reduction in numbers of CPOs imposed is likely to have impacted on performance reporting in this area during the Covid crisis.								
<b>Actions to Improve Performance</b>								
As part of Justice Services recovery planning, regular performance meetings / reporting will resume that should result in improved performance moving into Q2.								
<b>Timescales for Improvement</b>								
Improvements anticipated in Q2.								
<a href="#">Back to Summary</a>								

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
75%	Glasgow	71% (R)	78% (G)	72% (A)	76% (G)	76% (G)	87% (G)	86% (G)
75%	North East	64% (R)	77% (G)	79% (G)	72% (A)	82% (G)	79% (G)	72% (A)
75%	North West	75% (G)	77% (G)	72% (A)	94% (G)	90% (G)	90% (G)	91% (G)
75%	South	72% (A)	80% (G)	66% (R)	66% (R)	63% (R)	91% (G)	92% (G)
<b>Performance Trend</b>								
<p>Telephone reviews have been held during the current COVID-19 emergency.</p> <p>During Q1 the city, North West and South remained GREEN while performance in North East dropped slightly moving from GREEN to AMBER.</p> <p><a href="#">Back to Summary</a></p>								

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
70%	<b>Glasgow</b>	65% (R)	60% (R)	64% (R)	69% (G)	71% (G)	66% (R)	63% (R)
70%	North East	58% (R)	57% (R)	59% (R)	71% (G)	75% (G)	61% (R)	70% (G)
70%	North West	61% (R)	63% (R)	70% (G)	67% (A)	68% (A)	67% (A)	59% (R)
70%	South	75% (G)	60% (R)	62% (R)	69% (G)	71% (G)	73% (G)	64% (R)
<b>Performance Trend</b>								
At Q4 performance at city level remained below target and RED. Performance in North East improved moving from RED to GREEN, while performance in North West and South moved from AMBER to RED and GREEN to RED respectively.								
If breaches are excluded from these figures, performance is above target and GREEN across all localities: NE 85%, NW 89% and South 81% (City 82%).								
<b>Issues Affecting Performance</b>								
As highlighted above, when breaches are excluded from reporting, all areas are exceeding targets in this area.								
<b>Actions to Improve Performance</b>								
UPW managers continue to monitor practice in relation to the management of these requirements. Covid legislation has increased the timescales in which these requirements are to be completed which should improve performance. However, continuing to include breaches will obviously skew performance reporting in this area.								

<b>Timescales for Improvement</b>
Improvements anticipated in Q2. <a href="#">Back to Summary</a>

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

Target	Locality	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
80%	Glasgow	73% (R)	81% (G)	76% (R)	78% (A)	77% (A)	70% (R)
80%	North East	78% (A)	83% (G)	74% (R)	82% (G)	77% (A)	64% (R)
80%	North West	74% (R)	87% (G)	79% (G)	77% (A)	75% (R)	72% (R)
80%	South	69% (R)	77% (A)	76% (R)	76% (R)	79% (G)	71% (R)
<b>Performance Trend</b>							
During Q1 performance declined across all localities with the city and North East moving from AMBER to RED while South dropped from GREEN to RED.							
<b>Issues Affecting Performance</b>							
As a result of Covid 19 there has been a significant reduction in demand for Court reports. There has also been limited face to face contact with clients with some resistant to attending for appointments, impacting on performance in this area.							
<b>Actions to Improve Performance</b>							
As we move into phase 3 of the recovery plan for Scotland with very limited restrictions, we would anticipate performance in this area improving.							
<b>Timescales for Improvement</b>							
Improvements anticipated in Q2.							
<a href="#">Back to Summary</a>							

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

Target	Locality	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1
90%	Glasgow	93% (G)	90% (G)	95% (G)	92% (G)	92% (G)	100% (G)	95% (G)
90%	North East	100% (G)	86% (A)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
90%	North West	100% (G)	100% (G)	100% (G)	100% (G)	89% (G)	100% (G)	80% (R)
90%	South	80% (R)	100% (G)	86% (A)	78% (R)	89% (G)	100% (G)	100% (G)
<b>Performance Trend</b>								
At Q1 the target was exceeded in North East, South and in the city (GREEN). Performance in North West did not meet target and moved from GREEN to RED during the quarter.								
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## HEALTH IMPROVEMENT

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

Locality	2016/17	2017/18	2018/19	2019/20	Target 2020/21	Actual 2020/21 (To Q1)
<b>Glasgow City HSCP</b>	<b>7,400</b> (G)	<b>6,470</b> (G)	<b>5055</b> (G)	<b>4394</b> (R)	<b>1266</b>	<b>75</b> (R)
North East	<b>1,156</b> (R)	<b>1,312</b> (R)	<b>1360</b> (R)	<b>1070</b> (R)	409	<b>0</b> (R)
North West	<b>1,399</b> (R)	<b>1790</b> (G)	<b>1277</b> (R)	<b>934</b> (R)	396	<b>0</b> (R)
South	<b>739</b> (R)	<b>674</b> (R)	<b>1035</b> (R)	<b>651</b> (R)	461	<b>3</b> (R)
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383	1739		72
<b>Performance Trend</b>						
Performance below target and RED. City wide services are delivered in localities but are recorded at a city-wide level.						
<b>Issues Affecting Performance</b>						
There are no figures this quarter for Primary Care. This is due to the system used for extracting GP Practice data having failed. Pandemic mitigation measures have also substantially interrupted delivery from wider HSCP services and our third sector delivery partners.						
<b>Actions to Improve Performance</b>						
eHealth are aware of the issue in Primary Care and are currently attempting to resolve. More generally, we are also looking to develop online approaches, with some of these already taking place. Given the major disruptions to normal service delivery caused by the COVID-19 pandemic, the delivery of ABIs to the normal level will, however, be impossible						

to achieve. This includes disruption within both NHS settings (acute and primary care) and also in wider settings, with face-to-face services being halted in many settings.
<b>Timescales for Improvement</b>
<p>Improvements anticipated in quarter 2.</p> <p><a href="#">Back to Summary</a></p>



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

				19/20	
	16/17	17/18	18/19	Target (Q4)	Actual (Q4)
<b>Glasgow</b>	<b>1,250(R)</b>	<b>1,398 (G)</b>	<b>1412 (G)</b>	<b>1219</b>	<b>1389 (G)</b>
North East	<b>489 (R)</b>	<b>498 (A)</b>	<b>547 (G)</b>	<b>490</b>	<b>516 (G)</b>
North West	<b>346 (R)</b>	<b>431 (G)</b>	<b>427 (G)</b>	<b>371</b>	<b>422 (G)</b>
South	<b>415 (R)</b>	<b>469 (G)</b>	<b>438 (G)</b>	<b>358</b>	<b>451 (G)</b>
<b>Performance Trend</b>					
Performance above target across all localities. There is a time lag in reporting given the nature of the target.					
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<b>Indicator</b>	3. Women smoking in pregnancy (general population).
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Q1 18/19	Q1 19/20	TARGET	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
<b>HSCP</b>	<b>12.3% (G)</b>	<b>11.7% (G)</b>	<b>12%</b>	<b>10.9% (G)</b>	<b>10.8% (G)</b>	<b>9.8% (G)</b>	<b>10.4% (G)</b>		
NE	14.8%	15.1%	N/A	12.5%	10.8%	10.1%	12.7%		
NW	10.3%	9.3%	N/A	8.1%	10%	8.6%	7.8%		
S	12.1%	10.8%	N/A	11.9%	11.3%	10.4%	10.8%		
<b>Performance Trend</b>									
Performance at a city level remains GREEN although rates increased slightly in the last quarter. Target was reduced from 13% to 12% in 2019/20. New system introduced in November 2017, so no historical figures included.									
<a href="#">Back to Summary</a>									

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

LOCALITY	Q1 18/19	Q1 19/20	TARGET	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21		
<b>HSCP</b>	18.7% (G)	18.9% (R)	17%	17.0% (G)	17.2% (G)	14.6% (G)	15.0% (G)		
NE	19.6%	20.7%	N/A	14.5%	14.2%	14.2%	15.2%		
NW	18.8%	16.4%	N/A	15.8%	15.9%	13.7%	12.6%		
S	18.4%	18.7%	N/A	20.2%	20.8%	15.7%	16.4%		
<b>Performance Trend</b>									
Performance at a city level remains GREEN although rates increased slightly in the last quarter. Target was reduced from 19% to 17% in 2019/20. New system introduced in November 2017, so no historical figures included.									
<a href="#">Back to Summary</a>									

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

AREA	2016	2017	2018	2019				
				Target (end 2019/20)	Q1	Q2	Q3	Q4
<b>HSCP</b>	25.7% (G)	26.9% (G)	30.4% (G)	31.4%	28% (R)	29.6% (R)	28.3% (R)	31.8% (G)
NE	18.3% (G)	19.7% (G)	24.4% (G)	N/A	20.9%	23.2%	19.7%	24.8%
NW	30.7% (G)	33.8% (G)	35.3% (G)	N/A	31.3%	35.4%	35.1%	37.1%
S	27.5% (G)	27.5% (G)	31.5% (G)	N/A	31.3%	30.2%	29.9%	33.3%
<b>Performance Trend</b>								
Performance has improved between Q3 and Q4 moving from RED to GREEN. Targets have been adjusted upwards and set at a city-wide level for the next 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22). Data is reported one quarter in arrears.								
<a href="#">Back to Summary</a>								

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

AREA	2016	2017	2018	Target (end 2019/20)	Q1	Q2	Q3	Q4
<b>HSCP</b>	18.2% (R)	20.3% (R)	21.2% (G)	22.4%	20.8% (R)	22.2% (G)	20.2% (R)	24.9% (G)
NE	16.2% (G)	18.4% (R)	20.2% (G)	N/A	18.6%	21.4%	15.8%	23.3%
NW	18.2% (R)	22% (R)	21.9% (R)	N/A	18.5%	23.7%	24.2%	22.7%
S	20.4% (G)	21.2% (R)	21.8% (A)	N/A	25.4%	21.9%	22.1%	28.3%
<b>Performance Trend</b>								
Performance has improved between Q3 and Q4 moving from RED to GREEN. Targets have been adjusted and set at a city-wide level for the next 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Data is reported one quarter in arrears.								
<a href="#">Back to Summary</a>								

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

AREA	2018 Drop Off Rates	2019 Target	2019 Actual			
			Q1	Q2	Q3	Q4
<b>HSCP</b>	-17.7%	-17.0%				
NE	-19.7%	-18.9%				
NW	-15.1%	-14.5%				
S	-18.6%	-17.8%				
<b>Performance Trend</b>						
New indicator. Targets have been set to achieve reductions over the next 3 years. Data not yet available.						
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#### **Other Indicators for Ongoing Review - See Appendix 1, Section 2**

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

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

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

## HUMAN RESOURCES

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

Section	Target	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020
Adult Services	4%	7.3% (R)	6.6% (R)	6.7% (R)	6.1% (R)	6.3% (R)	6.8% (R)
Children's Services	4%	6.4% (R)	5.3% (R)	5.6% (R)	5.3% (R)	4.7% (R)	4.2% (R)
Clinical Director	4%	7.4% (R)	5.0% (R)	7.3% (R)	6.9% (R)	2.3% (G)	2.0% (G)
Health Improvement	4%	5.1% (R)	3.7% (G)	3.9% (G)	1.6% (G)	1.1% (G)	1.8% (G)
Older People	4%	7.5% (R)	6.9% (R)	7.4% (R)	5.8% (R)	6.2% (R)	5.8% (R)
Resources	4%	7.4% (R)	5.8% (R)	4.8% (R)	4.1% (A)	2.4% (G)	2.1% (G)
Public Protection and Complex Care	4%	7.1% (R)	6.6% (R)	8.1% (R)	9.6% (R)	8.5% (R)	5.3% (R)
Hosted	4%	2.8% (G)	4.1% (R)	3.1% (G)	2.4% (G)	3.0% (G)	4.1% (A)
<b>Grand Total</b>	<b>4%</b>	<b>6.95% (R)</b>	<b>6.20% (R)</b>	<b>6.37% (R)</b>	<b>5.71% (R)</b>	<b>5.57% (R)</b>	<b>5.55% (R)</b>

### Performance Trend

Variations across areas and over time but performance remains above target across the HSCP. Overall the trend shows some incremental improvements in sickness absence, albeit the figure is still above the target. This has been the longest sustained improvement under 6% since the inception of the HSCP. The maintenance of this will remain a challenge but it is a stronger platform to achieve this than in the recent past.

### Issues Affecting Performance

Issues surrounding COVID19 - Special leave over the 4 months since March has been unprecedented, peaking at 13% for a month when normally this leave sits around 1% of all leave. Compounding this issue is the backlog of annual leave - meaning that service managers are now dealing with the sickness levels, the management of special leave and ensuring all staff receive their statutory breaks.

<b>Actions to Improve Performance</b>
Ensure that all assistance and guidance is made available to managers, including the ability to pay staff for leave - if the services are struggling to meet statutory commitments.
<b>Timescales for Improvement</b>
Ongoing - subject to agreed review periods  <a href="#">Back to Summary</a>



<b>Indicator</b>	2.Social Work Sickness Absence Rate (Average Days Lost)
<b>Purpose</b>	To monitor the level of sickness absence across care groups in Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Assistant Chief Officer, HR

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

	19/20						20/21						
	P8	P9	P10	P11	P12	P13*	P1**	P2	P3	P4	P5	P6	P7
<b>ADL Target (10.2 per year/0.2 per week)</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.4</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>
<b>Glasgow</b>	<b>1.2 (R)</b>	<b>1.3 (R)</b>	<b>1.4 (R)</b>	<b>1.5 (R)</b>	<b>1.3 (R)</b>	<b>2.1 (R)</b>	<b>0.4 (G)</b>	<b>1.2 (R)</b>	<b>1.2 (R)</b>	<b>1.1 (R)</b>			
Resources	1.0 (R)	1.0 (R)	1.2 (R)	0.9 (R)	0.9 (R)	2.1 (R)	0.3 (G)	0.7 (G)	0.8 (G)	0.6 (G)			
Adult Services	1.0 (R)	1.1 (R)	1.2 (R)	1.2 (R)	1.1 (R)	1.5 (R)	0.4 (G)	1.2 (R)	1.0 (R)	0.7 (G)			
Public Protection & Complex Care	0.7 (G)	0.7 (G)	0.9 (R)	0.9 (R)	0.8 (G)	1.8 (R)	0.1 (G)	0.3 (G)	0.3 (G)	0.4 (G)			
Children's Services	1.0 (R)	1.1 (R)	1.2 (R)	1.1 (R)	1.1 (R)	1.1 (R)	0.3 (G)	0.7 (G)	0.8 (G)	0.8 (G)			
Older People's Services	0.6 (G)	0.5 (G)	0.5 (G)	0.7 (G)	0.7 (G)	1.8 (R)	0.5 (R)	0.5 (G)	0.8 (G)	0.8 (G)			
Care Services	1.4 (R)	1.5 (R)	1.7 (R)	1.9 (R)	1.7 (R)	1.3 (R)	0.5 (R)	1.6 (R)	1.6 (R)	1.4 (R)			

\* Period 13 is 6, rather than 4, weeks long.

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

<b>Performance Trend</b>
The overall ADL figure has steadily been improving and the latest reporting in P5 of 1.0 ADL showing a 0.1 reduction, compared to the same period last year.
From Period 8, Older People Residential figure has been incorporated into the overall figure for Care Services which has increased the ADL consistently period by period and spiked to its highest level at the end of 2019/20. However, figures are now showing a steady reduction being achieved.
<b>Issues Affecting Performance</b>
Unprecedented times of Covid-19 has been challenging for Home Care and Older People Residential which may have impacted on absence performance.

<b>Actions to Improve Performance</b>
Actions will be reflected in the HR Recovery Plan which will include the continuation of priority staff groups targeted, where consistently high absence levels exist and support interventions implemented to address concerning areas.
<b>Timescales for Improvement</b>
Action Plans developed to try and achieve the desired improvement may take until the remaining part of 2020/21 to demonstrate any positive shift in absence trends.  <a href="#">Back to Summary</a>

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

TARGET	AREA	Jul 18	Mar 19	Feb 20	Mar 20	Apr 20	May 20	Jun 20
80%	Glasgow City	45.79% (R)	24.41% (R)	42.4% (R)	41% (R)	40.6% (R)	38.4% (R)	35.6% (R)
80%	HSCP Central		8.9% (R)	32.8% (R)	32.8% (R)	32.8% (R)	36.85% (R)	35.6% (R)
80%	North East		36.66% (R)	45.9% (R)	45.8% (R)	42.3% (R)	37.98% (R)	37.1% (R)
80%	North West		21.26% (R)	36.4% (R)	36.6% (R)	36.6% (R)	32.4% (R)	31.5% (R)
80%	South		14.76% (R)	36.8% (R)	35.4% (R)	37.3% (R)	40.66% (R)	38.6% (R)
80%	Mental Health Central		8.9% (R)	31.3% (R)	31.3% (R)	28.4% (R)	22.6% (R)	22.8% (R)

#### Performance Trend

Performance remains RED across all areas. The NHSGGC figure for June 2020 was 35.6%, therefore we are 8% points below the board wide average at 44%.

This information is taken from the new TURAS system for Knowledge & Skills Framework (KSF) recording so no information is shown prior to July 2018.

#### Issues Affecting Performance

We are in a difficult phase of trying to increase the uptake of KSF in a meaningful and beneficial way for both staff and their reviewer. We have therefore suggested a 4-point plan to try and maintain interest and encourage staff to think about the future building on the impact of COVID-19, as explained below.

#### Actions to Improve Performance

There are 4 key actions:

- To encourage our staff who are self-isolating at this time to consider going on to the TURAS home page which sits on the web and updating their PDP and the self-reflection section, which would then enable managers and team leaders to have that discussion with staff once they return

- Encourage all staff to look at the “Covid-19” support materials on the TURAS platform and through this activity ask people to update their PDPs
- To ensure that in discussions with staff about changes to practice as a result of COVID-19, we talk about the TURAS process for updating PDPs and setting clear objectives for staff and teams
- We ask Team Leaders and Managers in their – “Team Meetings” to raise the profile of TURAS with their staff.

#### **Timescales for Improvement**

Improvements sought in future quarters

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

TARGET	AREA	Mar 17	Mar 18	Mar 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
100%	Glasgow City HSCP Total	57% (R)	75% (R)	45% (R)	46% (R)	57% (R)	20% (R)	50% (R)	67% (R)	67% (R)

#### Performance Trend

Performance fluctuates across areas and over time as numbers involved are small and have reduced in the last quarter. Remains RED at a city level.

#### Issues Affecting Performance

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

Excluding March 20 there has been a steady improvement in respect of induction since January 20. Work continues to improve induction being undertaken and recorded.

#### Actions to Improve Performance

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

The performance is being monitored on a monthly basis to seek an urgent improvement.

Actions have been identified to address outstanding activity from the last quarter and also previous months.

#### Timescales for Improvement

This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance should be maintained at a positive level.

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

TARGET	AREA	Mar 17	Mar 18	Mar 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
100%	Glasgow City HSCP Total	50% (R)	44% (R)	75% (R)	57% (R)	50% (R)	50% (R)	50% (R)	67% (R)	50% (R)
<b>Performance Trend</b>										
Performance fluctuates across areas and over time as numbers involved are small and have reduced in the last quarter. Remains RED at a city level.										
<b>Issues Affecting Performance</b>										
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.										
<b>Actions to Improve Performance</b>										
-Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in an attempt to prevent breaches of induction targets. -Work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHSGG&C. -Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously.										
<b>Timescales for Improvement</b>										
This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.										
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## Other Annually Reported Indicators - See Appendix 1, Section 2

### 20. I-Matters Completion

## BUSINESS PROCESSES

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

Locality	TARGET	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
HSCP	70%	96.6% (G)	95.6% (G)	96.2% (G)	96.4% (G)	91.2% (G)	92.4% (G)	96% (G)
NE	70%	97.3% (G)	86.7% (G)	87.5% (G)	100% (G)	86.2% (G)	88.2% (G)	80% (G)
NW	70%	87.5% (G)	82.6% (G)	90.6% (G)	82.3% (G)	80% (G)	69.6% (G)	70.6% (G)
South	70%	80% (G)	100% (G)	0% (R)	100% (G)	75% (G)	50% (R)	66.7% (A)
Prisons	70%	98.7% (G)	97.9% (G)	100% (G)	100% (G)	99.5% (G)	95% (G)	100% (G)

### Performance Trend

This indicator is reported **one quarter in arrears**.  
HSCP remained GREEN with improvements over the last quarter in most areas. The majority of complaints relate to prisons.

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

Locality	TARGET	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
HSCP	70%	60% (R)	67% (A)	70% (G)	68% (G)	62% (R)	73% (G)	80% (G)
NE	70%	40% (R)	75% (G)	50% (R)	64% (R)	67% (A)	100% (G)	89% (G)
NW	70%	64% (R)	52% (R)	73% (G)	67% (A)	80% (G)	56% (R)	70% (G)
South	70%	100% (G)	100% (G)	100% (G)	100% (G)	83% (G)	89% (G)	57% (R)
Prisons	70%	59% (R)	68.6% (G)	67.6% (A)	66.7% (A)	56.7% (R)	72% (G)	80.3% (G)

#### Performance Trend

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

HSCP as a whole has improved and remained GREEN. Performance is driven by the performance of the Prison Sector, where most complaints arise. Though the performance in South appears to have deteriorated and the performance in North West improved, these are based on small number of stage 2 complaints, with a single complaint having a large % effect. Performance against this indicator at locality level (outwith prisons) is therefore best based on performance across the whole year.

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q2		19/20 Q3		19/20 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	14	93% (G)	37	78% (G)	27	70% (G)	29	79% (G)
70%	North West	22	52% (R)	19	79% (G)	21	52% (R)	19	58% (R)	25	32% (R)
70%	South	33	61% (R)	36	58% (R)	28	46% (R)	30	63% (R)	30	53% (R)
70%	Homelessness	n/a	n/a	12	42% (R)	8	63% (R)	19	58% (R)	8	50% (R)
70%	Centre	9	43% (R)	11	64% (R)	22	59% (R)	11	63% (R)	11	73% (G)
70%	<b>City</b>	<b>95</b>	<b>61% (R)</b>	<b>92</b>	<b>67% (A)</b>	<b>116</b>	<b>61% (R)</b>	<b>106</b>	<b>63% (R)</b>	<b>103</b>	<b>57% (R)</b>

#### Performance Trend

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

During Q4 performance in the North East remained above target and GREEN. All other localities and the city showed a significant decline in performance remaining below target and RED.

#### Issues Affecting Performance

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

During Q4 performance in the North East remained above target and GREEN. Services located at centre improved to be above target and GREEN. All other localities and the city as a whole showed a significant decline in performance remaining below target and RED.

#### Actions to Improve Performance

Local complaints coordinators and managers in localities should liaise with one another to identify complaints requiring agreed extension and advise complainers of these arrangements when timescales are challenging.

#### Timescales for Improvement

Any improvement in application of extension would impact immediately on the reported figures.

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q2		19/20 Q3		19/20 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	37	29% (R)	41	46% (R)	48	50% (R)	54	50% (R)	59	51% (R)
<b>Performance Trend</b>											
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>Performance remained below target (RED) at Q4, but performance was held against the previous 2 quarters, despite a further increase in volume of complaint and other factors (see below).</p>											
<b>Issues Affecting Performance</b>											
<p>An experienced senior officer left the team in early March 2020 and is yet to be replaced. New staff who joined the team at the end of 2019 / early 2020 were still developing their role during Q4. Covid-19 directly impacted complaints handling during March 2020, as remote working could not immediately be implemented for any of the team members apart from the Principal Officer and Business Development manager.</p>											
<b>Actions to Improve Performance</b>											
<p>Recruitment of a replacement for the S.O has been approved and should proceed at the end of Q2 2020/21. New staff are now assuming a greater role. All team members have been capable of remote working since mid-April 2020.</p>											
<b>Timescales for Improvement</b>											
<p>Performance should improve in the third quarter of 2020/21 subject to successful recruitment and ongoing viability of remote technology.</p> <p><a href="#">Back to Summary</a></p>											

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q2		19/20 Q3		19/20 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	94	99% (G)	86	100% (G)	94	97% (G)	72	97% (G)	92	96% (G)

#### Performance Trend

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

Performance in relation to FOIs continued to be within the target range during Q4 (GREEN) despite the continuing high volume of requests received. Covid-19 had minimal impact in the last quarter of 2019/20, despite key team members being unable to work remotely for part of March 2020. This is because legislation was passed temporarily extending the timescale for response. That was however later reversed, leaving the team with a backlog of requests already out of time. This will impact on the figures for the first quarter of 2020/21.

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

Target	Locality	17/18 Q4		18/19 Q4		19/20 Q2		19/20 Q3		19/20 Q4	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	58	75% (R)	93	69% (R)	185	72% (R)	144	68% (R)	146	58% (R)
<b>Performance Trend</b>											
This indicator is reported <b>one quarter in arrears</b> .											
Performance declined further between Q3 and Q4 due to factors set out below.											
<b>Issues Affecting Performance</b>											
<p>Volumes of subject access requests have continued at high levels since the introduction of GDPR in May 2018 and in the context of high-profile historic abuse enquiries. An experienced senior officer left the team in early March 2020 and is yet to be replaced. New staff who joined the team at the end of 2019 / early 2020 were still developing their role. Covid-19 Directly impacted SAR handling in March 2020 in two ways: (a) Remote working could not immediately be implemented for any of the team members apart from the Principal Officer and Business Development manager (b) the City Archives closed on 20<sup>th</sup> March 2020 and have not reopened. This means there is no access to historic records (which are the majority of SARs received) for any requests received after that date as well as those from February / March that were pending processing or on hold for clarification or proof of identity prior to 20/03/20 but later activated and now overdue.</p>											
<b>Actions to Improve Performance</b>											
Recruitment of a replacement for the S.O has been approved and should proceed at the end of Q2 2020/21. New staff are now assuming a greater role. All team members have been capable of remote working since mid-April 2020.											
<b>Timescales for Improvement</b>											
Performance will not improve for a considerable time after the re-opening of the City Archives, for which no definite date has yet been set. There will at that time be a backlog of SARs to clear, impacting performance until at least the end of Q3 2020/21.											
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<b>Indicator</b>	7. Percentage of elected member enquiries handled within 10 working days.
<b>Purpose</b>	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	
								no.	%
80%	<b>Glasgow</b>	92% (G)	94% (G)	88% (G)	88% (G)	85% (G)	73% (R)	143	77% (A)
80%	North East	100% (G)	100% (G)	99% (G)	95% (G)	95% (G)	85% (G)	19	95% (G)
80%	North West	95% (G)	93% (G)	91% (G)	91% (G)	79% (G)	80% (G)	23	70% (R)
80%	South	95% (G)	94% (G)	93% (G)	90% (G)	84% (G)	81% (G)	24	67% (R)
80%	Centre	83% (G)	86% (G)	73% (R)	78% (A)	82% (G)	71% (R)	37	70% (R)
80%	Care Services (prev. Cordia LLP)					86% (G)	27% (R)	40	85% (G)

#### Performance Trend

The data sets for both Q4 and Q1 were received in recent weeks and are presented here.

During Q4 performance in the city overall fell from GREEN to RED for the first time. There were significant declines in performance in Centre and Care Services which both moved from GREEN to RED between Q3 and Q4.

At Q1 performance at city level improved moving from RED to AMBER. North East and Care Services also improved performance during Q1, while performance moved from GREEN to RED in North West and South. It's of note that Quarter 1 saw a 55% reduction in the number of Enquiries received in comparison with the previous quarter (Q4=324, Q1=143).

#### Issues Affecting Performance

The Members Liaison Unit (MLU) section was closed at the end of Q4 and the start of Q1 as a result of the COVID-19 emergency so enquiries which were logged pre-lockdown were not responded to until staff returned to the office several weeks later and this has impacted on performance across both Q4 and Q1. MLU section are still working with reduced staff numbers. There was a corporate decision to deal only with emergency and COVID-19 related enquiries via a process set up by the Chief Executive's Department.

#### Actions to Improve Performance

Social Work MLU inbox will be monitored daily.

<b>Timescales for Improvement</b>
<p>MLU section are still working at a reduced staff level due to current Government Guidelines. It is anticipated that this will continue to impact on performance over the coming quarters.</p> <p><a href="#">Back to Summary</a></p>

## 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 Actual	19/20 Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87.3%	87.6%	88.3% (G)	87.8% (Revised)
	Scotland	87.0%	87.3%	88.0%	88.1%	89.4%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	94.7%	94.8%	N/A	95.4% (Revised)
	Scotland	95.7%	95.8%	95.9%	96.0%	N/A	N/A

\*Provisional Figures shown for MSG5

### 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. Please note that results from the 2019/20 survey were originally due to be published nationally in April 2020 but, due to staff redeployment during the Covid-19 pandemic, the publication has been delayed and the most recent survey results are not yet available. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD).

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

<b>National Integration Indicator</b>	<b>Outcome</b>	<b>Glasgow</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Scotland</b>
1. Percentage of adults able to look after their health very well or quite well	1	90	87.6	89.8	89.7	93
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	82	77.9	82.7	84.7	81
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	80	77.2	80.3	81.5	76
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	77	76.6	76.1	79.8	74
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	79	77.3	76.4	82.5	80
6. Percentage of people with positive experience of the care provided by their GP practice	3	86	83.3	88.3	85.6	83
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	80	76.7	76.3	84.0	80
8. Percentage carers who feel supported to continue in their caring role.	6	38	37.8	39.7	37.3	37
9. Percentage of adults supported at home who agreed they felt safe	7	85	84.0	82.7	87.5	83



*i. Operational Performance Indicators*

<b>Indicator No. /Outcome</b>	11. Premature mortality rate per 100,000 persons: by calendar year					
Outcome 9	2015	2016	2017	2018	Direction of Travel	
					2015-2018	2017-2018
Glasgow City	634	617	614	625	▲	▼
Scotland	441	440	425	432		

<b>Indicator No. /Outcome</b>	12. Rate of emergency admissions per 100,000 population for adults*						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel	
						15/16 to 2019	18/19 to 2019
Glasgow City	14,816	14,363	12,910	13,089	13,179	▲	▼
Scotland	12,295	12,229	12,210	12,275	12,602		

<b>Indicator No. /Outcome</b>	13. Rate of emergency bed days per 100,000 population for adults*						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	Direction of Travel	
						15/16 to 2019	18/19 to 2019
Glasgow City	145,113	146,841	140,255	138,539	136,430	▲	▲
Scotland	128,541	126,891	123,383	120,177	117,478		

<b>Indicator No. /Outcome</b>	<b>14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions*</b>						
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019</b>	<b>Direction of Travel</b>	
						<b>15/16 to 2019</b>	<b>18/19 to 2019</b>
Glasgow City	98	102	96	98	98	►	►
Scotland	98	101	103	103	104		

<b>Indicator No. /Outcome</b>	<b>15. Proportion of last 6 months of life spent at home or in a community setting *</b>						
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019</b>	<b>Direction of Travel</b>	
						<b>15/16 to 2019</b>	<b>18/19 to 2019</b>
Glasgow City	86	87	87	88	88	▲	►
Scotland	87	87	88	88	89		

<b>Indicator No. /Outcome</b>	<b>16. Falls rate per 1,000 population aged 65+*</b>						
Outcome 9	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019</b>	<b>Direction of Travel</b>	
						<b>15/16 to 2019</b>	<b>18/19 to 2019</b>
Glasgow City	28.9	31.1	30.7	30.5	28.5	▲	▲
Scotland	21.1	21.4	22.2	22.5	22.7		

<b>Indicator No. /Outcome</b>	17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	81%	86%	90%	86%	91%	▲	▲
Scotland	83%	84%	85%	82%	82%		

<b>Indicator No. /Outcome</b>	18. Percentage of adults with intensive care needs receiving care at home					
Outcome 9	2015	2016	2017	2018	Direction of Travel	
					2015-2018	2017-2018
Glasgow City	56%	55%	57%	58%	▲	▲
Scotland	61%	62%	61%	62%		

<b>Indicator No. /Outcome</b>	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 2019
Glasgow City	627	464	324	458	549	15/16 to 19/20	18/19 to 19/20
Scotland	915	841	762	793	743		

<b>Indicator No. /Outcome</b>	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019	<b>Direction of Travel</b>	
						15/16 to 2019	18/19 to 2019
Glasgow City	24%	25%	25%	25%	25%	▼	►
Scotland	23%	23%	24%	24%	23%		

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

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

### 3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Primary Care</b>								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	76% (R)				Performance below target but above the Scottish average (68%). This has reduced from the 2016/17 figure of 78%. From 17/18 Health & Care Experience Survey.
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	17/18	94% (G)				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%. From 17/18 Health & Care Experience Survey.
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	18/19	76% (G)	75.1% (G)	75.1% (G)	77.4% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). Annual NHSGGC screening report last produced Jan 2020.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 19	79.7% (G)	78.6% (G)	80.4% (G)	80% (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 2019 were 81.8% (NE); 86.3% (NW); 84% (S), Next update for Jan-Mar 2021

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Children's Services</b>								
5.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at Mar 20	51.3% (R)	57.1% (G)	48.8% (R)	48.6% (R)	Provisional data now produced twice yearly locally and data shown relates to Mar 2020 (ISD national report produced annually). Equivalent figures (also provisional) for Sep 19 were 52.7% (City); 58% (NE); 50.5% (NW); 50.1% (S). Next update Oct/Nov 2020
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at Mar 20	90.5% (G)	89.4% (G)	91.3% (G)	90.8% (G)	Provisional data now produced twice yearly locally and data shown relates to Mar 2020 (ISD national report produced annually). Equivalent figures (also provisional) for Sep 19 were 90.9% (City); 89.6% (NE); 92.2% (NW); 90.9% (S). Next update Oct/Nov 2020
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2018	62.8% (G)				Performance has declined from 64.1% in 2016. Below the Health Board average of 67.1% which also fallen from 68.2% in 2016. Produced 2 yearly (last one Oct 18).
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 (last one Oct 19).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Alcohol and Drugs</b>								
9. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	17/18	<b>1,089,750 (G)</b>				Slightly below target but classified as GREEN. Data available at end of each financial year.
10. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1680	18/19	<b>3056 (G)</b>				Above target and GREEN. Data available at end of each financial year. Risen from 1980 for 17/18. New target set for 19/20 of 3750.
<b>Others</b>								
11. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2018	<b>99</b>				Numbers increased from 88 in 2017. Figures published annually by ISD and those shown published June 2019. 2014-18 European age standardised figure is 14.4 (Scotland is 13.4). Last updated July 2019. No updates yet this year.
12. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2018	<b>45.1</b>				Rates have increased for the HSCP as a whole from 27.6 in 2016 and 31.2 in 2017. Last updated July 2019. No updates yet this year.
13. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2018	<b>146</b>				Reduced at city level in the last two years (187 in 2016 and 186 in 2017). Last updated July 2019. No updates yet this year.
14. Percentage of those invited who undertake bowel screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	60%	2017/ 19	<b>51.6% (R)</b>	<b>50.6% (R)</b>	<b>52.6% (R)</b>	<b>51.5% (R)</b>	Standardised uptake rates shown. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Jan 2020.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
15. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	15/16-17/18	N/A	65.8% (R) NHSGGC			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 NHSGGC information available at time of the new Annual NHSGGC screening report (Jan 2020).
16. Percentage of women invited who attend for cervical screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	80%	2018/19	67.6% (R)	69.2% (R)	63% (R)	70.8% (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 Jan 2020.
<b>Human Resources</b>								
17. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019	62% (G)  Employment Engagement Index 77			Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%. Not undertaken in 2020 due to Covid-19.	



## APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

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

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