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Item No. 9

Meeting Date

Wednesday 14th December 2022

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

Report By: Allison Eccles, Head of Business Development

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HSCP Performance Report Q2 2022/23

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2022/23.
Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance.
Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) note the attached performance report;</p> <p>b) consider the exceptions highlighted in section 4.3; and</p>

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	c) review and discuss performance with the Strategic Lead for Adult Services.
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Relevance to Integration Joint Board Strategic Plan:

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
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Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.
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Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 15).
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Provider Organisations:	None.
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None.
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Legal:	None.
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Economic Impact:	None.
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Sustainability:	None.
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Sustainable Procurement and Article 19:	None.
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Risk Implications:	None.
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Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
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Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.
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1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2022/23.

2. Background

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

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
 - ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
 - iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)
 - v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.
- 3.3 Along with the National Integration and MSG Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 4.

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- 3.4 Service Leads are asked annually to review their KPIs and targets. Any changes for 2022/23 have been incorporated into the body of this report and are highlighted for each individual indicator affected.

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction.

Exceptions

- 4.3 At Q2, 51 indicators were GREEN (51%); 43 RED (43%); and 6 AMBER (6%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	Page
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	23
2. % of service users who receive a reablement service following referral for a home care service – Hospital Discharges	24
8. Intermediate Care: Percentage Occupancy	30
9. Intermediate Care: Average Length of stay (Days)	31
10. % of intermediate care users transferred home	32
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year	35
14. Older People Mental Health (AWI): Average number of days delayed per patient	37
16. Post Diagnostic Support: 1st contact within 18 weeks	39
Unscheduled Care	
2. A&E Waits Less Than 4 Hours (%) (QEUH) (GRI)	41
7. Total Number of Acute Delays	46
8. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	48
Children's Services	
1. Uptake of the Ready to Learn Assessments -North East; North West; South	52

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4. Access to CAMHS services - % seen with 18 weeks	55
5. % looked after & accommodated children under 5 who have had a Permanency Review	57
7. % of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (North East and North West)	66
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale, Gartnavel and Stobhill)	68
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) – Stobhill & Leverndale	70
4. Total number of Adult Mental Health delays	71
Sexual Health (Sandyford)	
4-7. Number of individual young people attending all Sandyford services - aged 13-15 and 16-17 for females; and 16-17 for males.	77
Homelessness	
2. % of live homeless applications over 6 months duration at the end of the quarter	80
4. Average number of weeks from application to settled accommodation	83
8. Number of Households in Bed & Breakfast Accommodation	88
9. Number of Temporary Furnished Flats	90
Health Improvement	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	98
5. Exclusive Breastfeeding at 6-8 weeks (general population)	102
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	105
Human Resources	
1. NHS Sickness absence rate	107
2. Social Work Sickness Absence Rate	109
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	111
4. % of NHS staff who have completed the standard induction training within the agreed deadline	113
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	114
Business Processes	
2. % NHS Stage 2 Complaints responded to within timescale	116
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	121

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Changes in RAG Status

- 4.4 There has been a change in RAG status for **14** indicators since the last report. Of these, performance improved for **6** and declined for **8**.

i. Performance Improved

A) RED TO GREEN
<i>Sexual Health</i>
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered
B) RED TO AMBER
<i>Children's Services</i>
1. Uptake of the Ready to Learn Assessments (South)
C) AMBER TO GREEN
<i>Primary Care</i>
1. Prescribing Costs: Compliance with Formulary Preferred List
<i>Children's Services</i>
9. Number of out of authority placements
<i>Adult Mental Health</i>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
<i>Homelessness</i>
3. Number of new resettlement plans completed - total to end of quarter (citywide)

ii. Performance Declined

A) GREEN TO RED
<i>Health Improvement</i>
2. Smoking Quit Rates at 3 months from the 40% most deprived areas
B) GREEN to AMBER
<i>Children's Services</i>
2. Percentage of HPIs allocated by Health Visitors by 24 weeks (North West)
<i>Health Improvement</i>
4. Women smoking in pregnancy (most deprived quintile)
<i>Business Processes</i>
3. Percentage of Social Work Stage 1 Complaints responded to within timescale
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days
C) AMBER to RED
<i>Adult Mental Health</i>
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - South
3. % Bed Occupancy (Short Stay Adult Mental Health Beds) – Stobhill & Leverndale

5. Recommendations

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) note the attached performance report;
 - b) consider the exceptions highlighted in section 4.3; and
 - c) review and discuss performance with the Strategic Lead for Adult Services.

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CORPORATE PERFORMANCE REPORT

**QUARTER 2
2022/23**

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1. PERFORMANCE SUMMARY

1. Key to the Report









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

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

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2a. Summary

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People & Carers	8 (42%)		11 (58%)		8 (42%)		11 (58%)	
Unscheduled Care	5 (50%)		5 (50%)		5 (50%)		5 (50%)	
Primary Care		1 (50%)	1 (50%)				2 (100%)	
Children's Services	6 (37.5%)	1 (6.3%)	9 (56.2%)		5 (31.2%)	2 (12.6%)	9 (56.2%)	
Adult Mental Health	6 (60%)	4 (40%)			9 (90%)		1 (10%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	4 (50%)		4 (50%)		3 (37.5%)		5 (62.5%)	
Homelessness	4 (44.4%)	1 (11.2%)	4 (44.4%)		3 (33.3%)	1 (11.2%)	5 (55.5%)	

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Criminal Justice			6 (100%)				6 (100%)	
Health Improvement	2 (28.6%)		5 (71.4%)		3 (42.9%)	1 (14.2%)	3 (42.9%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	2 (28.6%)		5 (71.4%)		2 (28.6%)	2 (28.6%)	3 (42.8%)	
TOTAL No. and (%)	42 (42%)	7 (7%)	51 (51%)		43 (43%)	6 (12%)	51 (51%)	

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2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
<i>Home Care, Day Care and Residential Services</i>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q2	69% 	►
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Period 6 (Aug)	Hosp 63%  Community 74.4% 	Hosp ▼ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Period 7 (Sep)	36.3% 	▼
4. Day Care (provided) – Review Rates (No data available between Q1 20/21 and Q3 21/22 as day centres were closed)	95%	Q2	93% 	►
5. Provided Residential Care – Occupancy Rates	95%	Q2	96% 	▼
6. Provided Residential Care – Review Rates	95%	Q2	95% 	►










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services				
7. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Q2	25 	▲
8. Intermediate Care: Percentage Occupancy.	90%	Sep 22	70% 	▼
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Sep 22	48 days 	▲
10. Intermediate Care: Percentage of users transferred home.	>30%	Sep 22	24% 	▼
iii. HSCP Community Services				
11. Number of community service led Anticipatory Care Plans in Place	Conversations 200 p.a. Summaries 50 p.a.	Q2	Conversations 85  Summaries 82 	Conversations ▲ Summaries ▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q2	10% 	▼
13.i Referrals to Telecare: Standard	2,000/p.a. 500/quarter	Q2	509 	▼
13.ii Referrals to Telecare: Enhanced	760/p.a. 190/quarter	Q2	237 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
14. Older People Mental Health (AWI): Average number of days delayed per patient	120 days	Q2	135 	▲
15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum	Q2	660 	▲
16. Post Diagnostic Support: 1 st contact within 18 weeks	100%	Q2	TBC 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr to Jul 22	48,586 (12,146/month) 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Sep 22	GRI - 58.8%  QEUH - 51.6% 	GRI ▼ QEUH ▲
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr to Jul 22	18,852* (4713*/month) *provisional 	▼
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/month)	Apr to Jul 22	154,792* (38,698* per month) *provisional 	▲
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2772 per month)	2021/22	665* (55* per month) *provisional 	▶

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Apr to Jun 22	37,792* (12,597* per month) *provisional	▼
7. Total number of Acute Delays	120	Sep 22	164 (Total) 97 (Non-AWI) 67 (AWI) 	Total ▼ Non-AWI ▼ AWI ▲
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3327)	Apr to Jul 22	6,312 	▼
9. Acute (AWI) (Older people 65+): Average number of days delayed per patient	155 days	Q2	109.14 days 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q1	76.17% 	▲ to
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Jun 22	£154.27 	▼
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Sep 22	NE 89% NW 87% S 90%	NE ▲ NW ▲ S ▲ to





















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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jul 22	NE 96% NW 91% S 95%	NE ▼ NW ▼ to S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q2	818	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 22	83.28%	▲
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q2	61%	▲
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q2	100% (<5s) 100% (5-18)	▶ (<5s) ▶ (5-18)
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q1	55%	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	80%	▲
9. Number of out of authority placements	30 by end of 21/22.	Q2	29	▲ to












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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	95.59% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	95.57% 	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 22	NE 49.4%  NW 84.5%  S 81.7% 	NE ▼ NW ▲ S ▼  to 
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Sep 22	Stob 37.3  Lev 39.5  Gart 33 	Stob ▲ Lev ▼ Gart ▲
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Sep 22	Stob 103%  Lev 100.5%  Gart 96.2% 	Stob ▼  to  Lev ▼  to  Gart ▲  to 
4. Total number of Adult Mental Health delays	0	Sep 22	12 Total 11 (Non-AWI)/ 1 (AWI) 	Total ▲ Non-AWI ▲/AWI ▲












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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q1	93% 	▼
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q2	1427 	▲ to 
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q2	2035 	▲
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q2	2 day 	▼
4 & 5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q2	5  (13-15) 20  (16-17)	▲ (13-15) ► (16-17)
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q2	53  (13-15) 178  (16-17)	▲ (13-15) ▲ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q1	4 	▼
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q2	99% 	►











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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q2	50% 	►
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Q2	1039 	▲ to 
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q2	47 weeks 	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum (<120 per quarter)	Q2	107 	▼
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q2	100% 	►
7. Number of new Housing First tenancies created	280 by year end 22/23	Q2	273 	▼ to 
8. Number of Households in Bed & Breakfast Accommodation	395 or less by end of 22/23.	Q2	504 	▼
9. Number of Temporary Furnished Flats	2400 or less by end of 22/23.	Q2	2,338 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	88% 	▼












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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. i) Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days 2ii). % of Drug Treatment and Testing Orders (DTTO) with a Case Management Plan within 20 days (Drug Court) 2iii). % of Licences with a Case Management Plan within 20 days (Clyde Quay)	85%	Q2	98% 	▲
3. Percentage of 3-month Reviews held within timescale	75%	Q2	87% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q2	83% 	►
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q2	79% 	►
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q2	94% 	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Q2	4408 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 21/22	Q1	248 	▼  to 
3. Women smoking in pregnancy (general population)	11%	Q2	9.9% 	▼












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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q2	16% 	▼  to 
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 21/22	Q4	28% 	▼
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 21/22	Q4	20.6% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.4% by end of 21/22	Q4	29% 	▼
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Sep 22	7.61% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/ 4-week period	Period 7 (Sep)	1.6 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	80%	Sep 22	31% 	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Sep 22	42% 	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Sep 22	68% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q1	89% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	49% 	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q1	67% 	▼  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	73% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q1	96% 	▼  to 
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q1	13% 	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q1	80% 	▲

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1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Locality	Target	2020/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	85%	70% (R)	64% (R)	63% (R)	73% (R)	84% (G)	85% (G)	84% (G)	76% (R)	69% (R)	69% (R)
North East		73% (R)	66% (R)	65% (R)	80% (R)	88% (G)	90% (G)	89% (G)	83% (G)	81% (A)	81% (A)
North West		68% (R)	60% (R)	65% (R)	77% (R)	84% (G)	82% (A)	81% (A)	71% (R)	70% (R)	70% (R)
South		70% (R)	66% (R)	61% (R)	66% (R)	81% (A)	85% (G)	83% (G)	76% (R)	62% (R)	62% (R)

Performance Trend

There was no change in performance between Q1 and Q2 with all localities and the City below target. The city, North West and South remained RED while North East remained AMBER.

Issues Affecting Performance

The main issues affecting performance within this quarter remains as long term sickness absence and vacancies within the assessment team. Recruitment also remains a consistent challenge, particularly in the North West and South of the city. Furthermore, short-term absence including Covid related absences has impacted the number of service reviews being carried out.

Actions to Improve Performance

The aim is to continue to recruit against vacant posts and cover long-term absences with additional hours or overtime, the previous recruitment has stabilised the service.

Timescales for Improvement

It is expected that performance will return to target by Q4 as the service deals with the backlog created.

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

Referral Source	Target	20/21			21/22				22/23			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Quarter 2		
		Per 7 (Sep) %	Per 10 (Dec) %	Per 13 (Mar) %	Per 4 (Jun) %	Per 7 (Sep) %	Per 10 (Dec) %	Per 13 (Mar) %	Per 4 (Jun) %	Per 5 (Jul) %	Per 6 (Aug) %	Per 7 (Sept) %
Hospital Discharges	70%	71.3 (G)	70.3 (G)	70.9 (G)	75.0 (G)	76.0 (G)	67.9 (A)	71.7 (G)	66.3 (R)	62.7 (R)	63.0 (R)	67.6 (A)
Community Referrals	70%	77.9 (G)	78.5 (G)	81.5 (G)	70.4 (G)	75.3 (G)	66.0 (R)	72.5 (G)	72.3 (G)	73.2 (G)	74.4 (G)	76.7 (G)

Performance Trend

Performance in relation to Hospital Discharges was below target (RED) during July and August, however there was improvement towards the end of the quarter with the RAG status moving from RED to AMBER during September. Performance in respect of Community Referrals remained above target and GREEN over the 3 months of the reporting period.

Issues Affecting Performance

The Reablement Assessment Team had 4 new OT's join the team on a 4-week induction period to fill outstanding vacancies, challenges remain regarding recruitment. However further vacancies and posts unable to be filled as temporary due to maternity leave continue to leave significant gaps. There are ongoing staff changes within the operational side of the reablement service, all having an impact on screening service users for reablement.

Actions to Improve Performance

Ongoing recruitment processes and changes to the team areas of cover to support the vacancies should improve staffing levels and improve screening performance. The Reablement Team Leaders are actively reviewing caseloads and performance in order to improving performance across the service.

Timescales for Improvement

As recruitment is actively ongoing, we should see an improvement by quarter 4 through the actions detailed above.

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

		20/21			21/22				22/23			
Locality	Target	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Quarter 2		
										Per 5 (July) %	Per 6 (Aug) %	Per 7 (Sep) %
City	>35%	31.5 (R)	43.0 (G)	37.2 (G)	37.3 (G)	38.3 (G)	42.3 (G)	39.4 (G)	36.5 (G)	33.6 (A)	31.6 (R)	36.3 (G)
North East		26.2 (R)	49.2 (G)	26.3 (R)	46.9 (G)	50.0 (G)	37.9 (G)	38.6 (G)	40.0 (G)	28.9 (R)	21.2 (R)	36.5 (G)
North West		37.9 (G)	40.5 (G)	52.4 (G)	38.3 (G)	39.6 (G)	46.4 (G)	45.5 (G)	38.6 (G)	40.0 (G)	36.6 (G)	46.4 (G)
South		27.7 (R)	41.2 (G)	28.9 (R)	31.4 (R)	31.6 (R)	40.5 (G)	34.3 (G)	33.0 (R)	31.5 (R)	32.8 (R)	29.4 (R)
Performance Trend												
Performance varies across locality and over time. At city level performance dipped to AMBER (July) and RED (August) before moving back to GREEN in September. At the end of quarter 2 North East and North West were GREEN, while South remained RED.												
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Target/Ref	4. Day Care (provided) - Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6-month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	19/20				20/21	21/22		22/23	
Target	Q1	Q2	Q3	Q4	Q1-Q4	Q1-Q3	Q4	Q1	Q2
95%	96% (G)	98% (G)	97% (G)	100% (G)	N/A	N/A	91% (A)	93% (G)	93% (G)
Performance Trend									
Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak and Q4 21/22 was the first quarter where we were able to report on this indicator.									
At Q2 the proportion of Day Care service users who had had a review remained within the target range (GREEN).									
The current number of Day Care service users is 423. Work is currently under way to increase both capacity and attendance at day care.									
All Day Care reviews are in-house and are service specific looking at their day care need, rather than their care need.									
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Target/Ref	5. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	2020/21				2021/22				2022/23		
Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	91% (A)	95% (G)	85% (R)	93% (G)	94% (G)	97% (G)	97% (G)	96% (G)	97% (G)	96% (G)	
Performance Trend											
<p>The residential occupancy rate continued to exceed target (GREEN) at the end of Q2.</p> <p>Occupancy has returned to pre-pandemic levels with the development of a Discharge to Assess pathway which supports the assessment of prospective residents from hospital in a homely environment. Close scrutiny of admissions and discharges continues to be carried out in line with Health Protection Scotland guidance in relation to COVID-19 to minimise the risk of introducing infection to care homes.</p> <p>Back to Summary</p>											

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

	19/20		20/21		21/22				22/23	
Target	Q3	Q4	Q1-Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	95% (G)	96% (G)	N/A*	100% (G)	24% (R)	96% (G)	97% (G)	99% (G)	95% (G)	95% (G)
Performance Trend										
<p>Performance remained GREEN at Quarter 2 with 95% of residents having had a review.</p> <p>Currently care home residents have 2 reviews per annum; one an in-house review carried out by the care home management team while the other is a statutory review carried out by a social worker.</p> <p><i>*2020-21</i> No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.</p> <p>Back to Summary</p>										

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ii. Commissioned Services

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

Locality	Target	21/22					22/23	
		Q1	Q2	Q3	Q4	21/22 Total	Q1	Q2
City	75 per annum (19 per quarter)	25 (G)	21 (G)	18 (R)	20 (G)	84 (G)	19 (G)	25 (G)
North East	25 per annum (6 per quarter)	10 (G)	9 (G)	8 (G)	8 (G)	35 (G)	8 (G)	5 (R)
North West		5 (R)	3 (R)	6 (G)	9 (G)	23 (R)	5 (R)	7 (G)
South		10 (G)	9 (G)	4 (R)	3 (R)	26 (G)	6 (G)	13 (G)

Performance Trend

New Supported Living indicator from 2021/22

The quarterly target was met at a city level and in North West and South during Q2 (GREEN). North East was slightly below target (RED).

Currently there are 265 service users in receipt of care and support living in clustered supported living sites in the city.

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ii. Commissioned Services

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

Locality	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
City	90%	62% (R)	38% (R)	52% (R)	69% (R)	61% (R)	64% (R)	58% (R)	74% (R)	70% (R)	80% (R)	70% (R)
North East		59% (R)	42% (R)	61% (R)	76% (R)	73% (R)	53% (R)	44% (R)	84% (R)	78% (R)	91% (R)	89% (R)
North West		77% (R)	52% (R)	46% (R)	67% (R)	57% (R)	73% (R)	66% (R)	86% (A)	82% (R)	100% (R)	66% (R)
South		49% (R)	16% (R)	50% (R)	64% (R)	53% (R)	67% (R)	63% (R)	51% (R)	55% (R)	74% (R)	65% (R)

Performance Trend
Performance has improved in the North East and South, while declining in the North West and at city level in the last quarter. All remain RED.
Issues Affecting Performance
Available capacity has again been affected this quarter by Covid outbreaks, the moratorium on one of the units and the ongoing and yet to be concluded tender process.
Actions to Improve Performance
The follow up tender is due to be completed in January 2023. Speedy follow up has been built in to handover processes with wards to ensure better success with IC placements made over the weekend.
Timescales for Improvement
Quarters 3 and 4 22/23.
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Indicator	9. Intermediate Care: Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
City	<28 days	39 (R)	48 (R)	47 (R)	46 (R)	43 (R)	50 (R)	42 (R)	56 (R)	52 (R)	48 (R)	48 (R)
North East		49 (R)	45 (R)	58 (R)	54 (R)	46 (R)	60 (R)	86 (R)	76 (R)	51 (R)	48 (R)	55 (R)
North West		37 (R)	65 (R)	57 (R)	50 (R)	48 (R)	43 (R)	42 (R)	60 (R)	46 (R)	71 (R)	73 (R)
South		26 (G)	29 (A)	35 (R)	34 (R)	36 (R)	46 (R)	32 (R)	23 (R)	46 (R)	44 (R)	44 (R)

Performance Trend

Performance has improved at a city level and in the North East in the last quarter while declining in the North West and South. All remain RED.

Issues Affecting Performance

Covid outbreaks within step down Intermediate Care and in other care home locations continues to have an impact on the average length of stay. This impacts on the availability and timing of placements for future care with a number delayed longer than anticipated. A small number of patients who have been delayed within step down care for a significant period appear to skew the average length of stay which has contributed to the reported deterioration in performance. In addition, capacity issues are featuring in increasing numbers of cases adding further delays in discharge.

Actions to Improve Performance

A focus on individuals whose stay exceeds 28 days to identify further areas for improvement. Targetting options in relation to capacity issues where these are contributing to delays. Ongoing scrutiny and the implementation of the recovery plan for step down intermediate care. Contrary to expectations, Covid infections continue to impact services.

Timescales for Improvement

Quarters 3 & 4 22/23.

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

Locality	Destination	Target	2020/21			2021/22				2022/23			
			Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
Glasgow	Home	30%	7% (R)	15% (R)	25% (R)	26% (R)	13% (R)	19% (R)	15% (R)	26% (R)	24% (R)	6% (R)	24% (R)
	Res/Nursing	N/A	72%	60%	50%	54%	55%	65%	63%	59%	52%	74%	66%
	Readmissions	N/A	13%	18%	22%	18%	13%	11%	22%	11%	24%	11%	10%
	Deceased	N/A	9%	8%	3%	2%	19%	5%	0%	4%	0%	9%	0%
NE	Home	30%	12% (R)	20% (R)	10% (R)	25% (R)	17% (R)	8% (R)	25% (R)	43% (G)	25% (R)	11% (R)	0% (R)
	Res/Nursing	N/A	65%	47%	50%	50%	75%	83%	75%	43%	50%	56%	75%
	Readmissions	N/A	18%	20%	40%	19%	0%	0%	0%	14%	25%	33%	25%
	Deceased	N/A	6%	13%	0%	6%	8%	8%	0%	0%	0%	0%	0%
NW	Home	30%	0% (R)	14% (R)	25% (R)	18% (R)	11% (R)	15% (R)	8% (R)	25% (R)	0% (R)	0% (R)	0% (R)
	Res/Nursing	N/A	65%	57%	50%	59%	44%	62%	62%	75%	80%	80%	100%
	Readmissions	N/A	18%	29%	25%	23%	33%	15%	31%	0%	20%	20%	0%
	Deceased	N/A	18%	0%	0%	0%	11%	8%	0%	0%	0%	0%	0%
South	Home	30%	8% (R)	9% (R)	36% (G)	37% (G)	10% (R)	33% (G)	20% (R)	17% (R)	31% (R)	5% (R)	32% (R)
	Res/Nursing	N/A	92%	82%	50%	53%	40%	50%	60%	58%	44%	81%	59%
	Readmissions	N/A	0%	0%	7%	11%	10%	17%	20%	17%	25%	0%	9%
	Deceased	N/A	0%	9%	7%	0%	40%	0%	0%	8%	0%	14%	0%

Performance Trend

Performance improved in the North East, North West and at city level in the last quarter but declined in the South. The North West moved from RED to GREEN while the others remained RED.

Issues Affecting Performance

Overall, admissions and discharges through step down Intermediate Care are down from previous pre-covid levels of activity. This means that any small shift in activity can skew percentage measure for those people returning home. The current population within step down care is under review but appears to be a more complex and vulnerable group than previously, so potentially is less likely to be discharged home. The focus of step down intermediate care remains as home as a priority.

Actions to Improve Performance

The intermediate care recovery plan is a focus for improvement including the introduction and implementation of huddles, enhanced scrutiny and understanding of needs. A key opportunity is also the establishment of new providers from the recent tender exercise resulting in a new IC unit opening temporarily until IC tender completed - 15 bedded unit in South increasing capacity to 75 beds across the city. In addition there is ongoing activity to increase the use of clustered supported living to improve returning home options.

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Timescales for Improvement
Quarters 3 & 4 22/23. Back to Summary

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iii. HSCP Community Services

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

Indicator	Target 22/23	19/20	20/21	21/22	22/23				
		Full year	Full Year	Full Year	Q1	Q2	Q3	Q4	Year to Date
No. ACP conversations held	200 p.a.	530 (R)	264 (R)	208 (R)	80 (G)	85 (G)			165 (G)
No. summaries completed and shared with GPs	50 p.a.	130 (R)	69 (R)	50 (R)	28 (G)	82 (G)			110 (G)

Performance Trend
<p>Targets have been adjusted from 800 (Conversations) and 200 (Summaries) for 2022/23.</p> <p>This indicator relates to teams across GCHSCP including District Nursing, Community Rehab and Social Work. Targets refer to the number of completed ACP Summaries that have been shared with GPs (via Clinical Portal), and the number of conversations that have been held with patients to raise awareness of the benefits of ACPs. Performance has exceeded target for Q2 22/23.</p> <p>Issues around data recording are beginning to be resolved, with accurate data now available regarding number of ACPs on the Clinical Portal system. The data also distinguishes between conversations which have resulted in an ACP being created, and those which have not. Data from EMIS has not been included in this submission due to risk of duplication of information.</p> <p>Work still required to ensure that all teams are using Clinical Portal system to record any ACP interactions in order to report accurate data. It is possible staff are having further conversations which do not develop into ACPs, but not using this system to record these interactions. Work is ongoing to rectify this.</p> <p>Back to Summary</p>

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

Locality	Target	20/21				21/22				22/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	0%	2% (A)	6% (R)	5% (R)	8% (R)	1% (A)	2% (A)	1% (A)	3% (A)	9% (R)	10% (R)	
North East		0% (G)	0% (G)	1% (A)	1% (A)	0% (G)	0% (G)	1% (A)	1% (A)	6% (R)	5% (R)	
North West		0% (G)	5% (R)	4% (R)	3% (A)	0% (G)	0% (G)	0% (G)	1% (A)	5% (R)	1% (A)	
South		4% (R)	10% (R)	7% (R)	11% (R)	2% (A)	4% (R)	1% (A)	6% (R)	14% (R)	18% (R)	
Performance Trend												
During Q2 performance fell further at city level and in South (RED), while performance improved slightly in North East (RED) and in North West which moved from RED to AMBER. The number and percentage of activities older than 12 months increased during the past 3 months; from 210 (9%) in June to 242 (10%) in September. At the end of the quarter there were 2,328 open OT assessment activities assigned to workers or teams: 242 (10%) of these had been open for more than 12 months; 48 were open to North East, 6 to North West and 182 to South (6 were open to Teams designated as “other”).												
Issues Affecting Performance												
Work is being carried out to review all the current OT waiting lists through both data cleansing and overtime being offered to staff to complete the longest waiting OT assessment activities. There has been a concentrated level of work targeted in South with OT’s from North West carrying out waiting list triaging and completing assessments for those service users with the longest waiting time. There has been an increase in sickness absence in North East which has resulted in reduced capacity to target those assessments open for more than 12 months. There is to be a realignment of staff resource from the localities in to connect which will further reduce the OT workforce by one in each area												
Actions to Improve Performance												
There will be a displacement of x 2 OTs from NW to SPOA, however it is hoped that the skill mix of current OT’s and new OT staff will reduce the number of new referrals into the system.												
Timescales for Improvement												
Improvements continue to be expected over the coming months. Back to Summary												

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Target/Ref	13. Referrals to Telecare
Purpose	To monitor the number of Telecare referrals received on a quarterly basis for the Standard and Enhanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Year	Targets Annual (Quarterly)	19/20 Full Year Total	20/21 Full Year Total	2021/22				21/22 Full Year Total	2022/23		
					Q1	Q2	Q3	Q4		Q1	Q2	Mid-Yr Total
Standard	19/20 & 20/21	2,750	2,723 (G)	2,326 (R)	660 (G)	657 (G)	746 (G)	708 (G)	2,771 (G)	552 (G)	509 (G)	1,061 (G)
	21/22 & 22/23	2,000 (500 per quarter)										
Enhanced	19/20 & 20/21	1,500	1,565 (G)	444 (R)	158 (G)	151 (G)	161 (G)	202 (G)	672 (G)	250 (G)	237 (G)	487 (G)
	21/22	500 (125 per quarter)										
	22/23	760 (190 per quarter)										

Performance Trend

The target for the Enhanced Telecare service has been increased from 500 to 760 for 2022/23. During Q2 the targets were met for both Standard and Enhanced Telecare referrals (GREEN).

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Indicator	14. Older People Mental Health (AWI): Average number of days delayed per delayed patient
Purpose	To monitor the extent to which Older People Mental Health patients, 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, are being delayed. This relates to patients coded to 'G4' - the psychiatry of old age – within OPMH beds.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (see Appendix 2)
Strategic Priority	Priority 3 (see Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	2022/23			
		Q1	Q2	Q3	Q4
City	120 days	151 (R)	135 (R)		
NE		0 (G)	0 (G)		
NW		132 (R)	0 (G)		
South		170 (R)	135 (R)		

Performance Trend
<p>This is a new indicator for 2022/23 and replaces the previous one which was related to the total number of patients delayed and had a zero target.</p> <p>Performance is above target and RED in the South but is GREEN in the other localities.</p>
Issues Affecting Performance
<p>Pressure on acute beds from demand for inpatient beds and difficulties accessing appropriate care to support discharge. Two complex cases in south have been considerably delayed due to legal issues and awaiting out of sector placements near family, which have resulted in the performance target not being met in this locality. Robust careplanning is in place for both these individuals to resolve their delays.</p>
Actions to Improve Performance
<p>Focus on timely assessment, working on effective discharge planning and also regular review of HBCC patients. Supported and facilitated by fortnightly meetings with Commissioning, Housing, ward staff, allocated social workers and SW TLs</p>
Timescales for Improvement
<p>Ongoing into 2022/23.</p> <p>Back to Summary</p>

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

Locality	Annual Target	19/20 Full Year Total	20/21 Full Year Total	21/22				21/22 Full Year Total	22/23		
				Q1	Q2	Q3	Q4		Q1	Q2	Mid Yr Total
Glasgow	1,900 (475 per Q)	1,932 (G)	1928 (G)	604 (G)	572 (G)	583 (G)	632 (G)	2,391 (G)	615 (G)	660 (G)	1,275 (G)
North East	633 (158 per Q)	740 (G)	604 (A)	180 (G)	188 (G)	200 (G)	233 (G)	801 (G)	233 (G)	204 (G)	437 (G)
North West	633 (158 per Q)	411 (R)	445 (R)	180 (G)	180 (G)	162 (G)	162 (G)	684 (G)	163 (G)	218 (G)	381 (G)
South	633 (158 per Q)	781 (G)	879 (G)	244 (G)	204 (G)	221 (G)	237 (G)	906 (G)	219 (G)	238 (G)	457 (G)

Performance Trend

During Quarter 2 the target was met by the city and each of the localities (GREEN).

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Indicator	16. Post Diagnostic Support: 1 st contact within 18 weeks
Purpose	To ensure people with a dementia diagnosis can access the Post Diagnostic Support (PDS) service within 18 weeks of diagnosis.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area		Target	2022/23			
			Q1	Q2	Q3	Q4
City Wide		100%	0% (R)	TBC (R)		
North	Belmont		0% (R)	0% (R)		
East	Parkview		0% (R)	0% (R)		
North West	Glenkirk		0% (R)	100% (G)		
South	Shawmill		0% (R)	0% (R)		
	Elderpark		0% (R)	0% (R)		

Performance Trend

New indicator for 2022/23.

Glenkirk is the only unit location where people are being seen within 18 weeks. C

Issues Affecting Performance

Demand has historically exceeded available resource. IJB agreed 1 Year funding to double contract value over 22/23 to employ additional 8 link workers bringing total to 15.4 wte.
Waiting list at 30/8/22 was 297
Caseloads at 30/8/22 were 847

Actions to Improve Performance

New link workers commenced mid-July and are undergoing training and induction. New workers now have full case load.
NE and South have longest waiting time and new link workers will be targeted to these areas
Waiting list has also reduced by 50% since Q1 reporting when it was 571.
Link Workers caseloads have increased from 530 to 847 since April 2022.

Timescales for Improvement

18 weeks from diagnosis to be achieved Q3 22/23.

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UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (18+)
Purpose	To monitor attendance at Accident and Emergency Departments. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs) but excludes GP Assessment Unit attendances . Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To July)
Glasgow	Annual	153,791	162,600	159,916 (A)	113,513 (G)	139,920 (G)	153,791	48,586 (G)
	Monthly Average	12,816	13,542	13,326 (A)	9459 (G)	11,660 (G)	12,816	12,146 (G)
Performance Trend								
<p>The target for 2021/22 has been rolled over into 2022/23. The figures for 2022/23 (April to July) are below target and GREEN. The numbers of attendances rose in 2021/22 having fallen in 2020/21 due to the pandemic. Please note there is a time lag associated with these figures which are produced nationally.</p> <p>Back to Summary</p>								

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

Locality		2020/21				2021/22				22/23		
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
GRI	Target 95%	92.8 (G)	88.5 (R)	91.8 (A)	87.5 (R)	68.5 (R)	71.4 (R)	61.7 (R)	63.4 (R)	60.5 (R)	55 (R)	58.8 (R)
QEUH		89.7 (R)	81 (R)	87.9 (R)	80.6 (R)	56.5 (R)	67 (R)	47.7 (R)	45.6 (R)	55.4 (R)	51.8 (R)	51.6 (R)

Performance Trend
Performance improved at QEUH since June but remained RED. GRI performance has declined and also remains RED.
Issues Affecting Performance
Nationally, the four hour target has not been delivered and there have been particular challenges for NHSGG&C. Elements of the complexity of attenders, availability of beds and staffing issues have been reported in the public domain. In addition we continue to manage Covid19 whilst delivering the increased elective programme to reduce waiting list backlogs. We recognise the commitment of staff to deliver this target and the relationship across system wide issues where our improvement focus lies.
Actions to Improve Performance
The focus for improvement is a system wide approach looking at targeting any delayed discharges and identifying opportunities to reduce length of stay and offer diagnostics or other intervention in an outpatient or community setting. The main focus however is around opportunities to prevent attendance or admission in the first instance, so the programme of activity includes redirection, flow navigation centre, use of Near Me / Attend Anywhere, Hospital at Home, Homefirst, Community Rehabilitation and the increased activity within Intermediate Care. The aim is to develop a focussed critical mass of services to appropriately manage people in their own home or care setting. Essential to this is consistent public communication at both a local and national level ensuring that these are complementary and not conflicting to ensure all efforts can be made to direct people to the most appropriate service to meet their needs.
Timescales for Improvement
Quarter 4 22/23 Quarter 1 23/24.
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Indicator	3. Number of Emergency Admissions (18+)
Purpose	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To July)
Glasgow	Annual	70,133	63,898	63,324 (G)	54,947 (G)	59,193 (G)	66,624	18,852* (G)
	Monthly Average	5844	5325	5277 (G)	4579 (G)	4933 (G)	5552	4713* (G)

*Provisional

Performance Trend
<p>The target for 2021/22 has been rolled over into 2022/23. The figures for 2022/23 (April to July) are provisional at this stage but are below target and GREEN. The numbers of admissions rose in 2021/22 having fallen in 2020/21 due to the pandemic. Please note there is a time lag associated with these figures which are produced nationally.</p> <p>Back to Summary</p>

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

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23* (To July)
Glasgow	Annual	493,371	496,071	497,641 (R)	438,871 (G)	514,657 (R)	453,866	154,792* (G)
	Monthly Average	41,114	41,339	41,470 (R)	36,572 (G)	42,888 (R)	37,822	38,698* (G)

*Provisional

Performance Trend
The target for 2021/22 has been rolled over into 2022/23. The figures for 2022/23 (April to July) are provisional at this stage and while above target, are GREEN. The numbers of unscheduled bed days for 2021/22 were above target and RED, increasing since 2020/21 when the pandemic caused a reduction. Please note there is a time lag associated with these figures which are produced nationally.
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Indicator	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
Purpose	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2017/18	2018/19	2019/20	2020/21	2021/22 Target	2021/22* Actual
Glasgow	Annual	36,956	21,377	19,324	14,192 (G)	1648 (G)	33,260	665* (G)
	Monthly Average	3080	1781	1610	1183 (G)	137 (G)	2772	55* (G)

*Provisional

Performance Trend
<p>Performance is classified as GREEN with figures remaining very low compared to pre-pandemic. Please note there is a time lag associated with these figures which are produced nationally, and figures are provisional at this stage.</p> <p>Back to Summary</p>

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

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 Actual
Glasgow	Annual	190,791	180,888	189,139 (A)	170,093 (G)	160,503* (G)	181,371	37,792* (G)
	Monthly Average	15,899	15,074	15,762 (A)	14,174 (G)	13,375* (G)	15,114	12,597* (G)

*Provisional

Performance Trend
The target for 2021/22 has been rolled over into 2022/23. The figures for 2022/23 (April to June) are provisional at this stage (as are the 2021/22 figures) and are GREEN. Please note there is a time lag associated with these figures which are produced nationally.
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Indicator	7. Total number of Acute Delays
Purpose	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Locality	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
North East	120 New target	20	9	19	25	17	8	23	21	27	29	32
North West		17	17	12	15	15	16	22	17	27	35	25
South		19	17	21	20	22	7	30	34	34	33	40
Sub-Total (Included Codes)		56	43	52	60	54	31	75	72	88	97	97
North East		11	22	28	27	29	20	21	21	21	16	22
North West		9	10	13	16	18	11	19	20	25	21	22
South		14	11	10	18	19	18	21	27	24	18	23
Sub-Total (Complex Codes)		34	43	51	61	66	49	61	68	70	55	67
Overall Total		90 (R)	86 (R)	103 (R)	121 (R)	120 (R)	80 (R)	136 (R)	140 (R)	158 (R)	152 (R)	164 (R)

Performance Trend

Target has been adjusted from 0 to 120 delays for 2022/23.

Total numbers delayed have increased between June and September and remain RED.

Issues Affecting Performance

Note: There has been an increase in complex referrals post covid currently averaging 75 per week, continuing to increase into September.

- Closure of wards due to Covid.
- Closures of care homes by public health to admissions due to Covid and other risks to public health outbreaks.

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- SW awaiting responses from Care Homes regarding accepting and arranging admissions into their units.
- Access to wards by care homes for arranging admissions and transfers into their units
- Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.
- Wards not arranging appropriate discharge arrangements ie transport, medication, paperwork resulting in increased time taken to admit.
- Staffing pressures within the Hospital Social Work Team / (Recruitment and absence).

Actions to Improve Performance

2 newly appointed Team Leaders starting 14th November 22.

Daily management huddle with focus on delays/ actions/ follow up.

Support from community teams providing workers to support the work- 7 additional workers currently in situ and letters have been posted to recent retirees and offered temporary contracts to support the work as part of winter planning. So far 2 have responded positively.

Focus on reducing the number of early referrals – use of over time and additional workers – can confirm as of week 7th November no outstanding early referrals

Support of additional Service Manager with a background in SW and MHO, strong focus at looking at AWI's and the use of 13za / interim orders, support the chairing of case conferences reduce timelines – work initiated

Escalation policy in place regarding any failed or not taken place discharges due to lack of acute practice.

Interface meeting between SW and acute Discharge Team to support progressing early referrals and decision making around the delayed discharge agenda.

Weekly meeting chaired by Head of Service to focus on delays within community teams. Strong performance reporting on resolving / progressing discharges – commissioning attend to support the agenda and progress barriers with care homes.

A significant focus on AWI's with the recruitment of two further solicitors, which allows the legal team to engage with and offer more support around AWI's / Delays and support private solicitors' AWI cases (which are often complex).

The use of discharge to assess pathway has improved outcomes for patients with them being assessed within a care home environment and not in a hospital bed.

Regular meetings with commissioning colleagues to find solutions and progress complex cases and improve the interface with Care Home communication across Glasgow City. A webinar has taken place end of October with Care Homes, both private and provided with a focus on hospital acute delays and collaborative working / problem solving.

The Chief Officer meetings weekly with lead ACOs (&lead service managers and commissioning). The HSCP continue to focus on delays giving a high level of scrutiny within the HSCP to identify opportunities to prevent delays or mitigate their impact.

Timescales for Improvement

Agreed timescale up to March 2023.

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

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To July)
Glasgow	Annual	41,582	38,656	45,318 (R)	49,902 (R)	64,853 (R)	39,919	25,249 (R)
	Monthly Average	3488	3238	3776 (R)	4159 (R)	5404 (R)	3327	6,312 (R)

Performance Trend
The target for 2021/22 has been rolled over into 2022/23. The figures for 22/23 (to July) are above target and RED. Please note there is a time lag associated with these figures which are produced nationally.
Issues Affecting Performance
<ul style="list-style-type: none"> The patients are complex, frailer and have far more care and support needs post covid. Placements within adult (15% of our delays are adults) care homes are very limited across Glasgow and beyond. Closure of wards due to Covid Closures of care homes by public health to admissions due to Covid and other public health outbreaks Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex. SW awaiting responses from Care Homes regarding accepting and arranging admissions to their units. Access to wards by care homes for arranging admissions and transfers into their units Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex. Wards not arranging appropriate discharge arrangements ie transport, medication, paperwork resulting in increased time taken to admit 70% of our AWIs are with private solicitors – taking approx. 50% longer than local authority applications.
Actions to Improve Performance
<p>Collaboration with Commissioning and Care Homes as stated in Indicator 7 will improve performance across this indicator also.</p> <p>The focus on AWI improvement and legal services as noted in the above indicator will also have a positive impact on this target and the long delays within Glasgow.</p> <p>Furthermore, as with Indicator 7 (above):</p> <ul style="list-style-type: none"> Development of a real time AWI tracker Implementing daily huddle calls & utilising discharge to assess pathways A strategic review by commissioning around the pathways into care homes. Focus on long delays (very complex commissioning identify specialist placements).
Timescales for Improvement
<p>Ongoing and continuing to review / improve services to reduce numbers.</p> <p>Back to Summary</p>

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Indicator	9. Acute (AWI) (Older people 65+): Average number of days delayed per delayed patient.
Purpose	To monitor the extent to which patients 65+, 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, are being delayed. This relates to patients within Acute beds.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (see Appendix 2)
Strategic Priority	Priority 3 (see Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	2022/23			
		Q1	Q2	Q3	Q4
City	155 days	93.67 (G)	109.14 (G)		
NE		115.87 (G)	123.14 (G)		
NW		97.09 (G)	103.78 (G)		
South		75.91 (G)	102.04 (G)		

Performance Trend
<p>This is a new indicator for 2022/23 which replaces the previous one which was related to the total number of acute bed days lost for these patients and had an annual target of 1,910.</p> <p>Performance has declined in all localities in the last quarter but remains below target and GREEN.</p> <p>Back to Summary</p>

PRIMARY CARE

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

Locality	Target	20/21			21/22				22/23
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	78%	77.03% (G)	76.96% (G)	76.83% (G)	76.72% (G)	74.68% (A)	75.98% (A)	75.96% (A)	76.17% (G)
NE		77.76% (G)	77.75% (G)	77.63% (G)	77.51% (G)	75.57% (A)	76.94% (G)	76.67% (G)	77.01% (G)
NW		76.20% (G)	76.17% (G)	76.04% (A)	75.90% (A)	73.94% (R)	75.42% (A)	75.33% (A)	75.45% (A)
S		77.08% (G)	76.91% (G)	76.79% (G)	76.70% (G)	74.50% (A)	76.04% (A)	75.86% (A)	75.92% (A)
NHSGGC		77.06%	76.98%	76.84%	76.73%	74.71%	76.17%	75.96%	76.87%

Performance Trend

During Q1 there was a slight improvement in performance across all localities and at city level performance moved from AMBER to GREEN. North West and South remained AMBER while the North East remained GREEN. This is reported one quarter in arrears.

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Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	20/21			21/22				22/23
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
City	Cost below (or same) as Board average	£151.40 (G)	£150.76 (G)	£147.61 (G)	£150.24 (G)	£151.24 (G)	£152.33 (G)	£154.20 (G)	£154.27 (G)
NE		£148.15 (G)	£147.45 (G)	£144.49 (G)	£147.00 (G)	£147.89 (G)	£149.49 (G)	£151.11 (G)	£151.32 (G)
NW		£148.98 (G)	£148.59 (G)	£145.63 (G)	£148.15 (G)	£149.45 (G)	£149.52 (G)	£150.93 (G)	£149.91 (G)
S		£157.17 (G)	£156.36 (G)	£152.85 (G)	£155.69 (G)	£156.55 (G)	£158.12 (G)	£160.74 (G)	£160.75 (G)
NHSGGC		£169.40	£168.73	£164.95	£167.94	£169.37	£170.75	£172.98	£172.97

Performance Trend
<p>Variations across sectors and over time but all localities remain GREEN with minimal changes over the last quarter.</p> <p>Back to Summary</p>

CHILDREN'S SERVICES

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

Locality	Target	2020/21			2021/22			2022/23				
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
North East	95%	90% (A)	91% (A)	84% (R)	90% (A)	93% (G)	87% (R)	86% (R)	84% (R)	89% (R)	86% (R)	89% (R)
North West		81% (R)	85% (R)	80% (R)	87% (R)	87% (R)	90% (A)	81% (R)	80% (R)	87% (R)	84% (R)	87% (R)
South		85% (R)	90% (A)	88% (R)	89% (R)	90% (A)	91% (A)	84% (R)	89% (R)	86% (R)	91% (A)	90% (A)

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

Locality	Target	19/20	2020/21					2021/22				
		Jun 20	Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	May 22	Jun 22	Jul 22
North East	95%	96% (G)	97% (G)	98% (G)	96% (G)	96% (G)	98% (G)	97% (G)	97% (G)	99% (G)	97% (G)	96% (G)
North West		99% (G)	95% (G)	97% (G)	96% (G)	98% (G)	97% (G)	97% (G)	97% (G)	98% (G)	98% (G)	91% (A)
South		97% (G)	97% (G)	97% (G)	99% (G)	99% (G)	97% (G)	94% (G)	97% (G)	98% (G)	98% (G)	95% (G)

Performance Trend
Variations across areas and over time. North West moved to AMBER in the last quarter. There is a time lag in the availability of this data.
Issues Affecting Performance
This has been investigated by the North West Service Manager and the statistic for North West relates to 7 children. Of this cohort, 1 of the children included in the statistics for North West was actually from another area, and one was allocated to the Family Nurse Partnership service. The allocation of HPIs for the other children were impacted by significant staff sickness at the time, with unprecedented absence of 6.6 WTE absence in one team over June/July.
Actions to Improve Performance
This issue is believed to be a temporary, one off issue arising from staff absence.
Timescales for Improvement
Improvement is expected in the next quarter as staff absence levels reduce.
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Indicator	3. Number of referrals being made to the Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22					22/23		
					Q1	Q2	Q3	Q4	21/22 Total	Q1	Q2	Q3
City	1,533	383	2,515 (G)	3,123 (G)	843 (G)	791 (G)	698 (G)	737 (G)	3,069 (G)	814 (G)	818 (G)	
NE	344	86	764 (G)	771 (G)	260 (G)	220 (G)	185 (G)	195 (G)	860 (G)	215 (G)	242 (G)	
NW	576	144	918 (G)	812 (G)	217 (G)	185 (G)	191 (G)	170 (G)	763 (G)	216 (G)	209 (G)	
S	613	153	833 (G)	1,540 (G)	366 (G)	386 (G)	322 (G)	372 (G)	1,446 (G)	383 (G)	367 (G)	

Performance Trend

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

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

Area	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
City	100%	45.4 (R)	54.64 (R)	60.81 (R)	53.27 (R)	53.01 (R)	49.58 (R)	59.37 (R)	63.20% (R)	60.00% (R)	66.27% (R)	83.28% (R)
North East		42.8 (R)	51.56 (R)	57.58 (R)	54.22 (R)	72.73 (R)	54.32 (R)	68.39 (R)	73.60% (R)	82.86% (R)	73.08% (R)	85.59% (R)
North West		46.4 (R)	62.79 (R)	62.24 (R)	49.83 (R)	78.72 (R)	47.69 (R)	56.48 (R)	50.67% (R)	32.46% (R)	33.68% (R)	73.91% (R)
South		47 (R)	52.87 (R)	61.47 (R)	55.95 (R)	24.69 (R)	46.67 (R)	50.0 (R)	60.58% (R)	68.13% (R)	86.92% (R)	91.26% (R)

Performance Trend
Variations exist across localities and over time. Performance improved significantly in all localities over the last quarter.
Issues Affecting Performance
<p>The restrictions associated with the pandemic response are continuing to have an impact on the number of face-to-face appointments that can be offered although we have been able to offer an increased level of flexibility to children, young people and their families regarding how they access appointments. Families are being asked to contact the service to arrange an appointment and potential barriers to accessing appointments online are identified and face-to-face appointments provided as required. As a result, there has been a decrease in the number of appointments missed.</p> <p>There continues to be challenges in relation to recruitment, with a recent increase in the number of candidates withdrawing from posts after being successful at interview. This is having an impact on number and length of vacancies, and also on staff time in terms of protracted recruitment processes. There is also a significant proportion of internal appointments, particularly in relation to recruitment of registered professionals (e.g. nurses, psychologists, allied health professionals), which is leading to a need to backfill, which is being exacerbated by continuing recruitment challenges.</p> <p>Most teams continue to experience particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits.</p>
Actions to Improve Performance
Currently work is orientated towards assessing and supporting children with presenting difficulties that require an urgent response as well as increasing the number of first treatment appointments offered whilst also developing plans to ensure a sustainable workforce in the longer term. Work is also ongoing to ensure effective analysis of the needs of children who are being accepted into the service to inform service development and delivery planning.

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

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

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

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

Brief Interventions work continues on a citywide basis.

All of these measures have made an impact, with significant improvement in all areas, particularly North West.

Timescales for Improvement

Progress is being made across the city both in relation to the numbers of children waiting and in terms of the length of time children are waiting for a first appointment, with additional appointments available through overtime and/ or bank shifts continuing to have a positive impact.

Links across the wider system have now been established. The quality of these connections will continue to be developed and understanding regarding the wider network of supports available for children and young people in relation to their health and wellbeing continues to be developed and shared across the network. A networking team is now in place via the tier 1 and 2 community mental health funding, which is being jointly managed by Specialist Children's Services Managers and the Central Parenting Team and is initially focusing on providing support to the families of children and young people on the waiting list for CAMHS.

Service Managers have undertaken a programme of work for referrers and will be continuing to implement this throughout 2022.

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

Locality	Target	2020/21			21/22				22/23		
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Quarter 2	
										% with review	Number <i>without</i> a Permanency Review
City	90%	58 (R)	59 (R)	55 (R)	58 (R)	65 (R)	57 (R)	62 (R)	59 (R)	61 (R)	30
North East		57 (R)	59 (R)	51 (R)	62 (R)	69 (R)	63 (R)	62 (R)	59 (R)	65 (R)	12
North West		52 (R)	52 (R)	53 (R)	42 (R)	47 (R)	38 (R)	57 (R)	56 (R)	56 (R)	8
South		61 (R)	62 (R)	59 (R)	62 (R)	74 (R)	65 (R)	62 (R)	58 (R)	58 (R)	10

Performance Trend

Performance at city and locality level remained RED during Quarter 2.

At the end of September, a total of 30 children (of 77 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

The complexity of the current situation, the impact of the most recent Covid surge and consequent proportion of staff having to self-isolate, continues to mean that deployment of staff resource has had to be prioritised to respond to these matters, often on an emergency basis. Consequently, recovery planning has been affected and continues to make arranging face-to-face meetings with families more challenging. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve due to current circumstances, and in the context of continuing recruitment challenges.

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In addition, the introduction of the new family connections assessment format has been an adjustment for staff, and as part of a suite of assessment processes feeding into the Permanence Review, may be adding some delay.

Progressing this important work continues to be challenging in the present circumstances.

Actions to Improve Performance

A city-wide permanence forum has been established to bring a focus to this work and the locality permanence forums have now been re-established. A full audit of all the children under 5 has been undertaken and the work required to progress their care plans has been quantified.

Permanence workshops and peer support opportunities have commenced to focus on this group of children and to ensure their plans are progressed appropriately. Two additional Independent Reviewing Officers have been appointed and they now have a role in overseeing this work and progressing the plans for young children.

There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work as far as possible, whilst juggling emergency demand, and the increased availability of administrative support will continue to help to support improvement.

It is hoped that more face-to-face meetings will be facilitated, whilst continuing to manage the risks of Covid, to ensure parents are fully involved through in-person attendance in these complex discussions and decisions about the future care of their children.

Timescales for Improvement

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

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

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Under 5s	100%	73.33 (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
Aged 5-18		92.9% (R)	100% (G)	96.2% (A)	85% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

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

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

Locality	Target	20/21				21/22				22/23	
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	60%	45 (R)	32 (R)	42 (R)	49 (R)	51 (R)	59 (G)	58 (A)	51 (R)	55 (R)	58 (A)
North East		49 (R)	52 (R)	41 (R)	49 (R)	55 (R)	76 (G)	61 (G)	45 (R)	58 (A)	55 (R)
North West		42 (R)	22 (R)	23 (R)	41 (R)	50 (R)	63 (G)	64 (G)	70 (G)	53 (R)	53 (R)
South		45 (R)	24 (R)	53 (R)	58 (A)	45 (R)	50 (R)	51 (R)	40 (R)	52 (R)	62 (G)

Performance Trend

There was improvement in performance in the city and South during Q2; the city moved from RED to AMBER and in South where performance improved significantly by 10 percentage points the RAG rating moved from RED to GREEN. In North West there was no change in performance which remained RED. In North East performance fell during the quarter with the RAG rating moving from AMBER to RED.

Issues Affecting Performance

North East performance continues to be significantly impacted by staff turnover. Over the latter half of 2021 & start of 2022, and since the last recruitment, a number of staff have left the service. This has meant whole caseloads have had to be reallocated. Additionally, there have been several members of staff who have had periods of sickness. Covid continues to impact performance, and although some staff were able to work, periods of isolation has impacted on the workload of other team members. The impact of staff sickness and Covid isolation periods has been further compounded by annual leave, with Team Leaders having had to reallocate work within their teams on a weekly basis. This has led to delays in the completion of new report requests from SCRA. Also, some social work staff have reported that they have delayed sending reports until they have been able to provide a comprehensive assessment including the views of all agencies and the child(ren)/family members, and we are aware that other agencies are currently impacted by the same staffing issues currently.

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North-West Service Manager meeting have been extended by 30 minutes in order to facilitate a review of permanence work with the locality Social Work Service Managers. As the numbers are relatively low, it is anticipated that this will have an impact relatively quickly.

Actions to Improve Performance

There is increased management oversight of the requested reports and Service Managers are continuing to have regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines.

Timescales for Improvement

It is anticipated there will be continuous improvement in the timescales for submitting new reports to SCRA but continuing staffing issues continue to impact on the rate of progress.

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

Locality	Target	20/21				21/22				22/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	75%	65% (R)	76% (G)	77% (G)	80% (G)	78% (G)	79% (G)	79% (G)	80% (G)	78% (G)	80% (G)	
North East		62% (R)	82% (G)	80% (G)	84% (G)	82% (G)	81% (G)	78% (G)	83% (G)	83% (G)	84% (G)	
North West		72% (A)	77% (G)	81% (G)	82% (G)	80% (G)	79% (G)	79% (G)	80% (G)	75% (G)	80% (G)	
South		67% (R)	69% (R)	78% (G)	80% (G)	81% (G)	82% (G)	82% (G)	85% (G)	84% (G)	84% (G)	
Notes -The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow. -From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).												
Performance Trend												
All localities remained above target and GREEN during the reporting period.												
The percentage of <i>non-recording</i> of Employability status decreased from 4% to 1% between Quarters 1 and 2; a drop from 41 to 12 in the number of young people in the city – 1 in North West and 1 in South who do not have their employability status recorded. All young people have their status recorded in North East. The other 10 are young people whose team is “not indicated” i.e., those without a primary relationship to a worker or team.												
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Indicator	9. Number of out of authority placements
Purpose	To monitor the number of out of authority placements. These include residential schools, secure units and specialist purchased resources. Reducing out of authority placements is an objective for our Children's Transformation Programme to ensure that Glasgow's children remain connected to their families, friends, schools and communities,
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target		20/21				21/22				22/23	
20/21	21/22	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
40	33 (Q1) 32 (Q2) 31 (Q3) 30 (Q4)	42 (R)	45 (R)	40 (G)	34 (G)	34 (A)	31 (G)	35 (R)	31 (A)	31 (A)	29 (G)
Performance Trend											
Awaiting confirmation of 22/23 target. Placements decreased from 31 to 29 during Q2 with the RAG rating moving from AMBER to GREEN. Back to Summary											

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

Locality	Target	20/21				21/22				22/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	94.24% (G)	94.37% (G)	95.15% (G)	94.20% (G)	93.31% (G)	94.28% (G)	93.7% (G)	93.01% (G)	95.59% (G)
North East		94.13% (G)	94.98% (G)	94.56% (G)	93.15% (G)	94.94% (G)	94.24% (G)	94.59% (G)	91.87% (A)	96.04% (G)
North West		94.86% (G)	94.34% (G)	95.2% (G)	94.32% (G)	90.91% (A)	94.89% (G)	95.24% (G)	93.94% (G)	94.03% (G)
South		93.86% (G)	93.92% (G)	95.56% (G)	94.94% (G)	93.79% (G)	93.87% (G)	91.92% (A)	93.24% (G)	96.36% (G)

Performance Trend
<p>Performance increased in the last quarter at a city level and in all localities, moving from AMBER to GREEN in the North East, with all others remaining GREEN. This indicator is reported in arrears.</p> <p>Back to Summary</p>

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

Locality	Target	20/21				21/22				22/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	96.52% (G)	97.25% (G)	96.15% (G)	96.25% (G)	96.32% (G)	95.85% (G)	96.17% (G)	94.84% (G)	95.57% (G)
North East		98.46% (G)	98.07% (G)	96.97% (G)	97.03% (G)	96.44% (G)	95.59% (G)	97.14% (G)	94.77% (G)	95.74% (G)
North West		94.36% (G)	96.66% (G)	96.24% (G)	95.77% (G)	96.27% (G)	94.49% (G)	96.41% (G)	95.40% (G)	95.25% (G)
South		96.69% (G)	97.08% (G)	95.4% (G)	96.01% (G)	96.26% (G)	97.16% (G)	95.17% (G)	94.50% (G)	95.67% (G)

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

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ADULT MENTAL HEALTH

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

Locality	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
NE	90%	53.7 (R)	75 (R)	56.6 (R)	82.3 (R)	76.5 (R)	56.6 (R)	46.3 (R)	56.5 (R)	48.8 (R)	62.1 (R)	49.4 (R)
NW		84 (R)	95.7 (G)	93.6 (G)	97.1 (G)	92.5 (G)	84 (R)	92.4 (G)	79.2 (R)	84.2 (R)	75.3 (R)	84.5 (R)
S		93 (G)	58.7 (R)	91.4 (G)	92.8 (G)	94.8 (G)	80.5 (R)	81.2 (R)	87.6 (A)	78.7 (R)	83.2 (R)	81.7 (R)

Performance Trend

Between June and September performance improved in the North West while declining in the North East and South.

Issues Affecting Performance

The longer term effects of the outbreak of Covid-19 continued to have multiple impacts on the overall performance of delivering PTs through Q1 & Q2 2022/23.

The initial service reaction to the Covid-19 outbreak created a large cohort of people waiting to start a PT. Waiting list initiatives for patients assessed as suitable and waiting to start their treatment continued to target the longest waits. Incoming referrals and initial assessments for suitability added to the numbers waiting.

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

Teams focused on long waits and started more people over 18 weeks relative to the total number starting. This can often result in a reduced percentage starting within the 18 week Standard.

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

Some people waited longer due to clinical, social, or personal reasons which prevented them engagement through remote consultations (so are waiting for an in-person face-to-face approach).

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The capacity to deliver PTs was affected by vacancies, annual leave, sick leave and extended leave. Recruitment to some posts resulted in no applicants and highlighted the growing national supply issue of clinically trained personnel.

There was variation in the level of demand across the full range of assessment and treatment waiting times that required mitigations to prevent adverse impacts on the waiting time standard. There is variation in the level of demand across the full range of assessment and treatment waiting times that will require mitigation to prevent an adverse impact on the waiting time standard.

Actions to Improve Performance

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

Services have continued to share any available capacity within/across HSCP locality & care group boundaries. Trauma service continue to source appropriate venues with space for face-to-face interventions between clinicians & patients with translators in attendance

Digital alternatives to face-to-face approaches (i.e., Anytime Anywhere or Near Me) have been used. Safe face-to-face appointments are arranged where facilities are suitable.

Teams have continued to source alternative appropriate accommodation, i.e., in GP facilities and other community setting.

Telephone contact with patients, who were waiting for their treatment to start, continued on a regular basis that included information of how to contact services should their condition deteriorate.

Staff and patients have received training and support to adapt to a range of home- and social distanced work-based arrangements. Some required IT and telecoms equipment to continue to deliver services.

The Board wide PT Group team have co-facilitated digital-based group interventions with the CMHTs staff

Access to cCBT for people with Long Term Conditions has been delivered.

The Scottish Government Internet Enabled CBT initiative continued to target the North East and North West PCMHTs.

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

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

Timescales for Improvement

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

-Appointing people waiting over 52 weeks will continue through 2022-23

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

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

Hospital	Target	2020/21				2021/22				2022/23		
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
Stobhill	28 days	31.3 (R)	31.2 (R)	35.5 (R)	31.2 (R)	32.2 (R)	30.1 (R)	28.4 (G)	40.3 (R)	39.6 (R)	29.6 (R)	37.3 (R)
Leverndale		22.9 (G)	22.9 (G)	23.9 (G)	29.8 (R)	31.8 (R)	31.7 (R)	32.6 (R)	36.9 (R)	43.6 (R)	34.0 (R)	39.5 (R)
Gartnavel		30.5 (R)	28 (G)	31.7 (R)	29.8 (R)	37.7 (R)	31.3 (R)	32.8 (R)	33.4 (R)	32.6 (R)	34.2 (R)	33.0 (R)

Performance Trend

Performance remained RED in all units since June with small decreases in average length of stay in Stobhill and Gartnavel and an increase in Leverndale.

Issues Affecting Performance

The ongoing Covid-19 pandemic is continuing to have a lingering and substantial impact on the pattern of MH services responses. Services continue to adapt and respond to variabilities in:

1. Wards being closed to new admissions due to COVID continues to reduce patient movement. This remains an impact on Glasgow City located acute admissions when capacity is reduced on a GC located site or in the wider acute admission system.
2. Numbers of COVID- positive patients still temporarily reduce available bed days for the three main adult acute bed sites due to being closed to new admissions, whilst continuing to treat existing people admitted.
3. Inpatient ward skill mix and nurse per bed ratio is an enduring impact along with on-going staff absence rates.
4. The number of people staying 6 months or longer rose dramatically from Sept 2019 and grew during the initial period of COVID. The numbers staying over 6 months re-stabilised, the overall GG&C adult acute numbers remains at the higher end of the predictable range (24 and 39 people).
5. Occupied bed day use boarding into Glasgow City hospitals both internally and external to the Health Board area continues. Boarders remain comparatively low in number.
6. The UK position for Adult Acute MH mean length of stay has been between 39.6 - 38.7 days for Q2 and the local position at circa 36 days is proving to be mirrored across the UK.

Actions to Improve Performance

Operational responses prioritise maintaining safe care. Contingency responses remain applied day to day and site to site. Variance in lengths of stay for the remainder of 2022/2023 are expected:

1. Consolidation of unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
2. Maintaining direct access to mental health assessment units during daytime.
3. Piloting in-reach practitioners across inpatients to identify those patients who require short term admissions and then safely continue their care and treatment in the community.
4. In-patient admissions and staffing guidelines continually reviewed, updated and applied.
5. Progress on-going development of Discharge Co-ordination Teams.
6. Further discharge planning initiative and approaches via bed management lead.
7. Staffing absence and the impact on skill mix and staff per bed ratios remains a chronic issue.
8. Inpatient workforce standards scoped, funding budget challenges to any implementation.

Timescales for Improvement

The COVID-19 pandemic continues to impact on inpatient services and Group work in the community pressure. COVID guidelines restricting practice continues to be applicable 2022/23. Operational contingency reviewed and applied daily to the moving situation and location of pressure. System wide support mechanisms also reviewed across sites, specialties with wider mental health services.

On-going pressures still remain with vacancies, non-Covid absences, leave and supporting staff. This position is likely to remain into 2023. The overall pressure on adult acute admission beds is such that the initial phased movement towards the adult acute admission bed strategy endpoint will not be progressed before 2024. Each accumulation of incremental disadvantage of long stays, delays to peoples' discharge, wards temporarily closing to new admissions due to infections and staff absences contribute to average lengths of stay. The tight margins still require delivery of a more steady state than is currently possible and continues to require 6-12 months in 2023 to progress and assess the impact of actions.

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

Hospital	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
Stobhill	<95%	94 (G)	91.4 (G)	96.5 (G)	97 (G)	98.8 (A)	95.7 (G)	97.5 (A)	98.9 (A)	102.4 (R)	101.9 (R)	103 (R)
Leverndale		90.6 (G)	82.0 (G)	88.8 (G)	92.4 (G)	98.8 (A)	90.8 (G)	96.5 (G)	99.1 (A)	97.6 (A)	99 (A)	100.5 (R)
Gartnavel		95.4 (G)	89.2 (G)	93.4 (G)	93.2 (G)	97.5 (A)	97.2 (G)	95.1 (G)	98.8 (A)	94.6 (G)	99.4 (A)	96.2 (G)

Performance Trend

Performance moved from AMBER to RED in Stobhill and Leverndale since June and moved from AMBER to GREEN in Gartnavel.

Issues Affecting Performance

Admissions and discharges are fluctuating but remaining generally high across the three main admission sites. All sites have been affected by Covid closures to new admission affecting the flow of admissions, discharges, lengths of stay and therefore occupancy. Cross site support on a daily basis has maintained overall service ability to admit those who require inpatient care. Week to week service responses have been very fluid to meet need. This is anticipated to continue for the rest of the 2022/2023. % occupancy for the way the system of care is working is anticipated to remain at close to 99%.

Actions to Improve Performance

A range of discharge work for people with stays of over 6 months continues as a focus of work anticipated to reduce the number of people with stays over 6 months during the remainder of the year. Integrated discharge capacity and adult mental health social care options continue to be a focus of work looking at moving people to better locations within the overall system of inpatient care including movement to rehab and older adult MH services.

Timescales for Improvement

The discharge work and team service being progressed will be reviewed over the remainder of 2022/2023. [Back to Summary](#)

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

Locality	Target	2020/21				2021/22				2022/23		
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
North East		2	4	6	6	7	3	6	4	2	5	3
North West		8	4	5	8	6	3	8	4	1	1	5
South		2	1	4	2	4	4	6	6	5	6	3
City/LD		1	1	1	0	0	0	3	1	1	0	0
Sub-Total (Included Codes)		13	10	16	16	17	10	23	15	9	12	11
North East		1	1	2	2	1	1	0	1	1	0	1
North West		2	2	6	5	3	2	2	1	0	0	0
South		1	0	0	0	1	1	1	0	0	0	0
City/LD		0	1	1	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		4	4	9	7	5	4	3	2	1	0	1
All Delays	0	17 (R)	14 (R)	25 (R)	23 (R)	22 (R)	14 (R)	26 (R)	17 (R)	10 (R)	12 (R)	12 (R)

Performance Trend
Numbers vary across localities and over time. Delays have reduced since June but remain above target and RED.
Issues Affecting Performance
There continues to be disruption due to COVID related issues affecting both patients and staff and wards continue to be closed to admissions and patient movement as a result of infection prevention and control measures on an ongoing basis.
Staff vacancies and absence continue to disrupt the day to day running and planning of the wards

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Actions to Improve Performance

As previously reported, wards continue to face significant pressures with increased admission rates and some ongoing ward closures.

Operational managers and discharge teams continue to meet regularly and include representative across the service with links to housing providers and commissioners. Complexity of need continues to be a pressure but as below we are working across the city to review and improve our systems and processes.

Timescales for Improvement

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

- Service Manager now working full time on the processes, pathways and staffing of an integrated discharge team to cover both adults and older people that will cover Glasgow City. Negotiations commencing with staff side to progress service review.
- Discussions ongoing to agree management of inpatient activity to include the discharge management across the city
- Commissioning Team continuing to develop proposals and options for Mental Health Services
- Review of supported accommodation taking place and we will develop a range of ways we can better support those with complex needs to provide more suitable and appropriate accommodation

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

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ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred. The figure reported includes the following services: the 3 ADRS teams, CNS (HAT), Drug Court, 218 and all Purchased Services.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	20/21				21/22				22/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	90%	98% (G)	99% (G)	98% (G)	99% (G)	95% (G)	92% (G)	94% (G)	95% (G)	93% (G)
North East		94% (G)	100% (G)	99% (G)	99% (G)	Locality information is no longer available for this indicator				
North West		100% (G)	100% (G)	100% (G)	100% (G)					
South		96% (G)	99% (G)	99% (G)	97% (G)					

Performance Trend

The Glasgow City ADP figure exceeded the 90% target at Quarter 1 (GREEN). A breakdown by locality is no longer available from Public Health Scotland (PHS) for this indicator.

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SANDYFORD (SEXUAL HEALTH)

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

Locality	Target	2020/21			2021/22				2022/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		996	1375	1497	1438	1106	877	1115	921	1019
NE		273	388	475	483	332	284	323	249	362
NW		723	987	1022	955	774	593	792	582	651
S		0	0	0	0	0	0	0	90	96
NHSGGC	1354 per Quarter	1311 (R)	1723 (R)	1839 (A)	1784 (R)	1400 (R)	1169 (R)	1465 (R)	1164 (R)	1427 (G)
DNA rate						11%	6%	4%	6%	9.9%

Performance Trend
<p>Targets per quarter for IUD appointments have been adjusted from 1888 to 1354 for 2022/23 and the number of IUD insertions has been removed.</p> <p>The target for the number of IUD appointments was met at Q2 and moved from RED to GREEN.</p> <p>Please note that the DNA rate does not include TOP.</p>
Issues Affecting Performance
The service is still restricted to a reduced number of days open in the sites agreed in the service review.
Actions to Improve Performance
Activity not likely to resume to pre-COVID levels until full recovery of services is achieved.
Timeline for Improvement
<p>With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase during 2022 and 2023.</p> <p>Back to Summary</p>

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

Locality	Target	2020/21			2021/22				2022/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		1100	1377	1550	1278	1019	745	1003	1128	1629
NE		372	571	654	513	382	311	414	383	413
NW		728	806	896	765	637	434	589	625	1044
S		0	0	0	0	0	0	0	120	172
NHSGGC	1166 per quarter	1586 (R)	2028 (R)	2278 (R)	1966 (R)	1621 (R)	1217 (R)	1626 (R)	1587 (G)	2035 (G)
DNA rate						14%	11%	11%	10%	13%

Performance Trend
<p>Targets per quarter for Implant appointments have been adjusted from 2431 to 1166 for 2022/23 and the number of Implant insertions has been removed.</p> <p>The revised target for the number of implant appointments continued to be met in Q2 and remained GREEN. Please note that the DNA rate does not include TOP.</p> <p>Back to Summary</p>

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

Locality	Target	2020/21			2021/22				2022/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	2 working days	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)
NE		1 (G)	1 (G)	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)
NW		1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	2 (G)	1 (G)	2 (G)
S		NA	NA	NA	NA	NA	NA	NA	2 (G)	2 (G)
NHSGGC		1	1	1	1	2	1	2	2	2

Performance Trend
<p>Performance remains GREEN in all localities and city and Board wide. Target has been adjusted to be based on median rather than average waiting times as small numbers of outliers were distorting the figures. The service in South has now reopened but only on 2 rather than 5 days.</p> <p>Back to Summary</p>

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Indicator	4-7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
Purpose	Improved service access across all Sandyford services for young people aged under 18
National/Corporate/Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Male

Area	Age	Target	2020/21			2021/22				2022/23	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	13-15	4	7 (R)	4 (R)	5 (R)	6 (R)	2 (R)	4 (G)	6 (G)	4 (G)	5 (G)
NHSGGC		13	12 (R)	14 (R)	11 (R)	14 (R)	8 (R)	11 (R)	9 (R)	14 (G)	15 (G)
City	16-17	27	18 (R)	16 (R)	27 (R)	23 (R)	29 (G)	18 (R)	14 (R)	20 (R)	20 (R)
NHSGGC		49	29 (R)	30 (R)	37 (R)	39 (R)	47 (G)	34 (R)	28 (R)	21 (R)	39 (R)

Female

Area	Age	Target	2020/21			2021/22				2022/23	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	13-15	75	36 (R)	40 (R)	43 (R)	68 (R)	61 (R)	51 (R)	46 (R)	44 (R)	53 (R)
NHSGGC		143	87 (R)	95 (R)	87 (R)	129 (R)	118 (R)	109 (R)	107 (R)	104 (R)	113 (R)
City	16-17	195	136 (R)	149 (R)	137 (R)	180 (R)	172 (R)	143 (R)	146 (R)	127 (R)	178 (R)
NHSGGC		358	246 (R)	280 (R)	256 (R)	343 (R)	314 (R)	266 (R)	278 (R)	241 (R)	324 (R)

Performance Trend

Performance varies between age groups and over time. There has been an increase in the numbers of young females seen in Glasgow city and across GGC. Only 13-15 year old males target has been met.

Issues Affecting Performance

The service is currently seeing Young People across 5 sites but face to face care remains limited. Staff absences continue to have an impact on service. The service is still restricted to a reduced number of days open in the sites agreed in the service review. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved.

Actions to Improve Performance

A number of short-term recommendations have been proposed, including reviewing a Saturday service and opening up services in more locations. A drop-in clinic is being trialled in Parkhead alongside the booked clinic.

Timescales for Improvement

With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise towards the end of 2022 and into 2023.

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Indicator	8. Waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments
Purpose	To monitor waiting times for access to first appointment at TOPAR service
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Target	2020/21	2021/22				2022/23			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5 working days	0 (G)	0 (G)	1 (G)	1 (G)	2 (G)	3 (G)	4 (G)		

Performance Trend
<p>Performance remained GREEN during Quarter 2.</p> <p>Back to Summary</p>

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HOMELESSNESS

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)
North East		99% (G)	100% (G)	98% (G)	98% (G)	99% (G)	97% (G)	100% (G)	100% (G)	100% (G)	100% (G)
North West		98% (G)	98% (G)	98% (G)	100% (G)	98% (G)	99% (G)	100% (G)	99% (G)	99% (G)	98% (G)
South		100% (G)	100% (G)	99% (G)	100% (G)	100% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)
Asylum & Refugee Team (ARST)		98% (G)	100% (G)	99% (G)	100% (G)	100% (G)	97% (G)	100% (G)	100% (G)	99% (G)	98% (G)
Performance Trend											
Performance was maintained during Q2 with all localities and teams remaining above target (GREEN). A total of 1,295 decisions were made during Q2; 12 (1%) were outwith timescale.											
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Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	<40%	50% (R)	55% (R)	51% (R)	44% (R)	39% (G)	43% (R)	48% (R)	48% (R)	50% (R)	50% (R)
North East		47% (R)	50% (R)	50% (R)	42% (R)	39% (G)	41% (G)	46% (R)	45% (R)	48% (R)	50% (R)
North West		46% (R)	49% (R)	42% (R)	43% (R)	40% (G)	43% (R)	50% (R)	51% (R)	49% (R)	49% (R)
South		47% (R)	51% (R)	48% (R)	45% (R)	37% (G)	40% (G)	43% (R)	44% (R)	46% (R)	47% (R)
Asylum & Refugee Team (ARST)		64% (R)	90% (R)	73% (R)	45% (R)	40% (G)	51% (R)	61% (R)	61% (R)	66% (R)	67% (R)

Performance Trend

During Q2 all Teams and localities remained outwith the target range (<40%) and RED.

Additional Information: Volume of Homeless Applications

20/21				21/22				22/23	
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1,376	1,540	1,582	1,922	1,979	1,781	1,641	1,609	1,485	1,615

Issues Affecting Performance

The welcome reduction in demand during Q1 is impacting upon the percentage of cases that are showing as over six months. The increased focus upon homelessness prevention activities in the Community Homelessness Teams are now having an impact of the requests for housing advice and assistance that progress to homelessness applications.

Actions to Improve Performance

The HSCP continues to work with RSL partners to secure an increase in the number of lets to homeless households. Three additional RRTTP Senior Homelessness Workers to lead on the roll out of the matching pilot and continue to improve resettlement timescales are now in post. The matching pilot with the Wheatley Group is now being managed across the three Community Homelessness Services. Work is also ongoing to extend the approach

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incrementally across the City. In relation to settled lets, priority continues to be given to longer term cases which may lead to a reduction in cases over 6 months.

Following the completion of our Annual Letting Plan, we have written to Housing Associations seeking 60% of their total lets in 2022-2023. We continue to engage with the RSL sector through our operational and strategic liaison arrangements. A series of locality events have also been undertaken with key RSL partners which highlighted the on-going challenges faced by both the HSCP and RSLs as a result of the current economic circumstances and also highlighted the strong working relationships between RSLs and the locality homelessness services.

Timescales for Improvement

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

As we continue to see an increase in the number of settled lets made to homeless households, performance improvements should be seen from Q3 2022/23.

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

Target	Total 19/20	Total 20/21	21/22				Total 21/22	22/23		
			Q1	Q2	Q3	Q4		Q1	Q2	Yr to Date
3,750 per annum (938 per quarter)	3,774 (R)	3,961 (R)	1,332 (G)	1,136 (R)	1,051 (R)	1,156 (R)	4,675 (R)	897 (A)	1,039 (G)	1,936 (G)

Performance Trend
<p>Given the number of resettlement plans which have been completed in Q1 and Q2, alongside existing resettlement plans, the target of 5,000 (1,250/quarter) in 2021/22 is no longer required and has been amended to 3,750 per annum (938/quarter) for 2022/23.</p> <p>Using this new target, performance improved between Q1 and Q2 and the cumulative total for 2022/23 moved from AMBER to GREEN. The amendment of this target will not impact upon the number of settled lets secured as there are sufficient live resettlement plans to meet homelessness demand.</p> <p>Back to Summary</p>

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

Locality	Target	2020/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City-wide	26 weeks	42 wks (R)	41 wks (R)	45 wks (R)	39 wks (R)	35 wks (R)	41 Wks (R)	45 Wks (R)	52 Wks (R)	47 Wks (R)

Performance Trend
Although performance did not meet target (RED) during Q2, the average number of weeks decreased by 5 since Q1.
Issues Affecting Performance
<p>The increase in the number of weeks to resettlement homeless households, in the main, is as a consequence of a number of older cases being rehoused (48 over 2 years and 6 of these were over 5 years) which has increased the overall average for the quarter. As we continue to see an increase in the number of settled lets made to homeless households and a focus on the resettlement of longer-term cases the reported average number of weeks timeframe to resettle homeless households will be impacted.</p> <p>Given that the measure is taken at case closure, work to prioritise rehousing by date of case registration has significantly impacted upon the reporting of the average number of weeks from assessment decision to settled accommodation.</p> <p>Through the engagement with RSL colleagues we are aware of challenges in relation to the availability of settled lets. This is due to a reduction in the overall supply settled lets and increases in void repair timescales due to supply and labour challenges within the construction industry.</p>
Actions to Improve Performance
The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households to speed up the resettlement process and relieve pressure on temporary accommodation.

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The service has placed increased emphasis with RSLs on the need for an increase in the supply of larger sized properties and adapted properties for those with significant mobility issues. As the service continues to expand the matching process and focuses on resettling homeless households in registration date order, we will continue to see increases in the numbers of weeks to resettle homeless households.

Timescales for Improvement

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

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

Locality	Target	Full Year Total 19/20	Full Year Total 20/21	2021/22				Full Year Total 21/22	22/23	
				Q1	Q2	Q3	Q4		Q1	Q2
City	<480 per annum (<120 per Quarter)	437 (G)	420 (G)	154 (R)	127 (R)	124 (A)	121 (G)	526 (R)	96 (G)	107 (G)

Performance Trend

During Q2 the number of Repeats remained below the target and was GREEN for the third consecutive quarter.

Additional Information: Breakdown of “reassessment/repeat” figures

Analysis of the 107 households reassessed during Q2 shows:

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

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	100%	99% (G)	99% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

Performance Trend

Performance remained on target (GREEN) during the second quarter of 22/23.

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

Locality	Target		20/21				21/22				22/23	
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	600 over 5 years from 2019/20.	Number created during quarter	0	19	25	32	22	17	12	10	8	9
	Q2 target is 240. Target by end of 22/23 is 280	Cumulative Total	119 (Base-line)	138 (R)	163 (R)	195 (R)	217 (R)	234 (A)	246 (A)	256 (R)	264 (R)	273 (A)

Performance Trend

At the end of Q2 performance moved from RED to AMBER against the year end target of 280.

Issues Affecting Performance

The service experienced challenges in relation to the provision of support to Housing First tenants that impacted the ability to secure settled lets during Q1 and Q2 2022/23.

Actions to Improve Performance

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

Homelessness Services continues to work with Vanguard Scotland to implement the recommendations from the review which will improve our end-to-end systems and processes within the Housing First Team and will enhance service user experiences and outcomes.

Timescales for Improvement

The service will continue to see progress in the number of settled lets with Housing First support secured through Q3 & Q4 of 2022/23.

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

Target	20/21				21/22				22/23	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Eradicate the use over 5 years from initial baseline of 341 at the end of 19/20 (68 per year) Target for end of 22/23 is 395 units or less	496 (R)	573 (R)	439 (R)	344 (G)	286 (G)	389 (R)	369 (R)	414 (R)	461 (R)	504 (R)

Performance Trend

Target has been amended to 395 or less from 350 or less in 2021/22.

During Q2 this indicator remained RED against the year end target. Between Q1 and Q2 there was a 9% increase (43) in the number of homeless households accommodated within B&B type accommodation.

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

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

2021/2022				22/23	
Q1	Q2	Q3	Q4	Q1	Q2
22 days	21 days	25 days	25 days	30 days	32 days

Issues Affecting Performance

The service has seen a continued increase in demand for emergency accommodation through Q1 and Q2. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty.

There are a number of pressures within the housing systems which is impacting on the availability of alternatives to bed and breakfast provision. The Private Sector Leasing Scheme is running with 24% void rate and the number of TFFs has been reduced by 70 due to a number of demolition programmes within the city. This has impacted upon the numbers of B&B placements needed to meet our statutory duty.

Actions to Improve Performance

The HSCP will continue to work with RSL partners to secure an increased level of supply of settled lets to reduce reliance on bed and breakfast type accommodation. To this end, during 2021/22 the HSCP secured 3,311 settled lets for homeless households.

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In order to comply, over time, with the revised Unsuitable Accommodation Order (UAO), the service has developed an implementation plan setting out a number of actions to reduce and eliminate the use of bed and breakfast type accommodation.

A B&B reduction strategy has been developed with continued B&B oversight arrangements in place as part of this strategy. The HSCP will also seek to increase the number of Temporary Furnished Flats within its temporary accommodation portfolio (see indicator 9). Alongside an increase in the number of settled lets achieved, and a continued focus on homelessness prevention, this may lead to a decrease in the use B&B accommodation.

Timescales for Improvement

The service will expect to see reductions in the use of bed and breakfast type accommodation through Q3 of 2022/23.

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

Target	20/21			21/22				22/23	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Reduce supply by 1,000 from initial baseline of 2,156 over 5 years from end of 19/20. Target for end of 2022/23 is 2,400 or less	2,569 (R)	2,612 (R)	2,384 (R)	2,368 (R)	2,359 (R)	2,348 (R)	2,350 (R)	2,338 (G)	2,348 (G)
Performance Trend									
<p>In order to reduce the number of households in B&B (indicator 8), the HSCP is looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 has, therefore been adjusted to 2400 or less (from 1850 in 2021/22).</p> <p>Using this new target, there was a slight increase in the number of temporary furnished flats (TFFs) between Q1 and Q2 (RED) but they remain below the year end target of 2400 or less.</p> <p>Back to Summary</p>									

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CRIMINAL JUSTICE

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

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	80%	70% (R)	73% (R)	76% (R)	77% (A)	86% (G)	81% (G)	87% (G)	89% (G)	88% (G)
North East		72% (R)	73% (R)	81% (G)	72% (R)	76% (R)	80% (G)	94% (G)	94% (G)	93% (G)
North West		62% (R)	69% (R)	71% (R)	78% (A)	93% (G)	83% (G)	80% (G)	81% (G)	84% (G)
South		74% (R)	78% (A)	75% (R)	81% (G)	89% (G)	82% (G)	87% (G)	90% (G)	89% (G)
Performance Trend										
During Q2 performance exceeded target (GREEN) across all localities.										
A total of 492 CPOs (North East, North West and South) were made; a small increase of just under 4% in comparison to Q1 (475). In addition, 26 CPOs were made by the Caledonian Team.										
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Indicator	2. Percentage with a Case Management Plan within 20 days. i) Community Payback Orders (CPOs) ii) Drug Treatment and Testing Orders (DTTO) (Drug Court), and iii) Licences (Clyde Quay)
Purpose	To monitor the extent to which CPOs, DTTOs and Licenses have a case management plan within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	85%	80% (R)	86% (G)	85% (G)	83% (G)	85% (G)	83% (G)	93% (G)	87% (G)	98% (G)
North East		80% (R)	79% (R)	80% (R)	78% (R)	84% (G)	72% (R)	91% (G)	83% (G)	100% (G)
North West		82% (A)	91% (G)	87% (G)	85% (G)	88% (G)	86% (G)	92% (G)	90% (G)	97% (G)
South		78% (R)	86% (G)	88% (G)	88% (G)	83% (G)	89% (G)	93% (G)	88% (G)	99% (G)
Caledonian Team		n/a							85% (G)	93% (G)
DTTO		n/a							100% (G)	100% (G)
Clyde Quay		n/a							100% (G)	100% (G)
Performance Trend										
Indicator extended from 22/23 to include the Caledonian Team, Clyde Quay and DTTO (Drug Treatment and Testing Orders).										
During Q2 the target for Case Management Plans was met (GREEN) in all localities and settings (Caledonian Team, Drug Court, Clyde Quay).										
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Indicator	3. Percentage of 3-month Reviews held within timescale.
Purpose	CPOs, DTTOs and Licenses should be reviewed at regular intervals and revised where necessary. This indicator monitors the proportion of reviews held within the 3-month standard.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	75%	83% (G)	84% (G)	87% (G)	83% (G)	85% (G)	86% (G)	86% (G)	90% (G)	87% (G)
North East		67% (R)	74% (G)	88% (G)	75% (G)	80% (G)	81% (G)	84% (G)	88% (G)	86% (G)
North West		85% (G)	97% (G)	92% (G)	91% (G)	97% (G)	91% (G)	89% (G)	97% (G)	95% (G)
South		100% (G)	83% (G)	82% (G)	81% (G)	81% (G)	86% (G)	85% (G)	91% (G)	83% (G)
Caledonian Team		n/a							78% (G)	78% (G)
Drug Court		n/a							100% (G)	89% (G)
Clyde Quay		n/a							100% (G)	100% (G)
Performance Trend										
Indicator extended from 22/23 to include Caledonian Team, Drug Court and Clyde Quay.										
During Q2 the city and all localities and settings (Caledonian Team, Drug Court, Clyde Quay) exceeded the target for reviews (GREEN).										
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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	70%	73% (G)	89% (G)	65% (R)	70% (G)	70% (G)	75% (G)	80% (G)	83% (G)	83% (G)
North East		78% (G)	73% (G)	50% (R)	68% (A)	74% (G)	82% (G)	84% (G)	85% (G)	85% (G)
North West		69% (G)	100% (G)	58% (R)	61% (R)	64% (R)	66% (R)	80% (G)	82% (G)	82% (G)
South		73% (G)	100% (G)	83% (G)	80% (G)	70% (G)	75% (G)	76% (G)	82% (G)	81% (G)
Performance Trend										
Performance was maintained during Q2 with all localities continuing to exceed target (GREEN).										
Excluding breaches gives the following figures: NE 90%, NW 85% and South 84% (City 86%).										
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Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	80%	85% (G)	75% (R)	76% (R)	81% (G)	79% (G)	81% (G)	77% (A)	79% (G)	79% (G)
North East		90% (G)	75% (R)	78% (A)	84% (G)	82% (G)	81% (G)	77% (A)	78% (A)	79% (G)
North West		83% (G)	79% (G)	74% (R)	81% (G)	80% (G)	81% (G)	79% (G)	83% (G)	83% (G)
South		82% (G)	71% (R)	75% (R)	77% (A)	77% (A)	81% (G)	74% (R)	77% (A)	77% (A)
Caledonian Team		n/a							75% (R)	72% (R)
Drug Court (DTTO)		n/a							79% (G)	68% (R)

Performance Trend

Indicator extended from 22/23 to include the Caledonian Team and Drug Court.

During Q2 the city overall and North West continued to meet target (GREEN). Performance in North East improved moving from AMBER to GREEN while performance in the Drug Court dropped from GREEN to RED. The South and Caledonian Team remained below target with a RAG status of AMBER and RED respectively.

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

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	21/22 90% 22/23 80%	97% (G)	81% (R)	81% (R)	88% (G)	94% (G)	96% (G)	90% (G)	88% (G)	94% (G)
North East		92% (G)	85% (R)	80% (R)	60% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
North West		100% (G)	78% (R)	83% (R)	80% (R)	92% (G)	90% (G)	88% (G)	75% (R)	83% (G)
South		100% (G)	75% (R)	80% (R)	100% (G)	89% (G)	100% (G)	82% (R)	88% (G)	95% (G)
Clyde Quay		n/a							100% (G)	100% (G)

Performance Trend

Target revised from 90% to 80% for 22/23 and indicator extended to include Clyde Quay from Quarter 1.

During Q2 performance improved significantly at city level, in South and in North West which met target moving from RED to GREEN.

This indicator relates to a small number of cases who did not attend their first appointment; there is a degree of fluctuation as a result of these small numbers.

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HEALTH IMPROVEMENT

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

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	2022/23				
						Q1	Q2	Q3	Q4	Total
City	5066	1267	4394 (R)	4269 (R)	7749 (G)	1822 (G)	2586 (G)			4408 (G)
NE	1636	409	1070 (R)	254 (R)	351 (R)	0	0			
NW	1585	397	934 (R)	165 (R)	221 (R)	0	0			
S	1845	461	651 (R)	72 (R)	93 (R)	0	0			
City Wide (Non sector specific)			1739	3778	7084	1822	2586			

Performance Trend

Performance remains GREEN.

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

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

Locality	Annual Target	19/20 Total	20/21 Total	21/22 Total	22/23 Target Year to Date	2022/23 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1217	1389 (G)	1280 (G)	1260 (G)	300	248 (R)			
NE	478	516 (G)	459 (A)	452 (R)	118	70 (R)			
NW	385	422 (G)	442 (G)	411 (G)	95	61 (R)			
S	352	451 (G)	379 (G)	456 (G)	87	117 (G)			

Performance Trend
This indicator is reported in arrears. Performance is meeting target in the South but below target in the other localities and city wide for Q1.
Issues Affecting Performance
This is lower than expected due to a number of reasons including issues with Pharmacy (capacity and stock mainly) and the long-term unavailability of varenicline, a popular product with many service users.
Actions to Improve Performance
Ongoing discussions with the Public Health Pharmacy team to address issues. Community staff will continue to work closely with Community Pharmacy staff.
Timescales for Improvement
Improvements will be monitored by the Tobacco PIG and City Tobacco Group on an ongoing basis.
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Indicator	3. Women smoking in pregnancy (general population).
Purpose	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	11% New target	9.6% (G)	10.0% (G)	8.2% (G)	9.7% (G)	10.6% (G)	9.3% (G)	9.5% (G)	7.9% (G)	9.9% (G)
North East		11.1	13.2	10.6	12.9	11.6	12.0	12.1	10.5	11.7
North West		8.5	8.4	6.3	7.0	9.4	8.5	8.3	6.4	9.7
South		9.5	9.1	7.9	9.5	10.7	8	8.6	6.8	8.8

Performance Trend

Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030.

Performance at a city level remains GREEN although rates increased across the city in the last quarter.

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

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	15.5% New target	14.7% (G)	15.4% (G)	12.4% (G)	14.8% (G)	15.3% (G)	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)
North East		14.9	18.3	14.0	16.1	15.4	16.8	16.7	15.8	14.5
North West		15.1	13.5	10.9	12.9	14.3	14.5	15.3	8.2	17.4
South		14.2	14.2	11.9	14.9	15.9	12.1	15.5	11.3	16.5

*Provisional

Performance Trend
<p>Target reduced by 1.5% from 17% in line with aim to reduce the gap with general population.</p> <p>Performance at a city level moved to AMBER in the last quarter due to increases in the North West and South, although would have remained GREEN if the target had been unchanged.</p>
Issues Affecting Performance
<p>Carbon Monoxide testing, which had previously been suspended as a result of the COVID Pandemic, was resumed across NHS GGC antenatal settings in Q2. This is used as an effective diagnostic tool to assess a women's exposure to CO and identify a way of managing that risk and supports previous research which concluded that self-reporting can significantly underestimate the number of pregnant smokers. At the time of the research self-reporting underestimated true smoking prevalence in Scotland by an estimated 17%, with twice as many pregnant smokers from more deprived areas going undetected. More pregnant women who smoke may, therefore, have been identified through the resuming of CO monitoring affecting Glasgow City total target.</p>
Actions to Improve Performance
<p>Local Stop Smoking Services will continue to market their services and think of ways to influence women's smoking status before pregnancy and engage them in pharmacy or community based Quit Your Way smoking services. During Quarter 2, a campaign was</p>

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launched on Facebook to encourage expectant mothers to get help to stop smoking, which used testimonials from previous expectant mothers who had used the service. Time is also required for the CO monitoring to embed to determine if self-reported prevalence rates which will have been reported over the last 2 years have 'under estimated' the true prevalence.

Timescales for Improvement

Will keep under review and will monitor the potential impact on rates of the reintroduction of CO Monitoring.

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

Locality	Target	19/20	2020/21				2021/22			
		Q1	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	33% (end 22/23)	28.2 (R)	30.4 (R)	31.5 (G)	29.6 (R)	30.2 (A)	30 (R)	28.3 (R)	28.3 (R)	28 (R)
North East		24.1	24.6	22.5	21.3	23.6	22.1	17.9	17.2	22
North West		33.1	35.8	37.7	38.3	37.1	34.3	33.5	33.8	30.9
South		27.6	31	33.4	29.5	29.7	32.5	31.9	32.2	30.4

Performance Trend

Data is reported in arrears and no updated data is available for this report. Performance remained RED at a city level declining slightly in the last quarter at a city level and in the North West and South (while increasing in the North East). Targets are set at a city-wide level for 3 years as follows.

Issues Affecting Performance

The capacity within the board Infant Feeding Team has been reduced due to the vacant 0.8 WTE post and more recently staff sickness. The team have continued to prioritise clinic appointments offering on average 10-12 appointments per week to mothers and babies experiencing feeding issues in spite of staff shortages.

Two face to face Breastfeeding groups previously re-established in Glasgow City continue to run on a weekly basis. Attendance numbers are similar with approx. 7-10 mums attending weekly to one group and between 2 and 5 weekly for the other group. Another group has recently started in the North East (June 2022). The remobilisation of the remaining Breastfeeding groups has been delayed due to the staffing issues faced by Health Visiting (HV) teams in particular in South and North West Glasgow.

Online support groups as well as 1-1 and Attend Anywhere appointments continue to be offered, uptake continues to be variable via these platforms.

HV teams continue to support mothers and also contribute to UNICEF processes as far as capacity allows. Mum's audits in South Glasgow have been put on hold due to pressures within

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the HV teams regarding staffing but will be carried out as soon as capacity allows. In North East and North West Glasgow completion of audits has been challenging due to issues with staff capacity.

Midwifery services have also been subject to staffing and capacity issues over several months which has impacted on the amount of support that can be provided to mothers.

Actions to Improve Performance

The 0.8 post holder commenced post within the Board Infant Feeding Team on the 8th August 2022. It is hoped that staff sickness will be short-term allowing the team to return to full capacity.

The blended approach for the Breastfeeding Problem-Solving Clinics continues. Appointments are offered at the West Maternity Care Centre and the plan is as team capacity improves a second face-to-face clinic will resume. Clinic appointments will continue to be delivered as part of a blended approach to care including use of Attend Anywhere. Joint call/contact with mums via Attend Anywhere whilst the Health Visitor is carrying out her home visit continues and shows greater satisfaction for the patient.

Discussions have taken place with C&F staff in all areas with regard to further re opening of local BF groups. SBAR for restarting these groups has been completed. The timeframes for opening will be capacity dependant so for example in South Glasgow it is likely this may not be until mid to end of September at the earliest. The Breastfeeding Network, funded by NE HI team, continues to offer one-to-one support via email/telephone/social media and to facilitate the two infant feeding groups currently running in the North East. The plan is that the support provided by BFN will expand to include antenatal sessions and a further face-to-face infant feeding group from September.

The telephone breastfeeding peer support pilot in Glasgow City continues to offer support to both Antenatal and Postnatal families. Following a range of awareness sessions with HV MW and FNP teams, we have seen an increase in recruitment to the service with 28 new referrals being received in July 22. We continue to work closely with the Breastfeeding Network re increasing uptake of the service. Further recruitment of peer volunteers from our diverse communities has commenced.

NCT has now recommenced breastfeeding support on postnatal wards across GGC (QEUH, PRM, RAH). This is currently funded by Scottish Government until March 2023. Breastfeeding Network will also be providing a couple of peers to provide support in the postnatal wards alongside NCT at the PRM from the end of August.

All three localities in Glasgow City passed their annual submission for UNICEF Gold Accreditation. Moving forward, the plan is to go forward for revalidation in 2023 as a city award rather than for individual sectors. A working group has been set up to take this amalgamation forward.

In order to update HV staff on use of breast pumps and processes required as part of the breast pump SOP a SWAY presentation has been developed. This will be sent out to all teams for information. There are also plans to send a staff survey out to establish how useful staff feel having access to the pumps are. Further stock of electric breast pumps and breast pump accessories have now been delivered and will be distributed across teams so these can continue to assist families to provide breastmilk to their babies as part of problem solving and support for continued breastfeeding.

Local breastfeeding mums' video/audio stories developed in GGC have been used extensively throughout Scottish and National BF weeks in 2022.

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The ongoing transition of public acceptability work in GGC to the National Breastfeeding Friendly Scotland (BFS) scheme continues. Glasgow Clyde College venues have signed up to the scheme which is the first college in Scotland to do so. The rollout of the BFS scheme to wider organisations and businesses to support normalising breastfeeding continues. Staff in GGC were influential in the development and roll out of the communication plan for promotion of National BF week and have developed a SWAY presentation to support the roll out of the BFFS scheme which will now be shared nationally.

Glasgow City will also support the pilot roll out of the National BF Early years Pilot.

Timescales for Improvement

0.8 WTE Infant Feeding advisor Post commenced 8th August 2022.
Peer support provision in maternity/Neonatal units now commenced.
Face-to-face groups restarting by Sept 2022 in some areas. Telephone support pilot will continue until end March 2023. Peer support/Mum2Mum recruitment and further courses will take place by November 2022.

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

Locality	Target	19/20	2020/21				2021/22			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	24.4% (end 22/23)	18.9 (R)	22.4 (A)	21.8 (R)	21.9 (R)	21.2 (R)	20.7 (R)	20.9 (R)	20.1 (R)	20.6 (R)
North East		21.4	21.6	19.6	18.5	20.1	19.0	17.2	17.1	21.2
North West		20.1	25.8	20.8	24.6	25.3	22.2	19.5	20.9	23.3
South		15.9	20.5	25.3	23.4	19.1	21.5	25.6	22.9	17.7
Performance Trend										
Data is reported in arrears and no updated data is available for this report. Performance remained RED in the last quarter, increasing slightly at a city level and in the North East and North West (while decreasing in the South).										
Issues Affecting Performance										
As per KPI 5 above. Some face-to-face antenatal classes as well as online classed via Midwifery Services have now recommenced. Local Peer Support antenatal session online continue to be signposted to families.										
Actions to Improve Performance										
See KPI 5 above. Work at the Young Parents' Support Base at Smithycroft High School has progressed with undertaking consultation with young parents completed. Plan to deliver 2 x infant feeding workshops with young parents antenatally and a support group for young mums postnatally, with input from other young mums who have breastfed. This will be supported by FNP and HI staff. Breastfeeding groups will be targeted to areas with lower BF rates in order to increase ease of access for families from SIMD 1& 2 areas.										
Timescales for Improvement										
See KPI 5 above.										
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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
Purpose	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2017/18 Drop Off Rates	2021/22 Target	2020/21				2021/22			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	32.3%	30.4%	25.7 (G)	24.0 (G)	25.5 (G)	26.7 (G)	25.7 (G)	24 (G)	23.5 (G)	29 (G)
NE	39.9%	37.7%	27.2	29.3	27.0	31.8	31.8	30.8	30.7	37.7
NW	27.2%	25.6%	23.9	20.2	24.6	21.3	21.2	20.1	21.2	20.1
S	31.3%	29.5%	26.1	23.5	25.3	27.7	26.1	23.2	21.4	29.9

Performance Trend

Data is reported in arrears and no updated data is available for this report. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2021/22 and is GREEN although rates increased in the last quarter.

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HUMAN RESOURCES

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

Locality	Target	2020/21				2021/22				2022/23		
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
Grand Total	4%	6.07 (R)	5.79 (R)	5.1 (R)	6.41 (R)	7.64 (R)	6.83 (R)	6.39 (R)	6.38 (R)	6.22 (R)	6.86 (R)	7.61 (R)
Adult Services		6.91 (R)	6.5 (R)	5.16 (R)	6.21 (R)	8.43 (R)	7.23 (R)	6.60 (R)	6.58 (R)	7.01 (R)	7.80 (R)	8.24 (R)
Children's Services		3.4 (G)	4.9 (R)	4.58 (R)	6.76 (R)	7.95 (R)	5.77 (R)	5.82 (R)	5.98 (R)	5.17 (R)	5.70 (R)	7.17 (R)
Clinical Director		1.0 (G)	2.5 (G)	0 (G)	0.38 (G)	0.90 (G)	4.15 (R)	2.82 (G)	0.38 (G)	1.60 (G)	1.50 (G)	5.05 (R)
Health Improvement		2.2 (G)	3.3 (G)	5.06 (R)	5.21 (R)	5.40 (R)	2.91 (G)	4.24 (R)	5.48 (R)	2.50 (G)	4.80 (R)	4.10 (A)
Older People		6.0 (R)	6.0 (R)	6.14 (R)	6.94 (R)	8.22 (R)	8.54 (R)	7.37 (R)	7.56 (R)	7.02 (R)	7.68 (R)	8.10 (R)
Resources		2.3 (G)	4.6 (R)	4.34 (R)	5.2 (R)	3.81 (G)	3.6 (G)	5.42 (R)	4.90 (R)	5.36 (R)	5.46 (R)	5.97 (R)
Public Protection and Complex Care		8.9 (R)	7.9 (R)	5.37 (R)	8.38 (R)	5.07 (R)	4.48 (R)	5.04 (R)	-	4.73 (R)	4.75 (R)	6.25 (R)

Performance Trend

Variations across areas and over time but performance overall remains above target for the HSCP. Slight increase in the last quarter (+0.51%).

Issues Affecting Performance

This quarter shows increase in sickness absence levels across most areas of the HSCP. Over the last three months (July-September 2022) there has been an increase in Long term absence which remains at a higher level than short term absence, in keeping with established trend.

From 1 September 2022, any Long COVID sickness absence cases stopped being recorded under Special Leave and are now recorded as sickness absence which would correlate to the increase in Long term absence. In September Long Term absence accounted for 5% and short-term absence was 2.60%. Absences recorded as 'Psychological' (which includes all stress related absence)

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remains the most commonly used absence reason. In September, this accounted for 35% of sickness absence, down by 1% from the previous month and consistent with the 12m average of 34%.

'Unknown' and 'Oth' absence accounted for 18% of total absence (9% respectively), and Viral accounted for 13%.

Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.

Actions to Improve Performance

1. HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.
2. Ensure links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available to HSCP staff and managers.
3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.
4. The HR Team are identifying areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR where required.
5. The HR Team delivered local Attendance Management update sessions in October which were for managers of health staff to recap on key policy issues and the management of long covid. These sessions were fully booked, were received positively and consideration is being given to running more sessions in the New Year for staff unable to attend.
6. Managers to continue to promote uptake of COVID vaccinations and flu jab for staff.

Timescales for Improvement

Ongoing - subject to agreed review periods

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

	2022/23				2021/22			
	P5	Q2 P6	P7	Year to Date	P5	Q2 P6	P7	Annual Total
ADL Target (10.2 per year/0.2 per week)	0.8	0.8	0.8	10.2	0.8	0.8	0.8	5.2
Glasgow	1.7 (R)	1.7 (R)	1.6 (R)	9.6 (R)	1.5 (R)	1.5 (R)	1.5 (R)	19.6 (R)
Resources	1.2 (R)	1.1 (R)	1.1 (R)	5.7 (R)	0.9 (R)	0.7 (G)	0.8 (G)	10.7 (A)
Adult Services	2 (R)	1.6 (R)	1.6 (R)	10.2 (R)	1.6 (R)	1.5 (R)	1.4 (R)	19.6 (R)
Public Protection & Complex Care	1.2 (R)	1.1 (R)	1 (R)	6.4 (R)	0.7 (G)	0.8 (G)	0.9 (R)	11.3 (R)
Children's Services	1.3 (R)	1.3 (R)	1.4 (R)	8.5 (R)	1 (R)	1 (R)	1.1 (R)	15.7 (R)
Older People's Services	1.2 (R)	1.3 (R)	1.2 (R)	7.1 (R)	1.9 (R)	1.5 (R)	1.1 (R)	17.6 (R)
Care Services	2.1 (R)	2 (R)	1.8 (R)	12.0 (R)	2 (R)	1.9 (R)	2 (R)	24.4 (R)

Performance Trend

Overall absence performance covering Quarter 2 (Period 5-7) for GHSCP shows an increase in Average Days Lost (ADL) compared to same quarter last year.

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

Issues Affecting Performance

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

Actions to Improve Performance

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

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

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

Area	Target	Mar 20	Mar 21	Mar 22	2022/23					
					Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Glasgow	80%	41 (R)	25.7 (R)	29.9 (R)	28.8 (R)	28.0 (R)	32.0 (R)	29.6 (R)	29.9 (R)	31 (R)
Adult					21.0	20.5	24.3	23	24	24
Children's Services					47.7	44.8	48.4	46	45	46
Health Improvement					46.4	47.6	52.1	44	45	49
Older People					25.3	25.7	31.3	26.2	26	27
Public Protection & Complex Care					14.0	14.8	20.9	15.3	17	19
Resources					34.0	32.4	33.1	33	34	32

Performance Trend
Performance reported by service area from April 2022 rather than locality which has been previously used, so no historical data available apart from at city level. Performance has decreased slightly since June at city level but remains RED. Variations across services also evident.
Issues Affecting Performance
Covid19 has continued to have an impact and it is important that KSF processes recognise the difficulties faced in the last two years and is seen as an integral part of the support mechanisms in place for staff.
Actions to Improve Performance
<ul style="list-style-type: none"> Issued guidance to local managers on ensuring staff are aligned correctly to managers; establishing a manageable pattern of review meetings through to the end of Nov 2022; meeting arrangements; and advice for staff and managers on preparing for them. Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored on a monthly basis to encourage improvement. Support Reviewers to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation about the last 24mths and to look at opportunities and supports going forward.

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Timescales for Improvement
Improvements sought in future quarters. Back to Summary

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Indicator	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
Glasgow	100%	67% (R)	44% (R)	58% (R)	44% (R)	49% (R)	44% (R)	60% (R)	56% (R)	67% (R)	38% (R)	42% (R)

Performance Trend
Performance fluctuates but has declined between June and September and remains RED.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Actions to Improve Performance
Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored on a monthly basis to encourage improvement.
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
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Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2020/21			2021/22				2022/23			
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Jul 22	Aug 22	Sep 22
Glasgow	100%	9% (R)	29% (R)	62% (R)	43% (R)	69% (R)	59% (R)	52% (R)	83% (R)	50% (R)	60% (R)	68% (R)

Performance Trend
Performance fluctuates but has declined considerably after June 2022. However from July onwards completion rates have improved although not reached the same level as reported in June.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Actions to Improve Performance
Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored on a monthly basis to encourage improvement
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
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BUSINESS PROCESSES

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

Locality	Target	2020/21				2021/22				22/23
		Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.
City	70%	98.5% (G) 271	86.6% (G) 309	95.2% (G) 292	94.2% (G) 224	95.8% (G) 263	92.2% (G) 256	95.1% (G) 162	89.1% (G) 174	89% (G) 178
North East		100% (G) 6	75% (G) 20	84.2% (G) 19	68.7% (G) 16	82.3% (G) 17	91.7% (G) 24	82.6% (G) 23	72.2% (G) 18	85% (G) 40
North West		85.7% (G) 14	81.2% (G) 16	63.7% (R) 22	65% (R) 20	75% (G) 16	76.2% (G) 42	85.7% (G) 21	76.2% (G) 42	92.3% (G) 78
South		86% (G) 14	72.7% (G) 10	85.7% (G) 20	100% (G) 7	88.9% (G) 9	85.7% (G) 14	100% (G) 12	85.7% (G) 14	100% (G) 44
Prisons		100% (G) 237	87.4% (G) 263	100% (G) 231	99.4% (G) 181	98.6% (G) 221	96.6% (G) 176	99% (G) 106	98% (G) 100	84% (G) 156

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP remained **GREEN** and at a similar level over the last quarter. Performance improved in all localities and declined in prisons but all remained **GREEN**. The majority of complaints relate to prisons so these largely determine overall HSCP performance.

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

Locality	Target	2020/21				2021/22				22/23
		Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.
City	70%	59% (R) 195	69% (G) 100	75% (G) 191	79% (G) 110	64% (R) 145	78% (G) 145	43.2% (R) 155	58% (R) 151	49% (R) 147
North East		33% (R) 12	54% (R) 13	100% (G) 3	100% (G) 2	83% (G) 6	100% (G) 2	100% (G) 1	80% (G) 5	0% (R) 3
North West		40% (R) 15	58% (R) 12	56% (R) 25	47% (R) 17	57% (R) 23	52% (R) 23	40% (R) 25	67% (A) 24	69% (G) 32
South		50% (R) 8	94.1% (G) 17	78% (G) 18	76% (G) 17	69% (G) 16	61% (R) 18	80% (G) 10	64% (R) 11	56% (R) 18
Prisons		63.1% (R) 160	67.2% (A) 58	77.9% (G) 145	86.5% (G) 74	64% (R) 100	86.3% (G) 102	37.8% (R) 119	54.1% (R) 111	42.51% (R) 94

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP as a whole remained RED in the last period and performance declined in the North East, South and in prisons, with a slight improvement in the North West.

Issues Affecting Performance

Performance for the city as a whole is driven by performance in prison healthcare. As can be seen from both tables above, these account for the large majority of health care complaints in the Partnership. Although numbers of complaints have not returned to pre-pandemic levels, ongoing acute staffing pressures, created by the pandemic and other factors, continue to impact on the resource available for investigation of more complex complaints at stage 2. This includes vacancy levels of up to 50% as well as absence arising from staff illness. There has been an improvement since Q3 and the management team will seek to maintain this, despite those difficulties. As set out on the previous report, the resolution of specific temporary staffing difficulties within the complaints administration team in North-West has produced improvement in that locality. It is anticipated that this will continue.

Actions to Improve Performance

Resolution of these issues relies upon resolution of wider recruitment and retention issues.

Timescales for Improvement

Marked performance improvement is not anticipated until as late as 2022-23 Q3, given the ongoing staffing issues and recent resurgence of Covid-19 incidence.

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

Locality	Target	20/21				21/22				22/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	70%	70% (G) 23	70% (G) 50	74% (G) 39	50% (R) 34	76% (G) 107	74% (G) 134	74% (G) 121	71% (G) 106	67% (A) 84
North East		67% (A) 6	75% (G) 8	100% (G) 8	62% (R) 8	94% (G) 16	83% (G) 18	71% (G) 17	60% (R) 10	73% (G) 11
North West		100% (G) 1	50% (R) 14	43% (R) 7	25% (R) 4	78% (G) 8	79% (G) 14	64% (R) 11	57% (R) 7	80% (G) 10
South		50% (R) 6	73% (G) 15	91% (G) 11	40% (R) 10	63% (R) 16	58% (R) 24	45% (R) 22	55% (R) 11	63% (R) 8
Homelessness		50% (R) 4	90% (G) 10	58% (R) 12	67% (A) 6	67% (A) 6	62% (R) 13	100% (G) 10	38% (R) 13	60% (R) 10
Home-care		N/A	N/A	N/A	N/A	81% (G) 53	77% (G) 61	51% (R) 55	87% (G) 60	64% (R) 44
Centre		100% (G) 6	67% (A) 3	100% (G) 1	50% (R) 6	75% (G) 8	100% (G) 4	100% (G) 6	75% (G) 5	100% (G) 1

Performance Trend

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

During Q1 performance at city level fell from GREEN to AMBER. Performance in the Home Care team also fell moving from GREEN to RED. In both North East and North West performance improved significantly with the RAG status moving from RED to GREEN. Although remaining RED performance also improved in South and the Homeless team.

Issues Affecting Performance

Continued lower rate of performance in South is related to staffing issues, however performance has now improved for the second consecutive quarter. Homelessness performance has also improved considerably over the previous quarter, and it has been

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identified that some issues around communication and process were leading to delays in some cases.

The notable reduction in performance in Homecare has also been a result of staffing issues in the service area, and some development work around complaint handling which initially slowed the turnaround time of some complaints. While numbers of complaints have reduced, these issues have impacted on complaints handling within the service.

Actions to Improve Performance

CFIT to consider processes in relation to Stage 1 administration, to continue to encourage use of 5 day extension where appropriate as this can often ensure first stage complaints can meet appropriate timescale for response. CFIT to engage with Homelessness and Homecare regarding processes. Homecare undertaking review of complaints processes within service area.

Timescales for Improvement

Improvement expected by Q2 and further improvement by Q3.

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	70%	59% (R) 39	76% (G) 58	84% (G) 68	89% (G) 70	87% (G) 52	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	

Performance Trend

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

Performance in relation to stage 2 complaints continued to exceed target during Quarter 1 (GREEN).

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	100%	95% (R) 61	99% (G) 80	100% (G) 75	98% (G) 90	98% (G) 83	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	

Performance Trend
<p>This indicator is reported one quarter in arrears.</p> <p>Performance in relation to FOIs slipped from GREEN to AMBER during Q1.</p>
Issues Affecting Performance
<p>All SWS FOIs are handled by the Complaints, FOI and Investigations Team (CFIT) who have been subject to additional pressures relating to increasing demand for Subject Access Requests, which are handled by the same team. In that context, meeting demand for FOIs became more challenging in Q1, however performance is still high.</p>
Actions to Improve Performance
<p>CFIT seeking additional resources to assist with addressing the increased demand on the team, as detailed at indicator (6.).</p>
Timescales for Improvement
<p>As performance is consistently between 95% and 100%, it is expected that this will continue into the next quarter, with return to 100% compliance expected by Q4.</p> <p>Back to Summary</p>

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	100%	18% (R) 50	34% (R) 95	19% (R) 110	21% (R) 109	41% (R) 144	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	

Performance Trend

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

Performance in relation to Subject Access Requests declined further during Quarter 1. There was a further steep increase (25%) in the number of requests received during Q1 (249) in comparison to Q4 (200).

Issues Affecting Performance

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. This can be seen from the steep rise in requests in Q4, and the further rise in Q1.

Covid-19 led to closure of the public archives from early 2020. Restrictions on access to archived files continued into late 2021 / early 2022. Covid-19 did not however lead to a cessation of incoming requests beyond the first few months of the pandemic. These combined pressures led to a backlog in requests well above 200 cases during 2021-22. Those pressures continue in 2022-23 with the backlog exceeding 400 in Q2 2022-23.

This is a rolling backlog and cases are being cleared from it, but not at a higher rate than incoming demand. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of *new* cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog.

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Despite these figures, it is the view of team management that the team is functioning at an appropriate and more than adequate performance level, given the scale of the challenge and resources currently available.

Actions to Improve Performance

The team will continue to focus on clearing the backlog, the existence of which creates the most pressing issue both in terms of poor customer service and financial and reputational risk for the Council.

Agreement has recently been reached to appoint new staff into the team for the period of time required to clear the backlog. Once these new staff are in post the backlog should begin to reduce again and gradually be eliminated, but this may not immediately impact performance as measured in this table, for the reasons explained above. Further options to increase resource available to address backlog will also be considered.

Timescales for Improvement

It is not anticipated these issues will be fully resolved until 2023/24 at the earliest.

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

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	80%	77% (A) 272	76% (R) 279	73% (R) 315	85% (G) 249	83% (G) 348	81% (G) 279	83% (G) 408	79% (G) 435	80% (G) 452
North East		90% (G) 42	91% (G) 54	93% (G) 56	91% (G) 56	88% (G) 66	92% (G) 48	86% (G) 78	93% (G) 91	93% (G) 116
North West		67% (R) 55	84% (G) 61	63% (R) 63	92% (G) 50	85% (G) 68	78% (A) 63	87% (G) 100	95% (G) 83	85% (G) 72
South		69% (R) 64	75% (R) 56	77% (A) 57	79% (G) 57	90% (G) 106	82% (G) 90	75% (R) 100	68% (R) 102	76% (R) 88
Centre		67% (R) 61	52% (R) 75	64% (R) 119	79% (G) 75	70% (R) 101	77% (A) 66	79% (G) 106	65% (R) 136	68% (R) 160
Care Services (prev. Cordia)		98% (G) 50	97% (G) 33	90% (G) 20	100% (G) 11	100% (G) 7	75% (R) 12	100% (G) 24	91% (G) 23	100% (G) 16

Performance Trend

During Q2 performance remained GREEN at city level and in North East, North West and in Care Services. Performance remained RED in South and Centre over the same period.

There was a further increase in the number of enquiries received during Q2 (452); a 3.9% increase on the Q1 figure (435).

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APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and 'Other Indicators'. The latter are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20	20/21	21/22	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87%	87.2%	87.4%	89.3% (G)	89.3%* (G)	87.8%
	Scotland	87.0%	87.3%	88.0%	88.0%	88.3%	90.2%	89.8%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	95%	94.9%	94.9%	95.2% (G)		95.4%
	Scotland	95.7%	95.8%	96%	96%	96.1%	96.3%		N/A

*Provisional

2. NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures. 9 are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which was undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD).

Details of performance in relation to these indicators for 2020/21 can be accessed in Chapter 7 of the [Annual Performance Report \(2020/21\)](#) where comparisons are made over time and with the Scottish average. These will be updated for the 2022 Report.

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Local HSCP Services								
1. % able to make an appointment with a doctor three or more working days in advance.	Local HSCP Indicator Outcome 9	N/A	21/22	57%	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	N/A	21/22	85%	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22		100% (G)	96.08% (G)	98% (G)	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2021 were 100% (NE); 98.4% (NW); 100% (S). Next update due for Jan-Mar 2023 in June 2023.
4. Flu Immunisation rates	Local HSCP indicator Outcome 1	N/A	N/A	N/A	N/A	N/A	N/A	Flu vaccination period runs between October and March each year. New indicator/target to be defined. HSCP will only be responsible for some flu immunisations going forward.
Externally Delivered Services								
5. Shingles Immunisation Rates (aged 71-79)	Local HSCP indicator Outcome 1	60% (over Sep-Aug)	Sep-Feb 22	52% (R)				Figures are cumulative with target applying to the period between Sep and August each year. This will be delivered by the Health Board going forward.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Sep 22	35% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. % has stayed the same in the last quarter
7. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Sep 22	62.9% (R)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Improved in the last quarter (was 53.4% in Jun)
8. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% seen within 12 weeks	Sep 22	93.7% (R)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Reduced from 95.3% at end of Q1.
9. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2019/21	54.7% (R)	54% (R)	55.2% (R)	54.7% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 18/20 when was 53.4% and in all localities (NE 52.8%; NW 54.2%; S 53.4%).
10. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	19/20	72% (G) (Scotland)				HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in encouraging uptake. Only Scotland information available in new Annual NHSGGC screening report (Feb 2022).
11. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2020/21	58.6% (R)	61.1% (R)	52.1% (R)	63.2% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 19/20 when

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
								was 57.4% and in NE (58.9%) and S (60.6%). NW declined (53.1%).
12. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	19/20	74.8% (G)	73.1% (G)	76.4% (G)	75% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). From annual national screening report last produced April 2022. Previous figures were 75.7 (City); 75.1 (NE); 74.8 (NW); 76.8 (S).
Population Statistics								
13.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 22	22.98% (R)	24.1% (R)	23.45% (R)	21.75% (R)	Provisional figures shown for Mar 22. Updated figures for Sep 21 (also provisional) are 25.32% (City); and for localities 28.1% (NE); 24.51% (NW); 23.73% (S).
14. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 22	77.16% (R)	79.4% (R)	77.78% (R)	74.96% (R)	Provisional figures shown for Mar 22. Updated figures for Sep 21 (also provisional) are 81.48% (City); and for localities 83.9% (NE); 81.55% (NW); 79.52% (S).
15. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20).
16. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017. Produced 2 yearly by Public

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
								Health Scotland but Covid-19 has delayed latest update which was due Oct 21.
17. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2021	311				Figures published annually by NRS. Last updated July 2022. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); and 291 (2020).
18. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2021	188				Figures published annually by ISD. Last updated August 2022. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018); 143 (2019); 163 (2020).
19. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2021	106				Figures published annually by ISD. Last updated July 2022. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018); 106 (2019); 104 (2020).

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APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

APPENDIX 4 – APR LOCAL KPIS

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

1. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
2. Number of people in supported living services
3. Percentage of service users who receive a reablement service following referral for a home care service.
4. Total number of Older People Mental Health patients delayed (Excluding AWI)
5. Intermediate Care: % users transferred home.
6. Prescribing Costs: Compliance with Formulary Preferred List.
7. New Accident and Emergency attendances (18+).
8. Total number of Acute Delays
9. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
10. Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+)
11. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement
12. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks
13. Percent Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks age of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks.

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14. % of young people currently receiving an aftercare service who are known to be in employment, education or training
15. Number of out of authority placements.
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months)
17. Mumps, Measles and Rubella (MMR) Vaccinations: (% Uptake at 5 yrs)
18. Psychological Therapies: % of people who started treatment within 18 weeks of referral.
19. Total number of Adult Mental Health delays
20. % of clients commencing alcohol or drug treatment within 3 wks of referral
21. Number of households reassessed as homeless/ potentially homeless within 12 months.
22. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
23. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.
24. Alcohol Brief Intervention Delivery
25. Smoking Quit Rates at 3 months from the 40% most deprived areas.
26. Women smoking in pregnancy (general population
27. Women smoking in pregnancy (most deprived quintile)
28. Exclusive Breastfeeding at 6-8 weeks (general population)
29. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).

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- 30. NHS Sickness Absence rate (%)
- 31. Social Work Sickness Absence Rate (Average Days Lost)
- 32. Percentage of NHS Stage 1 complaints responded to within timescale
- 33. Percentage of NHS Stage 2 complaints responded to within timescale
- 34. Percentage of Social Work Stage 1 Complaints responded to within timescale
- 35. Percentage of Social Work Stage 2 Complaints responded to within timescale
- 36. Percentage of elected member enquiries handled within 10 working days.