



Item No. 9

Meeting Date **Wednesday 19th February 2020**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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HSCP PERFORMANCE REPORT Q3 2019/20

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2019/20.
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Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting which would be attended by the relevant Service Leads.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.4; c) review and discuss performance with the Strategic Leads for Children's Services and Human Resources in relation to these areas.
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Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.
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Implications for Health and Social Care Partnership:

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

1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 2019/20.

2. Background

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

3. Reporting Format

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

4. Summary

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

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

Exceptions

- 4.4 At Q3, 42 indicators were GREEN (37.5%); 58 RED (52.7%); 7 AMBER (6.2%); and 4 (3.6%) GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People	Page
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months	28
2. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	29
10. Total number of Older People Mental Health patients delayed	37
12. Intermediate Care: Average Length of stay (Days).	39
13. Percentage of intermediate care users transferred home	40
14. Provided Residential Care Homes – Occupancy Rates	42
Unscheduled Care	
. New Accident and Emergency (A&E) attendances (All ages)	47
2. A&E Waits Less Than 4 Hours (%) – Both Hospitals	48
3. Number of Emergency Admissions (18+)	49
4. Number of Unscheduled Hospital Bed Days - Acute (18+)	50
7. Total Number of Acute Delays	53

8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	54
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	55
Primary Care	
5i. AHP Waiting Times – MSK Physio	63
Children's Services	
1. Uptake of the Ready to Learn Assessments (North West)	65
4. Access to CAMHS services - % seen with 18 weeks	69
5. % looked after & accommodated children under 5 who have had a Permanency Review	71
6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral (Aged 5-18)	73
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.	74
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75
9. Number of high cost placements	76
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - (North East and South)	80
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - (Gartnavel & Stobhill)	81
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds - Stobhill)	82
4. Total number of Adult Mental Health delays	83
Sexual Health (Sandyford)	
1 & 2. Number of vLARC IUD appointments offered and IUD insertions across all Sandyford locations	85
3 & 4. Number of vLARC Implant appointments offered and Implant insertions across all Sandyford locations	86
5. Average waiting times for access to Urgent Care appointments.	87
6-9. Number of individual young people attending all Sandyford services - aged 13-15 and 16-17 for males and females.	89
Alcohol and Drugs	
2. Percentage of Parental Assessments completed within 30 days of referral.	91
Homelessness	
2. % of live homeless applications over 6 months duration at end of the quarter.	94
3. Number of new resettlement plans completed - total to end of quarter (citywide)	95
5. The percentage of instances where emergency accommodation is required (statutory duty) and offer is made.	97
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	98
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	99

Health Improvement	
5. Exclusive Breastfeeding at 6-8 weeks (general population)	108
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	110
Human Resources	
1. NHS Sickness absence rate	112
2. Social Work Sickness Absence Rate	114
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	117
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	119
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	120
Business Processes	
2. Percentage of NHS Stage 2 Complaints responded to within timescale.	122
3. Percentage of Social Work Stage 1 Complaints responded to within timescale	124
4. % of SW Complaints responded to within timescale (Stage 2)	125
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	127

Changes in RAG Status

- 4.5 There has been a change in RAG status for 26 indicators since the last report. Of these, performance improved for 9 and declined for 17.

i. Performance Improved

A) RED TO GREEN
Older People
4. Percentage of service users who receive a reablement service following referral for a home care service – Community Referrals
16. Falls rate per 1,000 population aged 65+
Carers
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Children's Services
6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
Homelessness
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation
B) RED TO AMBER
9. Enhanced Telecare
Children's Services
1. Uptake of the Ready to Learn Assessments
Homelessness
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court

ii. Performance Declined

A) GREEN TO RED
Older People
13. Percentage of intermediate care users transferred home
14. Provided Residential Care Homes – Occupancy Rates
Unscheduled Care
3. Number of Emergency Admissions (18+)
4. Number of Unscheduled Hospital Bed Days - Acute (18+)
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
Children’s Services
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Adult Mental Health
1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral (S)
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale)
Alcohol and Drugs
2. Percentage of Parental Assessments completed within 30 days of referral
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale.
B) GREEN TO AMBER
Older People
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year
Children’s Services
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Health Improvement
1. Alcohol brief intervention delivery (ABI)
AMBER TO RED
Older People
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
Health Improvement
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Children’s Services
1. Uptake of the Ready to Learn Assessments (NW)

5. Recommendations

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

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.4;
- c) review and discuss performance with the Strategic Leads for Children’s Services and Human Resources in relation to these areas.



CORPORATE PERFORMANCE REPORT

(IJB Finance, Audit and Scrutiny Committee)

**QUARTER 3
2019/20**





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1. PERFORMANCE SUMMARY









1. Key to the Report

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

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	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

2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators/Targets
										
Older People	6	1	9	3	6	2	8	3	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months (AMBER to RED) 4. Percentage of service users who receive a reablement service following referral for a home care service – Community Referrals (RED to GREEN) 6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year (GREEN to AMBER) 9. Enhanced Telecare (RED to AMBER)	

									13. Percentage of intermediate care users transferred home (GREEN to RED) 14. Provided Residential Care Homes – Occupancy Rates (GREEN to RED) 16. Falls rate per 1,000 population aged 65+ (RED to GREEN)	
Unscheduled Care	5		5		9		1		3. Number of Emergency Admissions (18+) (GREEN to RED) 4. Number of Unscheduled Hospital Bed Days - Acute (18+) (GREEN to RED) 5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (GREEN to RED) 8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (GREEN to RED)	
Carers	1		1				2		1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement (RED to GREEN)	
















Primary Care	6	1	4		6	1	4		
Children's Services	7	1	8		7	2	7		<p>1. Uptake of the Ready to Learn Assessments (NW) (AMBER to RED)</p> <p>1. Uptake of the Ready to Learn Assessments (S) (RED to AMBER)</p> <p>6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral (RED to GREEN)</p> <p>8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training (GREEN to RED)</p> <p>10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (GREEN to AMBER)</p>
Adult Mental Health	5		5		6		4		<p>1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral (S) (GREEN to RED)</p>
















									2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill) (RED to GREEN) 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale) (GREEN to RED)	
Sandyford Sexual Health	8		2		8		2			
Alcohol & Drugs			3		1		2		2. Percentage of Parental Assessments completed within 30 days of referral (GREEN to RED)	
Homelessness	4		1		3		2		1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation. (RED to GREEN)	
Criminal Justice	3		3		2	1	3		5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court. (RED to AMBER)	













Health Improvement	1	1	4	1	2	1	3	1	1. Alcohol brief intervention delivery (ABI) (GREEN to AMBER) 6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (AMBER to RED)	
Human Resources	5				5					
Business Processes	2		5		3		4		2. Percentage of NHS Stage 2 Complaints responded to within timescale. (GREEN to RED)	
TOTAL No. and (%)	53 (47.8)	4 (3.6)	50 (45)	4 (3.6)	58 (52.2)	7 (6.3)	42 (37.8)	4 (3.6)		












2b. Performance at a Glance


















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













Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q3	80% 	▼  to 
2. Number of community service led Anticipatory Care Plans in Place.	Conversations 800 p.a. Summaries 200 p.a.	Q3 2019/20	Conversations 356  Summaries 91 	▲
3. Number of people in Supported Living Services.	Target under review	Q3 2019/20	798 	N/A
4. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Cordia Period 9	82.1% (Hosp)  80.8% (Comm) 	▲ Hospital ▲ Community  to 
5. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Cordia Period 10	35.4% 	▲
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q3	1% 	▼  to 
7. Continence Service – Waiting Times	100% within 12 weeks	Mar 19		N/A














Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
8. Day Care (provided) – Review Rates	95%	Q3	97% 	▼
9.i Referrals to Telecare: Basic	2,750 per annum	Q3	2052 	▶
9.ii Referrals to Telecare: Advanced	1500 per annum	Q3	1074 	▶
10. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Dec 19	12 	▶
11. Intermediate Care: Percentage Occupancy.	90%	Dec 19	88% 	▶
12. Intermediate Care: Average Length of stay (Days).	<28	Dec 19	37 days 	▼
13. Intermediate Care: Percentage of users transferred home.	>30%	Dec 19	19% 	▼  to 
14. Provided Residential Care – Occupancy Rates	95%	Q3	90% 	▲  to 
15. Provided Residential Care – Review Rates	95%	Q3	95% 	▶
16. Falls rate per 1,000 population aged 65+	6.75 per quarter (27 total)	Q1	6.5 	▶
17. % patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.	TBC	Q4 2018/19		N/A

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+)	153,791 for 19/20 (12,816/month)	Apr - Oct 19	98,622 (14,089 per month) 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Nov 19	GRI – 81.2%  QEUH – 68% 	GRI ▼ QEUH ▼
3. Number of Emergency Admissions (18+)	66,624 for 19/20 (5552/month)	Apr - Jul 19	24,039 (6010 per month) 	▼  to 
4. Number of Unscheduled Hospital Bed Days - Acute (18+)	453,866 for 19/20 (37,822/month)	Apr – Aug 19	162,194 (40,548 per month) 	▼  to 
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	33,260 for 19/20 (2772 per month)	Q2	5432 (905 per month) 	▼  to 

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).	181,371 for 19/20 (15,114 per month)	Q2	91,036 (15,173 per month) 	 ▼ to 
7. Total number of Acute Delays	0	Dec 19	67 (inc AWI) 46 (exc AWI) 	▲
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	39,919 for 19/20 (3327 per month)	Apr – Oct 19	24,685 (3526 per month) 	▼  to 
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 19/20 (159 per month)	Apr – Dec 19	4372 (485 per month) 	▼
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum/413 per quarter	Q3	1414 	▲
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?	70%	Q3	84% 	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q2	 77.87%	▼









Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Prescribing Costs: Annualised cost per weighted list size	At/Below NHSGGC average	Sep 19	 £151.58	▲
3i. Flu Immunisation Rates (over 65s).	75%	Oct 19 – Dec 19	68.7%(NE)  69.7%(NW)  69.8% (S) 	▼ All areas
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Oct 19 – Dec 19	40% (NE)  39.3% (NW)  40.6%(S) 	▼ All areas
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 19 – Dec 19	43.2% (NE)  50.4% (NW)  46.4%(S) 	▼ All areas
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 19 – Dec 19	60% (NE)  56% (NW)  50.9%(S) 	▼ All areas
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	75%	Oct 19 – Dec 19	42.9% (NE)  52.1% (NW)  44.5%(S) 	▼ All areas
4. Shingles Immunisation Rates (aged 70)	60%	Sep 19 - Dec 19	25.4% (Health Board) 	▼










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Dec 19	33% 	▼
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Dec 19	95.2% 	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Dec 19	99.9% 	▼
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Nov 19	NE - 94%  NW - 88%  S - 91% 	NE ▲ NW ▼ S ▲
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Oct 19	NE - 95%  NW - 97%  S - 97% 	NE ▼ NW ▲ S ▲
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 across city	Q3	2515 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Dec 19	56.2% 	▼
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q3	70% 	▼











Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	100%	Q3	100%(<5s)  92.7% (5-18) 	<5s ▲ 5-18 ▲
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	Q2	36% 	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	71% 	▼
9. Number of high cost placements	Reduction of 20 in 2019/20 to 31	Q3	47 	▼
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q2	92.08% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q2	96.27% 	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 19	NE 80.8%  NW 90.7%  South 82.7% 	NE ▼ NW ▼ South ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Nov 19	Stob 30.6  Lev 28.5  Gart 32.8 	Stobhill ▲ Leverdale ▼ Gartnaveil ▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Nov 19	Stob 100.3% ● Gart 98% ✓ Lev 96% ✓	Stobhill ▲ Leverdale▲ Gartnavel ▲
4. Total number of Adult Mental Health delays	0	Dec 19	27 Total 26 (exc AWI) ●	▼
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q3	1650 ●	▼
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q3	1310 ✓	▲
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q3	1655 ●	▼
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1888 per quarter	Q3	874 ✓	▼
5. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q3	5 ●	▲
6. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	21 (13-15) 50 (16-17)	Q3	5 (13-15) ● 20 (16-17) ●	▶ ▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	146 (13-15)	Q3	69 (13-15) ●	▼
	339 (16-17)		190 (16-17) ●	▼
8. Waiting times for access to TOPAR appointments	5 working days	Q3	5 ✔	►
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q2	98% ✔	▲
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q3	71% ●	▼
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q3	80% ✔	►
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q3	94% ✔	▲
2. Percentage of live homeless applications over 6 month duration at the end of the quarter.	<40%	Q3	43% ●	▼
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 4,000 (1,000 per quarter)	Q3	2765 ●	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	223 	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q2	76% 	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q3	75% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q3	72% 	▼
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q3	76% 	▶
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q3	71% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q3	78% 	▲
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q3	92% 	▶

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	3799 (To Q3)	Q3	3643 	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	543 to Q2	Q2	681 	▲
3. Women smoking in pregnancy (general population)	12%	Q3	10.8% 	▼
4. Women smoking in pregnancy (most deprived quintile).	17%	Q3	17.2% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population)	31.4% by end of 19/20	Q3	28.7% 	▼
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	22.4% by end of 19/20	Q3	20.3% 	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	-17%	N/A		N/A
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Dec 19	6.5% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8 per period	P10 (4 week period)	1.4 ADL 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	80%	Dec 19	37.9% 	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Dec 19	59% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Mar 19	20% 	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q2	91.2% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q2	62% 	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q2	78% 	▼
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q2	50% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q2	97% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale	100%	Q2	72% 	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q2	85% 	▼

1. OLDER PEOPLE

Proactive Care and Support at Home

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 Head of Care Services (HSCP)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
85%	Glasgow	86% (G)	82% (A)	85% (G)	84% (G)	81% (A)	80% (R)
85%	North East	92% (G)	92% (G)	92% (G)	90% (G)	88% (G)	86% (G)
85%	North West	85% (G)	81% (A)	89% (G)	87% (G)	84% (G)	82% (A)
85%	South	83% (G)	75% (R)	78% (R)	77% (R)	72% (R)	75% (R)
Performance Trend							
At Q3 city-wide performance remained below target dropping from AMBER to RED. North East continued to meet target (GREEN) while South remained below target (RED). North West moved from GREEN to AMBER.							
Actions to Improve Performance							
South continue to be challenged by absence within the Social care worker staff compliment. 2 staff have had long term absence within the last quarter. This impacts on the performance figures. Work is being done to establish how we can align staff to cover these areas. We have one vacancy also in South contributing to the under performance of our targets in South. Performance data continues tabled at our management meetings.							
Timeline for Improvement							
We are expecting improvements in this area in the next quarter and are reviewing our responses to outstanding reviews and staff alignment. Back to Summary							

Indicator	2. 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 (19/20)	Q1	Q2	Q3	Q4	Total
Number of ACP conversation held	800p.a. (TBC)	N/A	124	232		356 (R)
Number of summaries completed and shared with GPs	200 pa. (TBC)	53	9	29		91 (R)

Performance Trend

A new national model 'My ACP' was launched in 2017 which is patient led. HSCPs in GGC have agreed a summary version that draws on the patient led ACP and with the patient's consent can be shared with the patient's GP. This indicator relates to the number of completed summary versions that are shared with GPs and the number of conversations that are held with patients to raise awareness of the benefits of ACPs. Performance is below target for the period up to Q3 2019/20.

Actions to Improve Performance

Data on both indicators is currently being gathered from different information systems and work is underway stream line this process. The figures reflect considerable under reporting in terms of ACP conversations and ACP summaries shared with GPs. This is due to differences in the retrieval of data. Work is ongoing with team leads to optimise reporting via the various systems available.

Alongside this, the roll out of the summary version is almost complete across Older People and Primary Care teams. An electronic version of the ACP summary was introduced in collaboration with eHealth. Work will continue into 2020 to arrange access for OPPC teams to Clinical Portal to input directly to the ACP Summary.

Timeline for Improvement

It is anticipated that improvements will be seen in 2020/21 as the new model and recording processes become more embedded.

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

Locality	Target	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
Glasgow	Was 920 but under review.	734 (G)	845 (G)	842 (G)	829	821	798
North East	N/A	216	244	250	252	252	249
North West	N/A	236	283	275	276	263	262
South	N/A	282	318	317	301	306	287
Performance Trend							
Numbers reduced further during the third quarter of 2019/20. The decrease is believed to relate to a drop in the number of Personalisation service users with a Supported Living service.							
Actions to Improve Performance							
Work is underway to review this indicator as the service is changing and now has three elements: <ul style="list-style-type: none"> • Clustered supported living which began in December 2018 and has a target of 75 vacant tenancies per annum, to be offered by housing. At quarter 3 we have exceeded our target of 75 vacant properties by 11 with 86 properties offered. • HSCP home care supported living – reported separately; and, • Traditional supported living – further information on which is awaited. 							
Timeline for Improvement							
A review of the indicator and target is underway as indicated above. Back to Summary							

Indicator	4. 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 for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
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 Head of Care Services (HSCP)

Referral Source	Target	16/17	17/18	18/19	19/20	19/20		
		Q4	Q4	Q4	Q2	Quarter 3		
		Per 13b	Per 13b	Per 13b	Per 7	Per 8	Per 9	Per 10
Hospital Discharges	70%	73.4% (G)	72.8% (A)	75.8% (G)	68.6% (G)	69.1% (G)	82.1% (G)	
Community Referrals	70%	76.5% (G)	78.2% (G)	74.8% (G)	66.3% (R)	81.1% (G)	80.8% (G)	
Performance Trend								
New target introduced for 19/20 having previously been 75%. Community Referrals performance has improved and moved from RED to GREEN.								

Indicator	5. 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. It should be noted, however, that this function now lies with Cordia. Information reported for 4 weekly financial periods by Cordia been mapped below to the HSCP quarterly reporting cycle.
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 Head of Care Services (HSCP)

Locality	Target	16/17	17/18	18/19	19/20	19/20	19/20 Q3		
		Q4	Q4	Q4	Q1	Q2	Per 7	Per 8	Per 9
Citywide	>35%	36% (R)	37.9% (R)	35.7% (R)	41.2% (G)	35.1% (G)	40.8% (G)	38.0% (G)	35.4% (G)
North East	>35%	37% (R)	32.5% (R)	34.3% (R)	53.7% (G)	41.5% (G)	59.1% (G)	53.4% (G)	49.4% (G)
North West	>35%	33% (R)	45.7% (G)	42.7% (G)	42.9% (G)	33.9% (A)	43.5% (G)	38.8% (G)	38.5% (G)
South	>35%	39% (A)	35.9% (R)	31.7% (R)	31.3% (R)	31.6% (R)	36.9% (G)	39.3% (G)	30.2% (R)

Performance Trend

New target introduced for 19/20 having previously been 40%. Performance varies across locality and over time. Performance at city-wide level and in the North East and North West was GREEN across all 3 periods. South was GREEN at Periods 8 and 9 but dropped below the target range at the end of the quarter (P10, RED).

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Target/Ref	6. 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)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	
0%	City	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	
0%	North West	0% (G)	0% (G)	1% (GA)	0% (G)	0% (G)	2% (A)	
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	
Performance Trend								
<p>At Q3 the target was met only in North East (GREEN) with North West, South and the City moving from GREEN to AMBER.</p> <p>At the end of Q3 there were 1,680 open OT assessment activities: 13 of these (9 in NW and 4 in South) had been open for more than 12 months.</p>								
Actions to Improve Performance								
<p>The dip in performance recently can be attributed to staffing and increased referral rates. Referral rates have been consistently higher across all three localities in the 12 months. In terms of staffing North West have had two retirements and it has taken longer than anticipated to recruit. Posts are now filled. In South there has been a reduction in capacity due to work life balance arrangements.</p>								
Timeline for Improvement								
<p>Improvements in performance are anticipated in Q4.</p> <p>Back to Summary</p>								

Target/Ref	7. Continence Service – Waiting Times.
Purpose	To monitor waiting times performance for Continence Services. This service is hosted by Glasgow. The service is reported by North and South areas. The North area includes North East and North West Glasgow, and East and West Dunbartonshire. The South area includes Glasgow South, Inverclyde, East Renfrewshire and Renfrewshire
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	% Seen Within 12 Weeks				2019/20
	Q4 17/18	Jan 19	Feb 19	March 19	
100%	97.5% (G)	100% (G)	100% (G)	100% (G)	TBC
Performance Trend					
There has been an issue with the collection of data for this indicator. Work is underway to introduce new data collection systems. Until then, no data will be available.					
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Target/Ref	8. 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 Head of Care Services (HSCP)

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

Performance Trend

Performance in relation to review rates for Day Care service users was maintained as GREEN during Q3.

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Target/Ref	9. 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	Agreed Scot Govt. Annual Targets		16/17	17/18	18/19	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Total
	16/17–18/19	19/20							
Standard	2,248	2,750 688 per Q	2,581 (G)	2,771 (G)	2,706 (G)	690 (G)	670 (A)	692 (G)	2,052 (G)
Enhanced	304	1,500 375 per Q	835 (G)	1,222 (G)	1,337 (G)	305 (R)	385 (G)	384 (G)	1,074 (A)
Performance Trend									
<p>In line with changes to referral and training, Basic and Advanced telecare services have been re-categorised as Standard and Enhanced respectively. Targets for both categories have been revised for 2019/20.</p> <p>The quarterly targets for both numbers of referrals to Enhanced Telecare Services and number of referrals to Standard Telecare Services were met (GREEN) during Quarter 3. Numbers for advanced telecare slightly below the pro-rata annual target for Q1-Q3 (1,125)</p> <p>Back to Summary</p>									

Indicator	10. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Apr 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
0	City	11 (R)	11 (R)	16 (R)	9 (R)	13 (R)	12 (R)	12 (R)	9 (R)	12 (R)	12 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	4 (R)	2 (R)	2 (R)	0 (G)	4 (R)	2 (R)
	NW	7 (R)	1 (R)	4 (R)	2 (R)	4 (R)	4 (R)	3 (R)	4 (R)	5 (R)	4 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	5 (R)	6 (R)	7 (R)	5 (R)	3 (R)	6 (R)

Performance Trend

Numbers vary across localities and over time. Numbers remained similar in the last period and all localities RED.

Actions to Improve Performance

Our performance continues to be a concern as the total number of delays continues at a level that exceeds the target. While there is a regular and robust scrutiny process of all delays, there is an ongoing issue in sourcing suitable care home placements for patients. Work will continue to ensure the number of delays reduces. There is a new discharge pathway that supports 72 hour discharge which includes dedicated Social Work resource, improved MDT working and early referral to Social Work. Additional care home places are being funded.

Timeline for Improvement

Improvements towards meeting the target are anticipated this year. A full report on these delays is being made to the next Health Board's meeting.

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Indicator	11. 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	Apr 16	Apr 17	Apr 18	Apr 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Glasgow	90%	88% (G)	82% (R)	92% (G)	92% (G)	84% (R)	83% (R)	88% (G)	84% (R)	85% (A)	88% (G)
North East	90%	94% (G)	74% (R)	89% (G)	92% (G)	89% (G)	85% (A)	94% (G)	95% (G)	85% (A)	86% (A)
North West	90%	75% (R)	89% (G)	94% (G)	92% (G)	87% (G)	75% (R)	87% (G)	76% (R)	78% (R)	91% (G)
South	90%	94% (G)	83% (R)	92% (G)	92% (G)	78% (R)	88% (G)	84% (R)	84% (R)	93% (G)	88% (G)
Performance Trend											
Performance has remained GREEN at a city level in the last quarter. Performance in the North East declined and improved in the North West and South in the last quarter.											
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Indicator	12. 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	Apr 16	Apr 17	Apr 18	Apr 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Glasgow	<28	44 (R)	31 (R)	30 (R)	31 (R)	30 (R)	33 (R)	36 (R)	38 (R)	37 (R)
North East	<28	41 (R)	33 (R)	34 (R)	29 (A)	25 (G)	24 (G)	46 (R)	45 (R)	37 (R)
North West	<28	36 (R)	36 (R)	30 (R)	36 (R)	36 (R)	41 (R)	34 (R)	33 (R)	37 (R)
South	<28	38 (R)	32 (R)	41 (R)	42 (R)	33 (R)	32 (R)	28 (G)	38 (R)	35 (R)

Performance Trend

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

Actions to Improve Performance

Although the average length of stay remains higher than the planned target, it reduced in the period November to December apart from the North West area. This is a reflection of the complexity of recent clients, including skewing of the average due to a number of individuals with significant lengths of stay. The reasons for these extended lengths of stay include changes in mental capacity which requires longer term assessment or progress through a legal process and also an infection outbreak in two units which lead to an extended stay for a number of individuals. Due to the relatively low number of overall beds, a small number of extended stays has the ability to impact on the overall average length of stay. Throughput within the units remains under scrutiny as part of the on-going improvement programme for intermediate care.

Timeline for Improvement

There is an ongoing focus on improvement and it is anticipated that length of stay will reduce in Q4.

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Indicator	13. 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		Targets	Apr 16	Apr 17	Apr 18	Apr 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	25% (R)	28% (A)	35% (G)	33% (G)	23% (R)	19% (R)
	Res/Nursing	N/A	52%	62%	45%	53%	49%	53%	42%	62%	65%
	Readmissions	N/A	25%	10%	12%	18%	21%	9%	23%	15%	10%
	Deceased	N/A	2%	1%	5%	3%	1%	3%	2%	0%	6%
NE	Home	30%	22% (R)	30% (G)	33% (G)	25% (R)	27% (R)	41% (G)	30% (G)	28% (A)	33% (G)
	Res/Nursing	N/A	39%	59%	50%	45%	38%	36%	35	50	67
	Readmissions	N/A	33%	7%	16%	30%	35%	23%	30	22	0
	Deceased	N/A	6%	0%	0%	0%	0%	0%	5	0	0
NW	Home	30%	21% (R)	22% (R)	27% (R)	27% (R)	6% (R)	15% (R)	28% (A)	9% (R)	9% (R)
	Res/Nursing	N/A	57%	57%	57%	59%	71%	73%	56	73	61
	Readmissions	N/A	21%	17%	11%	9%	24%	4%	17	18	17
	Deceased	N/A	0%	4%	4%	5%	0%	8%	0	0	13
South	Home	30%	21% (R)	22% (R)	39% (G)	22% (R)	46% (G)	55% (G)	41% (G)	31% (G)	20% (R)
	Res/Nursing	N/A	58%	70%	33%	56%	46%	45%	36	62	68
	Readmissions	N/A	21%	7%	9%	17%	4%	0%	23	8	8
	Deceased	N/A	0%	0%	9%	6%	4%	0%	0	0	4

Performance Trend

Performance has moved at a city level from GREEN to RED in the last quarter. Variations across localities and over time. North East remained GREEN and North West remained RED. South moved from GREEN to RED.

Actions to Improve Performance

Overall Glasgow has seen an increase in the percentage of people being discharged to nursing or residential care. For discharge to home, South previously highest consistently followed by North East. NW decision predominantly nursing and residential, although on average 17% readmission rate, which has been a reflection of the complexity of clients over time. Given the relatively small number of outcomes per month (60-70 on average) a small change in the numbers can impact significantly on the outcome measures. Approaches to encourage discharge home from intermediate care are actively pursued, including partnership working with Housing Options for Older people, the use of Clustered Supported Living packages of care and an active rehabilitation programme where this is appropriate for the client. Data is regularly reviewed at locality level and also through the City-wide improvement group.

Timeline for Improvement
Improvements are expected by Q4 Back to Summary

Target/Ref	14. 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 Head of Care Services (HSCP)

	2016/17	2017/18	2018/19				2019/20		
Target	Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	94% (G)	96% (G)	95% (G)	95% (G)	98% (G)	95% (G)	96% (G)	94% (G)	90% (R)
Performance Trend									
Performance dropped below target during Quarter 3 moving from GREEN to RED.									
Actions to Improve Performance									
Quarter 3 figures were affected by the opening of Victoria Gardens and Meadowburn Care Homes. Victoria Gardens is now fully occupied and Meadowburn is now on track in terms of full occupancy.									
Timeline for Improvement									
There will be an improvement to figures in next quarter.									
Back to Summary									

Target/Ref	15. 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 by care home staff.
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 Head of Care Services (HSCP)

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

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

Area	Target	15/16	16/17	17/18	18/19	19/20			
						Q1	Q2	Q3	Q4
Glasgow City	27 total 6.75/ quarter (18/19 and 19/20)	28.9	31.1	30.7	30.5 (R)	6.5 (G)			
Scotland	N/A	20.6	20.8	21.6	22.4				

*Provisional

Performance Trend
National Integration Indicator. Performance in excess of the annual target for 2018/19 which was to get back to the 2014/15 levels (27 for the year or 6.75 per quarter). Data only available for Q1 at the moment for 2019/20 and the target is being met but this may be affected by data completeness issues.
Actions to Improve Performance
Current actions being taken forward to improve performance include: <ul style="list-style-type: none"> • Promotion of Level 1 assessment across all relevant staff groups and with other agencies • Re-establishing links with SAS to increase use of the pathway for non-conveyance of uninjured fallers with rising numbers of referrals month on month • Develop pathway for referral for Scottish Fire and Rescue to access Level 2 assessments and promote opportunity for shared learning • Monitor implementation and impact of Falls bundles within OPMH wards • Introduce of a frailty tool across HSCP with a specific focus on evidence based interventions for Frailty Syndromes such as Falls, Reduced Mobility, Delirium and adverse reactions to Medication • Improve data collection for falls to determine a realistic and meaningful baseline an accurate picture linking to micro strategy • Engaging with care homes to determine current practice within Care Homes in relation to the prevention of falls and fragility fractures and responses and after a fall interventions • Explore key learning from The Falls Integrated Response and Support Technology Project and consider options Glasgow

- Falls prevention is also a key strand of the HSCP's unscheduled care plan to be considered by the IJB later in 2020

A new national falls strategy was launched for consultation last year with a final strategy due later in 2020. This indicator and our falls prevention strategy might change as a result.

Timeline for Improvement

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

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Target/Ref	17. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker
Purpose	To monitor the waiting times for people who have been diagnosed with dementia to be seen by a Post Diagnostic Support Linkworker. This gives an indication of whether interventions are being delivered in a timeous manner.
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	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2	2019 Q3
City	100%	12.1% (R)	18.5% (R)	12.2% (R)	16.7% (R)	13.2% (R)	TBC	TBC	TBC
North East	100%	N/A	0 (R)	13% (R)	16.7% (R)	9.1% (R)			
North West	100%	N/A	16.7% (R)	8.6% (R)	18.2% (R)	14.3% (R)			
South	100%	19% (R)	26.7% (R)	14.7% (R)	16.0% (R)	15.0% (R)			

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

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

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

UNSCHEDULED CARE

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

	2015/16	2016/17	2017/18	2018/19	19/20 Target	2019/20 To Oct		
Glasgow	153,791	155,029	156,783	162,600	153,791 (Total)	98,622 (R)		
	12,816	12,919	13,065	13,542	12,816 (Monthly)	14,089 (R)		

Performance Trend

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

Actions to Improve Performance

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

Timeline for Improvement

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

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

Locality	Target	Mar 16	Mar 17	Mar 18	Apr 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	79.6% (R)	83% (R)	89.7% (R)	85.8% (R)	77.5% (R)	81.2% (R)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	75.5% (R)	81.1% (R)	81.6% (R)	76.2% (R)	73.4% (R)	68% (R)

Performance Trend
Performance remains below target and has got worse over the last three months at both hospital sites.
Actions to Improve Performance
The difficulties both A&E departments have had in meeting the 95% target is a reflection of the demand in the wider health and social care system, and emergency departments in particular. The work referenced above should impact on meeting the 4 hour target and the introduction of a minor injury unit at the QEUH should improve the Board's performance.
Timeline for Improvement
Achievement of the 4 hour target is an indication of the pressure in the acute hospital system. All hospitals in GG&C continue to struggle to achieve this target. Consideration is being given to Board wide initiatives at all main acute sites to improve flow within emergency departments, including access to minor injuries services.
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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)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual (To July)
Total	70,133	69,656	62,725	63,898	66,624	24,039* (R)
Monthly average	5844	5804	5227	5325	5552	6010 (R)

*Provisional

Performance Trend

A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance is classified as RED for the period shown

Actions to Improve Performance

While emergency admissions remain above trajectory the rate of increase is slowing. Work is underway as part of the HSCP's unscheduled care commissioning plan to develop interventions with GPs and acute services to prevent admissions e.g. community respiratory team, ACPs etc.

Timeline for Improvement

A revised trajectory for 2020/21 is in preparation based on current trends and the impact of the programme outlined in the HSCP commissioning plan.

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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)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual (To Aug)
Total	493,371	515,275	506,792	496,071	453,866	162,194 (R)
Monthly average	41,114	42,939	42,232	41,339	37,822	40,548* (R)
*Provisional						
Performance Trend						
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon those aged 18+. Performance is classified as RED for the period shown						
Actions to Improve Performance						
The monthly average is less than that for previous years and is an indicator that progress is being made. Bed days is an indicator of length of stay which is also an indicator of efficiency in the system.						
Timeline for Improvement						
Work continues as part of the system wide commissioning plan to deliver improvements to emergency admission rates.						
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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)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual (To Q2)
Total	36,956	33,278	21,377	19,324	33,260	5432* (G)
Monthly average	3080	2773	1781	1610	2772	905 (G)

<small>*Provisional</small>
Performance Trend
A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance for Q2 is classified as GREEN though data is provisional and may be subject to change.
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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)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual (To Q2)
Total	190,791	187,654	182,524	180,888	181,371	91,036* (G)
Monthly average	15,899	15,638	15,210	15,074	15,114	15,173 (G)

*Provisional

Performance Trend

A new indicator/target is shown above which has been included in the most recent MSG Plan (19/20) for the first time. Performance for Q2 is classified as GREEN though data is provisional and may be subject to change.

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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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	19/20 Target	Apr 17	Apr 18	Apr 19	Sep 19	Oct 19	Nov 19	Dec 19
North East		10	23	14	25	18	16	20
North West		6	15	13	19	17	15	10
South		14	12	12	17	28	22	16
HA Team								
Sub-Total (Included Codes)		30	50	39	61	64	53	46
North East		2	2	6	11	12	12	9
North West		5	4	4	8	8	9	10
South		4	4	4	2	2	2	2
Sub-Total (Complex Codes)		11	10	14	21	22	23	21
All Delays	0	41 (R)	60 (R)	53 (R)	82 (R)	86 (R)	76 (R)	67 (R)

Performance Trend

Total numbers have decreased at a city level and in all localities in the last quarter but remain RED.

Actions to Improve Performance

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and the Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues.

Timescale for Improvement

Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and the Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues.

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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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	2019/20 Target	2019/20 Actual (To Oct)
Total	41,582	38,870	29,897	38,656	39,919	24,685 (R)
Monthly average	3488	3239	2491	3238	3327	3526 (R)

Performance Trend
A revised indicator/target is shown above which is based upon the most recent MSG Plan (19/20) and now focuses upon all delays, all reasons and for those aged 18+. Performance for first half of the year are above target and RED.
Actions to Improve Performance
Our delays performance remains an area of concern. A detailed report on the reasons for a deterioration in performance in recent months and the actions being taken to address has been made to the IJB and the NHS Board. A detailed action plan is in place that is monitored daily. Some of these delays extended to a few days only with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans. .
Timescale for Improvement
Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and the Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues.
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Indicator	9. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	18/19 Total	19/20 Target	19/20 Actual (Apr-Nov)
HSCP	10,715	6050	2098	3781	1910 (159 per month)	4372 (485 per month) (R)
NE	3590	1647	336	686		1813
NW	3558	2995	816	1168		1684
S	3910	1408	946	1927		875

Performance Trend

Performance to November is above target. The HSCP set a trajectory for 2019/20 which was based upon a reduction to 1910 bed days for the year. This followed a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commissioned in community settings in line with national guidance, and which meant they were no longer included.

Actions to Improve Performance

-The rise in AWI continues to be a concern and a reflection of the wider pressure on delays in the acute system as a whole. The HSCP is working closely with acute colleagues to reduce delays as much as possible, and the importance of considering 13ZAs AWI decision making continues to be a focus of practice discussions.

-A working group has been established to ensure best practice and the review of care management and legal actions required to support appropriate discharge. The AWI working group has agreed a plan to improve the flow through the AWI beds including a focus on prevention and preparation to attempt to reduce the numbers of people categorised as AWI.

-We have also recently standardised the processes around managing applications for guardianship using the process from the best performing sector in the city, with the aim of reducing variation across the sectors; and have promoted the use of the tracker to ensure that timescales and milestones are not missed.

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted above. [Back to Summary](#)

CARERS

Indicator	1. 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	Target	17/18 Total	18/19 Total	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Total
Glasgow	1900 (475 per Q)	1,942 (G)	1,984 (G)	410 (R)	483 (G)	521 (G)	1,414 (G)
North East	634 (159 per Q)	606 (G)	709 (G)	159 (G)	195 (G)	188 (G)	542 (G)
North West	634 (159 per Q)	620 (G)	502 (R)	50 (R)	94 (R)	146 (R)	290 (R)
South	634 (159 per Q)	716 (G)	783 (G)	201 (G)	194 (G)	187 (G)	582 (G)

Performance Trend
<p>The annual city-wide target was increased to 1,900 for 2019/20.</p> <p>At Q3 city-wide performance remained above target (GREEN) with numbers increasing by 8% between Q2 and Q3. The quarterly target continued to be met in North East and South (GREEN). Although North West continued to be out with the target range (RED), numbers increased significantly by 55%.</p> <p>On a pro-rata basis, the annual target for Q1-Q3 (477) being met by the North East and South but not by the North West. At a city level, performance slightly below the pro-rata target (1425) but within the target range and GREEN.</p> <p>Back to Summary</p>

Indicator	2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?
Purpose	To measure carer's perception of whether Carer Support and services have improved their ability to continue in their caring role as per national carer's outcomes framework.
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	Target	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	
Glasgow	70%	82% (G)	85% (G)	80% (G)	77% (G)	84% (G)	
North East	70%	74% (G)	86% (G)	72% (G)	89% (G)	87% (G)	
North West	70%	86% (G)	90% (G)	82% (G)	69% (G)	83% (G)	
South	70%	86% (G)	81% (G)	83% (G)	72% (G)	83% (G)	

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

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)

AREA	TARGET	Jan 16-Mar 16	Jan 17-Mar 17	Jan 18-Mar 18	Jan 19-Mar 19	Apr 19-Jun 19	Jul 19-Sep 19
City	78%			79.45% (G)	78.0% (G)	77.89% (G)	77.87% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.64% (G)	78.58% (G)	78.56% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.19% (G)	77.01% (G)	77% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.12% (G)	78.02% (G)	77.99% (G)
NHSGGC	78%	78.86%	79.22%	79.24%	77.97%	77.89%	77.87%
Performance Trend							
All areas remain GREEN. Compliance decreased very slightly at a city level and across all areas in quarter 2.							
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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)

AREA	Target	Mar 16	Mar 17	Mar 18	Mar 19	Jun 19	Jul 19	Aug 19	Sep 19
City	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£155.57 (G)	£155.05 (G)	£155.86 (G)	£151.29 (G)	£151.58 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£150.40 (G)	£151.14 (G)	£146.49 (G)	£146.67 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£153.68 (G)	£154.16 (G)	£150 (G)	£150.32 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£160.48 (G)	£161.65 (G)	£156.80 (G)	£157.17 (G)
NHS GGC		£174.99	£178.44	£178.32	£173.72	£172.94	£173.77	£168.85	£169.12
Performance Trend									
<p>Variations across sectors and over time with a reduction across all areas continuing in the last quarter. Initiatives to ensure cost minimisation are ongoing.</p> <p>Back to Summary</p>									

Indicator	3. Flu Immunisation Rates
Purpose	To monitor the numbers of people in receipt of flu immunisations as part of the annual programme, which runs from 1 October to 31 March each year. The data vaccine uptake estimates are taken from Health Protection Scotland and is based on automated extracts from all Scottish GP practices. Immunisation rates are shown for various groups; over 65s; under 65s in at risk groups; pregnant women (in at risk groups and generally); and pre-school children. The data will be reported for Q3 and Q4 each year when the programme is delivered.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target - 75%				Target - 65%
	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
NE	68.7% (A)	40.0% (R)	43.2% (R)	60.0% (R)	42.9% (R)
NW	69.7% (A)	39.3% (R)	50.4% (R)	56.0% (R)	52.1% (R)
South	69.8% (A)	40.6% (R)	46.4% (R)	50.9% (R)	44.5% (R)
NHSGGC	71.2%	40.5% (R)	48.2% (R)	56.3% (R)	48.5% (R)
Performance Trend					
<p>These figures cover the flu immunisation programme which ran between 1 October 2019 and 31 December 2019. The seasonal flu vaccination programme runs 1 October – 31 March so these figures should increase once the period December to March are included. As a consequence, over 65s have been classified as AMBER on a pro-rata basis.</p>					
Actions to Improve Performance					
<p>The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:</p> <ul style="list-style-type: none"> -An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes. -Flu vaccination uptake data covering the risk groups shown above is communicated to GP practices and clinical directors 2-3 times per flu season (Nov, Jan and March) -A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely. 					

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

Timeline for Improvement

It is hoped that improvements will be evident in the report covering October 2019 to March 2020 as the reporting period (Oct 19-Dec 20) progresses.

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Indicator	4. Shingles Immunisation Rates
Purpose	To monitor the numbers of shingles immunisations as part of the annual programme, which runs from 1 September to 31 August each year. The data vaccine uptake estimates are taken from Health Protection Scotland's automated extract and are for persons aged 70 and 76.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target	Aged 70
NE	60%	
NW	60%	
South	60%	
NHSGGC	60%	25.4% (R)

Performance Trend

The data shown relates to the cumulative immunisation rates between 1 September 2019 and end December 2019. The target relates to the whole year between 1 September 2019 and 31 August 2020

Actions to Improve Performance

The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include:

- An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes.
- Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly
- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.

In addition to the above and specific to the shingles vaccination programme, Health Protection Scotland have produced a national screening tool to support practitioners with the identification of patients who may be contra-indicated for shingles vaccine.

Narrative required

It is hoped that improvements will be achieved, with the impact evident in future performance reports as the reporting year progresses.

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

Service	Target	Apr 16	Apr 17	Apr 18	Apr 19	Sep 19	Oct 19	Nov 19	Dec 19
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	41% (R)	40% (R)	37% (R)	33% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	91.9% (G)	91% (G)	92.6% (G)	95.2% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	97.9% (G)	99.9% (G)

Performance Trend

MSK physio target consistently not being met but all patients requiring an urgent MSK appointment are seen within the target timescales. Target met by Dietetics and Podiatry.

Actions to Improve Performance

These services are managed by others on behalf of Glasgow City HSCP and we have a process to raise any performance issues with the host HSCP through our Primary Care Strategy Group (PCSG). MSK physio is provided by West Dunbartonshire, Podiatry by Renfrewshire and Dietetics by Acute.

MSK Physiotherapy

Referrals

Compared to the Q1 to Q3 period in 2018/19, referrals are up by 3.6 % between Q1 and Q3 2019/20. The number of referrals from Glasgow City in Q3 was 9827 which was slightly down on Q2 at 10,568. However, this was likely to be because of the festive period as referrals decreased in December.

% patients seen within 4 week waiting time target

Within GG&C all patients requiring an urgent appointment were seen within 4 weeks.

Patients waiting over 4 week target

The longest wait for a routine appointment in December 2019 was 17 weeks which was an increase on Q2 when the longest wait was 14 weeks. . However The December figures were exceptional. This was due, in part to staff taking annual leave over the festive period and also significantly fewer opt in letters were sent out by the Referral Management Centre

in December; this has been rectified by sending additional opt in letters in January. Both new and return appointments have increased.

The number of patients waiting over 4 weeks increased from 2,423 in January 2019 to 4,804 in September 2019 to 5,250 at the end of December 2019.

The increase in demand, the number of vacancies and the delays in the recruitment process to fill staff vacancies have resulted in a rise in the number of patients waiting. A service improvement lead has been appointed on a short term basis to lead work on waiting times. There is an improvement plan in place and improvement actions being undertaken since April 2019 are:

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

This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services range from 23.1% to 92.1% in relation to this indicator. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks.

Timeline for Improvement

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

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Other Annually Reported Indicators - See Appendix 1, Section 2

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

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)

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

Performance Trend

Performance has fluctuated over time and between localities. North East has remained GREEN with North West RED and South AMBER in November.

Actions to Improve Performance

Despite some recent fluctuation, across the City there has been a steady improvement in the completion of ready to learn assessments since April 2017. We have put in place a performance management and supervision framework to identify low completion and review caseloads to better understand why targets may have not been met.

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

Consistent tracking of the number of children eligible for ready to learn assessments is also complicated by the demographics of the South and North West areas. Both contain significant proportions of transient populations, i.e. student populations in the North West and migrant populations in the South. Their propensity to move without notice to the medical practices with whom they are registered – sometimes outwith the Glasgow area altogether – can falsely indicate that their eligible children are not being assessed. With no

reliable method to track these children, they are therefore recorded as omitted, which can skew the completed percentage downward.

Timeline for Improvement

Across the City Team leader capacity remains a challenge due to the workforce redesign. Reduction of Health Visiting Team Lead capacity in the North West has impacted on the ready to learn assessment uptake. The North West Head of Service is actively reviewing possible resolutions to capacity issues. North East and South will continue to maintain and improve upon their positive achievement.

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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)

TARGET	AREA	Mar 16	Mar 17	Mar 18	Mar 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19
95%	NE	95% (G)	99% (G)	93% (G)	98% (G)	99% (G)	98% (G)	97% (G)	98% (G)	95% (G)	95% (G)
	NW	93% (G)	98% (G)	96% (G)	99% (G)	99% (G)	99% (G)	96% (G)	98% (G)	95% (G)	97% (G)
	S	96% (G)	98% (G)	96% (G)	99% (G)	98% (G)	99% (G)	96% (G)	99% (G)	96% (G)	97% (G)

Performance Trend

Variations across areas and over time. All areas continuing to meet the target. Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action.

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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.

AREA	Annual Target	Quarterly Target	16/17 Total	17/18 Total	18/19 Total	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Total
City	1,533	383	1,533	1,757 (G)	2,590 (G)	866 (G)	812 (G)	837 (G)	2,515 (G)
NE	344	86	344	509 (G)	1,078 (G)	275 (G)	234 (G)	255 (G)	764 (G)
NW	576	144	576	587 (G)	830 (G)	362 (G)	296 (G)	260 (G)	918 (G)
S	613	153	613	661 (G)	682 (G)	229 (G)	282 (G)	322 (G)	833 (G)

Performance Trend
At Q3, the annual targets have already been met across all localities and city wide. Back to Summary

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	Apr-16	Apr-17	Apr-18	Apr-19	Sep-19	Oct-19	Nov-19	Dec-19
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	84.7% (R)	66.4% (R)	59.7% (R)	61.7% (R)	56.2% (R)
North East	100%				88.4% (R)	56.7% (R)	51.9% (R)	53.9% (R)	49.5% (R)
North West	100%				78.1% (R)	66.5% (R)	62.6% (R)	62.8% (R)	57.5% (R)
South	100%				87.3% (R)	77.0% (R)	65.9% (R)	69% (R)	62.1% (R)

Performance Trend

Variations exist across localities and over time. Performance remains RED across the city and has decreased in the last quarter.

Actions to Improve Performance

The following improvement actions are in progress to address the demands on the service:

- Continual development work with teams to increase clinical capacity based on lean methodology and improved application of the Choice and Partnership Approach.
- Ongoing recruitment of additional clinical staff within Tier 3 from CYPMH Taskforce funding. Most of the 12 have been recruited, though high turnover has caused further issues with the full recruitment of these posts.
- Developing a Tier 2 information resource to assist clinicians in identifying and sign posting patients to suitable support.
- CAMHS are beginning to implement Attend Anywhere (Near Me) across all CAMHS teams to support video consultation and offer flexibility of appointment mode.
- Group Therapies, Disorder Specific Care Bundles and Decider Skills workshops for children, young people and parents/carers have been launched to support an increase in those starting treatment and gaining access to Psychological Therapies.
- A review of management of unscheduled care is underway to simplify and improve efficient and effective care delivery.

NHSGGC CAMHS are also working closely with Scottish Government guidance at a national level and are involved with the Scottish Government's Children and Young People's Mental Health Taskforce/Programme Board. The Programme Board aims to deliver whole system improvement in the support and care of children and young people with mental health and neurodevelopmental needs, where help should be received at the first time of asking. Recommendations from the Programme Board are currently being prepared, once published we will work on implementation.

Timeline for Improvement						
An improvement plan has been developed to support a return to meeting the RTT HEAT Target by early 2021 across the whole of NHSGGC. The following improvement targets are in place over this period.						
Quarter ending	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the standard	65%	68%	65%	67%	73%	85%
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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)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q2	19/20 Q3	
						% with review	Number <u>without</u> a Permanency Review
90%	City	76% (R)	80% (R)	75% (R)	72% (R)	70% (R)	33
90%	North East	81% (R)	94% (G)	85% (R)	81% (R)	71% (R)	12
90%	North West	57% (R)	88% (R)	68% (R)	76% (R)	80% (R)	5
90%	South	83% (R)	61% (R)	70% (R)	59% (R)	59% (R)	16

Performance Trend

Performance at city level remained RED at Q3 with all localities below target (RED). Performance in South remains significantly lower (59%) than North East (71%) and North West (80%).

At Q3 a total of 33 children (of 110 children under 5 looked after for 6 months or more) have not yet had a permanency review.

Actions to Improve Performance

Permanency remains a key priority for children's services, The Permanence Forum are continuing to review outstanding work and timescales for completion. Local reviews have confirmed key areas which will require a sharp focus, specifically in relation to improving data recording and reducing cancelled and deferred meetings due to outstanding parenting assessments or absent parents. Local arrangements and targeted approaches have ensured this area of work remains under constant scrutiny by senior managers and corrective action taken, wherever necessary, has seen an improvement.

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

Further, the Core Leadership intends to review this performance indicator. Permanency reviews form only a part of the permanency process, and therefore the intention is to consider other, more outcome-focused measures that might better indicate positive outcomes have been achieved vulnerable young children, looked after or accommodated for more than 6 months.

Timeline for Improvement

It is anticipated that improvements in performance will continue as the Transformation Programme provides additional staff. The new Review and Audit team will begin their work in the coming months, providing support for and decisions around providing permanency.

While staff turnover has posed challenges in this area, we have recently recruited a significant number of social workers and therefore anticipate continuing improvement in the coming months. The recruitment has included the appointment of a Service Manager for the Review and Audit Team and we are in the process of recruiting the members of the team. The Review and Audit team will prioritise areas of work across Children's Services, offering more sophisticated prioritisation of work, which will allow increased focus on securing permanence for children. However, workers newly allocated to Looked After and Accommodated Children's cases will require time to develop knowledge of the background and history of the families with whom they work. In some cases this will mean short-term delays before permanence activity can be progressed.

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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)

Target	Age Group	Jul 18 - Sep 18	Oct 18 - Dec 18	Jan 19- Mar 19	Apr 19- Jun 19	Jul 19- Sep 19	Oct 19- Dec 19
100%	Under 5s	95.2% (A)	97.14% (A)	83.33% (R)	66.67% (R)	23.1% (R)	100% (G)
100%	Aged 5-18	100% (G)	100% (G)	79.4% (R)	80% (R)	92.3% (R)	92.7% (R)
Performance Trend							
Performance has moved to GREEN for under 5s but remained RED for over 5s. It is worth noting that the numbers are small for both categories so this lead to variation.							
Actions to Improve Performance							
<p>This service is managed by Specialist Children's Services. Given the low number of referrals, if one patient is unable to be seen, for example, because of a lack of access to interpreter services or unavailability of doctor then this significantly reduces the percentage compliance. The previous GPwSI (GP with Special Interests) assigned to this service resigned in December 2018. The 2 sessions required for this service are now covered by another GPwSI, with additional input from SCS Paediatricians. The drop in compliance for new patient appointments with medical staff (all children under 10) over the summer was caused by medical staff annual leave and DNAs / cancellations of new patients, whose rescheduled appointment then breached the 28 days. SCS has been liaising with the new interpreting service to ensure they can respond quickly in instances where an interpreter cancels and SCS has to wait a further 2 weeks to reappoint.</p>							
Timeline for Improvement							
The service will work to improve the target, however, as noted above the small numbers of patients mean percentages can be affected by just one patient. This is particularly the case over the summer months when carers often cannot bring children to appointments within the 28 days. Back to Summary							

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)

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Quarters 1 - 4	19/20 Q1	19/20 Q2	19/20 Q3
60%	Glasgow	67% (G)	65% (G)	61% (G)	Not available	34% (R)	36% (R)	
60%	North East	74% (G)	80% (G)	82% (G)		43% (R)	32% (R)	
60%	North West	57% (R)	61% (G)	50% (R)		43% (R)	43% (R)	
60%	South	65% (G)	52% (R)	44% (R)		24% (R)	36% (R)	
Performance Trend								
A new SCRA assessment form was rolled out across the city during the first 2 quarters of 2018/19 and we were unable to report performance during 2018/19. A revised reporting process has now been developed. At Q2 no locality met the 60% target for this indicator.								
Actions to Improve Performance								
There has been an increase in the number of requests over recent months. We believe this may be a result of a change in approach by Police Scotland in referrals related to children living in families where there have been incidences of domestic abuse. Therefore, the numbers of cases being referred to SCRA remains a challenge as Police continue to refer to SCRA cases that have alternative methods of disposal available. To reduce the volume of cases being referred to SCRA, meetings with representatives of Police Scotland to investigate the reasons for the recent increase in referrals, with a view to addressing this reduction in performance. Further, there has been an agreement between SCRA and SWS managers to use the Glasgow Protocol on Working Together includes to abide by dates for completion of provision of support from SWS.								
Timeline for Improvement								
Police Scotland's volume of referrals to SCRA remains an ongoing issue. A clearer assessment of how and when we will be able to improve performance will be made once a process for appropriate referral to SCRA can be agreed with the members of Police Scotland. Back to Summary								

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

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

Notes

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.
 -From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

Performance Trend

-At Q3 performance city-wide and North East dropped below target moving from GREEN to RED. North West continued to exceed target (GREEN) and South remained below target (RED).
 -At Q3 the city-wide proportion of *non-recording* rose from 10% (Q2) to 13%; the most significant increase was NE which rose from 15% to 21% (1 in 5) while the figures for NW and South rose to 5% and 8% respectively.
 -Scottish Government statistics ([Children's Social Work Statistics 2016-2017](#)) indicate that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for whom current activity was known were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, rising from 51% in 2011/12.

Actions to Improve Performance

Over period 4 action will be taken to improve the levels of non-recording. This will be reported on and monitored through the Continuing Care and Aftercare Forum. Citywide briefings will also take place in relation to Continuing Care and Aftercare where the importance of maximising life opportunities is highlighted and how good recording demonstrates that young people's opportunities are maximised.

Timeline for Improvement

Improvement should be noted by the end of period 4.

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Indicator	9. Number of high cost placements
Purpose	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation Programme
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)

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	2019/20 Target	Jun 19	Sept 19	Dec 19	
120	126	111	67	51	31 (reduction of 20 between year-end 18/19 & 19/20)	48 (R)	46 (R)	47 (R)	
Performance Trend									
New target for 19/20 been introduced. Numbers increased by 1 over the third quarter, below the pro-rata reduction required if the 19/20 year-end target is to be met (5 per quarter).									
Actions to Improve Performance									
<p>Children's Services transformational agenda seeks to redesign residential services, foster care and intensive family support. It is anticipated that this will see a shift in the system as our children/young people return to Glasgow from other local authorities whether that be to reside within our provided residential /foster care or to return home. Our work with CELCIS on these three work stream of residential, foster care and intensive family support will support this performance indicator as we seek not only to reduce outwith authority placements but also to support children, young people and families to stay within their communities and Glasgow.</p> <p>The reduction in our use of high cost placements has been a major success story with around £14.9m in savings being generated in 2019 by shifting the balance of purchased foster care and placements outwith the authority. The released funds provide us with an opportunity to re-invest in prevention and earlier intervention. At the same time we have seen a major decrease in the number of young people coming into care. It should be noted that this is a very ambitious programme and there are likely to be fluctuations in our performance as we radically re-design a complex system.</p> <p>The reduction of young people in high cost placements during the last year has been achieved primarily through a rigorous focus on risk assessment, care planning and improved identification of responses to young people who are referred to the service. There are fewer young people becoming looked after by the Council and this may, in part be a result of a stronger focus on supporting families, such as through family group</p>									

decision making, and early intervention and prevention work by the wide range of agencies working in the city.

This is a medium term plan to reduce placements over the next 2 to 3 years. Looking ahead, we are developing a number of improvement projects that will facilitate a further reduction in placements, including increasing investment in prevention; early intervention and family support services; intensive outreach; improving support for families with children who are on the “edge of care”; re-designing our directly provided residential care and further improving our assessment, care planning and placement processes.

Timeline for Improvement

The most recent step towards reducing accommodation placements has been the incorporation of two new Social Work teams. The Edge of Care team are now in post, have completed their training and are about to begin work with at risk families and children. Additional funds have been provided for specialist third sector services to support the work of the edge of care team. This service will begin engaging with families to keep children out of accommodation placements. It is anticipated that the positive impact of the team should be seen immediately.

Further, the Review and Audit team have a Service Manager in post and are in the process of recruiting their team members. It is anticipated that their prioritisation of work across Children’s Services will offer additional improvement in this area.

These developments within the overall transformation programme should provide further reductions and it is anticipated that the year-end target will be met.

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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	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18	18/19	19/20			
		Q4	Q4	Q4	Q4	Q1	Q2	Q3	Q4
HSCP	95%	94.6% (G)	93.8% (G)	93.7% (G)	92.41% (A)	93.16% (G)	92.08% (A)		
North East	95%	N/A	95.8% (G)	95.36% (G)	92.87% (G)	93.41% (G)	89.38% (R)		
North West	95%	N/A	93.6% (G)	93.54% (G)	93.66% (G)	92.83% (G)	93.47% (G)		
South	95%	N/A	92.6% (G)	92.70% (G)	91.21% (A)	93.19% (G)	93.27% (G)		
Performance Trend									
Performance moved to RED in the North East which has led to the city moving from GREEN to AMBER in the last quarter. North West and South remained GREEN.									
Actions to Improve Performance									
<p>The rate of immunisation is a priority area for the HSCP. Our particular focus is in the North East of the City, where the reasons for the recent significant reduction are as yet unknown.</p> <p>As part of the Vaccination Transformation Programme the HSCP has recently transferred responsibility from GPs to the Board-wide GGC Children's Immunisation Team. Glasgow City hosts the Immunisation Team and their priority will be to improve immunisation rates in Glasgow and standardise service practice across the Health Board.</p>									
Timeline for Improvement									
<p>The reducing performance across the City and in particular in the North East of the City is a cause for concern. The inception of the Children's Immunisation Team is a significant step towards improved rates as immunisation uptake has been improved where a team has been dedicated to this service. Therefore, the response can be immediate, focussing on improving rates in the North East in the short-term, and the wider programme will address immunisation rates across the whole City in the medium to long-term.</p> <p>Back to Summary</p>									

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	Fiona Moss, Head of Health Improvement and Equalities

AREA	TARGET	15/16	16/17	17/18	18/19	19/20			
		Q4	Q4	Q4	Q4	Q1	Q2	Q3	Q4
HSCP	Q1	95.9% (G)	96.4% (G)	95.86% (G)	95.85% (G)	96.54% (G)	96.27%		
North East	95%	N/A	96.6% (G)	96.90% (G)	97.54% (G)	96.6% (G)	96.9% (G)		
North West	95%	N/A	95% (G)	95.03% (G)	94.53% (G)	96.28% (G)	96.56% (G)		
South	95%	N/A	97.3% (G)	95.63% (G)	95.54% (G)	96.69% (G)	95.56% (G)		
Performance Trend									
Performance remains GREEN. There has been a small reduction in performance between Q1 and Q2 at a city wide level.									
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Other Annually Reported Indicators

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

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 accessing a PT treatment. The NHS LDP Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This indicator relates to all adults and older people and to people who have been seen.
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	% of People who started treatment within 18 weeks of referral									
	HSCP Target	Apr 17	Apr 18	Apr 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
NE	90%	87.1% (A)	87% (A)	75.3% (R)	77.9% (R)	80.9% (R)	82.6% (R)	81.7% (R)	85.8% (A)	80.8% (R)
NW	90%	81.7% (R)	83.1% (R)	83.8% (R)	91.8% (G)	94.3% (G)	90.4% (G)	92.0% (G)	92.1% (G)	90.7% (G)
S	90%	96.5% (G)	94.7% (G)	96.1% (G)	89.6% (G)	87.9% (G)	96.5% (G)	94.4% (G)	90.8% (G)	82.7% (R)

Performance Trend

The proportion of people starting a PT within the 18 week Standard declined in all 3 localities during the last month of the most recent quarter. Performance remained GREEN in the North West and RED in the North East, while moving from GREEN to RED in the South

Actions to Improve Performance

- The capacity to deliver PT treatments is within relatively small Primary Care Mental Health Teams (PCMHT), or a small number of therapists within multi-disciplinary Community Mental Health Teams (CMHT), Older People Mental Health Teams, Alcohol and Drug Recovery Services (ARDS) and Learning Disabilities Teams.
- The capacity to deliver PT treatments, and significantly impact on the performance of teams, can be effected by a relatively small number of clinical and/or admin vacancies, long term leave or retireals. Re-recruitment is a lengthy process and these factors are impacting on the PCMHTs, CMHTs and ARDSs that provide a more specialist range of psychological interventions.
- The focus remains on addressing the recruitment to existing vacancies across all three localities. Teams continue to utilise short-term arrangements, flexing the limited remaining resource capacity, to provide a service within the Standard's timeframes.

Timeline for Improvement

Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place performance has improved. Addressing historical backlog may have a short-term impact on the proportion seen with the Standard, as observed during the latter months of the last quarter.

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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)

TARGET	AREA	Mar 18	Mar 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	12 month ave
28 days	Stobhill	20.7 (G)	28.3 (G)	26.9 (G)	36.4 (R)	32.1 (R)	28.1 (G)	27.2 (G)	30.6 (R)
28 days	Leverndale	22.9 (G)	34.1 (R)	26.4 (G)	26.2 (G)	25.1 (G)	30.1 (R)	32.4 (R)	28.5 (G)
28 days	Gartnavel	24.4 (G)	35.9 (R)	28.8 (A)	33.7 (R)	37.1 (R)	25.7 (G)	33.9 (R)	32.8 (R)
Performance Trend									
Performance fluctuating over time and between hospitals. Gartnavel and Leverndale RED in November with Stobhill GREEN. Using a 12 month average, only Leverndale has been GREEN.									
Actions to Improve Performance									
Lengths of stay in adult acute lengths of stay remain complex and fluctuate month to month and annually. The average length of stay in the 12 month period to November 2019 is 30.5 for the three hospitals located within Glasgow City. Across all the HSCPs within the GGC system this is 28.6. The current average length of stay indicates a fluctuating trend which continues to be monitored. It is projected that fluctuations will continue occur month to month. Discharge co-ordination as a GCC wide team is being progressed with interim funding and continuing to recruitment. MHOs posts are also being appointed to support discharges. Other areas of response continue, SPSP, acute inpatient pathway, AIMs and accreditation processes. Assessment will be on-going over the next twelve months reviewing the impact of the proposals on average length of stay.									
Timeline for Improvement									
Recruitment processes continue to have an impact on the initial stretch target to put in place the identified changes. Assessment of the impact on average length of stay as well as the impact and link to bed occupancy and discharge arrangements is more likely to be realisable during the next twelve months (2020). This work continues as part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. Average length of stay will remain a means of checking the pressure under which inpatient services are operating. The approach will also inform the incremental pragmatic progress towards the identified bed modelling end point. Back to Summary									

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)

TARGET	AREA	Mar 18	Mar 19	Aug 19	Sep 19	Oct 19	Nov 19	12 month ave
<95%	Stobhill	95.6% (G)	100.8% (R)	100.3% (R)	98.6% (A)	100.3% (R)	102.4% (R)	100.3% (R)
<95%	Leverndale	96.8% (G)	102.2% (R)	96.4% (G)	94.1% (G)	99.8% (R)	97.4% (A)	98% (A)
<95%	Gartnavel	92.7% (G)	98.4% (A)	93.8% (G)	92.8% (G)	91.3% (G)	94.6% (G)	96% (G)

Performance Trend

Stobhill has remained Red while Leverndale and Gartnavel have remained GREEN over the last 3 months. This pattern is also reflected in the 12 month average.

Actions to Improve Performance

Percentage Bed Occupancy in the 12 month period to November 2019 for all hospital sites across all the HSCPs within the GGC system of bed management was 98%. The current occupancy levels indicates a fluctuating trend which continues to be monitored. It is projected that fluctuations will continue occur month to month. Discharge co-ordination as a GCC wide team is being progressed with interim funding and continuing to recruitment. MHOs posts are also being appointed to support discharges. Other areas of response continue, SPSP, acute inpatient pathway, AIMS and accreditation processes. Assessment will be on-going over the next twelve months reviewing the impact of the proposals on average length of stay.

Timeline for Improvement

Recruitment processes continue to have an impact on the initial stretch target to put in place the identified changes. Assessment of the impact on occupancy as well as the impact and link to average length of stay and discharge arrangements is more likely to be realisable during the next twelve months (2020). This work continues as part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. Occupancy will remain a means of checking the pressure under which inpatient services are operating. The approach will also inform the incremental pragmatic progress towards the identified bed modelling end point. This work continues as part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. % Occupancy along with Average length of stay remains a means of checking the pressure under which inpatient services are operating.

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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)

	Target	Apr 17	Apr 18	Apr 19	Sep 19	Oct 19	Nov 19	Dec 19
North East		2	3	3	6	4	4	10
North West		1	8	3	11	12	9	9
South		1	7	6	4	6	6	7
Sub-Total (Included Codes)		4	18	12	21	22	19	26
North East		0	3	1	1	1	0	0
North West		3	4	0	0	0	0	0
South		0	0	1	2	2	2	1
Sub-Total (Complex Codes)		3	7	2	3	3	2	1
North East Total		2	6	4	7	5	4	10
North West Total		4	12	3	11	12	9	9
South Total		1	7	7	6	8	8	8
All Delays	0	7 (R)	25 (R)	14 (R)	24 (R)	25 (R)	21 (R)	27 (R)

Performance Trend
Numbers vary across localities and over time. There has been an increase over the last quarter.
Actions to Improve Performance
The additional adult mental health delayed discharge meetings maintain a focus and pressure on keeping under 65 delays comparatively low. Actual adult mental health delayed discharges continues to remain within an expected overall fluctuation trend month on month. The system remains in place to discuss lessons learned and improvements in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay and % bed occupancy. Trend fluctuations remain likely to exceed 30 at the higher end

and achieve single figures at the lower end. This trend remains consistent with performance over the previous periods.

Timeline for Improvement

The initial target to put in place the required changes remains for the remainder of 2020 and beyond. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes. The potential impact of retaining higher bed numbers than optimum performance requires, remains a risk. Work towards a downward shift in overall upper and lower trend marks are part of the pragmatic response to average length of stay and % occupancy being tested.

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SANDYFORD (SEXUAL HEALTH)

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

IUD – number of appointments

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20
-	NE	317	377	340	303	283	
	NW	709	874	917	829	755	
	S	145	72	63	114	111	
	HSCP	1171	1323	1320	1246	1149	
1888 per quarter	GGC	1795 (A)	1927 (G)	1834 (G)	1739 (R)	1650 (R)	

IUD – number of insertions

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20
-	NE	209	253	229	207	201	
	NW	607	748	750	664	684	
	S	105	57	53	71	79	
	HSCP	921	1058	1032	942	964	
1309/ quarter	GGC	1339 (G)	1488 (G)	1418 (G)	1296 (G)	1310 (G)	

Performance Trend

Performance remains below target for appointments but target for insertions are being met. Overall service reduction due to staffing pressures has led to recent low performance in this area.

Actions to Improve Performance

Staffing issues look set to improve, and projected appointment numbers should increase. Increase provision of appointments through implementation of service review model, Saturday clinics agreed opening for training new staff.

Timeline for Improvement

Improvement should be noted by September 2020

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

Implants – number of appointments

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20
-	NE	483	551	504	501	495	
	NW	690	762	665	740	583	
	S	314	150	99	80	91	
	HSCP	1487	1463	1268	1321	1169	
2431 per quarter	GGC	2182 (R)	2100 (R)	1769 (R)	1783 (R)	1655 (R)	

Implants – number of insertions

TARGET	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19	Oct-Dec 19	Jan-Mar 20
-	NE	219	295	247	227	206	
	NW	364	412	371	398	336	
	S	161	93	59	65	59	
	HSCP	744	800	677	690	601	
1888 per quarter	GGC	1080 (R)	1124 (A)	939 (R)	912 (R)	874 (R)	

Performance Trend

New Indicator. Performance remains below target both for appointments and insertions. This is largely due to the reduction of routine care appointments where many Implants are fitted. We have also lost band 5 members of staff who were fitting implants.

Actions to Improve Performance

Performance has dropped in this area due to a reduction of routine care appointments available since Feb 2019 as a result of staffing pressures and a loss of trained implant fitters. New nursing staff have been appointed and existing staff are being trained to increase Implant provision in the service. Saturday training clinics will be held which will increase capacity. The implementation of the service review will offer more appointments for this type of contraception.

Timeline for Improvement

Improvement should be noted by September 2020.

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Indicator	5. Average 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.
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)

TARGET	AREA	Apr 16- Jun 16	Apr 17- Jun 17	Apr 18- Jun 18	Jan 19- Mar 19	Apr 19- Jun 19	Jul 19- Sep 19	Oct- Dec 19
2 working days	HSCP	2 (G)	2 (G)	5 (R)	5 (R)	8 (R)	8 (R)	5 (R)
	NE	3 (R)	3 (R)	5 (R)	7 (R)	9 (R)	11 (R)	5 (R)
	NW	2 (G)	2 (G)	4 (R)	5 (R)	8 (R)	8 (R)	8 (R)
	S	4 (R)	4 (R)	7 (R)	7 (R)	10 (R)	11 (R)	5 (R)
	GGC	3	2	5	6	8	9	6

Performance Trend
Target continues to be exceeded across the city although performance has improved over the last quarter. There have been service pressures due to staff shortages therefore the number of appointments has been limited. PrEP (Pre-Exposure Prophylaxis) was also available in urgent care so MSM (men who have sex with men) who were otherwise well had been accessing urgent care without the need of an urgent appointment. This is made available to men who are HIV negative in order to lower their risk of infection.
Actions to Improve Performance
PrEP appointments were introduced in October 2019 and this has contributed to an improvement in performance. Since December 2019, staff recruitment and new ways of monitoring staffing levels and appointments have also been introduced. This has resulted in the service now being able to offer patients appointments within 24hrs.
Timeline for Improvement
March 2020
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Indicator	6-9 Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
Purpose	Improved service access across all Sandyford services for young people aged under 18
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Male

TARGET	AGE	AREA	Oct-Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19	Oct-Dec 19	
21	13-15	GC HSCP	4 (R)	4 (R)	3 (R)	5 (R)	5 (R)	
40		GGC	15 (R)	17 (R)	21 (R)	14 (R)	13 (R)	
58	16-17	GC HSCP	38 (R)	30 (R)	16 (R)	23 (R)	20 (R)	
110		GGC	57 (R)	58 (R)	46 (R)	49 (R)	48 (R)	

Female

TARGET	AGE	AREA	Oct - Dec 18	Jan-Mar 19	Apr-Jun 19	July-Sep 19	Oct-Dec 19	
146	13-15	GC HSCP	96 (R)	94 (R)	82 (R)	78 (R)	69 (R)	
292		GGC	193 (R)	183 (R)	180 (R)	153 (R)	161 (R)	
339	16-17	GC HSCP	215 (R)	246 (R)	203 (R)	225 (R)	190 (R)	
670		GGC	415 (R)	472 (R)	410 (R)	445 (R)	358 (R)	

Performance Trend

New indicator. Performance below target for males and females.

Actions to Improve Performance

The Young People's service will be modernised and offer services at the right time and place as requested by young people. We will continue to work with Glasgow City HSCP Youth health service strategy.

Timeline for Improvement

August 2020

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Indicator	10. Waiting times for access to 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	Oct- Dec 18	Jan- Mar 19	Apr- Jun 19	July- Sep 19	Oct- Dec 19	
5 working days	5 (G)	6 (R)	6 (R)	5 (G)	5 (G)	
Performance Trend						
Performance remained GREEN in the last quarter.						
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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.
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)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2
90%	Glasgow	97% (G)	92% (G)	98% (G)	98% (G)	96% (G)	98% (G)
90%	North East	98% (G)	95% (G)	97% (G)	100% (G)	99% (G)	100% (G)
90%	North West	98% (G)	99% (G)	99% (G)	98% (G)	100% (G)	100% (G)
90%	South	99% (G)	88% (G)	90% (G)	88% (G)	92% (G)	91% (G)
Performance Trend							
<p>This indicator is reported one quarter in arrears. At Q2 all localities exceeded the referral to treatment target (GREEN).</p> <p>Back to Summary</p>							

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
75%	Glasgow	77% (G)	81% (G)	79% (G)	80% (G)	74% (G)	71% (R)
75%	North East	74% (G)	78% (G)	83% (G)	88% (G)	69% (R)	81% (G)
75%	North West	86% (G)	72% (A)	86% (G)	68% (R)	83% (G)	60% (R)
75%	South	75% (G)	91% (G)	70% (R)	63% (R)	71% (R)	65% (R)

Performance Trend

Performance at city-level and the North West fell below target during Q3 moving from GREEN to RED. Performance in North East improved significantly over the reporting period moving from RED to GREEN.

Actions to Improve Performance

In early 2019, the process of creating Impact of Parental Substance Use (IPSU) assessments was reviewed and changed from being part of the full Addiction Assessment to requiring Alcohol and Drugs Recovery Service (ADRS) workers to create an assessment when children are identified to be living within the household or there is contact with children. This has affected performance. In response, to improve performance, the following steps will be taken:

- Establish GADRS ICT Digital Meeting (February 2020)
- Consider returning to the previous process of IPSU being part of new Alcohol and Drug Initial Assessment
- ADRS Performance Targets to be a standing agenda item on Management Implementation Meeting, Citywide Team Leaders Meeting, and local Senior Management Meetings.
- For audit purposes, contact with children to be added to Referral Log
- Team Leaders will continue to monitor completion of IPSUs with direct reports during supervision.

Timeline for Improvement

May 2020

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

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

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

HOMELESSNESS

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 & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
95%	City-wide	91% (A)	86% (R)	89% (R)	88% (R)	87% (R)	94% (G)
	North East	90% (R)	83% (R)	88% (R)	82% (R)	79% (R)	86% (R)
	North West	94% (G)	94% (G)	86% (R)	91% (A)	87% (R)	97% (G)
	South	83% (R)	77% (R)	83% (R)	82% (R)	86% (R)	94% (G)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	100% (G)	100% (G)	100% (G)
Performance Trend							
Performance improved significantly across all localities during Q3 with North West, South and city figures moving from RED to GREEN. Although North East remained out with the target range (RED) performance increased by 7 percentage points between Q2 and Q3.							
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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 & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
<20% (16/17)	City-wide	45% (R)	48% (R)	45% (R)	45% (R)	44% (R)	42% (R)	42% (R)	43% (R)
	North East	41% (R)	50% (R)	47% (R)	46% (R)	44% (R)	43% (R)	44% (R)	43% (R)
	North West	42% (R)	41% (G)	40% (G)	39% (G)	40% (G)	43% (R)	41% (G)	39% (G)
<40% (17/18 & 18/19)	South	48% (R)	51% (R)	46% (R)	48% (R)	47% (R)	46% (R)	44% (R)	45% (R)
	Asylum & Refugee Team (ARST)	57% (R)	51% (R)	40% (G)	41% (G)	37% (G)	30% (G)	33% (G)	35% (G)

Performance Trend

The Asylum and Refugee Team (ARST) and North West met the target for this indicator at Q3 (GREEN). The other localities and city-wide were out with the target range (RED).

Actions to Improve Performance

Asylum and North West both on target and this should be sustained throughout 2019/2020. The Senior Homelessness Workers within South and North East are ensuring move on plans are in place for all Homelessness Applications to ensure active casework and improved resettlement outcomes are achieved. The recording system for homelessness has been updated so we can monitor the caseloads in 3 groups, large families, complex and resettlement plan complete waiting on offer of housing. Analysis of case over 6 months demonstrates that over 50% have a resettlement plan completed and waiting on offer of housing. Senior workers will work with staff to prioritise cases with no resettlement plan in place particularly those in temporary accommodation.

Timeline for Improvement

There is a new Senior social care worker to each of the local teams that will assist in the management of the longer term cases. Through the ongoing Vanguard intervention, leaner processes are being adopted across the teams which will reshape case load numbers allowing improved attention to longer term cases. It is expected that performance improvements will be realised in Q4.

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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 9 (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 & Criminal Justice)

Target	Locality	17/18 Total	18/19 Total	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4	19/20 Total
4,000 per annum (1,000 per quarter)	City-wide figure only	3,016 (R)	3,593 (R)	848 (R)	897 (R)	1,020 (G)		2,765 (R)

Performance Trend
The annual target increased from 3,200 to 4,000 for 2019/20.
While the number of new resettlement plans completed during Q3 met the quarterly target, the pro rata annual target at the end of Q3 (3,000) was not met (RED).
Actions to Improve Performance
New Social Care Workers have been trained and will now start to carry caseloads. This increase in staffing will affect caseload numbers and ability to complete resettlement work timeously. Revised weekly targets have been implemented from 4 th November 2019 to ensure 4000 resettlement plans should be met for 2019/2020. Leaner processes being implemented to progress cases quicker through the system with the aim of completing resettlement plans earlier in the homelessness assessment process and will take effect in the next period.
Timeline for Improvement
Revised targets are now in place for Q4 to maximise resettlement plan activity across the teams with the explicit intention of coming as close to the 4,000 annual target as possible by end of 2019/2020.
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Target/Ref	4. Number of households reassessed as homeless or potentially homeless within 12 months.
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Full Year Total	19/20 Q1	19/20 Q2	19/20 Q3	Year to Date
<480 per annum (<120 per Q)	City-wide figure only	395 (R)	493 (R)	444 (G)	400 (G)	95 (G)	128 (R)		223 (G)
Performance Trend									
<p>This figure is derived from a Scottish Government report which has not yet been published for Q3.</p> <p>During Q2 we did not meet our quarterly target <120 households being reassessed as homeless (or potentially homeless) within 12 months. Year to date target is, however, GREEN.</p> <p>Back to Summary</p>									

Target/Ref	5. 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 & Criminal Justice)

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

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) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
80%	Glasgow	65% (R)	67% (R)	66% (R)	70% (R)	71% (R)	75% (R)
80%	North East	63% (R)	58% (R)	64% (R)	68% (R)	78% (A)	79% (G)
80%	North West	70% (R)	76% (R)	69% (R)	65% (R)	63% (R)	73% (R)
80%	South	63% (R)	65% (R)	64% (R)	78% (A)	70% (R)	73% (R)
Performance Trend							
At Q3 North West, South and the city remained below target (RED). Performance improved further in North East moving from AMBER to GREEN during the reporting period.							
Actions to Improve Performance							
<p>There continues to be a focus on this target across all UPW teams with Team Leaders in the localities and at fast track working together to ensure consistency of practice and that every effort is made to ensure clients attend as directed.</p> <p>Fast Track also continue to have a presence in Court to ensure those made subject to CPOs know to report to the Social Work Department following their court appearance. Additional work is underway to gather information from other local authorities to determine whether any practice can be adopted in Glasgow. A further event is planned to seek views from frontline staff as to whether Glasgow can revise process or improve practice. However, there is an element of this target that is outwith control in that clients continue to choose not to attend fast track or arranged appointments that would allow them to start their placements within the 7 day targets.</p>							
Timeline for Improvement							
<p>Performance report to separate level's 1 has been implemented and revised monitoring arrangements for North West and South will be implemented over Q4.</p> <p>We continue to place priority on this indicator and through improved recording and monitoring it is envisaged this percentage will continue to rise through Q4.</p> <p>Back to Summary</p>							

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
85%	City	97% (G)	80% (R)	70% (R)	76% (R)	79% (R)	75% (R)	72% (R)
85%	North East	88% (G)	79% (R)	75% (R)	76% (R)	68% (R)	77% (R)	75% (R)
85%	North West	98% (G)	75% (R)	75% (R)	84% (G)	87% (G)	91% (G)	71% (R)
85%	South	100% (G)	84% (G)	62% (R)	73% (R)	81% (A)	77% (R)	71% (R)
Performance Trend								
At Q3 performance across all localities was below target and RED. There was a drop in performance in all localities with North West showing a significant decrease of 20 percentage points between Q2 and Q3 and moving from GREEN to RED.								
Actions to Improve Performance								
Positive practice that was identified in NW is now being implemented across all 3 localities to try and improve performance. However at present there are 7 WTE QSW vacancies across the teams that will impact on performance in this area moving forward.								
Timeline for Improvement								
It is envisaged that improvement will be noted in Quarter 4 through the work with Youth Justice across the city. Team Leaders are making good efforts to place an emphasis on contemporaneous recording through supervision and sub team meetings.								
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Indicator	3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale.
Purpose	To monitor the proportion CPO reviews held within the 3 month standard. CPOs should be reviewed at regular intervals and revised where necessary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
75%	Glasgow	71% (R)	78% (G)	71% (R)	72% (A)	76% (G)	76% (G)	76% (G)
75%	North East	64% (R)	77% (G)	67% (R)	79% (G)	75% (G)	72% (A)	82% (G)
75%	North West	75% (G)	77% (G)	76% (G)	72% (A)	81% (G)	94% (G)	90% (G)
75%	South	72% (A)	80% (G)	70% (R)	66% (R)	74% (G)	66% (R)	63% (R)

Performance Trend

At Q3 the target was met in the city and in the North East and North West (GREEN). Performance moved from AMBER to GREEN in North West; performance in South remained RED during the reporting period.

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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) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
70%	Glasgow	65% (R)	60% (R)	63% (R)	64% (R)	64% (R)	69% (G)	71% (G)
70%	North East	58% (R)	57% (R)	68% (A)	59% (R)	62% (R)	71% (G)	75% (G)
70%	North West	61% (R)	63% (R)	61% (R)	70% (G)	68% (A)	67% (A)	68% (A)
70%	South	75% (G)	60% (R)	60% (R)	62% (R)	63% (R)	69% (G)	71% (G)
Performance Trend								
At Q3 North East, South and the city all remained above target and GREEN. Performance in North West remained slightly below the target range (AMBER).								
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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) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
80%	Glasgow	73% (R)	81% (G)	81% (G)	73% (R)	76% (R)	78% (A)
80%	North East	78% (A)	82% (G)	83% (G)	67% (R)	74% (R)	82% (G)
80%	North West	74% (R)	85% (G)	87% (G)	77% (A)	79% (G)	77% (A)
80%	South	69% (R)	78% (A)	77% (A)	77% (A)	76% (R)	76% (R)
Performance Trend							
At Q3 performance in the city moved from RED to AMBER. Performance in North East improved from RED to GREEN while in North West performance decreased from GREEN to AMBER. South remained RED at Q3.							
Actions to Improve Performance							
The issue with short notice Court reports that impacted on performance in Q1&2 has now been addressed with Court's providing the appropriate timescales for reports to be completed. This work is being jointly reviewed through dialogue with Clerks and oversight via Sheriff Principle. This should ensure that performance in this area continues to improve. Team Leaders continue to monitor individual workers' performance in this area and address any issues promptly.							
Timeline for Improvement							
Monthly performance meetings continue to focus on this indicator to identify issues promptly with Team Leaders. It is therefore envisaged that improvements will be made in Quarter 4.							
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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.
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) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q4	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3
90%	Glasgow	93% (G)	97% (G)	90% (G)	95% (G)	100% (G)	92% (G)	92% (G)
90%	North East	100% (G)	100% (G)	86% (A)	100% (G)	100% (G)	100% (G)	100% (G)
90%	North West	100% (G)	93% (G)	100% (G)	100% (G)	100% (G)	100% (G)	89% (G)
90%	South	80% (R)	100% (G)	100% (G)	86% (A)	100% (G)	78% (R)	89% (G)
Performance Trend								
At Q3 the target was met in all localities and in the city (GREEN).								
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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	2016/17 End of Year Status	2017/18 End of Year Status	Actual Total 2018/19	Target 2019/20 (To Q3)	Actual 2019/20 (To Q3)
Glasgow City HSCP	7,400 (G)	6,470 (G)	5055 (G)	3799	3643 (A)
North East	1,156 (R)	1,312 (R)	1360 (R)	1227	813 (R)
North West	1,399 (R)	1790 (G)	1277 (R)	1188	758 (R)
South	739 (R)	674 (R)	1035 (R)	1384	493 (R)
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383		1579

Performance Trend

At Q3 performance is slightly below target for Glasgow City. Performance at locality levels are below their respective targets. It should be noted, however, that the city wide services are delivered in localities but are recorded at a city wide level.

Actions to Improve Performance

A report on ABI delivery has been prepared and is being presented to NHSGGC Board Finance, Planning and Performance Committee for discussion and consideration on 11th February 2020. Within this report there are a number of recommendations highlighted that could impact delivery positively. Within Glasgow City there continues to be development of wider settings delivery. One example of this is Dieticians within community. Also work to support and enhance delivery within Primary Care is continuing. An offer of support around ABI recording will be offered across all 3 sectors to engaged practices with the intention that this will then be shared at Cluster meeting of engaged Clusters.

Timeline for Improvement

Improvements from the above may be seen in Q4, but will most likely be realised in Q1 of 2020-21.

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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

	16/17	17/18	18/19	19/20	
				Target (Q2)	Actual (Q2)
Glasgow	1,250(R)	1,398 (G)	1412 (G)	543	681 (G)
North East	489 (R)	498 (A)	547 (G)	213	237 (G)
North West	346 (R)	431 (G)	427 (G)	168	207 (G)
South	415 (R)	469 (G)	438 (G)	162	237 (G)
Performance Trend					
Performance for Q2 above target across all localities.					
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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	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	TARGET (2019/20)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
HSCP	12.3% (G)	12% (G)	11.6% (G)	11.5% (G)	12%	11.7% (G)	10.9% (G)	10.8% (G)	
NE	14.8%	13.6	15.8%	15.5%	N/A	15.1%	12.5%	10.8%	
NW	10.3%	12.2%	9.4%	9.4%	N/A	9.3%	8.1%	10%	
S	12.1%	10.4%	10%	9.9%	N/A	10.8%	11.9%	11.3%	
Performance Trend									
Target been reduced from 13% to 12% for 2019/20. Performance at a city level remains GREEN.									
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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	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	TARGET (2019/20)	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
HSCP	18.7% (G)	18.1% (G)	18.3% (G)	18.9% (G)	17%	18.9% (R)	17.0% (G)	17.2% (G)	
NE	19.6%	17.0%	19.1%	21.2%	N/A	20.7%	14.5%	14.2%	
NW	18.8%	20.3%	16.9%	17.2%	N/A	16.4%	15.8%	15.9%	
S	18.4%	15.4%	18.1%	17.6%	N/A	18.7%	20.2%	20.8%	
Performance Trend									
Target been reduced from 19% to 17% for 2019/20. Performance remained GREEN in the last period. New system introduced in November 2017 so no historical figures included.									
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Indicator	5. Exclusive Breastfeeding at 6-8 weeks (general population)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2016	2017	2018	2019				
				Target (end 2019/20)	Q1	Q2	Q3	Q4
HSCP	25.7% (G)	26.9% (G)	30.4% (G)	31.4%	28.1% (R)	29.5% (R)	28.7% (R)	
NE	18.3% (G)	19.7% (G)	24.4% (G)	N/A	21.0%	22.7%	20.3%	
NW	30.7% (G)	33.8% (G)	35.3% (G)	N/A	30.6%	35.7%	35.3%	
S	27.5% (G)	27.5% (G)	31.5% (G)	N/A	31.8%	29.9%	30.1%	

Performance Trend

Data only recently become available again after issues with data quality. Targets have been adjusted upwards and set at a city wide level for the next 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22). Performance has declined slightly between Q1 and Q2.

Actions to Improve Performance

Capacity of the board infant feeding team has been greatly reduced which has had some impact on availability of training/updates and clinic appointments. Feedback from HV staff is some mothers have been experiencing difficulties prior to their point of first contact and that this has required an increased level of support to maintain breastfeeding for those mothers. Unfortunately some mothers do not continue to breastfeed due to these difficulties.

Glasgow City has continued to embed UNICEF Baby Friendly standards in localities. There is a quarterly audit cycle which is embedded in practice which reviews staff knowledge and skills and feedback from mothers is sought about the care they received relating to Infant feeding. Each are will develop a local action plan based on their most recent results. Staff are offered local workshops twice per year and are also required to attend a 3 yearly mandatory update. Modules for online learning have been developed by NES and staff going on training or updates are now asked to complete these and the effectiveness of this on learning will be monitored.

Each area in Glasgow City is in the process of revalidating for Gold Accreditation. Each area offers local breastfeeding support groups and some have input from baby café/peer support. The effectiveness of the breast pump scheme will be evaluated. Breastfeeding Welcome /Breastfeeding Friendly Scotland Scheme is being delivered in community venues and with key partners. Agreement has been reached re Social work Admin staff reviewing Breastfeeding Welcome Awareness sessions. These programmes are ongoing.

Timeline for Improvement

Some of the programmes of work to support breastfeeding is ongoing. It would be hoped that the breast pump initiative maybe one component that may help reduce the drop off rate in breastfeeding among women. We would hope to see an impact on this in the next 6-12 months. Mothers would benefit from increased level of support in the very early days.

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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

AREA	2016	2017	2018	Target (end 2019/20)	Q1	Q2	Q3	Q4
HSCP	18.2% (R)	20.3% (R)	21.2% (G)	22.4%	20.6% (R)	21.3% (A)	20.3% (R)	
NE	16.2% (G)	18.4% (R)	20.2% (G)	N/A	18.8%	20.1%	16.0%	
NW	18.2% (R)	22% (R)	21.9% (R)	N/A	17.7%	23.5%	24.2%	
S	20.4% (G)	21.2% (R)	21.8% (A)	N/A	25.2%	21.0%	22.0%	

Performance Trend

Data only recently become available again after issues with data quality. Targets have been adjusted and set at a city wide level for the next 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Performance has declined slightly between Q2 and Q3.

Actions to Improve Performance

Capacity of the board infant feeding team has been greatly reduced which has had some impact on availability of training/updates and clinic appointments. Feedback from HV staff is some mothers have been experiencing difficulties prior to their point of first contact and that this has required an increased level of support to maintain breastfeeding for those mothers. Unfortunately some mothers do not continue to breastfeed due to these difficulties

Glasgow City has continued to embed UNICEF Baby Friendly standards in localities. There is a quarterly audit cycle which is embedded in practice which reviews staff knowledge and skills and feedback from mothers is sought about the care they received relating to Infant feeding. Each area will develop a local action plan based on their most recent results. Staff are offered local workshops twice per year and are also required to attend a 3 yearly mandatory update. Modules for online learning have been developed by NES and staff going on training or updates are now asked to complete these and the effectiveness of this on learning will be monitored.

Each area in Glasgow City is in the process of revalidating for Gold Accreditation.

Each area offers local breastfeeding support groups; many are targeted to areas with traditionally lower breastfeeding rates and some have input from baby café/peer support. The effectiveness of the breast pump loan scheme and free handpump scheme will be evaluated. Breastfeeding Welcome /Breastfeeding Friendly Scotland Scheme is being delivered in community venues and with key partners. Agreement has been reached re Social work Admin staff reviewing Breastfeeding Welcome Awareness sessions. These programmes are ongoing.

Timeline for Improvement

Some of this work is ongoing work. It would be hoped that the breast pump initiative may reduce the drop off rate in breastfeeding among some women. We would hope to see an impact on this in the next 6-12 months. Mothers would benefit from increased level of support in the very early days

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Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 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.
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	2018 Drop Off Rates	2019 Target	2019 Actual			
			Q1	Q2	Q3	Q4
HSCP	-17.7%	-17.0%				
NE	-19.7%	-18.9%				
NW	-15.1%	-14.5%				
S	-18.6%	-17.8%				
Performance Trend						
New indicator. Targets have been set to achieve reductions over the next 3 years. Data for 2019 will not be available until future reports.						
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Other Indicators for Ongoing Review - See Appendix 1, Section 2

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

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

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

HUMAN RESOURCES

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

Glasgow City Sickness %	Target	2019/06	2019/07	2019/08	2019/09	2019/10	2019/11	2019/12
Adult Services	4%	6.7% (R)	7.3% (R)	7.3% (R)	7.2% (R)	7.1% (R)	6.8% (R)	6.5% (R)
Children's Services	4%	4.7% (R)	5.0% (R)	5.3% (R)	5.0% (R)	6.57% (R)	6.27% (R)	5.80% (R)
Health Improvement	4%	4.4% (R)	5.2% (R)	5.1% (R)	5.4% (R)	4.32% (R)	4.95% (R)	3.59% (R)
Older People and Primary Care	4%	5.9% (R)	7.1% (R)	6.3% (R)	6.0% (R)	6.28% (R)	7.81% (R)	6.92% (R)
Resources	4%	3.6% (R)	5.0% (R)	3.9% (G)	4.3% (R)	5.02% (R)	5.98% (R)	4.8% (R)
Public Protection and Complex Care	4%	7.6% (R)	7.5% (R)	7.5% (R)	4.9% (R)	6.42% (R)	5.39% (R)	8.81% (R)
HSCP Total	4%	5.91% (R)	6.61% (R)	6.44% (R)	6.29% (R)	6.54% (R)	6.68% (R)	6.24% (R)

Performance Trend

Variations across areas and over time but performance remains above target across the HSCP although it has reduced slightly since period 9.

Actions to Improve Performance

As previously reported the increase in absence levels over previous months resulted in a review of the current action plan to ascertain what has been working and where our focus should be placed, to tackle the identified "Hotspot" areas. This work is ongoing and is carried out in conjunction with the NHSGGC Board review of absence with monthly meetings taking place with HR Management to agree and review action plans, in particular for those areas that have 10% absence or above.

The absence figure for the HSCP overall for December 2019 is encouraging and is the lowest reported figure since June 2019. All but one area mirror this trend. Whilst it is hoped that this reduction trend continues it is recognised that the upcoming period tends to report higher levels

of sickness absence due to seasonal illnesses. Taking this into account the continuation of the previously identified activities to assist in the management of absence will continue as follows:

- Continued detailed reporting with Locality Executive and Core Leadership Teams
- Individual Action plans in place for long term absence cases
- Improved access to absence information for managers to allow local reporting
- Further training on absence and Stress Awareness and an action to local Health and Safety committees to re-run Stress Audits, reflecting the primary recorded reason for absence is related to stress which remains high
- Engagement within inpatient areas (all Localities) are a priority with the relevant support being provided from HR, Learning & Education and Occupational Health.

Timeline for Improvement

Absence management is a focus of on-going activity across the HSCP and the figures are reviewed monthly. Monthly information is made available to all managers and management teams regarding their own service areas, the matter is routinely discussed and also training and tool kits are in place for managers to support their processes and interactions with staff.

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

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

	19/20									
	P1*	P2	P3	P4	P5	P6	P7	P8	P9	P10
ADL Target (10.2 per year/0.2 per week)	0.4	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Glasgow	0.5 (R)	1.0 (R)	1.0 (R)	1.1 (R)	1.1 (R)	1.0 (R)	1.2 (R)	1.2 (R)	1.3 (R)	1.4 (R)
Resources	0.4 (G)	0.7 (G)	0.7 (G)	0.9 (R)	0.9 (R)	1.0 (R)	1.0 (R)	1.0 (R)	1.0 (R)	1.2 (R)
Adult Services	0.6 (R)	1.2 (R)	1.0 (R)	1.0 (R)	1.0 (R)	1.2 (R)	0.9 (R)	1.0 (R)	1.1 (R)	1.2 (R)
Public Protection & Complex Care	0.3 (G)	0.6 (G)	0.6 (G)	0.6 (G)	0.4 (G)	0.5 (G)	0.6 (G)	0.7 (G)	0.7 (G)	0.9 (R)
Children's Services	0.5 (R)	1.0 (R)	0.9 (R)	1.1 (R)	1.1 (R)	1.1 (R)	1.0 (R)	1.0 (R)	1.1 (R)	1.2 (R)
Older People's Services	0.5 (R)	1.0 (R)	1.0 (R)	1.1 (R)	1.1 (R)	1.0 (R)	1.0 (R)	0.6 (G)	0.5 (G)	0.5 (G)
Care Services	0.7 (R)	1.2 (R)	3.2 (R)	1.2 (R)	1.3 (R)	1.4 (R)	1.5 (R)	1.4 (R)	1.5 (R)	1.7 (R)

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

Performance Trend
From Q1 2019/20 performance is reported by Care Group and by Period, rather than Locality and Quarter. Performance at a city level remained RED over the last 3 Periods (27 September to 20 December 2019); the Average Days lost increased at Periods 9 and 10. Performance in the Older People's Services improved significantly over the reporting period.
Actions to Improve Performance
Care Services absence levels remain consistently high and will be a particular focus and priority over the next few quarters, with the implementation of improved plans and processes to address both short term intermittent absences as well as long term absences, with the support of HR and the Council's Occupational Health Provider where appropriate. HR Briefings have been arranged for March with ongoing support and coaching provided to managers, to help build confidence in the application of Council Policy, Procedures, Service processes and guidance.

Timeline for Improvement

New strategies will require a period of time to embed in and key to its success and achieving the desired improvements, will be the support and buy in from Senior Managers and Managers.

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

TARGET	AREA	Jul 18	Mar 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
80%	Glasgow City	45.79% (R)	24.41% (R)	41.6% (R)	40.8% (R)	42.1% (R)	42.8% (R)	37.9% (R)
80%	HSCP Central		8.9% (R)	46.8% (R)	48.8% (R)	47.6% (R)	46.3% (R)	34.5% (R)
80%	North East		36.66% (R)	50% (R)	48.1% (R)	50.4% (R)	48.2% (R)	44.9% (R)
80%	North West		21.26% (R)	37.5% (R)	36.1% (R)	38.2% (R)	40.1% (R)	34.5% (R)
80%	South		14.76% (R)	35.5% (R)	35.8% (R)	35.8% (R)	38.6% (R)	33.8% (R)
80%	Mental Health Central		8.9% (R)	24.4% (R)	28.7% (R)	30.6% (R)	34.3% (R)	32.3% (R)

Performance Trend

Performance RED across all areas and after an improvement since March, performance declined in December. This information is taken from the new TURAS system for Knowledge & Skills Framework (KSF) recording so no information is shown prior to July 2018.

Actions to Improve Performance

The NHSGGC figure for December 2019 was 43%, therefore we are 5% points below the board wide average. In trying to improve our performance, we are taking a managed approach within care groups and across localities. As this is a difficult time of the year within in-patient services, we will be focusing on community based services and administrative staff in order to manage our performance during February and March 2020.

There are 5 key actions we will be progressing:

- Work with our Business Support Managers to ensure that all administrative staff have an activity PDP in place by end of February 2020
- Work with Heads of Service for Community & Primary Care to identify ways of capturing our Community staff during February and March 2020
- Work with Heads of Service for Adult Services to identify ways of capturing our Community staff during February and March 2020

- Identify a plan to ensure that all support function staff are complete by end of February 2020
- Work with Heads of Adult Services to identify a way of managing the process with in-patient services.

Timeline for Improvement

It is anticipated that improvements will be seen with trajectories to reach the targets by the end of October 2020.

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

TARGET	AREA	Mar 17	Mar 18	Mar 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
100%	Glasgow City HSCP Total	57% (R)	75% (R)	45% (R)	22% (R)	22% (R)	23% (R)	50% (R)	36% (R)	59% (R)
Performance Trend										
Performance fluctuates across areas and over time. Remains RED at a city level.										
Actions to Improve Performance										
<p>Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets.</p> <p>The fall in performance is being monitored on a monthly basis to seek an urgent improvement. Remedial action has been identified to address outstanding activity from the last quarter and also previous months.</p>										
Timescales for Improvement										
<p>This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance will improve going forward.</p> <p>Back to Summary</p>										

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

TARGET	AREA	Mar 17	Mar 18	Mar 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
100%	Glasgow City HSCP Total	50% (R)	44% (R)	75% (R)	60% (R)	43% (R)	18% (R)	66% (R)	100 (G)	20% (R)
Performance Trend										
Performance fluctuates across areas and over time. Remains RED at a city level in December.										
Actions to Improve Performance										
<p>Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHS GG & C.</p> <p>Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. Small numbers of non-completion continue to have a significant impact on performance and a continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.</p> <p>Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously.</p>										
Timeline for Improvement										
<p>This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.</p> <p>Back to Summary</p>										

Other Annually Reported Indicators - See Appendix 1, Section 2

20. I-Matters Completion

BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1 st of April 2017.
Type of Indicator	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	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	19/20 Q4
HSCP	70%	96.6% (G)	95.6% (G)	96.2% (G)	96.4% (G)	91.2% (G)		
NE	70%	97.3% (G)	86.7% (G)	87.5% (G)	100% (G)	86.2% (G)		
NW	70%	87.5% (G)	82.6% (G)	90.6% (G)	82.3% (G)	80% (G)		
South	70%	80% (G)	100% (G)	0% (R)	100% (G)	75% (G)		
Prisons	70%	98.7% (G)	97.9% (G)	100% (G)	100% (G)	99.5% (G)		

Performance Trend

HSCP remained GREEN although has reduced over the last quarter. The majority of complaints relate to prisons.

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

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

Performance Trend
The performance for GCHSCP as a whole has decreased and has moved from GREEN to RED. Performance is driven by the performance of the Prison Sector, where most complaints arise.
Actions to Improve Performance
Prisons and police custody management are arranging to put in place a Band 6 complaints manager to co-ordinate the flow of complaint investigations and responses. The postholder will also review current processes to look for efficiencies that can assist with improving performance. This post has now been approved and the recruitment process will commence this month. We are in the process of working collaboratively with the acute services and board complaints teams to put a support mechanism in place for prison staff who handle complaints at present. This is inclusive of a full review of the current complaints process for prison healthcare.
We have also put in place additional measures to provide weekend support (via overtime) to manage the volume of complaints being received. This is facilitating the resolution of a high number of complaints at stage 1 level, which should naturally reduce the volume of complaints moving to stage 2. Recruitment within the 3 sites is also currently being reviewed and a further four Band 5 nursing posts were advertised in early February. The aim is to allow senior nursing staff more time to talk to patients who are raising complaints and resolve at stage 1 level, as well as allowing more time to be allocated to completing investigations. We are also currently looking at further support for administration staff. Prison Healthcare will also have a presence at the next NCAPAS forum in March 2020, to raise issues specific to prison healthcare on a national level.

Timeline for Improvement

The volume of Prison Healthcare complaints remains an ongoing issue. A clearer assessment of how and when we will be able to improve performance will be made once the Complaints Manager post has been filled, which should be within the next 6 weeks. The utilisation of overtime to manage the high volume of complaints should, however, result in an improvement within the next 3 months. There are issues with our current process that when resolved, will result in an immediate reduction in complaints exceeding timescales.

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

Target	Locality	17/18 Q4		18/19 Q3		18/19 Q4		19/20 Q1		19/20 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	15	60% (R)	14	93% (G)	28	86% (G)	37	78% (G)
70%	North West	22	52% (R)	9	44% (R)	19	79% (G)	22	55% (R)	21	52% (R)
70%	South	33	61% (R)	35	66% (R)	36	58% (R)	38	61% (R)	28	46% (R)
70%	Homelessness	n/a	n/a	9	56% (R)	12	42% (R)	10	70% (G)	8	63% (R)
70%	Centre	9	43% (R)	12	17% (R)	11	64% (R)	15	67% (A)	22	59% (R)
70%	City	95	61% (R)	80	54% (R)	92	67% (A)	113	67% (A)	116	61% (R)

Performance Trend

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

During Q2 performance in the North East remained above target and GREEN. All other localities and the city were below target and RED. There were significant decreases in performance in the Homelessness team (GREEN to RED) and the Centre team (AMBER to RED).

Actions to Improve Performance

The Central Complaints, FOI and Investigations Team (CFIT) appointed a resource worker in the third quarter of 2019/20, which should assist in reducing any processing delay in complaints being forwarded to front-line services. However stage 1 complaints handling is primarily within localities and teams. All teams need to more actively manage their front-line complaints, ensure any informal resolution is reported back to CFIT in a timely manner and that any written responses requiring approval and signature by senior staff are turned around quickly. As highlighted in previous reports, local management should also approve and apply extensions where there are valid reasons to do so.

Timeline for Improvement

The SPSO has recently proposed amendments to the model complaints procedure which will further shorten the time allowed for stage 1 responses. The implementation date is not yet fixed but will be early in 2020/21. CFIT will carry out any necessary awareness-raising around implementation but local managers should aim to improve performance to meet existing targets by at least the final quarter of 2019/20, if they are to deal with further tightening of timescales in 2020/21.

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

Target	Locality	17/18 Q4		18/19 Q3		18/19 Q4		19/20 Q1		19/20 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	37	29% (R)	28	46% (R)	41	46% (R)	37	65% (R)	48	50% (R)
Performance Trend											
This indicator is reported one quarter in arrears . Performance remained below target (RED) at Q2.											
Actions to Improve Performance											
All stage 2 investigations are executed by the central CFIT team. This was impacted throughout 2017-19 by rising demand, staff shortage and staff absence. Two new members of staff joined the team in 2018/19 Q4, a third in 2019/20 Q3 and two more are scheduled to commence in 2019/20 Q4. The team has prioritised subject access requests in order to protect the HSCP from regulatory action and financial penalty. It will continue struggle to meet targets for stage 2 complaint responses until the full staff complement is reached in the last quarter of 2019/20. Demand continues to rise with 54 stage 2 complaints having been processed in Q3 – almost double the number in the same quarter of the preceding year. It is too early to measure performance on clearing these.											
Timeline for Improvement											
Aim is for target to be Amber by end of Quarter 4 2019-20 and Green in first quarter 2020/21.											
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Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Freedom of Information (FOI) requests; it is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q4		18/19 Q3		18/19 Q4		19/20 Q1		19/20 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	94	99% (G)	99	81% (R)	86	100% (G)	98	100% (G)	94	97% (G)

Performance Trend

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

Performance in relation to FOIs continued to be within the target range during Q2 (GREEN) despite the continuing high volume of requests received.

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

Target	Locality	17/18 Q4		18/19 Q3		18/19 Q4		19/20 Q1		19/20 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	58	75% (R)	84	50% (R)	93	69% (R)	135	76% (R)	185	72% (R)

Performance Trend

This indicator is reported **one quarter in arrears**. Performance did not meet target at Q2.

Between Q1 and Q2 the number of Subject Access Requests received rose by 37% (from 135 to 185). Volumes of subject access requests have continued at previously unprecedented rates since the introduction of well-publicised new legislation (GDPR) in May 2018 and in the context of the high profile historic abuse enquiry. A large number of requests are from legal representatives of formerly looked after children.

Actions to Improve Performance

Staffing pressures are being addressed via ongoing recruitment (see indicator 4 page 96). The team has prioritised the clearance of subject access requests in order to successfully protect the HSCP from regulatory action and financial penalty from The Information Commissioner. Some process improvements have been instituted around acquisition of specialist redaction software, a high speed scanner, changes to the process of handling adoption records and application of legal extensions. These measures have enabled a consistent performance despite steeply rising demand.

Timeline for Improvement

It is anticipated that improvement will be maintained or increased in the third and fourth quarters of 2019/20 progresses due to recruitment and focus on this issue. However, given the ongoing rise in demand, it is unlikely that a target of 100% compliance will be reached within the current financial year. We would aim to bring performance above 80% by the end of 2019/20 and seek further improvement in 2020/21.

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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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	19/20 Q3	
								no.	%
80%	Glasgow	92% (G)	94% (G)	88% (G)	88% (G)	87% (G)	88% (G)	316	85% (G)
80%	North East	100% (G)	100% (G)	100% (G)	99% (G)	100% (G)	95% (G)	61	95% (G)
80%	North West	95% (G)	93% (G)	72% (R)	91% (G)	77% (A)	91% (G)	66	79% (G)
80%	South	95% (G)	94% (G)	96% (G)	93% (G)	93% (G)	90% (G)	81	84% (G)
80%	Centre	83% (G)	86% (G)	86% (G)	73% (R)	76% (R)	78% (A)	87	82% (G)
80%	Care Services (prev. Cordia LLP)							21	86% (G)

Performance Trend

Care Services (previously Cordia LLP) performance will be reported in this report from Q3.

All areas met or exceeded target at Q3 (GREEN). Performance at Centre improved between Q2 and 3 moving from AMBER to GREEN. While just within the target range (GREEN), performance in North West fell significantly over the reporting period dropping by 12 percentage points between Q2 and 3.

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APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	15/16	16/17	17/18	18/19 Actual	19/20 Target
MSG 5. % of Last 6 months of life spent in the Community	86%	86.7%	87.3%	87.6%	87.8% (Revised)
MSG 6. Percentage of the Population at Home - Supported and Unsupported (Aged 65+)	94.5%	94.7%	94.7%	94.8%	95.4% (Revised)

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).

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

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

i. Operational Performance Indicators

Indicator No. /Outcome	11. Premature mortality rate per 100,000 persons: by calendar year								
Outcome 1	2015	2016	2017	2018					
Glasgow City	634	617	614	625					
Scotland	441	440	425	432					
Indicator No. /Outcome	12. Rate of emergency admissions per 100,000 population for adults								
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2	19/20 Q3
Glasgow City	14,773	14,318	12,864	13,079	▲	▼	3240		
Monthly Average	1231	1193	1072	1090	▲	▼	1080		
Scotland	12,281	12,255	12,192	12,195			N/A	N/A	

*Provisional

Indicator No. /Outcome	13. Rate of emergency bed days per 100,000 population for adults								
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2	19/20 Q3
Glasgow City	146,636	146,617	139,490	135,880	▲	▲	32,789		
Monthly Average	12,220	12,218	11,624	11,323	▲	▲	10,930		
Scotland	128,630	126,945	123,610	118,462			N/A		

*Provisional

Indicator No. /Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions								
Outcome 4	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2	19/20 Q3
Glasgow City	98	102	96	98	▶	▼	100		
Scotland	128,630	126,945	123,610	116,485			N/A		

*Provisional

Indicator No. /Outcome	15. Proportion of last 6 months of life spent at home or in a community setting								
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2*	19/20 Q3
Glasgow City	85%	86%	87%	87%	▲	▶	87%*	89%	
Scotland	87%	87%	88%	88%			N/A	N/A	

*Provisional

Indicator No. /Outcome	16. Falls rate per 1,000 population aged 65+								
Outcome 7	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2*	19/20 Q3
Glasgow City	28.9	31.1	30.7	30.5	▼	▲	6.5*		
Scotland	21.6	21.8	22.7	22.5			N/A		

*Provisional

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

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

Indicator No. /Outcome	19. Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population								
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2*	19/20 Q3
Glasgow City	627	464	324	458	▲	▼	108	135	
Scotland	915	842	762	793			N/A	N/A	

Indicator No. /Outcome	20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency								
Outcome 9	2015/16	2016/17	2017/18	2018/19	Direction 15/16 to 18/19	Direction 17/18 to 18/19	19/20 Q1*	19/20 Q2	19/20 Q3
Glasgow City	25%	27%	26%	25%	▶	▲	24%		
Scotland	24%	24%	25%	24%			N/A		

*Provisional

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

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

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Primary Care								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	76% (R)				Performance below target but above the Scottish average (68%). This has reduced from the 2016/17 figure of 78%. From 17/18 Health & Care Experience Survey.
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	17/18	94% (G)				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%. From 17/18 Health & Care Experience Survey.
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	17/18	80.3% (G)	79.0% (G)	78.1% (G)	83% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). Annual screening report last produced March 2019
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 19		81.8% (G)	86.3% (G)	84% (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 2018 were 61.4% (NE); 72.5% (NW); 64% (S), so increased across all areas. Next update for Jan-Mar 2020

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Children's Services								
5.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at Sep 19	52.7% (A)	58% (G)	50.5% (R)	50.1% (R)	Provisional data shown produced Jan 2020. Data now produced twice yearly locally and data shown relates to Sep 2019 (ISD national report produced annually). Equivalent figures (also provisional) for Mar 19 were 52.5% (City); 57.4% (NE); 52.4% (NW); 48.9% (S). Next update June/Jul 2020
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at Sep 19	90.9% (G)	89.6% (G)	92.2% (G)	90.9% (G)	Provisional data shown produced Jan 2020. Data now produced twice yearly locally and data shown relates to Sep 2019 (ISD national report produced annually). Equivalent figures (also provisional) for Mar 19 were 91.3% (City);89.5% (NE); 92.4% (NW); 92% (S). Next update Jan/Feb 2020
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2018	62.8% (G)				Performance has declined from 64.1% in 2016. Below the Health Board average of 67.1% which also fallen from 68.2% in 2016. Produced 2 yearly (last one Oct 18).
8. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017. Produced 2 yearly (last one Oct 19).
9. Number of families being discussed at Early Years Joint Support Teams	Local HSCP indicator Outcome 5	Maintain/ Increase Numbers each Year	2017/ 18	156				Reduction from 2016/17 when there were 219 families discussed at EYJSTs. Data available at end of each financial year.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Sandyford (Sexual Health)								
10. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	Local HSCP indicator Outcome 1	13-15 (F) 58%	2018/ 19	31.06% (R)				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Figures for 17/18 for 13-15 year olds were 31% (M) and 1% (F); and 38% (M) and 5% (F) for 15-17 year olds. So broadly similar except for 15-17 (F) which has reduced. Data available at end of each financial year.
		13-15 (M) 5%		1.04% (R)				
		15-17 (F) 64%		34.85% (R)				
		15-17 (M) 10%		5.91% (R)				
Alcohol and Drugs								
11. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	17/18	1,089,750 (G)				Slightly below target but classified as GREEN. Data available at end of each financial year.
12. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1680	18/19	3056 (G)				Above target and GREEN. Data available at end of each financial year. Risen from 1980 for 17/18. New target set for 19/20 of 3750.
Others								
13. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2018	99				Numbers increased from 88 in 2017. Figures published annually by ISD and those shown published June 2019. 2014-18 European age standardised figure is 14.4 (Scotland is 13.4).
14. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2018	45.1				Rates have increased for the HSCP as a whole from 27.6 in 2016 and 31.2 in 2017. Last updated July 2019.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
15. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2018	146				Reduced at city level in the last two years (187 in 2016 and 186 in 2017). Last updated July 2019.
16. Percentage of those invited who undertake bowel screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	60%	2016/18	51.9% (R)	52.9% (R)	51.6% (R)	52.3% (R)	Standardised uptake rates shown. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.
17. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	2013-15 round	N/A	61.9% (R)	62.5% (R)	62.9% (R)	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019
18. Percentage of women invited who attend for cervical screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	80%	2017/18	67.5% (R)	69.3% (R)	62.7% (R)	70.7% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.
Human Resources								
19. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019	2% (G)				Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%.
				Employment Engagement Index 77				

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	Early intervention, prevention 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