



Item No. 10

Meeting Date: Wednesday 14th April 2020

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

Report By: Allison Eccles, Head of Business Development
Contact: Duncan Goldie, Performance Planning Manager
Phone: 0141 287 8751

HSCP Performance Report Q3 2020/21

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2020/21.
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.
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 i) Older People/Unscheduled Care/Carers and ii) Care Services in relation to these areas.
Relevance to Integration Joint Board Strategic Plan:	
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.	

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
Personnel:	None
Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
Provider Organisations:	None
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
Fairer Scotland Compliance:	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 2020/21.

2. Background

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

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
 - ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
 - iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
 - iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)
- 3.3 Along with the National Integration and MSG Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 3.

4. Summary

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

Exceptions

- 4.3 At Q3, 53 indicators were GREEN (45.3%); 58 RED (49.5%); 3 AMBER (2.6%); and 3 (2.6%); 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	26
5. Provided Residential Care Homes – Occupancy Rates	31
8. Intermediate Care : Percentage Occupancy	34
9. Intermediate Care: Average Length of stay (Days)	36
10. Percentage of intermediate care users transferred home	37
11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP	39
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year	41
13. Continence Service – Waiting Times	42
14. Referrals to Telecare: Basic and Advanced	44
15. Total number of Older People Mental Health patients delayed	46
Unscheduled Care	
2. A&E Waits Less Than 4 Hours (%) (GRI)	50
2. A&E Waits Less Than 4 Hours (%) (QEUH)	51
7. Total Number of Acute Delays	55
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)	56
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+)	57

Carers	
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.	58
Primary Care	
3. Flu Immunisation Rates (Pregnant and Pre-School)	63
4. Shingles Immunisation Rates	65
5i. AHP Waiting Times – Podiatry	66
Children's Services	
4. Access to CAMHS services - % seen with 18 weeks	72
5. % looked after & accommodated children under 5 who have had a Permanency Review	74
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	77
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (NE)	83
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (S)	83
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)	85
4. Total number of Adult Mental Health delays	88
Sexual Health (Sandyford)	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	90
3 & 4. Number of vLARC Implant appointments offered and Implant insertions across all Sandyford locations	92
6-9. Number of individual young people attending all Sandyford services - aged 13-15 and 16-17 for males and females	95
Homelessness	
2. % of live homeless applications over 6 months' duration at end of the quarter	102
3. Number of new resettlement plans completed - total to end of quarter (citywide)	104
4. Average number of weeks from application to settled accommodation	106
7. Number of new Housing First tenancies created	110
8. Number of Households in Bed & Breakfast Accommodation	112
9. Number of Temporary Furnished Flats	113
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	115
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	120
6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison	121
Health Improvement	
1. Alcohol brief intervention delivery (ABI)	123
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).(reported quarter in arrears)	129

Human Resources	
1. NHS Sickness absence rate	132
2. Social Work Sickness Absence Rate	134
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	135
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	137
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	138
Business Processes	
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	144
7. Percentage of elected member enquiries handled within 10 working days	145

Changes in RAG Status

- 4.7 There has been a change in RAG status for 24 indicators since the last report. Of these, performance improved for 18 and declined for 6.

i. Performance Improved

A) RED TO GREEN
Older People
3. Percentage of service users leaving the service following reablement period with no further home care support
Unscheduled Care
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+)
Children's Services
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (under 5s)
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (over 5s)
9. Number of out of authority placements
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral (North West)
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)
Sexual Health
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions
Alcohol and Drugs
2. Percentage of Parental Assessments completed within 30 days of referral
Criminal Justice
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days
Health Improvement
2. Smoking Quit Rates at 3 months from the 40% most deprived areas

5. Exclusive Breastfeeding at 6-8 weeks (general population)
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported quarter in arrears)
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported quarter in arrears)
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported quarter in arrears)
B) RED TO AMBER
Children's Services
1. Uptake of the Ready to Learn Assessments (NE)
1. Uptake of the Ready to Learn Assessments (S)
B) AMBER TO GREEN
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported quarter in arrears)

ii. Performance Declined

A) GREEN TO RED
Older People's Services
5. Provided Residential Care – Occupancy Rates
Unscheduled Care
2. A&E Waits Less Than 4 Hours (%) (GRI)
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral (North West)
Criminal Justice
5. Percentage of Criminal Justice Social Work Reports submitted to court
C) AMBER TO RED
Health Improvement
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Business Processes
7. Percentage of elected member enquiries handled within 10 working days

5. Recommendations

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

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



CORPORATE PERFORMANCE REPORT

**QUARTER 3
2020/21**

CONTENTS

SECTION	PAGE NUMBER
1. Performance Summary	10
2. Older People's Services	
i. Older People	26
ii. Unscheduled Care	49
iii. Carers	58
3. Primary Care	61
4. Children's Services	68
5. Adult Services	
i. Adult Mental Health	83
ii. Sandyford (Sexual Health)	90
iii. Alcohol and Drugs	98
iv. Homelessness	101
v. Criminal Justice	115
6. Health Improvement	123
7. Human Resources	132
8. Business Processes	139
Appendix 1 – Other Indicators	147
Appendix 2 – National Health & Wellbeing Outcomes	157
Appendix 3 – HSCP Corporate Priorities	158
Appendix 4 – APR Local KPIs	159

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People	13 (61.9%)	1 (4.8%)	4 (19%)	3 (14.3%)	13 (61.9%)	1 (4.8%)	4 (19%)	3 (14.3%)
Unscheduled Care	5 (50%)		5 (50%)		5 (50%)		5 (50%)	
Carers	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Primary Care	5 (45.5%)		6 (54.5%)		5 (45.5%)		6 (54.5%)	
Children's Services	9 (56.3%)		7 (43.7%)		4 (25%)	2 (13.3%)	10 (66.7%)	
Adult Mental Health	5 (50%)		5 (50%)		4 (40%)		6 (60%)	
Sandyford Sexual Health	8 (80%)		2 (20%)		7 (70%)		3 (30%)	
Alcohol & Drugs	2 (66.7%)		1 (33.3%)		1 (33.3%)		2 (66.7%)	
Homelessness	6 (66.7%)		3 (33.3%)		6 (66.7%)		3 (33.3%)	

Criminal Justice	2 (33.3%)		4 (66.7%)		3 (50%)		3 (50%)	
Health Improvement	3 (42.9%)	1 (14.2%)	3 (42.9%)		2 (28.6%)		5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	4 (57.1%)	2 (28.6%)	1 (14.3%)		2 (28.6%)		5 (71.4%)	
TOTAL No. and (%)	68 (58.1%)	4 (3.4%)	42 (35.9%)	3 (2.6%)	58 (49.5%)	3 (2.6%)	53 (45.3%)	3 (2.6%)

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People				
<i>Home Care, Day Care and Residential Services</i>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q3	63% 	▼
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q3 Period 9 (Nov)	70.3% (Hosp)  78.5% (Comm) 	Hosp ▼ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q3 Period 10 (Dec)	43% 	▲ to 
4. Day Care (provided) – Review Rates (No data available 20/21 as day centres been closed)	95%	Q4 19/20	N/A 	N/A
5. Provided Residential Care – Occupancy Rates	95%	Q3	85% 	▼ to 
6. Provided Residential Care – Review Rates (No data available 20/21 as these not being undertaken)	95%	Q4 19/20		N/A

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services				
7. Number of people in Supported Living Services. (Awaiting confirmation of new target)	Target under review	Q3	759 	▼
8. Intermediate Care: Percentage Occupancy.	90%	Dec 20	38% 	▼
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Dec 20	48 days 	▼
10. Intermediate Care: Percentage of users transferred home.	>30%	Dec 20	15% 	▲
iii. HSCP Community Services				
11. Number of community service led Anticipatory Care Plans in Place.	Conversations 800 p.a. Summaries 200 p.a.	Q3	Conversations 227  Summaries 58  (Both Year to date)	▼
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q3	5% 	▲
13. Continence Service – Waiting Times	100% within 12 weeks	Sep 20	Nursing (N)  96.8% Nursing (S)  50.8% Physio  16%	Nursing (N) ▲ Nursing (S) ▲ Physio ▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
14.i Referrals to Telecare: Standard	2,750 per annum	Q3	1,689 (Year to date) 	▲
14.ii Referrals to Telecare: Enhanced	1500 per annum	Q3	323 (Year to date) 	▼
15. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Dec 20	9 	▲
16. Falls rate per 1,000 population aged 65+ (reported in arrears)	6.75 per quarter (27 total)	Q2	12.2 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr-Nov 2020	76,376 (9547 per month) 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Dec 20	GRI – 88.5%  QEUH – 82.8% 	Both ▼ GRI  to 
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr-Nov 2020	36,051 (4506 per month) 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/ month)	Apr-Nov 2020	261,448 (32,681 per month) 	▼
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	33,260 (2772 per month)	2019/20	14,192 (1183 per month) 	▲
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Apr-Sep 2020	82,887 (13,814 per month) 	▲ to 
7. Total number of Acute Delays	0	Dec 20	86 (Total) 43 (Non-AWI) 43 (AWI) 	Total ► Non-AWI ▼ AWI ▲
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).	39,919 (Monthly average 3776)	Apr-Nov 2020	31,354 (3919 per month) 	▼
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 (Monthly average 159)	Apr-Dec 20	8004 (889 per month) 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement (No data available for Q1 as these were not being undertaken)	1900 per annum	Q3	931 	▼
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for? (No data available for Q1 as these were not being completed)	70%	Q3	89% 	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q2	 77.03%	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Sep 20	 £151.40	▼
3i. Flu Immunisation Rates (over 65s)	75%	Oct 20 – 24 Jan 21	75% 	▲
3ii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 20 – 24 Jan 21	36% 	▲
3ii. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 20 – 24 Jan 21	56% 	▲
3iv. Flu Immunisation Rates (Pre-school - 2-5 year olds).	65%	Oct 20 – 24 Jan 21 20	60% 	▲
3v. Flu Immunisation Rates (Primary School Children)	75%	Oct 20 – 24 Jan 21 20	74% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Shingles Immunisation Rates (aged 70)	60%	Sep 19 – Jun 20	34.8% 	▲
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Dec 20	92% 	▲
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Dec 20	40.4% 	▼
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Dec 20	100% 	▶
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Dec 20	NE - 91%  NW - 85%  S - 91% 	All ▲ NE  to  S  to 
2. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Oct 20	NE - 99%  NW - 99%  S - 98% 	All ▲
3. Number of referrals being made to Healthier, Wealthier Children Service	383 per quarter across city	Q3	2296 (Year To Date) 	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 20	45.4% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q3	59% 	▲
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q3	100%(<5s)  100% (5-18) 	Both ▲ Both  to 
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	Q3	42% 	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	77% 	▲
9. Number of out of authority placements	40 by end of 20/21	Q3	40 	▲  to 
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q2	94.37% 	▲
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q2	97.252% 	▲
Adult Mental Health				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 20	NE 74.2% NW 95.2% South 55.6%	NE NW to S to
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Dec 20	Stob 30.8 Lev 22.4 Gart 28	Stob Lev Gart to
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Dec 20	Stob 92.9% Gart 82.2% Lev 89.2%	All
4. Total number of Adult Mental Health delays	0	Dec 20	14 Total 10 (Non-AWI) 4 (AWI) 	Total Non-AWI AWI
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q3	1723 	
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q3	1413 	to

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q3	2028 	▲
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1888 per quarter	Q3	1017 	▼
5. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q3	1 	►
6&7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	21 (13-15)	Q3	4 (13-15) 	▼
	58 (16-17)		14 (16-17) 	▲
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	146 (13-15)	Q3	16 (13-15) 	▼
	339 (16-17)		30 (16-17) 	▲
10. Waiting times for access to TOPAR appointments	5 working days	Q3	0 	►
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral	90%	Q2	99% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q3	76% 	▲ to 
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	98% 	▼
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q3	51% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000/1250 per quarter	Q3	1,041(Q3)  2670 (Total) 	▲
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q3	41 weeks 	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum	Q2	94 	▲
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q3	100% 	▲
7. Number of new Housing First tenancies created.	240 by end 20/21	Q3	163 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
8. Number of Households in Bed & Breakfast Accommodation	350 by end of 20/21	Q3	439 	▲
9. Number of Temporary Furnished Flats	1850 by end of 20/21	Q3	2,612 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q3	73% 	▲
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q3	86% 	▲  to 
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q3	84% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q3	89% 	▲
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q3	75% 	▼  to 
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q3	81% 	▼  to 
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5006 (annual) 3779 (To Q3)	To Q3	2384 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	300 to Q1	Q2 20/21	614 	▼  to 
3. Women smoking in pregnancy (general population)	12%	Q3	10% 	▼
4. Women smoking in pregnancy (most deprived quintile).	17%	Q3	15.4% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported quarter in arrears)	32.2% by end of 20/21	Jul-Sep 2020	31.5% 	▲  to 
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).(reported quarter in arrears)	23.4% by end of 20/21	Jul-Sep 2020	21.8% 	▼  to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	30.9% by end of 20/21	Jul-Sep 2020	24% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Dec 20	6.6% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/period	Q3 P11 (4-week period)	1.4 ADL 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework) (KSF).	80%	Dec 20	29.3% 	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Dec 20	44% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Sep 20	29% 	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported quarter in arrears)	70%	Q2	86.6% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported quarter in arrears)	70%	Q2	69% 	▼  to 
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported quarter in arrears)	70%	Q2	75% 	▲  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported quarter in arrears)	70%	Q2	76% 	▲  to 
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported quarter in arrears)	100%	Q2	99% 	▲  to 
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported quarter in arrears)	100%	Q2	34% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q3	76% 	▼  to 

1. OLDER PEOPLE

i. Home Care, Day Care and Residential Services

Indicator	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months							
Purpose	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months.							
Type of Indicator	Local HSCP indicator							
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)							
Strategic Priority	Priority 4 (See Appendix 3)							
HSCP Lead	Frances McMeeking Assistant Chief Officer, Operational Care Services							
Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
85%	Glasgow	86% (G)	82% (A)	85% (G)	79% (R)	70% (R)	64% (R)	63% (R)
85%	North East	92% (G)	92% (G)	92% (G)	85% (G)	73% (R)	66% (R)	65% (R)
85%	North West	85% (G)	81% (A)	89% (G)	77% (R)	68% (R)	60% (R)	65% (R)
85%	South	83% (G)	75% (R)	78% (R)	77% (R)	70% (R)	66% (R)	61% (R)
Performance Trend								
Performance in relation to Home Care reviews remained RED during Q3 with the city figure falling slightly by 1 percentage point.								
Issues Affecting Performance								
Annual reviews were not deemed essential visits for Homecare during the COVID pandemic which is reflected in above performance. We continue to review our recovery arrangements and prioritise reviews to service users at risk. There have been more individuals who have had complications to conditions or developed multiple conditions due to lockdown and Covid (this includes more under 65's which increases pressure on capacity and delivery). The time taken to train new staff and have them up to speed has also affected the performance and sustainability of this KPI. The review process has continued throughout the year to focus on reviewing where prioritised and capacity allows. As the Covid pandemic continues there is an increase in individuals who are not receiving reviews as a priority. There has also been work done to improve the current business continuity plan.								

Actions to Improve Performance
Social care workers continuing to plan review visits for those where interventions and actions have been agreed by the patch Assessment and Operations teams. We continue to prioritise ASP and are gradually recovering services, however there are some areas which are not able to recover as quickly as others due to staff absence. Regular daily locality and team meetings have been implemented which have facilitated support and prioritising individuals and caseloads, which follow the screen and apply guidelines and disseminate this process to teams. An ongoing recruitment drive has increased staffing levels closer to full capacity and it is expected reviews will improve over the next quarter. The Quality Improvement role has started this quarter and a focus on KPI's and improvement will be applied by this individual to develop the service, with a view to troubleshoot and improve.
Timescales for Improvement
Monitoring capacity to fully recover on a weekly basis. It is expected within the next quarter report that there will be an upward trend and improvement within the service. Back to Summary

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

Referral Source	Target	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Quarter 3		
		Per 13b	Per 13b	Per 13b	Per 13	Per 4 (June)	Per 7 (Sept)	Per 8 (Oct)	Per 9 (Nov)	Per 10 (Dec)
Hospital Discharges	70%	73.4% (G)	72.8% (A)	75.8% (G)	68.9% (G)	77.3% (G)	71.3% (G)	76.2% (G)	72.9% (G)	70.3% (G)
Community Referrals	70%	76.5% (G)	78.2% (G)	74.8% (G)	75.5% (G)	69.5% (G)	77.9% (G)	76.0% (G)	66.2% (R)	78.5% (G)
Performance Trend										
New target introduced for 19/20 having previously been 75%.										
Performance GREEN for both hospital discharges and community referrals at Period 10.										

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

		16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Quarter 3		
Locality	Target	Per. 13b	Per 13b	Per 13b	Per 13	Per 4 (June)	Per 7 (Sept)	Per 8 (Oct)	Per 9 (Nov)	Per 10 (Dec)
Citywide	>35%	36% (R)	37.9% (R)	35.7% (R)	36.4% (G)	36.4% (G)	31.5% (R)	32.0% (R)	34.4% (G)	43.0% (G)
North East	>35%	37% (R)	32.5% (R)	34.3% (R)	45.6% (G)	27.3% (R)	26.2% (R)	27.1% (R)	40.0% (G)	49.2% (G)
North West	>35%	33% (R)	45.7% (G)	42.7% (G)	37.3% (G)	39.0% (G)	37.9% (G)	36.6% (G)	42.0% (G)	40.5% (G)
South	>35%	39% (A)	35.9% (R)	31.7% (R)	30.7% (R)	39.7% (G)	27.7% (R)	32.1% (R)	24.8% (R)	41.2% (G)
Performance Trend										
New target introduced for 19/20 (previously 40%). Performance varies across locality and over time. Performance improved significantly between the end of Q2 (Sept) and the end of Q3 (Dec) with the city, North East and South moving from RED to GREEN. North West continued to meet target (GREEN) during each Period of the quarter. Back to Summary										

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

	2016/17	2017/18	2018/19	2019/20				20/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1 – Q3
95%	95% (G)	97% (G)	97% (G)	96% (G)	98% (G)	97% (G)	100% (G)	N/A
Performance Trend								
Day Care Centres have been closed since the middle of March as a result of the COVID-19 outbreak and so no data is available for 2020/21 Quarters 1 to 3.								
While Day Care Centres remain closed, weekly calls are being made to service users by Day Care Managers with any issues being reported to Service Managers.								
Back to Summary								

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

	16/17	17/18	18/19	2019/20				2020/21		
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	94% (G)	96% (G)	95% (G)	96% (G)	94% (G)	90% (R)	91% (A)	91% (A)	95% (G)	85% (R)
Performance Trend										
The occupancy rate fell between Q2 and Q3 with the RAG status moving from GREEN to RED during this period.										
Glasgow HSCP has been working jointly with other HSCPs in NHSGGC to support care homes to respond to the pandemic. A range of actions have been taken and these were reported to the IJB in June by the Chief Officer.										
Issues Affecting Performance										
Occupancy has been directly affected by the pandemic as routine turnover of admissions has been interrupted due to service lockdowns/suspension of admissions when there have been isolated outbreaks of Coronavirus within the care homes. Under guidance from Public Health, there are times when the care homes have had to remain closed to admission as they are experiencing outbreaks/staff members testing positive.										
Actions to Improve Performance										
The Senior Management of the HSCP care homes have developed an admissions pathway; Discharge to Assess. This is a robustly evaluated pathway which supports admission to the HSCP care homes, even when they have an outbreak of Coronavirus, and has been developed in collaboration with Public Health, Social Work and NHS Nursing colleagues. This pathway was approved by Scottish Government. A daily huddle has been established which screens potential admissions to the HSCP care homes from hospital, allowing dynamic decisions to be made on a rapid access pathway to avoid delays in discharge, while supporting assessment upon admission. Additional resources including an Occupational Therapy Team Lead, along with Band 5 nursing staff to support the assessment and care of residents on this pathway, ensures safe progress of timely discharge. It is envisaged that this, along with routine admissions, will increase occupancy significantly over the next 12 weeks.										
Timescales for Improvement										
It is anticipated that this position will improve within the next 12 weeks. Back to Summary										

Target/Ref	6. Provided Residential Care – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes 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 Assistant Chief Officer, Operational Care Services

	16/17	17/18	18/19	2019/20				2020/21
Target	Q4	Q4	Q4	Q1	Q2	Q3	Q4	Q1 – Q3
95%	94% (G)	95% (G)	96% (G)	97% (G)	95% (G)	95% (G)	96% (G)	N/A
Performance Trend								
Although a number of reviews were carried out by phone or mobile devices, no face-to-face reviews were carried out in our Care Homes during Quarters 1 to 3 because of the ongoing COVID-19 pandemic.								
Back to Summary								

ii. Commissioned Services

Indicator	7. 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 Assistant Chief Officer, Operational Care Services

Locality	Target	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Glasgow	<i>Was 920 but under review for 2020/21.</i>	734 (G)	842 (G)	798	789	769	809	759
North East	N/A	216	250	249	250	235	255	230
North West	N/A	236	275	262	255	265	275	255
South	N/A	282	317	287	284	269	279	274
Performance Trend								
Numbers decreased overall by 50 during Quarter 3. As noted in last quarter's performance report the Quarter 2 figures were inflated because of a temporary change in procedures as a result of COVID-19. The current process within Personalisation means that when someone is no longer receiving a supported living service the service agreement is left open so that the provider continues to be paid. Therefore, it is currently difficult to count this number accurately. A tidy up exercise has been completed and the figure of 759 shows the accurate numbers of people in Supported Living Services. Work is underway to review this indicator/target as the service is changing and now has three elements: Clustered supported living, HSCP home care supported living, and Traditional supported living. No RAG rating pending this review. Back to Summary								

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

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Glasgow	90%	88% (G)	82% (R)	92% (G)	92% (G)	73% (R)	57% (R)	61% (R)	62% (R)	53% (R)	31% (R)	38% (R)
North East	90%	94% (G)	74% (R)	89% (G)	92% (G)	64% (R)	62% (R)	77% (R)	59% (R)	50% (R)	29% (R)	42% (R)
North West	90%	75% (R)	89% (G)	94% (G)	92% (G)	84% (R)	65% (R)	62% (R)	77% (R)	71% (R)	48% (R)	52% (R)
South	90%	94% (G)	83% (R)	92% (G)	92% (G)	71% (R)	44% (R)	42% (R)	49% (R)	34% (R)	13% (R)	16% (R)

Performance Trend

Performance fell sharply at the start of the pandemic and while there was then an increase at city level and in all localities, performance has declined in the last quarter and remains RED.

Issues Affecting Performance

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

A further factor that has affected occupancy numbers has been wider availability of care home options to support discharge and negate SW assessment at ward level.

Actions to Improve Performance

Referrals for admissions to IC have increased recently as have delays (see below).

Due to the success of the impact of the "Discharge to Assess" policy the HSCP has been able to discharge support range of wider discharge options at the point individuals become fit. The focus of IC going forward will be for rehabilitation and optimising a return home, we have initiated a review of the required IC capacity and will take into account the occupancy reductions in our plan. The future capacity and range of provision will take account of the drop in IC occupancy levels with a focus on IC provision for individuals whose have rehabilitation needs to support discharge home where possible.

It is also anticipated the occupancy levels will recover as Covid prevalence reduces as a result of the national Covid Vaccination programme. It is also anticipated the occupancy levels will recover to an extent in the next quarter as we are experiencing and increase in the number of SW Complex discharge referrals.

Timescales for Improvement
June 2021- dependant on the ongoing reduction in Covid prevalence across Glasgow. Back to Summary

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

Locality	Target	Apr 16	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
Glasgow	<28	44 (R)	31 (R)	30 (R)	31 (R)	31 (R)	33 (R)	42 (R)	39 (R)	44 (R)	49 (R)	48 (R)
North East	<28	41 (R)	33 (R)	34 (R)	29 (A)	27 (G)	28 (G)	53 (R)	49 (R)	59 (R)	48 (R)	45 (R)
North West	<28	36 (R)	36 (R)	30 (R)	36 (R)	36 (R)	45 (R)	48 (R)	37 (R)	42 (R)	52 (R)	65 (R)
South	<28	38 (R)	32 (R)	41 (R)	42 (R)	30 (R)	21 (G)	27 (G)	26 (G)	35 (R)	45 (R)	29 (A)

Performance Trend
During the period since the pandemic length of stay has increased. At a city level, performance has significantly exceeded the target and while there have been improvements, performance has declined in the last quarter and remains RED. South is AMBER.
Issues Affecting Performance
COVID-19 restrictions continue to have an impact on average length of stay. Factors that have contributed to this include; Covid infection control requirements, frailty of individuals, discharge plans have been affected due to the Covid impact on other services.
Actions to Improve Performance
A recovery plan for intermediate care has been developed implemented, this will support an increased focus on home discharge options and multi-disciplinary/agency joint efforts to support individual with complex need to return home and timely discharge.
Timescales for Improvement
June 2021- dependant on the ongoing reduction in Covid prevalence across Glasgow. Back to Summary

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

Locality		Target	Apr 16	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Sep 20	Oct 20	Nov 20	Dec 20
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	25% (R)	19% (R)	11% (R)	7% (R)	34% (G)	17% (R)	15% (R)
	Res/Nursing	N/A	52%	62%	45%	53%	62%	54%	72%	50%	62%	60%
	Readmissions	N/A	25%	10%	12%	18%	13%	19%	13%	13%	21%	18%
	Deceased	N/A	2%	1%	5%	3%	6%	17%	9%	3%	0%	8%
NE	Home	30%	22% (R)	30% (G)	33% (G)	25% (R)	19% (R)	23% (R)	12% (R)	0% (R)	20% (R)	20% (R)
	Res/Nursing	N/A	39%	59%	50%	45%	58%	46%	65%	89%	40%	47%
	Readmissions	N/A	33%	7%	16%	30%	19%	8%	18%	11%	40%	20%
	Deceased	N/A	6%	0%	0%	0%	4%	23%	6%	0%	0%	13%
NW	Home	30%	21% (R)	22% (R)	27% (R)	27% (R)	0% (R)	9% (R)	0% (R)	30% (G)	15% (R)	14% (R)
	Res/Nursing	N/A	57%	57%	57%	59%	77%	32%	65%	40%	69%	57%
	Readmissions	N/A	21%	17%	11%	9%	9%	41%	18%	20%	15%	29%
	Deceased	N/A	0%	4%	4%	5%	14%	18%	18%	10%	0%	0%
South	Home	30%	21% (R)	22% (R)	39% (G)	22% (R)	38% (G)	5% (R)	8% (R)	62% (G)	17% (R)	9% (R)
	Res/Nursing	N/A	58%	70%	33%	56%	54%	84%	92%	31%	83%	82%
	Readmissions	N/A	21%	7%	9%	17%	8%	0%	0%	8%	0%	0%
	Deceased	N/A	0%	0%	9%	6%	0%	11%	0%	0%	0%	9%

Performance Trend

Performance moved to GREEN in October at a city level but has returned to RED across all localities at the end of Q3.

Issues Affecting Performance

COVID-19 restrictions continue to have an impact on the % of individuals returning home. Factors that have contributed to this include; Covid infection control requirements, frailty of individuals, discharge plans have been affected due to the Covid impact on other services.

Actions to Improve Performance

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

Timescales for Improvement
June 2021- dependant on the ongoing reduction in Covid prevalence across Glasgow. Back to Summary

iii. HSCP Community Services

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

Indicator	Total (19/20)	Target (20/21)	Q1 20/21	Q2 20/21	Q3 20/21	Year to Date
Number of ACP conversation held	530 (R)	800p.a. (TBC)	76 (R)	115 (R)	36 (R)	227 (R)
Number of summaries completed and shared with GPs	130 (R)	200 p.a. (TBC)	17 (R)	30 (R)	11 (R)	58 (R)

Performance Trend

This indicator relates to GCHSCP Older People & Primary Care Teams and the number of completed summary versions of the national ACP that have been shared with GPs, and the number of conversations that have been held with patients to raise awareness of the benefits of ACPs. Performance is below target for the first three quarters of 2020/21.

At NHS Greater Glasgow and Clyde level, the number of ACPs on Clinical Portal can be reported. It is not currently possible to report this at HSCP level, however this additional detail is due to arrive following in eHealth update. Given the previous work carried out in Glasgow City it is likely that GCHSCP staff have made a substantial contribution to these figures.

ACPs Uploaded to Clinical Portal:

Q1 – 118

Q2 – 79

Q3 – 176

Issues Affecting Performance

Continued pressures on services due to the COVID-19 Pandemic have limited staff capacity to engage with people on the topic of ACPs and future care planning. Whilst the current situation may highlight the need for future planning considerations, there has also been an element of negative publicity that impacted on people's perception of what an ACP is and their willingness to engage in the process.

As District Nurse Teams were limited to "essential work" only, recording of ACP conversations was paused. Therefore there is no data contribution for this submission from North East, South District Nurse Teams and limited contribution from North West. It is likely that ACP conversations continued in Q2 and ACPs may have been shared with GPs as well, however we cannot report on this.

This data submission includes information from all OPPC teams across the three localities via EMIS and CNIS.

It should be noted that whilst Q2 saw an increase in ACP conversations being held and being shared with GPs, this was in part due to a dedicated resources in the North West District Nursing team created by shielding requirements of a member of staff. This resource was not available in Q3.

Actions to Improve Performance

As staff adapt to new ways of working, for example remote consultations there is opportunity to refocus our attention on ACP conversations and sharing ACP summaries on Clinical Portal. Service Managers and Team Leads will be responsible for re-establishing and prioritising this within their areas of responsibility.

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

Online training resources have been created for all staff.

elearning module: [click here](#)

Virtual Face-to-Face training: [click here](#)

The team have conducted a staff survey to establish how staff currently use these tools, their awareness of ACPs and what challenges there may be to creating a joined up system. This will provide a baseline for refocusing this agenda. This report is due to be complete Jan 2021.

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

Timescales for Improvement

The MacMillan ACP Programme developments are well underway and will be ongoing for the next 15 months. The re-engagement with staff from Older People & Primary Care Teams will tie in with service recovery plans.

[Back to Summary](#)

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
0%	City	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	2% (A)	6% (R)	5% (R)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)
0%	North West	0% (G)	0% (G)	1% (GA)	2% (A)	0% (G)	0% (G)	5% (R)	4% (R)
0%	South	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	4% (R)	10% (R)	7% (R)

Performance Trend

At Q3, overall city performance remained RED. North East dropped from GREEN to AMBER while North West and South improved slightly but remained RED.

At the end of December there were 1,564 open OT assessment activities: 76 (5%) of these had been open for more than 12 months; 53 of these were open to South, 16 to North West and 5 to North East.

Issues Affecting Performance

Key factors impacting on OT assessment waiting times relates Covid. During the first Covid lockdown only essential and critical work could be progressed.

Actions to Improve Performance

The current number of unallocated assessments over 12 months is 10, the remaining are allocated and assessments are in progress. Improvement actions include overtime, effective screening and workforce planning considerations.

Timescales for Improvement

By June 2021

[Back to Summary](#)

Target/Ref	13. 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	Area	Apr 20	Jun 20	Jul 29	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
100% seen within 12 weeks	Nursing - North	80% (R)	88% (R)	93.9% (R)	96.5% (R)	96.8% (R)			
	Nursing - South	52% (R)	40% (R)	58% (R)	52.8% (R)	50.8% (R)			
	Physio (citywide)	50% (R)	36% (R)	7% (R)	10% (R)	16% (R)			
Performance Trend									
New data collection process introduced so no historical data shown. Performance red for both the nursing services and the citywide physiotherapy service and reflects the move away from face to face assessments towards telephone and Attend Anywhere assessments and subsequent interventions. Face to Face consultations remains main indicator of patients seen however every attempt is made by staff to contact patients by telephone and letter upon referral. Once bookable rooms are made more available to SPHERE staff, it is intended that patients physically seen within 12 weeks of referral will increase. Meanwhile all patients referred to the service are contacted within 12 weeks of referral with basic advice and indication of telephone assessment times.									
Issues Affecting Performance									
The emergency measures put in place as a result of Covid 19 continue to impede the face to face consultations with patients and these have been replaced with telephone, Attend Anywhere and where necessary, domiciliary visits. Some clinic appointments are undertaken where concerns are raised about a patient's condition. Access to bookable clinical rooms across the Board remains problematic. Physiotherapy and nursing services have plans in place to reintroduce patients to clinics following a prioritisation process. Referral to the services with SPHERE is being reconsidered and staff numbers have increased as a result of recruitment. Additional referrals are being received from district nursing services and the number of patients requesting containment products has increased during Lockdowns. Record keeping is also being transferred to EMIS therefore reporting will move from a manual to an electronic process thereby producing more accurate results.									

Actions to Improve Performance
The reopening of clinics has gradually began in Glasgow City, East and West Dunbartonshire. Where face to face appointments are not an option, telephone consultations and Attend SPHERE staff have new laptops to allow them to operate agilely with MS Teams and Attend Anywhere. Team plans for nursing interventions and physiotherapy interventions in development to ensure most efficient use of time and skills. Prioritisation process applied to ensure those patients on waiting list are seen within appropriate timescales. Single Point of Access for District Nursing Services is being reconsidered as a source of direct referral into SPHERE to release the burden on District Nursing Services.
Timescales for Improvement
The above work streams will be heavily dependent on clinic access and availability. Unless external factors impede the process, the service hopes to extend face to face consultations across the Board in April 2021. Improvements in waiting times are expected to be demonstrated by May 2021 Back to Summary

Target/Ref	14. 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	20/21 Q1	20/21 Q2	20/21 Q3	Year to Date
	16/17-18/19	19/20								
Standard	2,248	2,750* 688 per Q	2,581 (G)	2,771 (G)	2,706 (G)	2,723 (G)	468 (R)	541 (R)	680 (G)	1,689 (R)
Enhanced	304	1,500* 375 per Q	835 (G)	1,222 (G)	1,337 (G)	1,565 (G)	41 (R)	161 (R)	121 (R)	323 (R)

* These are targets from 2019/20; funding for expansion is no longer provided by the Scottish Government's TEC Programme. Revised targets for 2020/21 have yet to be agreed and require to reflect the constraints created by COVID-19.

Performance Trend

Since the introduction of lockdown in March 2020, the capacity for installing telecare has been restricted mainly to the supply of Standard Telecare equipment with the provision of Enhanced Telecare suspended from early April. However, a protocol is in operation to consider referrals for service users in exceptional circumstances where Enhanced Telecare would prevent admission to a care home or to hospital, or where it would enable hospital discharge which is the primary reason for exception requests.

During Q3 the number of Standard telecare referrals (680) increased by 25% in comparison to the previous quarter (541) with the status moving from RED to GREEN. This volume of demand is equivalent to 2019/20 pre-COVID levels. In contrast the number of Enhanced referrals fell during the same period. The suspension of Enhanced Telecare is still in place and no further review of the exceptions protocol is planned while tiered level restrictions continue to be in place.

The reduction in both Standard and Enhanced referral figures during across the year have had an impact on the year to date figures which remain RED.

Issues Affecting Performance

The risks associated with COVID continues to constrain the provision of telecare. The capacity of the HSCP's Telecare responder agencies and installation services increased over Quarter 2 as absence levels improved. However the reintroduction of lockdown restrictions in Quarter 3 and the associated rise in risk levels have constrained any further capacity to increase equipment provided beyond emergency protocols.

Actions to Improve Performance
A review of the referral management system planned for Quarter 3 has been deferred due to lockdown/tier 4 measures being reintroduced. As a result this review to determine safe options available to restart the supply of enhanced telecare which are robust enough to minimise risks of cross infection and minimise excessive demand on responder services will take place when the environment for change becomes safer.
Timescales for Improvement
The timescales for the introduction of any resultant revised referral management process will be driven by the future adjustments to the wider Covid management policy to ensure a safe longer term system once the environment is more stable. Back to Summary

Indicator	15. 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	Apr 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
0	City	11 (R)	11 (R)	16 (R)	9 (R)	7 (R)	14 (R)	19 (R)	16 (R)	14 (R)	9 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	4 (R)	6 (R)	5 (R)	4 (R)	2 (R)	4 (R)
	NW	7 (R)	1 (R)	4 (R)	2 (R)	1 (R)	3 (R)	5 (R)	3 (R)	6 (R)	1 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	2 (R)	5 (R)	7 (R)	8 (R)	6 (R)	4 (R)
	Area wide team								1 (R)		
Performance Trend											
Numbers vary across localities and over time. Numbers decreased over the last 3 months at a city level but remain RED.											
Issues Affecting											
While there was a regular and robust scrutiny process of all delays, this process continues to be affected due to outbreaks of Covid in OPMH wards. We continue to experience challenges associated with discharging patients due to the complex needs of this patient group and in addition, and Covid continues to have an impact on our ability to discharge to care homes .											
Actions to Improve Performance											
There is a new discharge pathway that supports 72-hour discharge which includes dedicated Social Work resource, improved MDT working and early referral to Social Work however implementation of this was difficult due to Covid. We are currently exploring new ways to support this through MS Teams and remote working. Work will continue to ensure the number of delays reduces.											

Timescales for Improvement
Numbers are low and continue to fluctuate. It is unlikely we will ever reach zero but delays in single figures can be expected throughout the remainder of 2020/21. 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	20/21 (to Q2)
Glasgow City	27 total 6.75/ quarter (18/19 and 19/20)	28.9	31.1	30.7	30.5 (R)	27.4 (G)	12.2 (G)
Scotland	N/A	21.1	21.4	22.2	22.5	22.7	N/A

*Provisional

Performance Trend
National Integration Indicator. Performance GREEN. Data may be subject to change due to the considerable time lag in the data for this KPI. A review is underway to identify a more appropriate KPI and data source to ensure more timeous reporting Current actions being taken forward to improve performance include: • Promotion of Level 1 assessment across all relevant staff groups and with other agencies • Improved 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 • 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 prevention is also a key strand of the HSCP's unscheduled care plan Back to Summary

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

1. Percentage of Last 6 months of life spent in the Community (MSG Indicator 5)
2. Percentage of the Population Unsupported at Home (Aged 65+) (MSG Indicator 6)

UNSCHEDULED CARE

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

	2015/16	2016/17	2017/18	2018/19	2019/20 Actual	20/21 Target	Apr- Nov 2020
Glasgow	153,791	155,029	156,783	162,600	159,916 (A)	153,791 (Total)	76,376 (G)
	12,816	12,919	13,065	13,542	13,326 (A)	12,816 (Monthly)	9547 (G)
Performance Trend							
The figures for April to October are below target and GREEN. The numbers of attendances have been comparatively low when compared with corresponding months in previous years, but have been increasing steadily since May until dipping again in September and October. The number of attendances have been rising slightly over the period since 2015/16 which is consistent across GG&C as a whole. For 2019/20, however, there was a slight decrease with lower figures in March - linked to Covid presumably - contributing to this, although the figures were above target and AMBER. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets. Back to Summary							

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	Apr 20	Sep 20	Oct 20	Nov 20	Dec 20
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	79.6% (R)	91.4% (A)	92.8% (G)	84.5% (R)	88.8% (R)	88.5% (R)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	75.5% (R)	90.7% (A)	89.7% (R)	80.5% (R)	81% (R)	82.8% (R)

Performance Trend
After improving at the start of the pandemic up until August, performance has started to decline and moved back to RED at both hospitals in the last quarter.
Issues Affecting Performance
As can be seen from the data above there was a marked improvement in performance over the summer months but this has dropped off at the QEUH due to a rise in the number of attendances. A national redesign of urgent care was implemented late last year and it is expected that improvements in performance and attendances will be reported in Q4.
Actions to Improve Performance
Implementation and bedding in of the national urgent care redesign.
Timescales for Improvement
January 2021- March 2021
Back to Summary

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	19/20	20/21 Target	Apr - Nov 2020
Total	70,133	69,656	62,725	63,898	63,324 (G)	66,624	36,051* (G)
Monthly average	5844	5804	5227	5325	5277 (G)	5552	4506* (G)
*Provisional							
Performance Trend							
The figures for April to October are below target and GREEN although these figures are provisional at this stage given the time lag in data becoming available. The numbers of emergency admissions have been comparatively low when compared with corresponding months in previous years but they have been increasing steadily since May. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets. Back to Summary							

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	19/20	20/21 Target	Apr - Nov 2020
Total	493,371	515,275	506,792	496,071	497,641 (R)	453,866	261,448* (G)
Monthly average	41,114	42,939	42,232	41,339	41,470 (R)	37,822	32,681* (G)
*Provisional Performance Trend The figures for April to October are below target and GREEN although these figures are provisional at this stage given the time lag in data becoming available. The numbers of unscheduled hospital bed days (acute) have been comparatively low when compared with corresponding months in previous years but they have been increasing steadily since April. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets. Back to Summary							

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	19/20	20/21 Target	20/21 Actual
Total	36,956	33,278	21,377	19,324	14,192* (G)	33,260	
Monthly average	3080	2773	1781	1610	1183 (G)	2772	

*Provisional

Performance Trend

Performance is classified as GREEN. It should be noted, however, that data availability has a time lag and these figures are provisional at this stage for 2019/20, although it is highly likely the target will be met based on recent trends. No complete data yet available for 2020/21.

[Back to Summary](#)

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	19/20	20/21 Target	Apr - Sep 2020
Total	190,791	187,654	182,524	180,888	189,139 (A)	181,371	82,887* (G)
Monthly average	15,899	15,638	15,210	15,074	15,762 (A)	15,114	13,814* (G)

*Provisional

Performance Trend

Performance is classified as GREEN although these figures are provisional at this stage given the time lag in data becoming available.

Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets.

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)

	Apr 17	Apr 18	Apr 19	Mar 20	Apr 20	Sep 20	Oct 20	Nov 20	Dec 20
North East	10	23	14	16	10	19	14	15	9
North West	6	15	13	12	8	16	16	19	17
South	14	12	12	9	1	12	18	19	17
HA Team									
Sub-Total (Included Codes)	30	50	39	37	19	47	48	53	43
North East	2	2	6	12	16	14	18	20	22
North West	5	4	4	11	9	10	7	7	10
South	4	4	4	17	11	15	12	12	11
Sub-Total (Complex Codes)	11	10	14	40	36	39	37	39	43
All Delays	41 (R)	60 (R)	53 (R)	77 (R)	55 (R)	86 (R)	85 (R)	92 (R)	86 (R)

Performance Trend

Total numbers delayed have remained similar over the last three months.

Issues Affecting Performance

Delays have fluctuated during this period although the included codes numbers have seen a gradual decline. All delays have increased in recent months with a slight reduction in December 2020. AWI delays still account for approximately half of the total delays.

Actions to Improve Performance

A new discharge to assess policy has been introduced to speed up the discharge process, and a new action plan agreed by all HSCTs and the Health Board introduced in January 2021. A solution to the AWI issue is still under discussion in the light of the decisions by the EHRC.

Timescales for Improvement

It is expected that delays for included codes will continue to fluctuate for the next few months.

[Back to Summary](#)

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	19/20	2020/21 Target	2020/21 Actual (To Nov)
Total	41,582	38,870	29,897	38,656	45,318 (R)	39,919	31,354 (R)
Monthly Average	3488	3239	2491	3238	3776 (R)	3327	3919 (R)

Performance Trend
Performance for 2020/21 is classified as RED to October. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation with no processes in place at Health Board or MSG levels to set new targets.
Issues Affecting Performance
Bed days lost to delays have continued to increase in recent months. AWI delays still account for approximately half of the total delays.
Actions to Improve Performance
A new discharge to assess policy has been introduced to speed up the discharge process, including a new action plan agreed with all HSCPs and the Health Board. A solution to the AWI issue is still under discussion in the light of the decisions by the EHRC.
Timescales for Improvement
It is expected that bed days lost will fluctuate over the remainder of the year as delays increase Back to Summary

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	16/17	17/18	18/19	19/20	2020/21 Target	Oct 20	Nov 20	Dec 20	Year to Date
HSCP	10,715	6050	2098	3781	6571 (R)	1910 (159/month)	904 (R)	878 (R)	1026 (R)	8004/889 per month (R)
NE	3590	1647	336	686	2460		421	425	532	2687
NW	3558	2995	816	1168	2356		136	150	190	1426
S	3910	1408	946	1927	1755		347	303	304	2865
Performance Trend										
Performance for 20/21 is considerably above target and classified as RED. Please note that the targets for 2019/20 have been retained for 2020/21 in light of the pandemic situation										
Issues Affecting Performance										
The decision by the EHRC earlier in the year has had the effect that AWI patients are no longer discharged to off-site beds. This continues to be the case, although other options are being explored										
Actions to Improve Performance										
A whole-system peer review of medical and professional decision-making in relation to incapacity has been agreed by the Health Board and will take place later this year. This will include external peers from high performing HSCPs and Health Boards. Lessons learned in respect of best practice will be applied across the whole Board area as a product of this peer review.										
Timescales for Improvement										
No improvement is envisaged in the short term.										
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 Q4	19/20 Total	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Total
Glasgow	1900 (475 per Q)	1,942 (G)	1,984 (G)	518 (G)	1,932 (G)	n/a	488 (G)	443 (R)	931 (R)
North East	634 (159 per Q)	606 (G)	709 (G)	198 (G)	740 (G)	n/a	155 (A)	156 (G)	311 (R)
North West	634 (159 per Q)	620 (G)	502 (R)	121 (R)	411 (R)	n/a	112 (R)	123 (R)	235 (R)
South	634 (159 per Q)	716 (G)	783 (G)	199 (G)	781 (G)	n/a	221 (G)	164 (G)	385 (R)

Performance Trend
The use of Carers Support Plans and Young Carer Statements resumed from Quarter 2 following a suspension during Q1. During Q3 the city figure fell from GREEN to RED. North West remained RED while North East and South met target (GREEN). As a result of the suspension at Quarter 1 the year to date figures in all localities remain RED at the end of Q3.
Issues Affecting Performance
Carer Services have been unable to distribute carer information booklets during the pandemic due to risks of transmitting infection. Carer Centres have reported that some carers are declining the offer to complete a carer support plan online or by telephone, preferring to wait till they can meet with worker face to face, particularly young carers. North West Carer services have had a vacant post for a Carer Advice and Information Worker since April 2020 which is likely to impact on the services ability to promote the service.

Actions to Improve Performance
Your Support Your Way Glasgow pages has been updated to make it easier for carers to access support and information. i.e. Carer services introduced an online referral form in May 2020. In Q3, there were 262 enquiries completed online. Carers Services are in the process of developing a range of Carer Awareness briefings that can be offered online in an attempt to increase carer referrals.
Timescales for Improvement
Information regarding YSYWG update and carer awareness briefings will be included in the next IJB briefing. Back to Summary

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 Q4	20/21 Q1	20/21 Q2	20/21 Q3
Glasgow	70%	82% (G)	85% (G)	87% (G)	n/a	87% (G)	89% (G)
North East	70%	74% (G)	86% (G)	86% (G)	n/a	88% (G)	88% (G)
North West	70%	86% (G)	90% (G)	91% (G)	n/a	69% (G)	96% (G)
South	70%	86% (G)	81% (G)	83% (G)	n/a	92% (G)	84% (G)

Performance Trend
The Carers Evaluation Questionnaire was not carried out during Q1 because of the ongoing COVID-19 health emergency. The survey was resumed during Q2. At Q3 all localities exceeded target (GREEN). Back to Summary

Other Indicators for Ongoing Review - See Appendix 1, Sections 1-2

1. Ministerial Strategic Group Indicators
2. National Integration Indicators

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	Jan 20-Mar 20	Apr 20-Jun 20	Jul-Sep 20
City	78%			79.45% (G)	78.0% (G)	77.49% (G)	77.04% (G)	77.03% (G)
NE	78%	79.81% (G)	80.18% (G)	80.09% (G)	78.64% (G)	78.20% (G)	77.73% (G)	77.76% (G)
NW	78%	78.35% (G)	78.7% (G)	78.72% (G)	77.19% (G)	76.61% (G)	76.16% (G)	76.20% (G)
S	78%	79.0% (G)	79.41% (G)	79.48% (G)	78.12% (G)	77.57% (G)	77.13% (G)	77.08% (G)
NHSGGC	78%	78.86%	79.22%	79.24%	77.97%	77.50%	76.75%	77.06%
Performance Trend								
Although slightly under target, all areas remain GREEN. This is reported one quarter in arrears.								
Back to Summary								

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	Mar 20	Jul 20	Aug 20	Sep 20
City	Cost below (or the same as) the GGC average.	£161.72 (G)	£162.93 (G)	£161.63 (G)	£155.57 (G)	£153.46 (G)	£152.07 (G)	£151.13 (G)	£151.40 (G)
NE		£163.79 (G)	£163.27 (G)	£157.21 (G)	£150.84 (G)	£148.55 (G)	£148.76 (G)	£147.86 (G)	£148.15 (G)
NW		£156.55 (G)	£156.47 (G)	£159.99 (G)	£154.53 (G)	£151.63 (G)	£149.88 (G)	£148.84 (G)	£148.98 (G)
S		£164.98 (G)	£168.44 (G)	£167.12 (G)	£160.80 (G)	£159.54 (G)	£157.73 (G)	£156.80 (G)	£157.17 (G)
NHS GGC		£174.99	£178.44	£178.32	£173.72	£171.58	£170.07	£170.49	£169.40
Performance Trend									
Variations across sectors and over time with a slight increase in all areas in the last quarter. Initiatives to ensure cost minimisation are ongoing. This is reported one quarter in arrears.									
Back to Summary									

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. 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	Over 65s	Pregnant (no risks)	Pregnant with risk factors	Pre-school 2-5 years old	Primary School Children	Under 65s with risk factors	Unpaid and Young Carers
Target	75%	75%	75%	65%	75%	No target	No target
Actual	75% (G)	36% (R)	56% (R)	60% (R)	74%* (G)	49% (R)	57% (R)

*Board wide figure only

Performance Trend

The seasonal flu vaccination programme runs from 1 October to 31 March each year. These figures relate to the period between the start of October and the 24 January so will increase. At this stage, over 65s GREEN while the other groups are below target and RED.

The flu programme has not been completed yet and the uptake for Glasgow City is broadly in line with the national uptake figures for the 24/1/2021.

Table 1: Influenza vaccine uptake for eligible cohorts in Scotland to week 3, 2021

Eligible cohorts	Vaccine uptake (%)
Preschool children (aged 2 to under 5 years, not yet in school)	60.7
Primary school children	75.5
Under 65 years old in an at-risk group	54.8
Aged 65 years and over	79.6
Pregnant women (including those with and without risk factors)	45.5
Health & social care staff	41.1
Unpaid and young carers	55.4

Issues Affecting Performance
Primarily relates to ability/willingness of people to take the vaccination and our capacity to provide enough staff who are able to deliver the vaccine.
Actions to Improve Performance
The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake. The Vaccination Transformation Programme is a national programme led by the Scottish Government (SG) to coordinate the migration of vaccination delivery out of GP practices and use alternate vaccination delivery models across Scotland. This had only been partially progressed by late 2019 but has since accelerated in light of COVID. By late 2020, Scotland had a mixed delivery model for influenza vaccination which varies considerably by NHS Board. The programme is midway through its implementation and flu immunisations for children now sit with the HSCPs, whilst Maternity Services is responsible for vaccinations for pregnant women. The timescale for the transfer from general practice of the adult flu vaccination programme has been delayed until October 2021; however, given the expansion of the programme by over 80,000 people in Glasgow who are aged 55 to 65 years and the constraints placed on delivery as a result of social distancing requirements, the Health Board, HSCPs and GP practices have been working collaboratively to ensure that the programme can be delivered successfully and a hybrid model has been used in 2020/21. The HSCP taking on full responsibility for the over 65 year olds and GPs primarily delivering the 18-64 year olds at risk. Where GPs could not deliver on the programme they offered “vaccinator time” to the HSCP vaccination centres. In addition, the HSCP continued with an expanded number of vaccinations for people who are housebound. There is an expectation that the Vaccination Transformation Programme will be completed by the end of October 2021 and this will be a challenge as we continue with the delivery of the COVID vaccination programme during 2021.
Timescales for Improvement
The final uptake figures for 2020/21 are not yet known as the flu vaccination season has not finished. However, each year we would like to see continued improvement in uptake figures across all groups. The next programme will begin in autumn 2021. Back to Summary

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.
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
Glasgow City	60%	34.80% (R)
NE	60%	32.77% (R)
NW	60%	37.84% (R)
South	60%	34.12% (R)
Performance Trend		
The data shown relates to the cumulative immunisation rates between 1 September 2019 and end of June 2020. No updates available for this report. The target relates to the whole year between 1 September 2019 and 31 August 2020 and performance is marked as RED as it is below what would be expected on a pre-rata basis.		
Issues Affecting Performance		
The routine shingles programme has been suspended temporarily in line with the current COVID-19 advice for adults aged 70 and over. However, if a patient is well and presents for any other scheduled appointment, they can be opportunistically vaccinated.		
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.		
Timescales for Improvement		
This will depend on implementation of recovery plan for primary care.		
Back to Summary		

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	Apr 20	Sep 20	Oct 20	Nov 20	Dec 20
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	8% (R)	45% (R)	64% (R)	88% (G)	92% (G)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	93.2% (G)	1.6% (R)	48.1% (R)	42.5% (R)	40.5% (R)	40.4% (R)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

Performance Trend

MSK Physio

Within GG&C all patients requiring an urgent appointment were seen within 4 weeks (predominately by Virtual Patient Management in the first instance). We are continuing with VPM but remobilising face to face provision based on clinical decision making/clinical need. Due to the ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across GGC is around 30% of normal service provision. In Q3 we commenced utilisation of Louisa Jordan to increase our F2F provision (1006 patients were seen at LJ in December from all areas of GGC. The % patients seen within 4 week waiting time target is much higher than it was prior to the pandemic (due to lower referral rates and remobilisation of services). In December GGC achieved the Scottish Government waiting times target for AHP MSK services of seeing 90% of patients within 4 weeks.

Podiatry

Performance below target since onset of pandemic but increasing. Referral numbers remain considerably below pre-Covid levels. A new telephone triage system has been introduced for the first contact and currently only around 45% of patients are requiring further contact. Domiciliary activity as a % of the total increased significantly due to the reduction in available clinical capacity over this period.

Dietetics

Dietetics remain GREEN and above target. As with the other AHPs, during the peak of the pandemic referral numbers fell but have been gradually increasing again. Some patients are now being seen face to face based on clinical need and risk assessments prior to the visit or appointment. Other continue to be seen using the NHS 'Near Me' system or by telephone

Issues Affecting Performance
Podiatry NHSGG&C Podiatry suspended all of its activity except for Foot Protection and infected lesions on 23 March 2020. Referrals were not accepted for anything other than these conditions, and the service took back shared care dressings from District Nurses etc to allow them to be utilised across the wider system. All urgent referrals were seen within the 2 day response period. The referral performance above relates to 'non-urgent' self-referrals. The first phase of the recovery plan is addressing waiting times by triaging all new self-referrals by telephone. Current data indicate that only around 20% of these patients are being given a face to face appointment. Since this is a new 'appointment type' on TrakCare it may be a few months before we can report from the dashboard the 4 week compliance figures for Telephone appointments. Initial indications are that 100% of these are being seen within the timeframe but we don't have verified detailed data as yet – only anecdotal. The service was reduced again at the beginning on January 2021 and suspended all new telephone review in preparation for supporting the COVID Vaccination process and in an anticipation of an increase in sickness absence.
Actions to Improve Performance
Podiatry To further assist recovery during 2020, Podiatry secured 16 units at NHS Louisa Jordan to enable the service to provide full capacity clinics, particularly for patients living in areas where there is no access to clinical facilities. This was in operation from 2 November to 31 December 2020. The service did not operate from the Louisa Jordan after December because of the refocusing of their work to support the vaccination programme and that any contact there would have increased pressures in partnerships further downstream where there would be a lack of available accommodation to provide the service. Full details for each of the recovery phases can be found in the Podiatry Recovery plan.
Timescales for Improvement
Podiatry Full details in Podiatry Recovery plan. This will be contingent on access to clinical premises and the completion of the COVID 19 vaccination programme. Back to Summary

Other Annually Reported Indicators - See Appendix 1, Section 3

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

CHILDREN'S SERVICES

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

TARGET	AREA	Apr 17	Apr 18	Apr 19	Feb 20	Apr 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
95%	NE	87% (R)	88% (R)	90% (A)	92% (G)	85% (R)	77% (R)	88% (R)	90% (A)	91% (A)	91% (A)
	NW	79% (R)	87% (R)	95% (G)	92% (G)	83% (R)	78% (R)	78% (R)	82% (R)	86% (R)	85% (R)
	S	87% (R)	89% (R)	91% (A)	93% (G)	82% (R)	74% (R)	84% (R)	89% (R)	87% (R)	91% (A)

Performance Trend

Performance in all localities declined at the start of the pandemic but has started to improve consistently over the last 6 months and now AMBER in North East and South.

Issues Affecting Performance

The number of Ready to Learn Assessments carried out was significantly affected by the impact of the COVID-19 pandemic, initial guidance was that these visits were cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home). If families are seen after the 27-30 month timescale, while they still have an assessment it will be recorded as "unscheduled" rather than 27-30 months and therefore not included in these figures. In this second lockdown there are still families who have returned to their countries of origin and therefore unable to be assessed – this is particularly of note in North West.

Actions to Improve Performance

Continue to carry out developmentally appropriate assessments for children who missed their 27 – 30 month Ready to Learn Assessment due to factors associated with the pandemic, and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage. Team leaders to continue to review caseloads to ensure performance continues to improve as, hopefully, lockdown is released

Timescales for Improvement
Ongoing work is progressing to assess children who missed their 27 – 30 month assessment. Back to Summary

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	Apr 17	Apr 18	Apr 19	Feb 20	Mar 20	Apr 20	May 20	Aug 20	Sep 20	Oct 20
95%	NE	95% (G)	99% (G)	93% (G)	97% (G)	98% (G)	97% (G)	94% (G)	94% (G)	97% (G)	99% (G)
	NW	93% (G)	98% (G)	96% (G)	97% (G)	95% (G)	96% (G)	94% (G)	98% (G)	96% (G)	99% (G)
	S	96% (G)	98% (G)	96% (G)	98% (G)	96% (G)	98% (G)	95% (G)	97% (G)	98% (G)	98% (G)
Performance Trend											
Variations across areas and over time. All areas GREEN. There is a time lag in the availability of this data.											

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 Total	20/21 Q1	20/21 Q2	20/21 Q3
City	1,533	383	1,533	1,757 (G)	2,590 (G)	2,515 (G)	678 (G)	749 (G)	869 (G)
NE	344	86	344	509 (G)	1,078 (G)	764 (G)	138 (G)	205 (G)	218 (G)
NW	576	144	576	587 (G)	830 (G)	918 (G)	196 (G)	189 (G)	214 (G)
S	613	153	613	661 (G)	682 (G)	833 (G)	344 (G)	355 (G)	437 (G)

Performance Trend
Targets continue to be met at Q2. No further updates are currently available as not all returns have been received.
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-19	Apr-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Glasgow HSCP	100%	84.7% (R)	40.8% (R)	29.5% (R)	26.2% (R)	37.9% (R)	45.4% (R)	51.33% (R)	58.30% (R)	54.64% (R)
North East	100%	88.4% (R)	41.2% (R)	30.7% (R)	24.2% (R)	34.9% (R)	42.8% (R)	48.86% (R)	50.60% (R)	51.56% (R)
North West	100%	78.1% (R)	37.6% (R)	26.5% (R)	24.6% (R)	37.2% (R)	46.4% (R)	52.5% (R)	76.56% (R)	62.79% (R)
South	100%	87.3% (R)	43.2% (R)	31.8% (R)	29.6% (R)	41.5% (R)	47% (R)	52.62% (R)	53.57% (R)	52.87% (R)

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

Issues Affecting Performance

The restrictions associated with the pandemic response are continuing to have an impact on the number of face to face appointments that can be offered. As a result, these appointments are limited to only those appointments which are assessed as essential. Near Me/Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged however that for some patients Near Me/Attend Anywhere does not meet the needs of the child/young person and/ or fit with the family circumstances and this is likely to contribute to those children / young people experiencing a longer wait for an appointment than would ordinarily be the case. In these circumstances parents and carers have been advised that they can get in touch at any time if they feel there is a deterioration requiring an urgent appointment. Some teams are experiencing particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Further there are challenges with recruitment and resourcing teams to meet current demands.

Actions to Improve Performance

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

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

Work is ongoing to ensure CAMHS teams are embedded within Children's Services in localities by improving connections, alignment and collaboration with other services within the HSCP, in Education and across the third sector, with the aim of ensuring children, young people and their families are able to access the right kind of support, within their local area, at the point of need.

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

The CAMHS service may be represented at Joint Support Team Meetings to aid discussions regarding the needs of children and young people and to identify the most appropriate supports and interventions, and colleagues are continuing to explore different means of service delivery given the restrictions that are likely to remain in place into next year. The learning from the service response over the course of the pandemic will also be analysed and will contribute to ongoing efforts to make sustainable improvements to service delivery.

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

The West CAMHS pilot of a digital group for parents of young children with anxiety is proceeding well. Additional groups are planned. The ability to proceed with group work will facilitate progression of plans.

Brief Interventions work continues citywide.

Timescales for Improvement

The Waiting List Initiative is continuing, and is likely to take until well into 2021 for Glasgow City. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support.

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

Service Managers have undertaken a programme of work for referrers with the intention of implementing throughout 2021.

Systems are already in place to collate learning from during the pandemic which will be used to inform further service developments on an ongoing basis.

[Back to Summary](#)

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 Q4	20/21 Q1	20/21 Q2	20/21 Q3	
								% with review	Number without a Permanency Review
90%	City	76% (R)	80% (R)	75% (R)	68% (R)	66% (R)	58% (R)	59% (R)	45*
90%	North East	81% (R)	94% (G)	85% (R)	68% (R)	69% (R)	57% (R)	59% (R)	18
90%	North West	57% (R)	88% (R)	68% (R)	65% (R)	65% (R)	52% (R)	52% (R)	10
90%	South	83% (R)	61% (R)	70% (R)	71% (R)	64% (R)	61% (R)	62% (R)	14

Performance Trend

**Three child are allocated to other Teams.*

Performance at city and locality level remained RED at Q3.

At the end of Q3 a total of 45 children (of 110 children under 5 looked after for 6 months or more) have not yet had a permanency review.

Issues Affecting Performance

There has been a significant increase in referrals for a children's social work services since the early autumn, coinciding with schools returning, and exacerbated due to increased economic uncertainty, and social stress, which are contributing to increased family difficulties. The complexity of the current situation, and the impact of the most recent lockdown, continues to mean that deployment of staff resource to respond to these matters, often on an emergency basis, and recovery planning, have been affected by the resurgence of the virus which continues to make arranging face to face meetings with families more challenging. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve throughout the course of the pandemic.

In addition, the Family Assessment and Contact Service (FACS) and the Glasgow Infant and Family Team (GIFT) only resumed face to face contact and support in September so this has

had a knock-on effect in relation to concluding the permanence outcomes for a significant number of the children under the age of 4.

Actions to Improve Performance

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

An exercise is underway to determine the extent of errors relating to recording of permanence reviews, and to rectify these gaps. An exercise is also underway to reduce the backlog of children with overdue reviews.

Timescales for Improvement

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

In addition, a plan has been developed through the Carefirst implementation group for leads to develop a permanency recovery plan, with a focus on how to revive permanency workshops to support this process. The Glasgow Parenting Assessment has also been signed off through the social work governance process, and an implementation plan is being developed; this framework will support social workers in making permanency decisions for children and young people.

[Back to Summary](#)

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	Jan 19-Mar 19	Jul 19-Sep 19	Oct 19-Dec 19	Jan 20-Mar 20	Apr 20-Jun 20	Jul 20-Sep 20	Oct 20-Dec 20
100%	Under 5s	83.33% (R)	23.1% (R)	100% (G)	100% (G)	100% (G)	73.33% (R)	100% (G)
100%	Aged 5-18	79.4% (R)	92.3% (R)	92.7% (R)	92.9% (R)	100% (G)	92.86% (R)	100% (G)
Performance Trend								
Percentages can fluctuate due to the small numbers involved. Performance has moved from RED to GREEN for both age groups in the last quarter.								

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 Q4	18/19 Qs 1-4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
60%	Glasgow	67% (G)	61% (G)	Not available	40% (R)	41% (R)	45% (R)	32% (R)	42% (R)
60%	North East	74% (G)	82% (G)		33% (R)	57% (R)	49% (R)	52% (R)	41% (R)
60%	North West	57% (R)	50% (R)		51% (R)	33% (R)	42% (R)	22% (R)	23% (R)
60%	South	65% (G)	44% (R)		41% (R)	21% (R)	45% (R)	24% (R)	53% (R)
Performance Trend									
All areas remained below target (RED) at Q3 although performance improved significantly in the city and South locality.									
For information, the percentage of reports which did not have a due date recorded on careFirst are shown below by city and locality. As can be seen there is considerable variation in these between localities.									
City 28% NE 28% NW 47% South 16%									
Issues Affecting Performance									
According to the data presented, there has been a 24% improvement in the number of reports completed on time, in spite of the challenges associated with the current pandemic, however, there may be some caveats in relation to the accuracy of the data. An exercise to investigate the recording of reviews previously highlighted that the data above reflects the insertion of the date of completion of the report into an eform in Carefirst, however, the analysis revealed that in 68 out of 128 cases, this date had not been entered so this measure is not accurately capturing the number of reports completed on time.									
Actions to Improve Performance									

There are ongoing efforts to improve the recording of completion dates on eforms, and it is anticipated that this will continue to have a positive impact on the performance data and will also raise awareness of the importance of completing reports within the allocated timeframe.

Timescales for Improvement

Improvement in the accuracy of the performance data is anticipated in future periods.

[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 Q4*	19/20 Q4*	20/21 Q1*	20/21 Q2*	20/21 Q3*
75%	Glasgow	61% (R)	67% (R)	74% (G)	68% (R)	65% (R)	76% (G)	77% (G)
75%	North East	65% (R)	77% (G)	83% (G)	63% (R)	62% (R)	82% (G)	80% (G)
75%	North West	49% (R)	50% (R)	63% (R)	71% (R)	72% (A)	77% (G)	81% (G)
75%	South	68% (R)	73% (A)	75% (G)	73% (A)	67% (R)	69% (R)	78% (G)

Notes

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

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

Performance Trend

All localities met target during Q3 with South moving from RED to GREEN during the reporting period.

The city figure is slightly lower than the locality figures. The city figure contains 52 young people (out of the total 867) who are "not indicated" – this means that we can't determine a team for these young people as they don't have a primary relationship with a worker or team recorded on careFirst. The % of "not indicated" young people who are in a positive destination is 47% and this has lowered the overall city figure.

There was further improvement during Q3 in the city-wide proportion of *non-recording* which moved from 4% (Q2) to 3% (Q3). In the localities the proportion of non-recording was 4% in North East, 1% in North West. In South all young people in receipt of aftercare/ continuing care service had their status recorded.

[Back to Summary](#)

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

Mar 15	Mar 16	Mar 17	Mar 18	Mar 19	19/20 Target	20/21 Target	Sept 19	Dec 19	Mar 20	Jun 20	Sept 20	Dec 20
120	126	111	67	51	31 (reduction of 20 between year-end 18/19 & 19/20)	40	46 (R)	47 (R)	46 (R)	42 (R)	45 (R)	40 (G)
Performance Trend												
The target was revised to 40 for 20/21. The revised target was met at the end of December (GREEN). Back to Summary												

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

						2020/21			
AREA	TARGET	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	Q1	Q2	Q3	Q4
HSCP	95%	93.8% (G)	93.7% (G)	92.41% (A)	93.2% (G)	94.24% (G)	94.37% (G)		
North East	95%	95.8% (G)	95.36% (G)	92.87% (G)	91.5% (A)	94.13% (G)	94.98% (G)		
North West	95%	93.6% (G)	93.54% (G)	93.66% (G)	93.3% (G)	94.86% (G)	94.34% (G)		
South	95%	92.6% (G)	92.70% (G)	91.21% (A)	94.4% (G)	93.86% (G)	93.92% (G)		
Performance Trend									
Performance slightly increased and remained GREEN at a city level and in all localities in the last quarter, although is slightly below target. This indicator is reported in arrears.									
Back to Summary									

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

						2020/21			
AREA	TARGET	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q4	Q1	Q2	Q3	Q4
HSCP	95%	96.4% (G)	95.86% (G)	95.85% (G)	96.35% (G)	96.52% (G)	97.25% (G)		
North East	95%	96.6% (G)	96.90% (G)	97.54% (G)	97.64% (G)	98.46% (G)	98.07% (G)		
North West	95%	95% (G)	95.03% (G)	94.53% (G)	95.07% (G)	94.36% (G)	96.66% (G)		
South	95%	97.3% (G)	95.63% (G)	95.54% (G)	96.03% (G)	96.69% (G)	97.08% (G)		
Performance Trend									
Performance remains GREEN across the city with a small increase at a city level in the last quarter. This indicator is reported in arrears.									
Back to Summary									

Other Annually Reported Indicators - See Appendix 1, Section 3

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

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 in that quarter.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral									
	HSCP Target	Apr 17	Apr 18	Apr 19	Apr 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
NE	90%	87.1% (A)	87% (A)	75.3% (R)	100% (G)	35.6% (R)	52.1% (R)	64.4% (R)	75.4% (R)	74.2% (R)
NW	90%	81.7% (R)	83.1% (R)	83.8% (R)	81.8% (R)	72.1% (R)	83.1% (R)	92.2% (G)	87.1% (A)	95.2% (G)
S	90%	96.5% (G)	94.7% (G)	96.1% (G)	66.7% (R)	83.6% (R)	93.4% (G)	87.9% (G)	82% (R)	55.6% (R)

Performance Trend

Performance remains RED in the North East but has been improving. The North West has improved over the last quarter and moved to GREEN. The South has moved back to RED having been GREEN over September and October.

Issues Affecting Performance

The effect of the outbreak of Covid-19 has continued to impact on the overall performance of delivering PTs through Q3 Oct-Dec 20. As services recover, accrued long waits, arising from Q1 prioritisation of services and re-alignment of capacity, are being addressed. This results in a higher proportion of people starting their treatment over the Standard.

Staff are adjusting to a range of home- and social distanced work-based arrangements requiring IT and telecoms equipment to continue to deliver services.

Clinical, social and personal reasons prevent some people from engaging in remote consultations resulting in longer waits (for a face-to-face approach).

Social distancing measures require alternative approaches to the delivery of group-based interventions and face-to-face interactions.

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

The capacity to deliver PTs is affected by the recruitment to staff vacancies and annual leave built up during Covid.

Actions to Improve Performance

PT activity is monitored across the services, and teams report the factors that impact on performance and the actions undertaken to mitigate these influencing issues. This validated information is shared on a monthly basis across the HSCP.

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

Services are routinely delivering PT treatments using digital alternatives to face-to-face approaches such as Anytime Anywhere, however a number of limiting factors are being experienced including social distancing face-to-face and group-based interventions, building capacity and IT equipment orders. Web-based alternative options such as Anytime Anywhere are being used to commence PT treatments with patients where it is possible.

The Board wide PT Group team has commenced working with the CMHTs to deliver digital-based group interventions

4 x Peripatetic Band 7 therapists have been temporarily allocated to services in South and North East to assist with addressing the long waits.

Working towards increasing access through the roll out of cCBT for people with Long Term Conditions, and the roll out of Scottish Government Internet Enabled CBT (iESO) initiative.

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

Timescales for Improvement

The impact of subsequent “waves” of Covid-19 on the delivery of PTs within our services is under constantly review. The total number of people starting a PT is moving towards previous levels. The impact of additional capacity on the time to start a PT will continue to be monitored against the Standard.

[Back to Summary](#)

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	Mar 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
28 days	Stobhill	20.7 (G)	28.3 (G)	22.9 (G)	34.1 (R)	31.3 (R)	33.8 (R)	39.4 (R)	30.8 (R)
28 days	Leverndale	22.9 (G)	34.1 (R)	23.1 (G)	26.9 (G)	22 (G)	25.1 (G)	27.8 (G)	22.4 (G)
28 days	Gartnavel	24.4 (G)	35.9 (R)	27.4 (G)	29.3 (A)	30.8 (R)	37.6 (R)	34.5 (R)	28 (G)
Performance Trend									
Performance fluctuating over time and between hospitals. Leverndale remains GREEN, with Gartnavel also moving to GREEN in December. Stobhill remains RED.									
Issues Affecting Performance									
The ongoing Covid-19 pandemic continues to have a significant impact and changes for MH services. Services continue to respond flexibly to fluctuations in: 1. Wards being closed to new admissions due to COVID on MH bed sites reduces patient movement. 2. Numbers of COVID- positive patients 3. Staff absence rates									
Actions to Improve Performance									
Operational responses continue to maintain safe and effective care. Evolving the emergency responses and deployment of clinical staff minimised pressures on other services, especially including Emergency Departments, Scottish Ambulance Service and Police Scotland. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of fluctuations in activity for a up to a further 12-18 months: 1. Consolidation of all unscheduled assessments and admissions and on-going development of a single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners. 2. Direct access during day time being established for Primary Care scheduled by end of March 3. In-patient admissions testing and isolation for COVID and personal protective equipment and staffing guidelines continually reviewed updated and applied.									

4. All areas continue to report increasing new admissions and an increasing acuity of person admitted (increased specialisation and observations). 5. All Hospital continue to maintain the ability to increase and/or reintroduce cohorting if infection rates increase. 6. Maintaining and evolving existing arrangements is continuing the pressure on all services and staff.
Timescales for Improvement
Remobilisation will continue through to March 2020, and operational contingency arrangements continue to be reviewed re the potential on-going impact into 2021-2022. System wide support mechanisms also being reviewed across sites and specialty's with wider mental health "family". Higher levels of wards closed to admissions due to COVID during January and February will have a projected adverse upward pressure on average lengths of stay for those months. On-going pressure on staff will require a support for staff to decompress in the coming months. 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	Mar 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
<95%	Stobhill	95.6% (G)	100.8% (R)	93.2% (G)	94.2% (G)	94.8% (G)	97.6% (A)	98.4% (A)	92.9% (G)
<95%	Leverndale	96.8% (G)	102.2% (R)	85.8% (G)	94.1% (G)	90.6% (G)	85.6% (G)	94% (G)	82.2% (G)
<95%	Gartnavel	92.7% (G)	98.4% (A)	90.6% (G)	95.8% (G)	96.3% (G)	98.5% (A)	97.7% (A)	89.2% (G)
Performance Trend									
Performance fluctuating over time and between hospitals. Occupancy in all three hospitals GREEN in December. Linked to average length of stay and closing wards to admissions due to COVID projected bed occupancy is projected to increase during January to March.									

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	Apr 20	Oct 20	Nov 20	Dec 20
North East		2	3	3	5	9	4	1
North West		1	8	3	8	7	3	4
South		1	7	6	2		1	4
City					1			1
Sub-Total (Included Codes)		4	18	12	16	16	8	10
North East		0	3	1	0	1	1	1
North West		3	4	0	2	3	2	1
South		0	0	1	1			2
Sub-Total (Complex Codes)		3	7	2	3	4	3	4
North East Total		2	6	4	5	10	5	2
North West Total		4	12	3	10	10	5	5
South Total		1	7	7	3		1	6
City					1			1
All Delays	0	7 (R)	25 (R)	14 (R)	19 (R)	20 (R)	11 (R)	14 (R)

Performance Trend
Numbers vary across localities and over time. Delays have reduced in the last quarter.
Issues Affecting Performance
Admission routes and discharge relationships continued to be disrupted due to significant COVID related issues, COVID- positive patients in some areas and staff re-deploying to ward areas to maintain safe and effective treatment and wards closing to admissions and patient movement as a result of infection prevention and control measures.

Actions to Improve Performance
A number of measures are now in place to assist in improving performance including: • Establishment of the MHAUs to divert individuals from A&E • Establishment of the out of hours compassionate distress hubs • Maturing the Discharge Co-ordination Teams set up in each locality although discharge processes have as been outlined affected by infection prevention and control measures restricting patient movement and the links to appropriate housing providers
Timescales for Improvement
Arrangements continually being reviewed operationally during remobilisation to March 2021. Regular review continues on progressing creating community solutions for people to move to, as well as the demand from vulnerable people entering care from the community. The numbers of people affected by delays in moving to the community is projected to stay within the historical range of single figures to thirty people, whilst COVID impacts on services and communities. Back to Summary

Other Annually Reported Indicators - See Appendix 1, Section 3

11. Deaths from Suicide

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	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
-	NE	377	283	267	0	273	388
	NW	874	755	987	299	723	987
	S	72	111	101	0	0	0
	HSCP	1323	1149	1355	299	996	1375
1888/ quarter	GGC	1927 (G)	1650 (R)	1870 (G)	299 (R)	1311 (R)	1723 (R)

IUD – number of insertions

TARGET	AREA	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
-	NE	253	201	182	0	186	273
	NW	748	684	757	305	709	861
	S	57	79	60	0	0	0
	HSCP	1058	964	999	305	895	1135
1309/ quarter	GGC	1488 (G)	1310 (G)	1322 (G)	310 (R)	1124 (R)	1413 (G)

Performance Trend

Performance has been increasing over the course of the year and moved to GREEN for insertions in the last quarter. Remains RED for appointments.

Issues Affecting Performance

All LARC procedures (except emergency criteria) were stopped during lockdown. From June, priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Performance has improved over the last quarter, however is still below target as services are not open in all locations.

Actions to Improve Performance

Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. However increased capacity in existing sites means number of insertion target has been achieved.

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

Timescales for Improvement

With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase during 2021

[Back to Summary](#)

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	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
-	NE	551	495	454	0	372	571
	NW	762	583	665	156	728	806
	S	150	91	83	0	0	0
	HSCP	1463	1169	1202	156	1100	1377
2431/ quarter	GGC	2100 (R)	1655 (R)	1691 (R)	156 (R)	1586 (R)	2028 (R)

Implants – number of insertions

TARGET	AREA	Jan-Mar 19	Oct- Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
-	NE	295	206	228	0	204	289
	NW	412	336	334	148	545	403
	S	93	59	55	0	0	0
	HSCP	800	601	617	148	750	693
1148/ quarter	GGC	1124 (A)	874 (R)	865 (R)	148 (R)	1034 (R)	1017 (R)

Performance Trend

Performance has been increasing over the course of the year but remains below target both for appointments and insertions.

Issues Affecting Performance

All LARC procedures (except emergency criteria) were stopped during lockdown. From June, priority and urgent LARC provision was restarted in 2 locations, and in one further location from August. Performance is still below target as services are not at full capacity.

Actions to Improve Performance

Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. However increased capacity in existing sites means number of insertion target has been achieved.

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

Timescales for Improvement
With the full recovery of services, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to increase during 2021
Back to Summary

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

TARGET	AREA	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20			
2 working days	NE	5 (R)	NA	1 (G)	1 (G)			
	NW	2 (G)	1 (G)	1 (G)	1 (G)			
	S	5 (R)	NA	NA	NA			
	HSCP	3 (R)	1 (G)	1 (G)	1 (G)			
	GGC	3	1	1	1			

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

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	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
21	13-15	GC HSCP	4 (R)	5 (R)	6 (R)	2 (R)	7 (R)	4 (R)
40		GGC	17 (R)	13 (R)	13 (R)	3 (R)	12 (R)	14 (R)
58	16-17	GC HSCP	30 (R)	20 (R)	16 (R)	3 (R)	18 (R)	16 (R)
110		GGC	58 (R)	48 (R)	38 (R)	4 (R)	29 (R)	30 (R)

Female

TARGET	AGE	AREA	Jan-Mar 19	Oct-Dec 19	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20
146	13-15	GC HSCP	94 (R)	69 (R)	71 (R)	21 (R)	36 (R)	40 (R)
292		GGC	183 (R)	161 (R)	145 (R)	37 (R)	87 (R)	95 (R)
339	16-17	GC HSCP	246 (R)	190 (R)	192 (R)	69 (R)	136 (R)	149 (R)
670		GGC	472 (R)	358 (R)	384 (R)	132 (R)	246 (R)	280 (R)

Performance Trend

Performance has been increasing over the course of the year but remains below target for both males and females.

Issues Affecting Performance

The service is currently restricted to only 3 sites. The service aims to have YP service in a total of 9 sites across GGC so currently there is not physical service capacity to reach target.

Actions to Improve Performance

As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided over the coming months in increasing number of locations. Plans are being

made to increase to 1/2 new sites whilst awaiting approval to access other Sandyford sites.
Timescales for Improvement
With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise to pre-2012 levels. Back to Summary

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

TARGET	Jan-Mar 20	Apr-Jun 20	Jul-Sep 20	Oct-Dec 20			
5 working days	5 (R)	0 (G)	0 (G)	0 (G)			
Performance Trend							
Performance remained GREEN in the last quarter. This measures time for the first appointment which is now a telemedicine based model and has been operating recently on a same day call back basis.							
Back to Summary							

ALCOHOL AND DRUGS

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

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
90%	Glasgow	97% (G)	92% (G)	98% (G)	98% (G)	98% (G)	98% (G)	99% (G)
90%	North East	98% (G)	95% (G)	100% (G)	99% (G)	98% (G)	94% (G)	100% (G)
90%	North West	98% (G)	99% (G)	98% (G)	100% (G)	100% (G)	100% (G)	100% (G)
90%	South	99% (G)	88% (G)	88% (G)	93% (G)	90% (G)	96% (G)	99% (G)
Performance Trend								
This indicator is reported one quarter in arrears. At Q2 all localities exceeded the referral to treatment time 3-week target (GREEN). Back to Summary								

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 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
75%	City	77% (G)	81% (G)	79% (G)	71% (R)	77% (G)	80% (G)	67% (R)	76% (G)
75%	North East	74% (G)	78% (G)	83% (G)	81% (G)	88% (G)	86% (G)	62% (R)	78% (G)
75%	North West	86% (G)	72% (A)	86% (G)	60% (R)	33% (R)	59% (R)	75% (G)	50% (R)
75%	South	75% (G)	91% (G)	70% (R)	65% (R)	61% (R)	80% (G)	67% (R)	90% (G)

Performance Trend

Performance at city-level, North East and South improved moving from RED to GREEN during Q3. Performance in North West dropped from GREEN to RED.

As previously noted, during the past 2 years there has been a significant downward trend in the number of Parental Assessment forms completed on careFirst particularly in the North West and South of the city – numbers are shown below. The small number of assessments completed increases the likelihood of significant fluctuation between quarters.

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

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

[Back to Summary](#)

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 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
70%	Glasgow	65% (R)	73% (G)	77% (G)	80% (G)	82% (G)	83% (G)	82% (G)	80% (G)
70%	North East	67% (A)	75% (G)	77% (G)	91% (G)	84% (G)	86% (G)	83% (G)	82% (G)
70%	North West	64% (R)	74% (G)	81% (G)	89% (G)	87% (G)	89% (G)	88% (G)	85% (G)
70%	South	73% (G)	76% (G)	78% (G)	86% (G)	79% (G)	79% (G)	78% (G)	77% (G)
Performance Trend									
All localities exceeded target (GREEN) at Q3.									
Back to Summary									

Other Annually Reported Indicators - See Appendix 1, Section 2

9. Number of drug related deaths

10. Number of alcohol related deaths

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 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
95%	City-wide	91% (A)	86% (R)	89% (R)	94% (G)	97% (G)	99% (G)	99% (G)	98% (G)
	North East	90% (R)	83% (R)	88% (R)	86% (R)	96% (G)	99% (G)	100% (G)	98% (G)
	North West	94% (G)	94% (G)	86% (R)	97% (G)	97% (G)	98% (G)	98% (G)	98% (G)
	South	83% (R)	77% (R)	83% (R)	94% (G)	97% (G)	100% (G)	100% (G)	99% (G)
	Asylum & Refugee Team (ARST)	99% (G)	100% (G)	99% (G)	100% (G)	98% (G)	98% (G)	100% (G)	99% (G)
Performance Trend									
Performance was maintained during Q3 with all localities and teams remaining above target (GREEN).									
Back to Summary									

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 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
<20% (16/17) <40% (17/18 to 20/21)	City-wide	45% (R)	48% (R)	44% (R)	43% (R)	43% (R)	50% (R)	55% (R)	51% (R)
	North East	41% (R)	50% (R)	44% (R)	43% (R)	45% (R)	47% (R)	50% (R)	50% (R)
	North West	42% (R)	41% (G)	40% (G)	39% (G)	41% (G)	46% (R)	49% (R)	42% (R)
	South	48% (R)	51% (R)	47% (R)	45% (R)	44% (R)	47% (R)	51% (R)	48% (R)
	Asylum & Refugee Team (ARST)	57% (R)	51% (R)	37% (G)	35% (G)	38% (G)	64% (R)	90% (R)	73% (R)
Performance Trend									
Performance was below target (RED) across all teams at Q3 however performance in the Asylum and Refugee Team improved significantly with the number of cases dropping from 510 to 376 (90% to 73%).									
Issues Affecting Performance									
As a consequence of the social distancing measures in place as a result of the public health emergency, letting activity ceased across the RSL sector from mid-March and restarted incrementally within the sector from late July. The inability to resettle homeless households into settled lets, due to the ceasing of letting activity, has resulted in a significant increase in number of live homeless cases over 6 months.									
Actions to Improve Performance									
As part of the HSCP's recovery activity officers have engaged with RSL partners to agree an increase in the number of lets made available to homeless households. Subsequently, Q3 has seen a significant increase in the number of lets, 1314 to homeless households – (Q2 742). All outstanding Section 5 referrals have been reviewed to ensure that the information recorded is still accurate which will minimise any move on delays. A Senior Community									

Homelessness Worker within each of the CHT has been identified to oversee performance.

Timescales for Improvement

Due to the significant impact the months of no letting has had, it is likely to be Q1 2021/22, before any significant performance improvement is seen.

[Back to Summary](#)

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

Target	17/18 Total	18/19 Total	19/20 Q3	19/20 Q4	19/20 Total	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Year to Date
Revised for 20/21 5,000 per annum (1,250 per quarter)	3,016 (R)	3,593 (R)	1,020 (G)	1,009 (G)	3,774 (R)	829 (R)	800 (R)	1,041 (R)	2,670 (R)

Performance Trend
The annual target was revised from 4,000 to 5,000 for 2020/21. The Quarter 2 figure has been revised by the service from 730 to 800 since the Q2 report. Although there was a 30% increase in the number of resettlement plans completed during Quarter 3 neither the quarterly target nor the pro rata annual target were met (RED).
Issues Affecting Performance
With the ceasing of letting activity by the City's RSL partners for over 4 months there was a need to review over 2000 outstanding resettlement plans to ensure the information recorded within the plan is still accurate and will allow for quicker move on. Reviewing the already completed resettlement plans has had an impact on the number of new plans completed. The Service did manage to complete 1041 new resettlement plans throughout Q3 and as at 16th February 2021, and we had 2084 completed resettlement plans for homeless households awaiting an offer of settled accommodation.

Actions to Improve Performance
A Senior Community Homelessness Worker from each casework Service has been identified to lead and manage performance in this area, with weekly oversight by the Team Leader.
Timescales for Improvement
Due to the continued impact of Covid-19, it is anticipated that we will not meet the revised target of 1250 new resettlement plans per quarter until Q1 2021/22.
Back to Summary

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

Target	Locality	20/21 Q1	20/21 Q2	20/21 Q3
26 weeks	City-wide	42 weeks (R)	42 weeks (R)	41 weeks (R)
Performance Trend				
Although the average length of time has shortened by one week, the figure still remains higher than the target range (RED).				
Issues Affecting Performance				
With the understandable ceasing of mainstream letting activity on the part of the City's RSL partners for over four months, there has been an increase in case durations. Within this quarter we secured permanent settled accommodation for 1314 households. Which is a significant increase on Q2 which 742 households securing settled accommodation. Within the 1314 households resettled in Q3, 26% had a homelessness application registration date that was over one year, this has had an impact on the overall average weekly figure.				
Actions to Improve Performance				
The Council continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households over the recovery period to speed up the resettlement process and relieve pressure on temporary accommodation. The Council is also working to complete Local Lettings Plans for 2021/22 to reflect the pressures flowing from public health emergency. The Council continues to work with the Wheatley Group and a small number of Community Based Housing Associations on a pilot to match homeless households to void properties. This should reduce offer refusals and speed up the allocation of void properties to homeless households				

Timescales for Improvement
As we continue to see an increase in the number of settled lets made to homeless households, we are likely to see performance improvements in late Q1 2021/22. Back to Summary

Target/Ref	5. 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 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	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Full Year Total	19/20 Q3	19/20 Q4	19/20 Full Year Total	20/21 Q1	20/21 Q2
<480 per annum (<120 per Q)	395 (R)	493 (R)	444 (G)	400 (G)	107 (G)	107 (G)	437 (G)	108 (G)	94 (G)
Performance Trend									
These figures are provided via a Scottish Government report and are reported one quarter in arrears. At Q2 we continued to meet our quarterly target (GREEN) remaining below the figure of 120 households. Back to Summary									

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

Target	Locality	16/17	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
100%	City-wide figure only	60.9%	65.5% (R)	61% (R)	71% (R)	65% (R)	99% (G)	99% (G)	100% (G)
Performance Trend									
Performance remained on target (GREEN) for the third quarter. The increase in offers is the result of the increased availability of accommodation within the city as private hotels have been used to house people during the current health emergency.									
Back to Summary									

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

Target	Locality		20/21 Q1	20/21 Q2	20/21 Q3
600 over 5 years from 2019/20.	City-wide	Number created during quarter	0 (R)	19 (R)	25 (R)
Target by end of 20/21 is to reach 240 from baseline of 119 as at 31 st March 2020		Cumulative Total	119 (R)	138 (R)	163 (R)
Performance Trend					
New indicator. Please note the figures for this indicator were amended at Q3. The data will now also be shown per quarter and cumulatively.					
At Q3 neither the quarterly target nor the pro-rata annual target were met (RED).					
Issues Affecting Performance					
The understandable ceasing of mainstream letting activity on the part of the City’s RSLs for four months has impacted on the number of lets to homeless households being supported into mainstream tenancies through Housing First.					
Recruitment for three new HF Social Care Workers was anticipated to conclude in November 2020 to add capacity within the team was delayed to the end of December 2020.					
Actions to Improve Performance					
The Housing First Assessment Team are now based in the City Centre Hotels to assist in the engagement with homeless households who would benefit from Housing First support and accommodation.					
The Wheatley Group have agreed a target of 100 tenancies for Housing First service users by the end of Q4 2020/21. Recruitment of three new HF Social Care Workers has recently been concluded to add capacity within the team					
A process of pre matching service users to void properties has been implemented with the Wheatley Group, this has improved timescales from assessment to tenancy match and move in.					

The service continues to actively engagement with the Community Based RSL partners and hosted a successful online webinar event at end of November 2020 and attended all Local Letting Community forums in December to continue to improve Housing First pathways. A revised pathway is also in place for improved engagement with the Community Homelessness Teams.

Developments also continue with the Homeless Health Service Team, with joint work on referral and engagement of vulnerable groups towards Housing First assessment and supported tenancies.

Timescales for Improvement

The service will continue to see improvement towards the RRTP Target to the end of Q4 2020/21.

[Back to Summary](#)

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

Target	Locality	20/21 Q1	20/21 Q2	20/21 Q3
Reduce by 50% from initial baseline of 341 to 170 over 5 years from end of 19/20. Target for end 20/21 is 350 units	City-wide	496 (R)	573 (R)	439 (R)
Performance Trend				
New indicator Although RED the number of homeless households accommodated within B&B type accommodation decreased by 23% between Quarter 2 and Quarter 3.				
Issues Affecting Performance				
The understandable ceasing of mainstream letting activity on the part of the City's RSLs for four months has resulted in a significant increase in the use of B&B accommodation for single homeless household applicants.				
Actions to Improve Performance				
The resumption of letting activity on the part of RSL partners has allowed for a significant reduction in use over Q3. As mainstream letting activity continues, we are likely to continue to see a reduction in bed and breakfast. A Team Leader within the Homelessness Service has been designated to coordinate the move on plans for homeless households' resident within the City Centre Hotels. A Bed and Breakfast group continues to meet to ensure an oversight of placement management.				
Timescales for Improvement				
The service will see a continuous reduction in the number of households accommodated in B&B type accommodation from Q1 2021 onwards.				
Back to Summary				

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

Target	Locality	20/21 Q1	20/21 Q2	20/21 Q3
Reduce supply by 1,000 from initial baseline of 2,156 over 5 years from end of 19/20. Target for end of Q4 2020/21 is 1,850	City-wide	2,424 (R)	2,569 (R)	2,612 (R)
Performance Trend				
New indicator The number of temporary furnished flats increased further between Quarter 2 and Quarter 3 (RED).				
Issues Affecting Performance				
As a consequence of the public health emergency and the understandable ceasing of letting activity on the part of RSLs, the Council increased the number of TFFs. These additional TFFs were supplied by the RSL partners to help minimise the use of B&B type accommodation to accommodate homeless households.				
Actions to Improve Performance				
As mainstream letting activity has returned on the part of RSL partners, the Council has worked to return void properties being used as temporary furnished flats. We are also working with RSLs to convert a number of the TFFs into settled lets in order that service users do not have the upheaval of moving to another property. The Council is currently developing an overall Temporary Accommodation Strategy. The core objective of the strategy will be to ensure sufficient supply of emergency accommodation to meet statutory duties. The extension of the Unsuitable Accommodation to prohibit use of B&B for all households will impact on the planning assumptions round this target.				

Timescales for Improvement
The service will review this target in line with policy decisions and the medium term economic implications of the public health emergency. The Council will have a revised position on this target Q1 2021/22. Back to Summary

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 Q4	20/21 Q1	20/21 Q2	20/21 Q3
80%	Glasgow	65% (R)	67% (R)	66% (R)	76% (R)	19% (R)	70% (R)	73% (R)
80%	North East	63% (R)	58% (R)	64% (R)	82% (G)	22% (R)	72% (R)	73% (R)
80%	North West	70% (R)	76% (R)	69% (R)	70% (R)	22% (R)	62% (R)	69% (R)
80%	South	63% (R)	65% (R)	64% (R)	75% (R)	17% (R)	74% (R)	78% (A)

Performance Trend

Although RED, performance at Q3 was maintained at pre-COVID levels following the significant drop during Q1.

Following on from the significant reduction in the number of CPOs made during Q1 (37 Orders) numbers increased significantly during Q2 (337 Orders) and again during Q3 (504 Orders). These numbers are comparable with 2019/20 Q3 (578) and 2019/20 Q4 (502).

Issues Affecting Performance

Throughout lockdown all UPW provision within the city shutdown. This position improved as lockdown eased in late summer / autumn 2020, however service provision ran at reduced capacity for the remainder of the year to accommodate social distancing. UPW was suspended again in January 2021 and will remain unavailable until restrictions ease.

Although the courts started making orders again in Q3 and Q4 they no longer permitted social work staff to enter court rooms to reduce footfall in line with their COVID health and safety policies. This had a direct impact on social work being able to identify those who had been made subject to a CPO / UPW order at the earliest convenience.

We have had to rely on the clerk of court instructing the person to present at social work and our Fast Track Team upon leaving the court, which doesn't always happen. If a service user fails to attend Fast Track this has a direct impact on our ability to engage

with them straightaway and commence their placement within 7 days of the court appearance.

Actions to Improve Performance

Justice social work continue to liaise with the Courts / Clerks to ensure that a consistent message is given to all service users that they must attend Fast Track post sentence. This is vital now that we can no longer sit in court and speak with service users following their sentence. We have also requested clerks obtain an up to date telephone number for the service users so that we can contact them quickly should they fail to attend Fast Track.

Recovery planning has been underway with UPW providers since last summer 2020 to increase capacity in the system to ensure placements can be offered within timescales. Significant investment has been made in this area and when current restrictions are lifted there should be enough capacity in the system to offer placements.

Area team staff continue to proactively contact clients who do not present at Fast Track and having an up to date phone number assists them to do so. Area team processes will adapt to ensure they are making every effort to follow up missed appointment within the 7 days.

Timescales for Improvement

It is hard to predict when we will see an improvement in this area as we are not clear when restrictions will be lifted.

[Back to Summary](#)

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 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
85%	City	97% (G)	80% (R)	76% (R)	85% (G)	71% (R)	80% (R)	86% (G)
85%	North East	88% (G)	79% (R)	76% (R)	79% (R)	67% (R)	80% (R)	79% (R)
85%	North West	98% (G)	75% (R)	84% (G)	87% (G)	75% (R)	82% (A)	91% (G)
85%	South	100% (G)	84% (G)	73% (R)	87% (G)	67% (R)	78% (R)	86% (G)
Performance Trend								
The target was exceeded at Q3 (GREEN) with the city and South locality moving from RED to GREEN and North West moving from AMBER to GREEN during the quarter. North East remained outside the target range (RED).								
Back to Summary								

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 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
75%	Glasgow	71% (R)	78% (G)	72% (A)	87% (G)	86% (G)	83% (G)	84% (G)
75%	North East	64% (R)	77% (G)	79% (G)	79% (G)	72% (A)	67% (R)	74% (G)
75%	North West	75% (G)	77% (G)	72% (A)	90% (G)	91% (G)	85% (G)	97% (G)
75%	South	72% (A)	80% (G)	66% (R)	91% (G)	92% (G)	100% (G)	83% (G)
Performance Trend								
Reviews have been held by telephone during the current COVID-19 emergency. During Q3 the city and all localities met target (GREEN). Performance in North East moved from RED to GREEN. The resumption of performance meetings should continue to see that this target is met. Back to Summary								

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 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
70%	Glasgow	65% (R)	60% (R)	64% (R)	66% (R)	63% (R)	73% (G)	89% (G)
70%	North East	58% (R)	57% (R)	59% (R)	61% (R)	70% (G)	78% (G)	73% (G)
70%	North West	61% (R)	63% (R)	70% (G)	67% (A)	59% (R)	69% (G)	100% (G)
70%	South	75% (G)	60% (R)	62% (R)	73% (G)	64% (R)	73% (G)	100% (G)
Performance Trend								
The target continued to be exceeded during Q3. There were significant improvements in the city, North West and South during this quarter. If breaches are excluded from the figures: NE 89%, NW 100% and South 100% (City 96%). New COVID-19 legislation has extended timescales by 12 months. Back to Summary								

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 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
80%	Glasgow	73% (R)	81% (G)	77% (A)	70% (R)	85% (G)	75% (R)
80%	North East	78% (A)	83% (G)	77% (A)	64% (R)	90% (G)	75% (R)
80%	North West	74% (R)	87% (G)	75% (R)	72% (R)	83% (G)	79% (G)
80%	South	69% (R)	77% (A)	79% (G)	71% (R)	82% (G)	71% (R)
Performance Trend							
During Q3 performance fell in the city by 10 percentage points moving from GREEN to RED. Only North West remained within the target range (GREEN) while North East and South dropped from GREEN to RED.							
Issues Affecting Performance							
The number of CJSWRs have reduced as a result of COVID as the courts have not been operating to full capacity. This had a positive impact at Q2 as the number of requests fell significantly. We have also seen COVID have an impact on service users attending appointments for CJSWRs. Access to those on remand has also been difficult during Q3 as the remand hall in Barlinnie was closed on a number of occasions due to COVID outbreaks and prisoners isolating which meant staff could not interview service users for the purposes of CJSWR. This increased the number of incomplete CJSWRs and letters to court.							
Actions to Improve Performance							
A number of the issues affecting performance are out with our control. We have been flexible with service users who have underlying health conditions or who are self-isolating and have been carrying out some CJSWR interviews by phone – although we would rather speak with someone face to face.							
Timescales for Improvement							
We would hope to see an improvement as COVID restrictions lift and service users gain confidence in attending appointments. Back to Summary							

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

Target	Locality	17/18 Q4	18/19 Q4	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3
90%	Glasgow	93% (G)	95% (G)	92% (G)	100% (G)	95% (G)	97% (G)	81% (R)
90%	North East	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	92% (G)	85% (R)
90%	North West	100% (G)	100% (G)	89% (G)	100% (G)	80% (R)	100% (G)	78% (R)
90%	South	80% (R)	86% (A)	89% (G)	100% (G)	100% (G)	100% (G)	75% (R)
Performance Trend								
During Q3 performance fell across the city and in all localities, moving from GREEN to RED.								
Issues Affecting Performance								
There were a small number of prisoners being released from custody each quarter. In South there were two cases which were not recorded correctly due to member of staff being absent from work. The interviews took place and have now been recorded retrospectively. In NW they had two who failed to attend their post release interviews - one due to being arrested upon release from prison and the second who did not attend his first appointment. Both cases were dealt with immediately and a breach report was submitted for the second person. In NE one person failed to attend on the day of release which impacted on their overall % figure.								
Actions to Improve Performance								
Staff have been reminded to record timeously given the impact the small numbers have on the overall % rate. Team leaders have been asked to ensure tighter scrutiny over this performance area to ensure staff absence does not affect performance recording in the future.								
Timescales for Improvement								

We should see an improvement in the next quarter.

[Back to Summary](#)

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	16/17	17/18	18/19	19/20	Target 2020/21 (Q3/ Year to Date)	20/21 Actual			
						Q1	Q2	Q3	Total to date
Glasgow City HSCP	7,400 (G)	6,470 (G)	5055 (G)	4394 (R)	1267/ 3799	115 (R)	315 (R)	1954 (G)	2384 (R)
North East	1,156 (R)	1,312 (R)	1360 (R)	1070 (R)	409/ 1227	14 (R)	13 (R)	120 (R)	147 (R)
North West	1,399 (R)	1790 (G)	1277 (R)	934 (R)	396/ 1188	21 (R)	63 (R)	46 (R)	130 (R)
South	739 (R)	674 (R)	1035 (R)	651 (R)	462/ 1384	8 (R)	23 (R)	25 (R)	56 (R)
City Wide (Non sector specific wider settings delivery)	4,106	2694	1383	1739		72	216	1763	2051
Performance Trend									
Performance moved to GREEN for Q3 but remains RED at a city level against the below target and RED. City wide services are delivered in localities but are recorded at a city-wide level.									
Issues Affecting Performance									
There has been a continuation of impact on delivery due to the ongoing effect of COVID restrictions. This has substantially impacted recorded delivery across all HSCP, Primary Care, and wider settings affecting face to face delivery.									

Actions to Improve Performance
We continue to work with partners both internal and external to maximise online approaches. Due to the impact of COVID restrictions further improvement will be unlikely and, as previously stated, delivery of ABIs to normal level will be impossible to achieve this year.
Timescales for Improvement
We continue to look to improve performance where possible at this time, however, given the ongoing situation, it is not possible to give a specific timescale around improvement to previous levels of performance. Back to Summary

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

Locality	16/17	17/18	18/19	19/20	Target 2020/21	20/21 – Cumulative Totals			
						Q1	Q2	Q3	Q4
Glasgow City HSCP	1,250 (R)	1,398 (G)	1412 (G)	1389 (G)	598	257 (R)	614 (G)		
North East	489 (R)	498 (A)	547 (G)	516 (G)	235	95 (R)	228 (A)		
North West	346 (R)	431 (G)	427 (G)	422 (G)	189	83 (R)	203 (G)		
South	415 (R)	469 (G)	438 (G)	451 (G)	173	79 (R)	183 (G)		

Performance Trend

Performance moved from RED to GREEN in the last quarter, as did the North West and South. North East moved from RED to AMBER.

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	Q1 19/20	TARGET	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
HSCP	12.3% (G)	11.7% (G)	12%	10.9% (G)	10.8% (G)	9.8% (G)	10.4% (G)	9.6% (G)	10.0% (G)
NE	14.8%	15.1%	N/A	12.5%	10.8%	10.1%	12.7%	11.1%	13.2%
NW	10.3%	9.3%	N/A	8.1%	10%	8.6%	7.8%	8.5%	8.4%
S	12.1%	10.8%	N/A	11.9%	11.3%	10.4%	10.8%	9.5%	9.1%
Performance Trend									
Performance at a city level remains GREEN although rates increased slightly in the last quarter. Target was reduced from 13% to 12% in 2019/20. New system introduced in November 2017, so no historical figures included.									
Back to Summary									

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	Q1 19/20	TARGET	Q2 19/20	Q3 19/20	Q4 19/20	Q1 20/21	Q2 20/21	Q3 20/21
HSCP	18.7% (G)	18.9% (R)	17%	17.0% (G)	17.2% (G)	14.6% (G)	15.0% (G)	14.7% (G)	15.4% (G)
NE	19.6%	20.7%	N/A	14.5%	14.2%	14.2%	15.2%	14.9%	18.3%
NW	18.8%	16.4%	N/A	15.8%	15.9%	13.7%	12.6%	15.1%	13.5%
S	18.4%	18.7%	N/A	20.2%	20.8%	15.7%	16.4%	14.2%	14.2%
Performance Trend									
Performance at a city level remains GREEN although rates increased slightly in the last quarter. Target was reduced from 19% to 17% in 2019/20. New system introduced in November 2017, so no historical figures included.									
Back to Summary									

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	Jan-Mar 17	Jan-Mar 18	Jan-Mar 19	Target (end 2020/21)	2019	2020		
					Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep
HSCP	25.7%	28.1%	28%	32.2%	31.7% (G)	28.2% (R)	30.4% (R)	31.5% (G)
NE	21.5%	22%	20.8%	N/A	25.1%	24.1%	24.6%	22.5%
NW	29.8%	32.5%	30.4%	N/A	36.7%	33.1%	35.8%	37.7%
S	25.6%	29.7%	31.8%	N/A	33.2%	27.6%	31%	33.4%
Performance Trend								
Performance moved to GREEN in last quarter against new adjusted 20/21 target. Targets were previously adjusted upwards and set at a city-wide level for 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22). Data is reported one quarter in arrears.								

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

					2019	2020		
AREA	Jan-Mar 17	Jan-Mar 18	Jan-Mar 19	Target (end 2020/21)	Q4	Jan-Mar	Apr-Jun	Jul-Sep
HSCP	19.9%	20.7%	21.2%	23.4%	24.8% (G)	18.9% (R)	22.4% (A)	21.8% (R)
NE	19.1%	19.1%	18.2%	N/A	23.8%	21.4%	21.6%	19.6%
NW	21.2%	22.8%	18.4%	N/A	22.4%	20.1%	25.8%	20.8%
S	19.7%	21.1%	26.9%	N/A	27.7%	15.9%	20.5%	25.3%
Performance Trend								
Performance moved to RED against new adjusted 20/21 target. Targets were previously adjusted upwards and set at a city-wide level for the next 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Data is reported one quarter in arrears.								
Issues Affecting Performance								
Impact of Covid 19 on Health Visiting services and breast feeding support groups within community settings. Less referrals to the Breastfeeding Problem Solving clinics from Midwifery Services in the last year. Antenatal contacts from Midwifery Services have continued but Antenatal Classes did not. Mothers are currently signposted to the Solihull online pre-recorded classes. At first visits staff have been reporting mothers needing increased support with Breastfeeding and that some mothers have been mix feeding for a period of time before their first contact.								
Actions to Improve Performance								
- Visits/telephone support provided by Family Nurse Practitioners and Health Visiting staff for those in need of support.								

-Digital exclusion issues have been recognised as a barrier to access to support citywide. Children's Services citywide are now linked to the Connecting Scotland Programme with a view to digital resource /support to families most in need. -Wider support such as text, attend anywhere and telephone support have also now been offered. - In some cases staff are able to support mums back to exclusive feeding but staff will also be taking the approach as per our Unicef standards that where exclusive breastfeeding is not possible, any breastfeeding is of value and so is focusing on maintaining some Breastfeeding for as long as possible. -Work is currently underway to recruit and train a cohort of mum2mum supporters and trained peer supporters with other languages to enable a 6 month pilot of a targeted telephone support service, with the aim of being able to increase support to mothers whose first language isn't English. This will be in addition to but working alongside the existing telephone support offered and will begin antenatally and continue up to 4 months post-natal as required. This work is being done in partnership with Midwifery Services, Health Visiting and the third sector (National Childbirth Trust and the Breastfeeding Network).
Timescales for Improvement
Next Quarter Back to Summary

Indicator	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
Purpose	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	2017/18 Drop Off Rates	2020/21 Target	2020				2021	
			Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
HSCP	32.3%	30.9%	22.7% (G)	25.7% (G)	24.0% (G)			
NE	39.9%	38.2%	24.8%	27.2%	29.3%			
NW	27.2%	26%	19.7%	23.9%	20.2%			
S	31.3%	30%	23.8%	26.1%	23.5%			
Performance Trend								
New indicator this year. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2020/21 and is GREEN.								
Back to Summary								

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

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

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

Section	Target	Mar 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Adult Services	4%	6.7% (R)	6.65% (R)	6.78% (R)	6.91% (R)	6.14% (R)	6.48% (R)	6.6% (R)
Children's Services	4%	5.6% (R)	4.0% (R)	3.4% (G)	3.4% (G)	3.64% (G)	4.14% (A)	4.6% (R)
Clinical Director	4%	7.3% (R)	0.2% (G)	1.0% (G)	1.0% (G)	3.07% (G)	2.13% (G)	3.7% (G)
Health Improvement	4%	3.9% (G)	1.5% (G)	2.2% (G)	2.2% (G)	2.93% (G)	5.27% (R)	2.9% (G)
Older People	4%	7.4% (R)	5.0% (R)	6.0% (R)	6.0% (R)	5.41% (R)	6.40% (R)	6.2% (R)
Resources	4%	4.8% (R)	3.2% (G)	2.3% (G)	2.3% (G)	4.57% (R)	5.73% (R)	4.3% (R)
Public Protection and Complex Care	4%	8.1% (R)	6.5% (R)	8.9% (R)	8.9% (R)	8.64% (R)	9.34% (R)	8.1% (R)
Grand Total	4%	6.37% (R)	5.4% (R)	5.61% (R)	6.07% (R)	5.59% (R)	5.99% (R)	5.9% (R)

Performance Trend
Variations across areas and over time but performance remains above target across the HSCP although there has been a slight reduction at a city level since September.
Issues Affecting Performance
Issues surrounding COVID19 - Special leave this year has been unprecedented, peaking at 13% for a month when normally this leave sits around 1% of all leave. COVID related absences have also risen again over the last three months. Compounding these issues is the backlog of annual leave - meaning that service managers are now dealing with the sickness levels, the management of special leave and ensuring all staff receive their statutory breaks.
Actions to Improve Performance
Ensure that all assistance and guidance is made available to managers, including the ability to pay staff for leave - if the services are struggling to meet statutory commitments. The HR COVID Team are supporting managers who have staff off with Long Term Covid related illness.

Timescales for Improvement
Ongoing - subject to agreed review periods Back to Summary

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

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

	19/20				20/21										
	P10	P11	P12	P13*	P1**	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
ADL Target (10.2 per year/0.2 per week)	0.8	0.8	0.8	0.8	0.4	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8
Glasgow	1.4 (R)	1.5 (R)	1.3 (R)	2.1 (R)	0.4 (G)	1.2 (R)	1.2 (R)	1.1 (R)	1.0 (R)	1.1 (R)	1.1 (R)	1.2 (R)	1.3 (R)	1.4 (R)	1.4 (R)
Resources	1.2 (R)	0.9 (R)	0.9 (R)	2.1 (R)	0.3 (G)	0.7 (G)	0.8 (G)	0.6 (G)	0.7 (G)	0.8 (G)	0.9 (R)	0.9 (R)	1.0 (R)	1.0 (R)	0.8 (G)
Adult Services	1.2 (R)	1.2 (R)	1.1 (R)	1.5 (R)	0.4 (G)	1.2 (R)	1.0 (R)	0.7 (G)	0.6 (G)	0.7 (G)	0.5 (G)	0.6 (G)	0.8 (G)	0.6 (G)	0.7 (G)
Public Protection & Complex Care	0.9 (R)	0.9 (R)	0.8 (G)	1.8 (R)	0.1 (G)	0.3 (G)	0.3 (G)	0.4 (G)	0.5 (G)	0.4 (G)	0.5 (G)	0.8 (G)	0.7 (G)	0.7 (G)	0.5 (G)
Children's Services	1.2 (R)	1.1 (R)	1.1 (R)	1.1 (R)	0.3 (G)	0.7 (G)	0.8 (G)	0.8 (G)	0.7 (G)	0.7 (G)	0.7 (G)	0.9 (R)	0.9 (R)	1.0 (R)	0.9 (R)
Older People's Services	0.5 (G)	0.7 (G)	0.7 (G)	1.8 (R)	0.5 (R)	0.5 (G)	0.8 (G)	0.8 (G)	0.8 (G)	1.2 (R)	0.8 (G)	0.9 (R)	1.1 (R)	1.1 (R)	0.8 (G)
Care Services	1.7 (R)	1.9 (R)	1.7 (R)	1.3 (R)	0.5 (R)	1.6 (R)	1.6 (R)	1.4 (R)	1.3 (R)	1.4 (R)	1.4 (R)	1.6 (R)	1.8 (R)	1.8 (R)	2.0 (R)

* Period 13 is 6, rather than 4, weeks long. **Period 1 is 2, rather than 4, weeks long.

Performance Trend
Quarter 3 covers Periods 10 & 11. All care groups with the exception of Older People and Care Services show an improved ADL figure.
Issues Affecting Performance
Unprecedented times of Covid-19 has been challenging for a lot of our care groups which may continue to impact on absence performance.
Actions to Improve Performance
Priority care groups of Care Services and Older People Services, together with other areas showing a consistent upwardly trend in absence, will be the focus for HR support to managers.
Timescales for Improvement
Improvement timescales are likely to move forward into the new year of 2021/22 to try and demonstrate any positive shift in absence trends. Back to Summary

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	Mar 19	Mar 20	Apr 20	Sep 20	Oct 20	Nov 20	Dec 20
80%	Glasgow City	24.41% (R)	41% (R)	40.6% (R)	34% (R)	43.7% (R)	31.43% (R)	29.3% (R)
80%	HSCP Central	8.9% (R)	32.8% (R)	32.8% (R)	35.5% (R)	38% (R)	26% (R)	33% (R)
80%	North East	36.66% (R)	45.8% (R)	42.3% (R)	38.3% (R)	43.9% (R)	36% (R)	31.2% (R)
80%	North West	21.26% (R)	36.6% (R)	36.6% (R)	29.7% (R)	44.2% (R)	26% (R)	25% (R)
80%	South	14.76% (R)	35.4% (R)	37.3% (R)	34% (R)	45.6% (R)	32% (R)	30.5% (R)
80%	Mental Health Central	8.9% (R)	31.3% (R)	28.4% (R)	30.3% (R)	33.5% (R)	26% (R)	28.5% (R)

Performance Trend

Performance remains RED across all areas and has declined over the last quarter. The NHSGGC figure for December 2020 was 47%, and Partnership was at 35% therefore we are 18% points below the board wide average and 6% points below the Partnership average.

Issues Affecting Performance

We need to be mindful that this is a difficult time for staff across our services and consider how we best offer support and provide support mechanisms to for both staff and reviewers. It is important that we don't make completion of KSF a "tick box" activity but look to how we can make it an integral part of the support mechanisms for staff.

Actions to Improve Performance

We have therefore suggested a 4-point plan to try and maintain interest and encourage staff to think about the future building on the impact of COVID-19, as explained below. There are 4 key actions:

- We are organising a series of awareness and support sessions for Managers and Reviewers to better navigate the TURAS platform with our Learning & Education Colleagues
- We are encouraging reviewers and staff to use the 3 standard questions on the review to look at how COVID-19 has impact them and their service and look at the options going forward

- We are looking at Reviewers discussing “personal” supports for staff and putting these in either the objectives or PDP components of TURAS, so that they can be reviewed going forward - To support reviewers to have these “supportive” meetings for all staff with a view of looking at personal wellbeing.
Timescales for Improvement
Improvements sought in future quarters Back to Summary

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	Mar 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
100%	Glasgow City HSCP Total	57% (R)	75% (R)	45% (R)	20% (R)	67% (R)	67% (R)	43% (R)	57% (R)	44% (R)
Performance Trend										
Performance fluctuates across areas and over time as numbers involved are small. Performance reduced between September and December and remains RED at a city level.										
Issues Affecting Performance										
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers. There has been a steady improvement in respect of induction since January 20 excluding March and a slight reduction in December 2020. However, work continues to improve induction being undertaken and recorded.										
Actions to Improve Performance										
Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. The performance is being monitored on a monthly basis to seek an urgent improvement. Actions have been identified to address outstanding activity from the last quarter and also previous months. Managers are encouraged to ensure all induction is complete and to sign off the online induction programme										
Timescales for Improvement										
This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance should be maintained at a positive level. Back to Summary										

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	Mar 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20
100%	Glasgow City HSCP Total	50% (R)	44% (R)	75% (R)	50% (R)	50% (R)	9% (R)	75% (R)	0% (R)	29% (R)
Performance Trend										
Performance fluctuates across areas and over time as numbers involved are small. There has been an improvement between September and December but performance remains RED at a city level.										
Issues Affecting Performance										
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.										
Actions to Improve Performance										
-Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in an attempt to prevent breaches of induction targets. -Work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHSGG&C. -Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously.										
Timescales for Improvement										
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.										
Back to Summary										

Other Annually Reported Indicators - See Appendix 1, Section 2

15. I-Matters Completion

BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1 st of April 2017.
Type of Indicator	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 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
HSCP	70%	96.6% (G)	96.2% (G)	91.2% (G)	92.4% (G)	96% (G)	98.5% (G)	86.6% (G)
NE	70%	97.3% (G)	87.5% (G)	86.2% (G)	88.2% (G)	80% (G)	100% (G)	75% (G)
NW	70%	87.5% (G)	90.6% (G)	80% (G)	69.6% (G)	70.6% (G)	85.7% (G)	81.2% (G)
South	70%	80% (G)	0% (R)	75% (G)	50% (R)	66.7% (A)	86% (G)	72.7% (G)
Prisons	70%	98.7% (G)	100% (G)	99.5% (G)	95% (G)	100% (G)	100% (G)	87.4% (G)

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP remained GREEN although performance did decline over the last quarter. The majority of complaints relate to prisons.

[Back to Summary](#)

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 Q4	19/20 Q2	19/20 Q3	19/20 Q4	20/21 Q1	20/21 Q2
HSCP	70%	60% (R)	70% (G)	62% (R)	73% (G)	80% (G)	59% (R)	69% (G)
NE	70%	40% (R)	50% (R)	67% (A)	100% (G)	89% (G)	33% (R)	54% (R)
NW	70%	64% (R)	73% (G)	80% (G)	56% (R)	70% (G)	40% (R)	58% (R)
South	70%	100% (G)	100% (G)	83% (G)	89% (G)	57% (R)	50% (R)	94.1% (G)
Prisons	70%	59% (R)	67.6% (A)	56.7% (R)	72% (G)	80.3% (G)	63.1% (R)	67.2% (A)

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP as a whole moved from RED to GREEN in the last period having previously moved to RED at the start of the pandemic. Some variation however, with South the only area GREEN, Prisons AMBER and the other two areas RED.

All areas have shown improvement, reflecting recovery from initial Covid disruption to staffing and operational priorities that had occurred in the first quarter. Over 90% of these complaints are in prison health services and this largely determines the overall HSCP performance.

[Back to Summary](#)

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 Q4		19/20 Q4		20/21 Q1		20/21 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	31	71% (G)	14	93% (G)	29	79% (G)	6	67% (A)	8	75% (G)
70%	North West	22	52% (R)	19	79% (G)	25	32% (R)	1	100% (G)	14	50% (R)
70%	South	33	61% (R)	36	58% (R)	30	53% (R)	6	50% (R)	15	73% (G)
70%	Homelessness	n/a	n/a	12	42% (R)	8	50% (R)	4	50% (R)	10	90% (G)
70%	Centre	9	43% (R)	11	64% (R)	11	73% (G)	6	100% (G)	3	67% (A)
70%	City	95	61% (R)	92	67% (A)	103	57% (R)	23	70% (G)	50	70% (G)

Performance Trend

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

During Q2 performance in the City continued to meet target (GREEN).

Only one locality failed to meet target – North West – though it must be noted that this is based on a small number of complaints exceeding timescales having a large percentage effect.

Following the decline in number of Stage 1 complaints during Q1 (23) the number of complaints more than doubled at Q2 (50) although they have not yet returned to Pre-COVID levels. The central complaints team contributed to reduced volumes by processing a greater proportion of those complaints that were received as stage 2 complaints, in order to reduce the burden on front-line services.

[Back to Summary](#)

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 Q4		19/20 Q4		20/21 Q1		20/21 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	37	29% (R)	41	46% (R)	59	51% (R)	39	59% (R)	58	76% (G)
Performance Trend											
This indicator is reported one quarter in arrears. Performance improved significantly during Q2 with the RAG-status moving from RED to GREEN despite a significant increase in the number of complaints dealt with as stage 2 between Quarters 1 and 2. This has been accomplished due to the central complaints team now being adequately staffed with all officers having access to remote working facilities. There had been issues with remote working access for most officers in the early part of the first quarter of 2020/21. Back to Summary											

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 Q4		19/20 Q4		20/21 Q1		20/21 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	94	99% (G)	86	100% (G)	92	96% (A)	61	95% (R)	80	99% (G)

Performance Trend

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

Performance improved during Q2 with the RAG-status moving from RED to GREEN despite a significant increase in the number of FOIs received between Quarters 1 and 2.

[Back to Summary](#)

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 Q4		19/20 Q4		20/21 Q1		20/21 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	58	75% (R)	93	69% (R)	146	58% (R)	50	18% (R)	95	34% (R)
Performance Trend											
This indicator is reported one quarter in arrears. Although remaining RED, performance improved between Q1 and Q2. The number of requests received during Q2 was almost double the Q1 figure.											
Issues Affecting Performance											
Covid-19 has directly impacted SAR handling from March 2020 onwards. Remote working could not immediately be implemented for any senior officer on the central team. The worst impact was therefore in Quarter 1. However City Archives closed on 20th March 2020 and have only recently, partially, reopened in 2021 for purposes of processing social work SAR requests. Prior to that, only SARs for recent records were able to be processed by the central team in the first 3 quarters of 2020-21. Archived records, which constitute the majority of requests received were not accessible and could not be completed regardless of resources available. The 34% figure above therefore represents an acceptable performance by the central team in terms of clearing those SARs which it was possible to close.											
Actions to Improve Performance											
Discussions with Glasgow Life have resulted in some easing of restrictions on access to archived records from February 2021.											
Timescales for Improvement											
Performance will not improve for a considerable time, despite the archives supplying records to the HSCP team from February 2021. There is a considerable backlog of requests to be cleared and new requests continue to be received at a high rate. It is anticipated that, whilst performance should slowly recover, it will be impacted until at least the end of 2021 and possibly beyond. Back to Summary											

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 Q4	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	
								no.	%
80%	Glasgow	92% (G)	94% (G)	88% (G)	73% (R)	77% (A)	77% (A)	279	76% (R)
80%	North East	100% (G)	100% (G)	99% (G)	85% (G)	95% (G)	90% (G)	54	91% (G)
80%	North West	95% (G)	93% (G)	91% (G)	80% (G)	70% (R)	67% (R)	61	84% (G)
80%	South	95% (G)	94% (G)	93% (G)	81% (G)	67% (R)	69% (R)	56	75% (R)
80%	Centre	83% (G)	86% (G)	73% (R)	71% (R)	70% (R)	67% (R)	75	52% (R)
80%	Care Services (prev. Cordia LLP)				27% (R)	85% (G)	98% (G)	33	97% (G)

Performance Trend

At Q3 performance at city level dropped slightly moving from AMBER to RED.

North East and Care Services maintained their GREEN RAG-rated status, while North West improved significantly moving from RED to GREEN. South and Centre remained below target and RED.

Following a large drop in the number of enquiries during Quarter 1 (143), numbers increased significantly during Q2 (272) with a similar number being received during Q3 (279).

Issues Affecting Performance

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

Actions to Improve Performance

Social Work MLU inbox will be monitored daily.

Timescales for Improvement
MLU section are still working at a reduced staff level due to current Government Guidelines. It is anticipated that this will continue to impact on performance over the coming quarters. Back to Summary

APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20 Actual	19/20 Target
MSG 5. % of Last 6 months of life spent in the Community	Glasgow	86.0%	86.7%	87.3%	87.5%	87.9% (G)	87.8%
	Scotland	87.0%	87.3%	88.0%	88.1%	89%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)**	Glasgow	94.5%	94.7%	95%	94.9%	94.9% (G)	95.4%
	Scotland	95.7%	95.8%	95.9%	96.0%	N/A	N/A

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

Provisional results from the latest [Health and Care Experience Survey \(2020\)](#) which was conducted between September and December 2019 are shown below. Where comparable results are available from the previous survey (2018), these are shown in brackets. Please note that these figures may be updated once finalised.

National Integration Indicator	Outcome	Glasgow	Scotland
1. Percentage of adults able to look after their health very well or quite well (2018 data shown as 2020 results still awaited)	1	90%	93%
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	70%	70%
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	65%	63%
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	65%	62%
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	69%	69%
6. Percentage of people with positive experience of the care provided by their GP practice	3	83% (86%)	79%
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	66%	67%
8. Percentage carers who feel supported to continue in their caring role.	6	36% (38%)	34%
9. Percentage of adults supported at home who agreed they felt safe	7	73%	73%

i. Operational Performance Indicators

Indicator No. /Outcome	11. Premature mortality rate per 100,000 persons: by calendar year						
Outcome 9	2015	2016	2017	2018	2019	Direction of Travel	
						2015 to 2019	2018-19
Glasgow City	634	617	614	625	607	▲	▲
Scotland	441	440	425	432	426		

Indicator No. /Outcome	12. Rate of emergency admissions per 100,000 population for adults						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	14,816	14,363	12,910	13,089	12,737	▲	▲
Scotland	12,295	12,229	12,210	12,275	12,279		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	2,528	2,850		

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	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 2019
Glasgow City	143,960	145,713	139,131	138,545	135,050	▲	▲
Scotland	127,563	125,948	122,388	119,808	115,901		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	24,664	25,326		

Indicator No. /Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	98	102	96	98	97	▲	▲
Scotland	98	101	103	103	104		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	131	99		

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	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	86	86.7	87.3	87.6	88.3	▲	▲
Scotland	87	87.3	88	88.1	88.7		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	90.6	89.8		

Indicator No. /Outcome	16. Falls rate per 1,000 population aged 65+						
Outcome 9	2015/16	2016/17	2017/18	2018/19	2019/20	Direction of Travel	
						15/16 to 2019	18/19 to 19/20
Glasgow City	28.9	31.1	30.7	30.5	27.4	▲	▲
Scotland	21.1	21.4	22.2	22.5	22.3		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	5.9	6.3		

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	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	81.3%	86.3%	90%	86.3%	90.7%	▲	▲
Scotland	82.9%	83.8%	85.4%	82.2%	81.8%		

Indicator No. /Outcome	18. Percentage of adults with intensive care needs receiving care at home						
Outcome 9	2015	2016	2017	2018	2019	Direction of Travel	
						2015-2019	2017-2019
Glasgow City	55.5%	55.2%	56.6%	58.3%	59.1%	▲	▲
Scotland	61.2%	61.6%	60.7%	62.1%	63.1%		

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	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	627	464	324	458	548	▲	▼
Scotland	915	841	762	793	774		

20/21 Data	Q1	Q2	Q3	Q4
Glasgow City	119	155		

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	2019/20	Direction of Travel	
						15/16 to 19/20	18/19 to 19/20
Glasgow City	24.3%	25.4%	25.5%	25.2%	24.8%	▼	▲
Scotland	22.9%	23.2%	23.4%	24.1%	23%		

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%	19/20	72% (R)				Performance below target but above the Scottish average (64%). This has reduced from the 2017/18 figure of 76%. From 19/20 Health & Care Experience Survey.
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	19/20	92% (G)				Performance above target and the same as the Scottish average (92%). This compares to 94% in 2017/18. From 19/20 Health & Care Experience Survey.
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	18/19	76% (G)	75.1% (G)	75.1% (G)	77.4% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). National screening report last produced March 2020 by Public Health Scotland (previously ISD).
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 19	79.7% (G)	78.6% (G)	80.4% (G)	80% (G)	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2019 were 81.8% (NE); 86.3% (NW); 84% (S), Next update due for Jan-Mar 2021 and is produced locally

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%	Mar/ Sep 20	39.2% (R) (Sep 20)	57.1% (G) (Mar 20)	48.8% (R) (Mar 20)	48.6% (R) (Mar 20)	City data shown is provisional and is from the Feb 21 ISD annual report which provides data at city wide level only. Locality data is produced twice yearly locally and is not yet available for Sep 20. Equivalent previous figures (also provisional) were 52.5% in March 20 (City); and for localities in September 19 were 58% (NE); 50.5% (NW); 50.1% (S).
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar/ Sep 20	87.4% (G) (Sep 20)	89.4% (G) (Mar 20)	91.3% (G) (Mar 20)	90.8% (G) (Mar 20)	City data shown is provisional and is from the Feb 21 ISD annual report which provides data at city wide level only. Locality data is produced twice yearly locally and is not yet available for Sep 20. Equivalent previous figures (also provisional) were 91.5% in March 20 (City); and for localities in September 19 were as 89.6% (NE); 92.2% (NW); 90.9% (S).
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
8. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017 Produced 2 yearly by Public Health Scotland (last one Oct 19).
Others								
9. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2019	279				Figures published annually by NRS. Last updated December 2020. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); and 280 (2018).
10. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2019	143				Figures published annually by ISD. Reduced at city level in the last two years (186 in 2017 and 146 in 2018). Last updated December 2020 as was delayed from normal publication date. Next due June 2021.
11. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2019	106 (72 M) (34 F)				Figures published annually by ISD. Numbers increased in last two years (88 in 2017 and 99 in 2018). Last updated November 2020 as was delayed from normal publication date. Next due June 2021.
12. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2018/20	53.4% (R)	52.8% (R)	54.2% (R)	53.4% (R)	HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Increase at city level since 17/19 when was 51.6%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
13. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	15/16-17/18	N/A	65.8% (R) NHSGGC			HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Only NHSGGC information available at time of the new Annual NHSGGC screening report (Feb 2021).
14. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2019/20	57.4% (R)	58.9% (R)	53.1% (R)	60.6% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Decrease at city level since 17/19 when was 67.6%.
Human Resources								
15. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019	62% (G) Employment Engagement Index 77			Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%. Not undertaken in 2020 due to Covid-19.	

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

APPENDIX 4 – APR LOCAL KPIs

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

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

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