Glasgow City Integration Joint Board
Finance, Audit and Scrutiny Committee

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HSCP PERFORMANCE REPORT Q3

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2018/19.

Background/Engagement:	The IJB Finance and Audit 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.

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; and b) review and discuss performance with the Strategic Lead for Older People/Carers/Unscheduled Care.

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 2018/19.

2. Background

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

3. Reporting Format

3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.

3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below:

- Local Health and Social Work Indicators (chosen locally by the Partnership).

- National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).

- NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)

- Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

4. Summary

4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status, for each care group. A second table then lists all of the

indicators and provides their current city wide RAG status and their direction of travel since the last reporting period.

4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction. Following on from a recommendation from audit, we have also sought explanations for when performance has varied by more than 10% since the last report.

Exceptions

4.3 At Q3, 48 (44.9%) indicators were GREEN; 47 RED (43.9%); 5 AMBER (4.7%); and 7 (6.5%) GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters are 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
4. Percentage of service users who receive a reablement service following referral for a home care service – Hospital Discharges	29
10. Total number of Older People Mental Health patients delayed	35
12. Intermediate Care: Average Length of stay (Days).	37
18. Falls rate per 1,000 population aged 65+	44
19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral	45
Primary Care	
3. Flu Immunisation Rates (various)	48
4. Shingles Immunisation Rates (aged 70 and aged 76)	49
5i. AHP Waiting Times – MSK Physio	50
Unscheduled Care	
1. New Accident and Emergency (A&E) attendances (All ages)	52
2. A&E Waits Less Than 4 Hours (%)	53
4. Number of Unscheduled Hospital Bed Days (All ages)	55
5. Total number of acute delays	56
6. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	57
7. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	59
Children's Services	
4. Access to CAMHS services - % seen with 18 weeks	67
5. % looked after & accommodated children under 5 who have had a Permanency Review	69

Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - **North East & North West**	77
2. Average Length of Stay (Short Stay Adult Mental Health Beds) **- Stobhill & Gartnavel**	79
4. Total number of Adult Mental Health delays	80
Sexual Health (Sandyford)	
1. Average waiting times for access to Long-Acting Reversible Contraception appointments (IUD and Implants)	81
2. Average waiting times for access to Urgent Care appointments.	82
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics	83
5. Waiting times for access to Gender Identity service for young people and for adults	85
Homelessness	
1. % of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation.	89
2. % of live homeless applications over 6 months duration at end of the quarter.	90
3. Number of new resettlement plans completed - total to end of quarter (citywide)	91
Criminal Justice	
1. % of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	94
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	95
3. Percentage of CPO 3 month Reviews held within timescale.	96
4. % of Unpaid Work (UPW) requirements completed within timescale.	97
Human Resources	
1. NHS Sickness absence rate	106
2. Social Work Sickness Absence Rate	108
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	109
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	110
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	111
Business Processes	
4. % of SW Complaints responded to within timescale (Stage 2)	117
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	118
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	119

Changes in RAG Status

4.4   There has been a change in RAG status for 21 indicators since the last report. Of these, performance improved for 9; declined for 9; with 3 moving from GREY.

i. Performance Improved

A) RED TO GREEN
Older People
3. Number of people in supported living services
4. % service users who receive a reablement service following referral for a home care service (Community).
Primary Care
5. AHP Waiting Times- Podiatry
Children's Services
1. Uptake of the Ready to Learn Assessments – North East
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale)
Health Improvement
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
B) RED TO AMBER
Children's Services
1. Uptake of the Ready to Learn Assessments – North West
C) AMBER TO GREEN
Older People
5. Percentage of service users leaving the service following reablement period with no further home care support
Criminal Justice
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.

ii. Performance Declined

A) GREEN TO RED
Older People
4. % service users who receive a reablement service following referral for a home care service. (Hospital Discharges)
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)
Criminal Justice
2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
3. Percentage of Community Payback Order (CPO) 3 month Reviews held within timescale
Human Resources
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
B) GREEN TO AMBER
Older People
13. Percentage of intermediate care users transferred home

Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale
C) AMBER TO RED
Unscheduled Care
4. Number of Unscheduled Hospital Bed Days (All Ages)
Business Processes
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.

5.   Recommendations

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

- a) note the attached performance report; and
- b) review and discuss performance with the Strategic Lead for Older People/Carers/Unscheduled Care.

CORPORATE PERFORMANCE REPORT
(IJB Finance, Audit and Scrutiny Committee)

QUARTER 3
2018/19

CONTENTS

PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

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

CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q3
	🛑	⚠️	✅	⬜	🛑	⚠️	✅	⬜		
Older People (No. and %)	5 23.8%	1 4.8%	11 52.4%	4 19%	5 23.8%	1 4.8%	12 57.1%	3 14.3%	**Red ⇨ Green** 3. Number of people in supported living services 4. % service users who receive a reablement service following referral for a home care service (Community). **Amber ⇨ Green** 5. Percentage of service users leaving the service following reablement period with no further home care support **Green ⇨ Red** 4. % service users who receive a reablement service following referral for a home care service (Hospital). **Green ⇨ Amber** 13. Percentage of intermediate care users transferred home **Grey ⇨ Red** 18. Falls rate per 1,000 population aged 65+	.

Service									Notes	
Primary Care (No. and %)	**2** 16.7%		**3** 25%	**7** 58.4%	**8** 66.7%		**4** 33.3%		**Red ⇨ Green** 5. AHP Waiting Times- Podiatry **Grey ⇨ Red** 3. Flu Immunisation Rates (5 indicators) 4. Shingles Immunisation Rates (2 indicators)	
Unscheduled Care (No. and %)	**6** 75%	**1** 12.5%	**1** 12.5%		**7** 62.5%		**1** 25%		**Amber ⇨ Red** 4. Number of Unscheduled Hospital Bed Days (All Ages)	
Carers (No. and %)			**2** 100%				**2** 100%		No changes in status for existing indicators.	
Children's Services (No. and %)	**4** 25%	**1** 6.2%	**10** 62.6%	**1** 6.2%	**2** 12.5%	**2** 12.5%	**11** 68.8%	**1** 6.2%	**Red ⇨ Green** **1**. Uptake of the Ready to Learn Assessments – North East **Red ⇨ Amber** **1.** Uptake of the Ready to Learn Assessments – North West	
Adult Mental Health (No. and %)	**5** 50%		**5** 50%		**5** 50%		**5** 50%		**Red ⇨ Green** **2.** Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale) **Green ⇨ Red** **2.** Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel)	
Sandyford Sexual Health (No. and %)	**5** 83.3		**1** 16.7%		**5** 83.3		**1** 16.7%		No changes in status for existing indicators.	
Alcohol & Drugs (No. and %)			**3** 100%				**3** 100%		No changes in status for existing indicators.	

Category	C1	C2	C3	C4	C5	C6	C7	C8	Changes in status	
Homelessness (No. and %)	3 60%		1 20%	1 20%	3 60%		1 20%	1 20%	No changes in status for existing indicators.	
Criminal Justice (No. and %)	2 33.3%	1 16.7%	3 50%		4 66.7%		2 33.3%		**Amber ⇨ Green** 5. % of Criminal Justice Social Work Reports (CJSWR) submitted to court. **Green ⇨ Red** 2. % Community Payback Orders (CPOs) with a Case Management Plan within 20 days. 3. % Community Payback Order (CPO) 3 month Reviews held within timescale.	
Health Improvement (No. and %)	1 16.7%		3 50%	2 33.3%			4 66.6%	2 33.3%	**Red ⇨ Green** 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	
Human Resources (No. and %)	4 80%		1 20%		5 100%				**Green ⇨ Red** 4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	
Business Processes (No. and %)	3 42.9%	1 14.2%	3 42.9%		3 42.8%	2 28.6%	2 28.6%		**Red ⇨ Amber** 2. Percentage of NHS Stage 2 Complaints responded to within timescale. **Green ⇨ Amber** 3. Percentage of Social Work Stage 1 Complaints responded to within timescale **Amber ⇨ Red** 5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	
TOTAL (No. and %)	**40 37.4%**	**5 4.7%**	**47 43.9%**	**15 14%**	**47 43.9%**	**5 4.7%**	**48 44.9%**	**7 6.5%**	**22 changes in status**	

2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q3	84% ✅	▲
2. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q3	⬜	►
3. Number of people in supported living services.	830 by the end of 2018/19	Q3	845 ✅	▲
4. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 10	71.2% (Hosp) 🛑 78% (Comm) ✅	▼ Hospital ▲ Community
5. Percentage of service users leaving the service following reablement period with no further home care support.	>40%	Cordia Period 11	40.8% ✅	▲
6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q3	0% ✅	►
7. Continence Service – Waiting Times	100% within 12 weeks	Q3	100% ✅	►
8. Day Care (provided) – Review Rates	95%	Q3	93% ✅	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
9.i Referrals to Telecare: Basic	2,248 per annum	Q3	Year to date total 2,011 ✅	▲
9.ii Referrals to Telecare: Advanced	304 per annum	Q3	Year to date total 1,000 ✅	▲
10. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Nov 18	16 🔴	▼
11. Intermediate Care: Percentage Occupancy.	90%	Dec 18	87% ✅	▼
12. Intermediate Care: Average Length of stay (Days).	<28	Dec 18	35 days 🔴	▲
13. Intermediate Care: Percentage of users transferred home.	>30%	Dec 18	28% 🔺	▼
14. Provided Residential Care – Occupancy Rates	95%	Q3	98% ✅	▲
15. Provided Residential Care – Review Rates	95%	Q3	98% ✅	▲
16. Percentage of Last 6 months of life spent in the community	86.8% by end 18/19	2017/18	86.8% ⬜	▲
17. Percentage of the Population Unsupported at Home (65+)	100% by end 18/19	2017/18	88.2% ⬜	▲
18. Falls rate per 1,000 population aged 65+	27 by end of 2018/19	2017/18	7.5 🔴	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker.	100%	Q3	16% 🛑	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q2	✅ 78.12%	▼
2. Prescribing Costs: Annualised cost per treated patient.	At/Below NHSGGC average	Jun 18	✅ £157.60	▲
3i. Flu Immunisation Rates (over 65s).	75%	Q3 2018/19	69.45%(NE) 🛑 71.57%(NW) ⚠️ 71.18% (S) 🛑	► All areas
3ii. Flu Immunisation Rates (under 65s in at risk groups exc. healthy pregnant women and carers).	75%	Q3 2018/19	42.05% (NE) 🛑 39.76% (NW) 🛑 42.31%(S) 🛑	► All areas
3iii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Q3 2018/19	45.2% (NE) 🛑 51.5% (NW) 🛑 51.76 %(S) 🛑	► All areas
3iv. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Q3 2018/19	57.25% (NE) 🛑 65.83% (NW) 🛑 58.62%(S) 🛑	► All areas

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3v. Flu Immunisation Rates (Pre-school - 2-5 year olds).	75%	Q3 2018/19	45.8% (NE) ⬣ 53.9% (NW) ⬣ 47.86%(S) ⬣	► All areas
4i. Shingles Immunisation Rates (aged 70)	60%	Sep 18-Nov 18	25.35% (NE) ⬣ 16.73% (NW) ⬣ 19.6% (S) ⬣	► All areas
4ii. Shingles Immunisation Rates (aged 76)	60%	Sep 18-Nov 18	22.07% (NE) ⬣ 17.89% (NW) ⬣ 21.72%(S) ⬣	► All areas
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Dec 18	41% ⬣	▲
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Dec 18	88.9% ✅	▲
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Dec 18	99.2% ✅	►
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19 (16,461/ month)	To Oct	17,848 monthly average ⬣	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. A&E Waits Less Than 4 Hours (%)	95%	Nov 18	GRI – 89.1% 🛑 QEUH – 84.1% 🛑	GRI ▲ QEUH ▼
3. Number of emergency admissions (All ages)	75,750 for 18/19 (6312/month)	Q2	5880 monthly average ✅	▲
4. Number of Unscheduled Hospital Bed Days (All ages)	454,378 for 18/19 (37,857/ month)	Q2	39,799 monthly average 🛑	▼
5. Total number of Acute Delays	20	Nov 18	42 (exc AWI) 22 (AWI) 🛑	▼
6. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19 (833 per month)	Dec 18	1364 monthly average 🛑	▲
7. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19 (159 per month)	Dec 18	346 monthly average 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum/413 per quarter	Q3	448 ✅	▼
2. Carers Qualitative Evaluation Question: Has the Carer's Service improved your ability to support the person that you care for?	65%	Q3	86% ✅	▲
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Dec 18	NE - 92% ✅ NW - 90% ⚠️ S - 92% ✅	NE ▲ NW ▲ S ▼
2. Percentage of HPIs allocated by Health Visitors by 24 weeks.	95%	Oct 18	NE - 97% ✅ NW - 94% ✅ S - 97% ✅	NE ▼ NW ▼ S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 for year across city	Q3	684 ✅	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 18	87.8% 🛑	▼
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	81% 🛑	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28	100%	Q2	95.2% (<5s) ⚠️ 100% (5-18) ✅	<5s ▼ 5-18 ►
7. Percentage of new SCRA reports submitted within 20 days.	60%	Q4 17/18	61% ⬜	►
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	74% ✅	►
9. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q3	52 ✅	►
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q2	92.6% ✅	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q2	96.0% ✅	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 18	NE 75.4% 🔴 NW 87.3% 🔴 South 96.8% ✅	NE ▼ NW ▲ South ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Dec 18	Stob 36.1 🔴 Lev 27 🔴 Gart 35.5 ✅	Stobhill ▼ Leverndale ▲ Gartnavel ▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	95%	Dec 18	Stob 96.5% ✅ Gart 89.7% ✅ Lev 91% ✅	Stobhill ▼ Leverndale ▲ Gartnavel ▲
4. Total number of Adult Mental Health delays	0	Nov 18	12 (exc AWI) 6 (AWI) 🔴	▲
Sandyford (Sexual Health)				
1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.	10 Working Days	Q3	32 (IUD) 🔴 23(Implants) 🔴	IUD ▼ Implants ▼
2. Average waiting times for access to Urgent Care appointments.	2 Working Days	Q3	5 🔴	►
3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).	20 working days	Q3	30 🔴	▼
4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.	10%	Q3	43% ✅	▲
5. Waiting times for access to Gender Identity service for young people and for adults	18 Weeks	Q3	29 (<17) 🔴 40.5 (>17) 🔴	under 17 ▲ over 17 ▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q2	98% ✅	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q3	89% ✅	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q2	73% ✅	►
Homelessness				
1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q3	90% 🛑	▲
2. Percentage of live homeless applications over 6 months duration at the end of the quarter.	<40%	Q3	45% 🛑	►
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 4,000 (1,000 per quarter)	Q3	2722 🛑	▲
4. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	85 ✅	▲
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4 (2017/18)	65.5% ⬜	▼
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	70% 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q3	71% 🛑	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q3	63% 🛑	►
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q3	81% ✅	▲
6. Throughcare order licences: Percentage of Post sentence interviews held within one day of release from prison.	90%	Q3	90% ✅	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	2532 (to Q2)	Q3	3776 ✅	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Q2	623 ✅	▲
3. Women smoking in pregnancy (general population)	13%	Q3 18/19	10.3% ✅	▲
4. Women smoking in pregnancy (most deprived quintile).	19%	Q3 18/19	18.6% ✅	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5% ⬜	►
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8% ⬜	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Sep 18	6.99% 🔴	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q3	4 ADL 🔴	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Dec 18	15% 🔴	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Nov 18	55% 🔴	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Nov 18	83% 🔴	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q3	95.6% ✅	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q3	67% 🔺	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q2	68% 🔺	▼
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q2	58% 🔴	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q2	72% 🛑	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale	100%	Q2	40% 🛑	▼
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q3	88% ✅	►

1. OLDER PEOPLE

Proactive Care and Support at Home

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

Target	Locality	2016/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
85%	**Glasgow**	86% (G)	84% (G)	82% (A)	81% (A)	83% (G)	84% (G)
85%	North East	92% (G)	92% (G)	92% (G)	91% (G)	89% (G)	89% (G)
85%	North West	85% (G)	84% (G)	81% (A)	80% (R)	83% (G)	85% (G)
85%	South	83% (G)	77% (R)	75% (R)	76% (R)	78% (R)	79% (R)
Performance Trend							
At Q3 North East, North West and the city continued to meet target (GREEN) while South remained below target (RED).							

Indicator	2. Number of Community Services led Anticipatory Care Plans (ACPs) in Place
Purpose	To monitor the extent to which services are introducing and rolling out community service led anticipatory care plans.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target (18/19)	16/17 Total	17/18 Total	18/19 Q1	18/19 Q2	18/19 Q3	
Glasgow	900	484 (G)	824 (G)	280	250	243	
Performance Trend							
The figures for 2016/17 and 2017/18 relate to the previous model of community services led anticipatory care plans (ACPs) introduced by the HSCP at that time. A national model 'My ACP' was introduced in June 2017 and since the HSCPs in GGC have developed an approach consistent with the national model. Implementation plans for the new ACP model are being drawn up and it is anticipated that data on this activity will be available from Q4 and will be included in future performance reports. The figures shown relate to the old model and are only estimates so no colour classification is provided.							

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

Locality	Target	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Glasgow	830 by end of 2018/19	599 (R)	773 (G)	734 (G)	765 (G)	766 (R)	845 (G)
North East	N/A	172	222	216	227	225	244
North West	N/A	195	263	236	273	256	283
South	N/A	232	288	282	265	285	318
Performance Trend							

The number of people in supported living services in the city increased significantly by 79 during the past quarter with the number at the end of Q3 (845) exceeding the target (830) ahead of year end (GREEN).

The majority of this shift is due to the increase in numbers on the Older People Personalisation side. There was also an increase of 10 in the number of service users receiving the Cordia Supported Living service.

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Indicator	4. Percentage of service users who receive a reablement service following referral for a home care service.
Purpose	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. It should be noted, however, that this function now lies with Cordia. Information is reported for 4 weekly financial periods by Cordia which has been mapped below to the HSCP quarterly reporting cycle.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Referral Source	Target	16/17 Q4 Per 13b	17/18 Q4 Per 13b	18/19 Q1 Per 4	18/19 Q2 Per 7	18/19 Q3 Per 8	18/19 Q3 Per 9	18/19 Q3 Per 10
Hospital Discharges	75%	73.4% (G)	72.8% (A)	77.9% (G)	74.7% (G)	74.4% (G)	73.6% (G)	71.2% (R)
Community Referrals	75%	76.5% (G)	78.2% (G)	77.6% (G)	70.2% (R)	68.7% (R)	73.2% (G)	78.0% (G)

Performance Trend

Performance is reported for both hospital discharges and community referrals. Performance moved from GREEN to RED for hospital discharges and RED to GREEN for community referrals between the end of Q3 and Period 10.

Actions to Improve Performance

The demographic is changing and with more consideration for additional resources and complex care with some reablement potential, this may be a sign of the changing picture within homecare. However this continues to be featured in our continuous improvement plan and scrutiny of decision making occurs within team meetings and at individual supervision sessions. Reviewing the training provided and ensuring a programme of refresher training should ensure tighter decision making and consideration of different goals and outcomes that can be achieved via reablement which should influence screening and assessment decision making.

Timeline for Improvement

Action is contained within the continuous action plan for improvement and will be monitored every period. Training review is ongoing with industrial action and winter pressures having an impact on the timescales Improvements should be delivered throughout quarter 4.

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Indicator	5. Percentage of service users leaving the service following reablement period with no further home care support.
Purpose	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. It should be noted, however, that this function now lies with Cordia. Information reported for 4 weekly financial periods by Cordia been mapped below to the HSCP quarterly reporting cycle.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	16/17 Q4 Per. 13b	17/18 Q4 Per 13b	18/19 Q1 Per 4	18/19 Q2 Per 7	18/19 Q3 Per 9	18/19 Q3 Per 9	18/19 Q3 Per 10	18/19 Q3 Per 11
Citywide	>40%	36% (R)	37.9% (R)	29.6% (R)	38.2% (A)	39.3% (G)	37.2% (R)	35.2% (R)	40.8% (G)
North East	>40%	37% (R)	32.5% (R)	34.8% (R)	41.4% (G)	42.0% (G)	29.5% (R)	38.9% (A)	48.6% (G)
North West	>40%	33% (R)	45.7% (G)	41.1% (G)	37.0% (R)	50.0% (G)	43.1% (G)	33.3% (R)	35.1% (R)
South	>40%	39% (A)	35.9% (R)	18.7% (R)	36.2% (R)	31.5% (R)	37.6% (R)	35.1% (R)	39.7% (G)

Performance Trend

Performance varies across locality and over time. At the city-wide level performance improved between the end of Quarter 2 (Period 7, 38.2%, AMBER) and the end of Quarter 3 (Period 11, 40.8%, GREEN).

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Target/Ref	6. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year
Purpose	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
0%	**City**	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North East	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)
0%	North West	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)
0%	South	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)

Performance Trend

The target continued to be met in North East and South (GREEN) in Q3; North West moved from GREEN to AMBER during this period.

At the end of Q3 there were 1,536 open OT assessment activities: 7 of these (2 in NE, 4 in NW, and 1 "other") had been open for more than 12 months. The figure shown above has been rounded to zero and performance is classified as GREEN given that a 2.5% variance is permitted.

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

Target	% Seen Within 12 Weeks				
	Q4 17/18	**Q1 18/19**	**Q2 18/19**	**Q3 18/19**	**Q4 18/19**
100%	**97.5% (G)**	**100% (G)**	**100% (G)**	**100% (G)**	
Performance Trend					
New collection and reporting methods introduced in Q4 2017/18 so data shown only relates to the period since. Target continues to be met.					

Target/Ref	8. Day Care (provided) - Review Rates
Purpose	To monitor the extent to which reviews for day care service users are being undertaken within the target 6 month period. This indicator reports on review rates for service users in receipt of day care provided by our own local authority run units.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18	2018/19			
Target	**Q4**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
95%	**95% (G)**	**97% (G)**	**100% (G)**	**98% (G)**	**93% (G)**	
Performance Trend						
Performance was maintained as GREEN during Q3.						

Target/Ref	9. Referrals to Telecare
Purpose	To monitor the number of Telecare referrals received on a quarterly basis for the Basic and Advanced 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 Scottish Govt Target	16/17 Total	17/18 Total	18/19 Q1	18/19 Q2	18/19 Q3	Year to Date Total	
Basic	2,248 (annual)	2,581 (G)	2,771 (G)	691 (G)	643 (G)	677 (G)	2,011 (G)	
Advanced	304 (annual)	835 (G)	1,222 (G)	344 (G)	327 (G)	329 (G)	1,000 (G)	
Performance Trend								

Targets have not yet been revised for 2018/19. However assuming the targets remain the same, the number of referrals to both the Basic and Advanced Telecare Services exceeded the pro-rata target at Q3.

Please note that in the table above the numbers for Q1 and Q2 have been revised by the service.

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

TARGET	AREA	Apr 16	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18
0	City	11 (R)	11 (R)	16 (R)	10 (R)	19 (R)	15 (R)	16 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	7 (R)	8 (R)	2 (R)
	NW	7 (R)	1 (R)	4 (R)	3 (R)	7 (R)	6 (R)	6 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	5 (R)	1 (R)	8 (R)

Performance Trend

Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period shown though reduced in August 2018.

Actions to Improve Performance

Our performance in this area remains a concern and improvement plans are in place. There continues to be a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. There is an ongoing challenge in sourcing suitable placements for patients in the local care home market. Work will continue to ensure reductions going forward.

Timeline for Improvement

Improvements towards meeting the target are anticipated by the end of Q4 in 2018/19

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Indicator	11. Intermediate Care : Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Mar 18	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Glasgow	**90%**	88% (G)	82% (R)	87% (G)	92% (G)	92% (G)	89% (G)	90% (G)	87% (G)	87% (G)
North East	90%	94% (G)	74% (R)	87% (G)	89% (G)	92% (G)	88% (G)	92% (G)	95% (G)	90% (G)
North West	90%	75% (R)	89% (G)	92% (G)	94% (G)	89% (G)	84% (R)	85% (R)	81% (R)	83% (R)
South	90%	94% (G)	83% (R)	86% (A)	92% (G)	94% (G)	95% (G)	92% (G)	87% (G)	88% (G)
Performance Trend										
Performance has declined slightly at a city level and in the North West and South, while North East saw a slight increase in the last quarter. North West remained Red while the other localities and city remained Green.										

Indicator	12. Intermediate Care : Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	Apr 16	Apr 17	Mar 18	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Glasgow	<28	**44 (R)**	**31 (R)**	**40 (R)**	**30 (R)**	**36 (R)**	**33 (R)**	**39.6 (R)**	**38.8 (R)**	**35 (R)**
North East	<28	**41 (R)**	**33 (R)**	**40 (R)**	**34 (R)**	**42 (R)**	**38 (R)**	**40 (R)**	**32 (R)**	**31 (R)**
North West	<28	**36 (R)**	**36 (R)**	**45 (R)**	**30 (R)**	**39 (R)**	**31 (R)**	**43 (R)**	**48 (R)**	**36 (R)**
South	<28	**38 (R)**	**32 (R)**	**38 (R)**	**41 (R)**	**32 (R)**	**30 (R)**	**37 (R)**	**36 (R)**	**38 (R)**

Performance Trend

Average lengths of stay vary over time and between localities. In the last quarter, average length of stay has increased in all areas and moved from GREEN to RED.

Actions to Improve Performance

The Intermediate Care length of stay performance can be influenced by a range of factors e.g. individual becoming unwell, availability of alternative accommodation, care home choices protocol and availability.

A Working Group has been established and an Intermediate Care Improvement Plan developed to progress improvements in this area. Actions planned include an intermediate care development event in March 2019, which will have a focus on practice development and multidisciplinary team working. Additional dedicated social work staff are also being allocated to intermediate care units across localities, which will support multi-disciplinary team decision making and discharge planning.

Timeline for Improvement

There is an ongoing focus on improvement on length of stay and improvements are expected by the end of Q4.

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Indicator	13. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality			Targets	Apr 16	Apr 17	Mar 18	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Glasgow	**Home**		30%	21% (R)	25% (R)	21% (R)	34% (G)	31% (G)	38% (G)	31% (G)	24% (R)	28% (A)
	Res/Nursing		N/A	52%	62%	66%	45%	50%	39%	51%	57%	55%
	Readmissions		N/A	25%	10%	12%	12%	17%	18%	15%	17%	15%
	Deceased		N/A	2%	1%	1%	5%	2%	5%	3%	3%	1%
NE	**Home**		30%	22% (R)	30% (G)	16% (R)	33% (G)	27% (R)	35% (G)	13% (R)	21% (R)	30% (G)
	Res/Nursing		N/A	39%	59%	43%	50%	47%	41%	57%	42%	39%
	Readmissions		N/A	33%	7%	15%	16%	27%	24%	30%	33%	26%
	Deceased		N/A	6%	0%	8%	0%	0%	0%	0%	4%	4%
NW	**Home**		30%	21% (R)	22% (R)	34% (G)	27% (R)	20% (R)	33% (G)	50% (G)	30% (G)	37% (G)
	Res/Nursing		N/A	57%	57%	43%	57%	70%	38%	44%	61%	39%
	Readmissions		N/A	21%	17%	15%	11%	5%	24%	6%	4%	18%
	Deceased		N/A	0%	4%	8%	4%	5%	5%	0	5%	5%
South	**Home**		30%	21% (R)	22% (R)	34% (G)	39% (G)	41% (G)	43% (G)	35% (G)	20% (R)	17% (R)
	Res/Nursing		N/A	58%	70%	43%	33%	38%	22%	50%	68%	67%
	Readmissions		N/A	21%	7%	15%	9%	21%	9%	8%	12%	17%
	Deceased		N/A	0%	0%	8%	9%	0%	9%	8%	0%	0%

Performance Trend
Variations across localities and over time. Performance has moved from GREEN to AMBER at a city wide level in the last quarter. North East and North West remained Green while the South moved from GREEN to RED.
Variations between periods at a citywide level can be partly explained by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms. In addition, the destination at discharge can vary according to the presenting needs of individuals. The very wide admissions criteria which exist can impact upon this variation at the time of discharge.

Actions to Improve Performance
A focus on returning home remains a priority - performance fluctuations relate primarily to the presenting needs/frailty of service users admitted. As described above in relation to indicator 12, a Working group has been established and an Intermediate Care Improvement Plan developed. In addition to the actions discussed in reaction to indicator 12, further Supported Living models are being developed as an alternative to care home admissions, and the roll out of Cluster Supported Living in 2019 will provide home discharge options, as alternatives to residential care which would

previously have been considered.
Timeline for Improvement
There is an ongoing focus on optimising home discharge options and improvements are anticipated going forward.   Back to Summary

Target/Ref	14. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	2016/17	2017/18				2018/19		
Target	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
95%	**94% (G)**	**96% (G)**	**92% (A)**	**97% (G)**	**96% (G)**	**95% (G)**	**95% (G)**	**98% (G)**
Performance Trend								
Performance exceeded target at Q3 (GREEN).								

Target/Ref	15. Provided Residential Care – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6 month period. This indicator reports on the review of residents in our own local authority residential care homes by care home staff.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Indicator	16. % of Last 6 months of life spent in the Community
Purpose	Partners are working together to shift the balance of care, enabling people to spend a longer period of time prior to their death, being supported if required, within community settings. This indicator measures progress towards this aim.
Type of Indicator	Ministerial Strategic Group (MSG) indicator 5
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

2018/19 Target	15/16	16/17	17/18	18/19			
				Q1	Q2	Q3	Q4
86.8%	84.8%	85.5%	86.8%				
Performance Trend							

This is a new indicator which is part of the suite of MSG indicators.

The HSCP has set a trajectory for 2018/19 which is based upon an increase of 2% from the 2015/16 baseline of 84.8. Performance will be monitored against this going forward as 18/19 data becomes available. At the moment no RAG classification has been provided as the target relates to 2018/19 and there is a time lag in the production of the data.

Indicator	17. Percentage of the Population Unsupported at Home (Aged 65+)
Purpose	Partners are working together to shift the balance of care, enabling more of the population to live unsupported at home. This indicator measures progress towards this aim for older people (aged 65+).
Type of Indicator	Ministerial Strategic Group (MSG) indicator 6
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

2018/19 Target	15/16	16/17	17/18	18/19			
				Q1	Q2	Q3	Q4
86.8%	87.9%	88.1%	88.2%				
Performance Trend							

This is a new indicator which is part of the suite of MSG indicators.

The HSCP has set a trajectory for 2018/19 which is based upon an increase of 2% from the 2015/16 baseline of 84.8. Performance will be monitored against this going forward as 18/19 data becomes available. At the moment no RAG classification has been provided as the target relates to 2018/19 and there is a time lag in the production of the data.

Target/Ref	18. 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	14/15	15/16	16/17	17/18	18/19			
						Q1	Q2	Q3	Q4
Glasgow City	6.75 per quarter (18/19)	27	29	31	31	7.5 (R)			
Scotland		21	21	22	22				

Performance Trend

National Integration Indicator. There has been an increase over the last three years (2014-2017) as shown. A new target has been set for 2018/19, which is to get back to the 2014/15 levels (27 for the year or 6.75 per quarter). Performance in excess of the target for Q1.

Actions to Improve Performance

Actions to improve performance include the following:

- Promotion of Level 1 assessment across all relevant staff groups and with other agencies including SAS and Fire and Rescue.
- Increasing use of the pathway for non-conveyance of uninjured fallers with rising numbers of referrals month on month.
- Introduction of Falls bundles within Mental Health in-patient wards
- Introduction of a frailty tool across HSCP

Timeline for Improvement

It is anticipated that improvements will be achieved during 2019/20

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Target/Ref	19. Percentage of patients who have their first contact with a Dementia Linkworker within 12 weeks of their diagnosis and referral to the Linkworker
Purpose	To monitor the waiting times for people who have been diagnosed with dementia to be seen by a Post Diagnostic Support Linkworker. This gives an indication of whether interventions are being delivered in a timeous manner.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2017				2018			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	**100%**	49.1% (R)	46.4% (R)	17.4% (R)	12.1% (R)	18.5% (R)	12.2% (R)	16.7% (R)	
North East	100%	16.7% (R)	0 (R)	0 (R)	0 (R)	0 (R)	13% (R)	16.7% (R)	
North West	100%	54.8% (R)	30.8% (R)	14.3% (R)	N/A (R)	16.7% (R)	8.6% (R)	18.2% (R)	
South	100%	50% (R)	81.8% (R)	20% (R)	19% (R)	26.7% (R)	14.7% (R)	16.0% (R)	

Performance Trend
Variations across areas and over time with performance improving in the last quarter, though remains well below target

Actions to Improve Performance
The HSCP has entered into a contract until the end of 2019 with Alzheimer's Scotland for the delivery of post diagnostic support. Referrals have exceeded the levels set within the contract which has impacted upon performance with delays created by workers being unable to take on additional clients when they reach maximum caseloads. The HSCP is working closely with Alzheimer's Scotland and have jointly agreed an action plan which it is believed will lead to improved performance. This includes training to improve recording practices; additional recruitment; and the testing of new group work models which have been implemented in North Lanarkshire. HSCP plans are also being developed to recruit 3 additional part-time linkworkers.

Timeline for Improvement
It is anticipated that performance will improve going forward as the above action plan is implemented, though performance may remain below the challenging target which has been set.   Back to Summary

Other Indicators for Ongoing Review - See Appendix 1, Section 2
 1. Total number of patients who have been diagnosed with dementia

PRIMARY CARE

The performance indicators in this section relate to an infrastructure and delivery method which will change over the next three years as we implement the requirements of the new GP contract. Our proposals for how we implement the new contract will be outlined in the forthcoming Primary Care Improvement Plan (PCIP) which will be ready by July 2018. This plan will include details of how we will implement the 6 nationally agreed priorities and address a number of Glasgow specific issues. The current Primary Care performance measures will therefore need to be reviewed and revised to take account of the PCIP.

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 Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	TARGET	Jan 16-Mar 16	Jan 17-Mar 17	Oct 17-Dec 17	Jan 18-Mar 18	Apr 18-Jun 18	Jul 18-Sep 18
City	78%			79.44% (G)	79.45% (G)	79.1% (G)	78.12% (G)
NE	78%	79.81% (G)	80.18% (G)	80.20% (G)	80.09% (G)	79.78% (G)	78.76% (G)
NW	78%	78.35% (G)	78.7% (G)	78.70% (G)	78.72% (G)	78.26% (G)	77.34% (G)
S	78%	79.0% (G)	79.41% (G)	79.39% (G)	79.48% (G)	79.19% (G)	78.21% (G)
NHSGGC	78%	78.86%	79.22%	79.23%	79.24%	78.94%	78.08%
Performance Trend							
All areas remain GREEN although compliance decreased slightly over the last quarter in all areas. No updates available yet for Q3.							

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 Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

AREA	Target	Mar 16	Mar 17	Mar 18	Jul 18	Aug 18	Sep 18	Oct 18
City	Cost below (or the same as) the GGC average.	**£161.72 (G)**	**£162.93 (G)**	**£161.63 (G)**	**£159.72 (G)**	**£158.98 (G)**	**£157.83 (G)**	**£157.60 (G)**
NE		**£163.79 (G)**	**£163.27 (G)**	**£157.21 (G)**	**£154.96 (G)**	**£154.16 (G)**	**£153.11 (G)**	**£152.94 (G)**
NW		**£156.55 (G)**	**£156.47 (G)**	**£159.99 (G)**	**£158.63 (G)**	**£157.88 (G)**	**£156.75 (G)**	**£156.56 (G)**
S		**£164.98 (G)**	**£168.44 (G)**	**£167.12 (G)**	**£165.02 (G)**	**£164.35 (G)**	**£163.10 (G)**	**£162.76 (G)**
NHS GGC		**£174.99**	**£178.44**	**£178.32**	**£177.20**	**£176.57**	**£175.55**	**£175.26**
Performance Trend								
Variations across sectors and over time with a reduction across all areas in the last quarter. Initiatives to ensure cost minimisation are ongoing. No updates for Q3.								

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

Area	Target - 75%				Target - 65%
	Over 65s	Under 65s in clinical risk groups (exc. healthy pregnant women and carers)	Pregnant (not in a clinical risk group)	Pregnant (in a clinical risk group)	Pre-school 2-5 years old
NE	69.45 (R)	42.05% (R)	45.2%(R)	57.25%(R)	45.8%(R)
NW	71.57 (A)	39.76% (R)	51.5%(R)	65.83%(R)	53.9%(R)
South	71.18 (R)	42.31% (R)	51.76%(R)	58.62%(R)	47.86%(R)
NHSGGC	72.5%(A)	42% (R)	51.0%(R)	59.4%(R)	54%(R)

Performance Trend
The data shown relates to Q3 of 18/19, with the targets relating to Q3 and Q4 combined. Performance below target and RED for all categories in all areas with the exception of over 65s in the North West which is AMBER.

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. 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.
- Flu vaccination uptake data covering the risk groups shown above is communicated to GP practices and clinical directors 2-3 times per flu season (November, January and March)
- A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely.

Timeline for Improvement

It is hoped that improvements will be achieved in the fourth quarter of the 2018/19 immunisation programme.

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

Area	Target	Aged 70	Aged 76
NE	60%	**25.35% (R)**	**22.07% (R)**
NW	60%	**16.73% (R)**	**17.89% (R)**
South	60%	**19.6% (R)**	**21.72% (R)**
NHSGGC	60%	**19%**	**18.84%**

Performance Trend
The data shown relates to the cumulative immunisation rates between 1 September 2018 and 31 November 2018. Variations across localities and between the different age groups. The target relates to the whole year.
Actions to Improve Performance
The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the shingles vaccination programme and encourage an increased uptake. In addition to providing advice and guidance on e.g. eligibility, contra-indications, activities include: - An annual programme of immunisation update seminars targeted to those working in primary care, providing an overview of any new immunisation programmes and feedback from routine programmes. - Shingles vaccination uptake is fed back to GP practices and clinical directors quarterly - A Monthly PHPU Newsletter which includes information on immunisation programmes is produced and disseminated widely. In addition to the above and specific to the shingles vaccination programme, Health Protection Scotland have produced a national screening tool to support practitioners with the identification of patients who may be contra-indicated for shingles vaccine.
Narrative required
It is hoped that improvements will be achieved, with the impact evident in future performance reports as the reporting year progresses. 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 Lead	Richard Groden, Clinical Director David Walker, Assistant Chief Officer, Corporate Strategy

Service	Target	Apr 16	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
MSK Physio	90% seen within 4 weeks	45% (R)	48% (R)	44% (R)	37% (R)	37% (R)	36.5% (R)	37.5% (R)	41% (R)
Podiatry	90% seen within 4 weeks	91.9% (G)	98.1% (G)	98.5% (G)	94.1% (G)	83.9% (R)	88.5% (G)	92.1% (G)	88.9% (G)
Dietetics	100% within 12 weeks	100% (G)	100% (G)	100% (G)	100% (G)	99.2% (G)	99.2% (G)	99.2% (G)	99.2% (G)

Performance Trend

MSK physio target consistently not being met but all patients requiring an urgent MSK appointment are seen within the target timescales. Target consistently met by podiatry and dietetics although podiatry fell below target in September

Actions to Improve Performance

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

Physio

-There has been an increase in the proportion of patients being seen within the target since Q2 from 37.5% to 41% at end of Q3 (it should be noted that within GG&C all patients requiring an urgent appointment were seen within 4 weeks). The demand for physio continues to increase with total referrals up 7% compared to same quarter of 2017/18 and performance remains below that of 2016 and 2017.

-This target remains a challenge across the whole of Scotland. Analysis of the national report from March 2018 shows services range from 23.1% to 92.1% in relation to this indicator. The average for Scotland was 48.4%, with NHSGGC at 46.5% seen within 4 weeks. As well as on-going work looking at maximum utilisation of all appointments and targeting those waiting the longest, some additional funding has been secured to reduce the number of patients waiting for an appointment.

-The Primary Care Strategy Group will seek further details of the improvement plan for the physio service to allow us to agree with the service what else could be done in Glasgow to improve waiting times.

Timeline for Improvement

It is expected that waiting times will improve on the current position in the coming months for physiotherapy.

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Other Annually Reported Indicators - See Appendix 1, Section 2

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

UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (All ages)
Purpose	To monitor attendance at Accident and Emergency units. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs). 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 Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Glasgow	18/19 Target	15/16		16/17		17/18		18/19 Actual	
		Number	Monthly average	Number	Monthly average	Number	Monthly average	Number	Monthly average
	197,542 (16,461/ month)	201,573	16,798	201,768	16,814	205,642	17,136	124,939 (To Oct)	17,848 (R)

Performance Trend

The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance is monitored against this.

The number of attendances have risen over the last three years and to October 2018, this increase has continued with the monthly average in excess of the target. This increase is consistent across GG&C as a whole.

Actions to Improve Performance

There is a Board wide unscheduled care improvement programme in place which includes a number of actions to manage more care on a planned basis. A&E attendances have been increasing both nationally and in GG&C. Work is underway to understand why this is case, and to differentiate between emergency and urgent care so patients get the right treatment at the right time. The HSCP continues to work closely with acute colleagues to try and reduce attendances, and with primary care is looking at different approaches.

Timeline for Improvement

Trends will be monitored and reported regularly. An updated MSG trajectory for 2019/20 is in preparation with other HSCPs.

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Target/Ref	2. A&E Waits Less Than 4 Hours (%).
Purpose	To monitor waiting times at the main A&E units in Glasgow City. This will relate to all patients who attend these units, irrespective of their home location. Source of data is monthly Health Board Unscheduled Care reports.
Type of Indicator	NHS LDP (Local Development Plan) Standard/ Ministerial Strategic Group (MSG) 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	Mar 16	Mar 17	Mar 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18
GRI	95%	82.7% (R)	86.3% (R)	81.2% (R)	93.3% (A)	88.3% (R)	86.1% (R)	89.8% (R)	89.1% (R)
QEUH	95%	85.1% (R)	81.8% (R)	85.9% (R)	89.5% (R)	85.5% (R)	86.1% (R)	85.5% (R)	84.1% (R)

Performance Trend

Performance varies over time and performance remains below target.

Actions to Improve Performance

. The difficulties both A&E departments have had in meeting the 95% target is a reflection of the demand in the wider health and social care system, and emergency departments in particular. The departments have continued to be under pressure over the winter period.

Timeline for Improvement

Achievement of the 4 hour target is an indication of the pressure in the acute hospital system. Ongoing improvement is sought but all hospitals in GG&C continue to struggle to achieve this target.

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Indicator	3. Number of Emergency Admissions (All Ages).
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 Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	2018/19 Target	15/16	16/17	17/18	18/19			
					To Q1	To Q2	To Q3	To Q4
Total	**75,750**	77,296	75,646	69,729	**17,686**	**35,280**		
Monthly average	**6312**	6441	6304	5808	**5,895 (G)**	**5880 (G)**		
Performance Trend								

The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance is monitored against this.

The number of admissions have been falling over the last three years. Until September, the monthly average has increased slightly compared to 17/18 but remains below target and Green.

Indicator	4. Number of Unscheduled Hospital Bed Days (All Ages)
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 Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	2018/19 Target	15/16	16/17	17/18	18/19			
					To Q1	**To Q2**	**To Q3**	**To Q4**
Total	**454,285**	504,761	525,152	505,165	116,702	238,794		
Monthly average	**37,857**	42,063	43,763	42,097	38,900 (A)	39.799 (R)		
Performance Trend								
The HSCP has set a trajectory for 2018/19 which is based upon a 10% reduction on the 2015/16 baseline and performance is monitored against this. Until September, the monthly average has increased and is above target and Red.								
Actions to Improve Performance								
Further work is in hand to better understand this trend and to inform strategies to achieve the 10% target. This target is another indicator of pressure in the acute system								
Timeline for Improvement								
.A revised trajectory is in preparation for 2019/20 based on this year's performance.								

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Indicator	5. 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 Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18
North East		10	23	14	11	26	14
North West		6	15	8	10	25	11
South		14	12	22	20	32	17
Sub-Total (Included Codes)		**30**	**50**	**44**	**41**	**83**	**42**
North East		2	2	2	2	3	4
North West		5	4	3	3	2	4
South		4	4	9	7	10	14
Sub-Total (Complex Codes)		**11**	**10**	**14**	**12**	**15**	**22**
All Delays	**20**	**41 (R)**	**60 (R)**	**58 (R)**	**53 (R)**	**98 (R)**	**64 (R)**

Performance Trend

Numbers vary across localities and over time and have fallen in November having risen in October.

Actions to Improve Performance

The weekly operational meeting continues to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. The increase in May can be attributed to an associated spike in referrals to the HSCP. Some of these delays extended to a few days only with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans.

Timescale for Improvement

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and target date for Home is Best implementation is Oct 2018. The Home is Best Team has now been established which has resulted in a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues.

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Indicator	6. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000. 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 Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Oct 18	Nov 18	Dec 18	Year to Date	Monthly average
HSCP	21,288	15,557	10,982	10,000 (833/ month)	1479	1138	1196	12,273 (R)	1,364 (R)
NE	5777	4058	3002	N/A	470	381	349	3791	421
NW	8034	6406	3372	N/A	409	217	335	3393	377
S	7477	5093	4608	N/A	600	540	512	5089	565

Performance Trend

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 10,000 bed days for the year (monthly average of 833).

For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 7 below). During 2018/19, they have increased, with a monthly average of 1364 (compared with an average of 915 for 17/18). The monthly average has, however, fallen since the last report (was 1384).

Actions to Improve Performance

Acute bed days lost is a function of delays themselves and so an increase in delays recently (see indicator 6 trends) has resulted in an increase in bed days lost. The actions described at indicator 6 above to reduce delays will have an impact on bed days lost and this is expected to reduce over the coming months.

The increase in beds days lost this financial year is primarily attributed to higher complex discharge referral numbers with the majority of delays being 5 days or less. The HSCP actions include the recent introduction of Home is Best Team - a dedicated hospital social work team and management arrangements to ensure consistency of practice and process across all hospital sites and effective partnership working with acute colleagues to expedite discharge arrangements. Delays performance and improvements actions continues to be closely monitored via a weekly Operational delays meeting.

Timescale for Improvement

Improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above

The whole system pressure continues to have an impact on delays performance however key actions to reduce delays include:

- Review pathway for Intermediate Care (IC) and Complex care beds via IC Improvement Plan to optimise discharge pathways (conclude April 19).
- Continue to review delays at operational team level and at weekly Delays Operational meeting to resolve complex discharge issues.
- Continue to communicate home discharge options with Acute colleagues e.g. Access to Homecare

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Indicator	7. 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 be 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/ Ministerial Strategic Group (MSG) Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Oct 18	Nov 18	Dec 18	Year to Date	Monthly average
HSCP	10,715	6050	2098	1910 (159/ month)	277	324	350	3116 (R)	346
NE	3590	1647	336	N/A	16	39	56	520	58
NW	3558	2995	816	N/A	73	37	89	930	103
S	3910	1408	946	N/A	188	248	205	1666	185

Performance Trend

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year (monthly average of 159).

For the city as a whole, there has been a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included. During 2018/19, however, they have increased so far, with a monthly average of 346.

Actions to Improve Performance

The importance of considering 13za v's AWI decision making continues to be a focus of practice discussions. A working group has been established to ensure best practice and process associated with the ongoing review of AWI service users and effective/ongoing review of care management and legal actions required to support appropriate discharge.

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above.

The AWI working group has agreed a plan to improve the flow through the AWI beds including a focus on prevention and preparation to attempt to reduce the numbers of people categorised as AWI.

There are a few themes around which action has been agreed including rigorous use of the tracker tool for monitoring individual cases as well as identifying areas where performance and timescales can be improved.

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CARERS SERVICES

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

Locality	Target	17/18 Q2	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1	18/19 Q2	18/19 Q3
Glasgow	1,650 (413 per Q)	454 (G)	485 (G)	494 (G)	1,942 (G)	515 (G)	511 (G)	448 (G)
North East	550 (138 per Q)	150 (G)	167 (G)	177 (G)	606 (G)	181 (G)	146 (G)	172 (G)
North West	550 (138 per Q)	140 (G)	127 (R)	148 (G)	620 (G)	187 (G)	124 (R)	91 (R)
South	550 (138 per Q)	164 (G)	191 (G)	169 (G)	716 (G)	147 (G)	241 (G)	185 (R)

Performance Trend
The quarterly target was met city-wide and in the North East and South (GREEN) at Q3. The total for North West (RED) was outwith the target range of 138 per quarter at the end of Q3. Between Q2 and Q3 the total number decreased by 12%.

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

Locality	Target	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Glasgow	65%	80% (G)	91% (G)	82% (G)	84% (G)	83% (G)	86% (G)
North East	65%	80% (G)	87% (G)	74% (G)	84% (G)	84% (G)	87% (G)
North West	65%	73% (G)	95% (G)	86% (G)	73% (G)	78% (G)	79% (G)
South	65%	81% (G)	93% (G)	86% (G)	96% (G)	87% (G)	92% (G)

Performance Trend
The 65% target continued to be exceeded across all three localities at Q3 (GREEN).

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 Leads	Mike Burns, Assistant Chief Officer (Children's Services)

TARGET	AREA	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
95%	NE	87% (R)	88% (R)	88% (R)	86% (R)	92% (R)	90% (R)	92% (G)
	NW	79% (R)	87% (R)	94% (G)	86% (R)	85% (R)	93% (R)	90% (A)
	S	87% (R)	89% (R)	91% (A)	95% (G)	90% (G)	94% (G)	92% (G)

Performance Trend

Performance has fluctuated over time and between localities. North East has moved from RED to GREEN in the last quarter. North West has moved from RED to AMBER while South remained GREEN but reduced.

Actions to Improve Performance

We have completed an analysis of individual cases and there is evidence some families transfer in to a locality but then move out before the assessment can be completed. Whilst "did not attends" can be a problem this is further compounded when families relocate at short notice. A standard operating procedure is being used to attempt to take account of these movements when recording the assessment.

More generally, Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action. We continue to review activity and further interrogate caseloads to establish clearer reasons for failing to meet this target across all localities. We continue to implement the Healthy Children programme including

- Recruitment of additional health visitors (37 new graduates should be in post by the end of 2018/19)
- The new universal child health pathway
- Further implementation of Family Nurse Partnership

It should be noted that the most recent national data published by ISD in 2018 showed that in 2016/17 across Scotland, 89% of eligible children received a review.

Timeline for Improvement

Further improvements will be achieved each quarter.

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

TARGET	AREA	Mar 16	Mar 17	Mar 18	Jul 18	Aug 18	Sep 18	Oct 18
	NE	95% (G)	99% (G)	93% (G)	95% (G)	100% (G)	98% (G)	97% (G)
95%	NW	93% (G)	98% (G)	96% (G)	93% (G)	99% (G)	97% (G)	94% (G)
	S	96% (G)	98% (G)	96% (G)	95% (G)	100% (G)	98% (G)	97% (G)
Performance Trend								
Variations across areas and over time with all areas now meeting the target. Service Managers and Team Leaders have put in place performance management and supervision arrangements, including detailed exception reports, to identify areas of low completion rates and to initiate corrective action.								

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 Leads	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

AREA	Annual Target	Quarterly Target	2016/17 Total	2017/18 Total	2018/19 Q1	2018/19 Q2	2018/19 Q3	2018/19 Q4
City	1,533	383	1,533	1757 (G)	571(G)	585 (G)	684 (G)	
NE	344	86	344	509 (G)	261(G)	267 (G)	272 (G)	
NW	576	144	576	587 (G)	167(G)	182 (G)	228 (G)	
S	613	153	613	661 (G)	143(R)	136 (R)	184 (G)	

Performance Trend

At Q3, the quarterly pro-rata target for referrals was met in all localities and city wide. The North East has introduced a new pathfinder initiative at the Dental Health Support Workers visit that has been particularly successful in increasing the referral rate.

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 Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	Jun-18	Jul-18	Aug-18	Sep-18
Glasgow HSCP	100%	100% (G)	100% (G)	92.9% (R)	92.6% (R)	90.3% (R)	90.6% (R)	87.8% (R)
North Glasgow	100%	100% (G)	100% (G)	99.6% (G)	99.6% (G)	98.3% (G)	98.2% (G)	97.4% (A)
South Glasgow	100%	100% (G)	100% (G)	99.4% (G)	99.5% (G)	99.4% (G)	100% (G)	99% (G)
East Glasgow	100%	100% (G)	100% (G)	91.2% (R)	90% (R)	85.8% (R)	89.3% (R)	88.1% (R)
West Glasgow	100%	100% (G)	100% (G)	84.2% (R)	81% (R)	81% (R)	79.4% (R)	71.6% (R)

Performance Trend

Variations exist across localities and over time. Performance has remained RED for East and West Glasgow and the city since August. South Glasgow remained GREEN while North moved from GREEN to AMBER.

Actions to Improve Performance

The drop in percentage of children seen within 18 weeks in East and West Glasgow arose due to a number of factors, including significant workforce issues and changes implemented to increase the level of accepted referrals, which in turn created increased demand.

A number of approaches have been undertaken to address this, including temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1.Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

Further, as part of wider Scottish Governments plans, we have been working on the reduction of rejected referrals. Over the last six months, GGC have reduced their rejected referrals from 35% to 19%, which is now under the UK and Scottish averages. As noted, this has had an additional effect on Referral To Treatment (RTT) performance. The Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to less than 10%, whilst improving

the RTT as above.

Timeline for Improvement

Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2018, there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

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Indicator	5. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have *not* 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 Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	
						% with review	Number without a Permanency Review
90%	**City**	**76% (R)**	**80% (R)**	**78% (R)**	**79% (R)**	**81% (R)**	**20**
90%	North East	81% (R)	94% (G)	98% (G)	93% (G)	97% (G)	1
90%	North West	57% (R)	88% (R)	78% (R)	79% (R)	83% (R)	4
90%	South	83% (R)	61% (R)	58% (R)	63% (R)	62% (R)	14

Performance Trend

Performance at city level improved slightly between Q2 and Q3. Although still RED rated, performance in North West improved by 4 percentage points, as it also did in the North East which remained GREEN. South remained RED, declining slightly. Performance in North East (GREEN) exceeded target for the fifth consecutive quarter (since 17/18 Q3 96% -not shown on table above).

At Q3 a total of 20 children (of 104 children under 5 looked after for 6 months or more) have not yet had a permanency review (this figure includes 1 child allocated to a hospital team who has not yet had a review).

Actions to Improve Performance

We continue to treat this area of work as a priority. The Permanence Forums, for example, have been reviewing the outstanding work and seeking to establish timescales for completion Local reviews have confirmed key areas which will require a sharp focus, specifically in relation to improving data recording and reducing cancelled and deferred meetings that have occurred as a consequence of outstanding parenting assessments and absent parents. Local arrangements and targeted approaches have ensured this area of work remains under constant scrutiny by senior managers and corrective action taken, wherever necessary, has seen an improvement. We have reviewed the individual reasons for reviews not taking place timeously and we intend to schedule reviews where this is practicably possible. It should be

recognised the percentages shown can fluctuate as a result of the relatively small numbers of children in this category.

Differences in performance across localities are a consequence of differences in the availability of resources, which is being considered by the Core Leadership Team. Furthermore, we have been improving our forward planning of reviews and scrutinising cancellations – leading to culture change - which, in conjunction with approaches, such as Family Group Decision Making, have enabled a stronger focus on engaging with families at an early stage.

Staff turnover has presented us with challenges in delivering on this performance target with vacancies in both the North West and South for Service managers, team leaders and a number of qualified social workers. We have started a recruitment drive for new social workers but alongside this, cases have had to be reallocated to progress plans. The newly allocated workers are required to develop knowledge of the background and history of the families they are working with, in order to progress the permanence activity.

The Children's Core Leadership intends to review this performance indicator with the intention of replacing it with an outcome focused measure as the "review" is part of the process and does not tell us whether any positive outcomes have been achieved for the child.

Timeline for Improvement

It is anticipated that further improvements in performance will continue to be evident as we deliver on our Transformation Programme and additional staff come into post.

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.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Age Group	Apr 18 - Jun 18	Jul 18 - Sep 18						
100%	Under 5s	97.37% (A)	95.2% (A)						
100%	Aged 5-18	100% (G)	100% (G)						

Performance Trend

This is a new indicator for 2018/19. Performance remains below target for Under 5s.

Actions to Improve Performance

This is a new indicator and performance is good for children aged 5 to 18 years. There is a slight dip for under-fives, although the percentage of assessments completed within the target is only slightly outwith the threshold for green. Discussions will take place between our health visiting services and Specialist Children's Services to identify the most effective ways of ensuring that all children under 5 receive their assessment within the target timescale. In future reports we will include the number of children assessed during the quarter.

Timeline for Improvement

We would anticipate improvements by the end of Q4.

Indicator	7. Percentage of new SCRA (Scottish Children's Reporter Administration) reports submitted within 20 days.
Purpose	To monitor the proportion of new reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted within the 20 day deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
60%	**Glasgow**	74% (G)	45% (R)	67% (G)	66% (G)	64% (G)	65% (G)	61% (G)	
60%	North East	80% (G)	47% (R)	74% (G)	67% (G)	52% (R)	80% (G)	82% (G)	
60%	North West	69% (G)	38% (R)	57% (R)	46% (R)	75% (G)	61% (G)	50% (R)	
60%	South	81% (G)	50% (R)	65% (G)	81% (G)	59% (G)	52% (R)	44% (R)	
Performance Trend									
Data for 2018/19 not currently available. A new SCRA assessment form is being rolled out across the city and we are unable to report figures accurately during this transition process. A revised reporting process is under development and this should enable performance to be reported upon in Q4. No colour classification provided in overall summary as a result.									

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 Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1*	18/19 Q2*	18/19 Q3*
75%	**Glasgow**	61% (R)	70% (R)	69% (R)	67% (R)	68% (R)	76% (G)	74% (G)
75%	North East	65% (R)	76% (G)	71% (R)	77% (G)	73% (A)	92% (G)	85% (G)
75%	North West	49% (R)	67% (R)	66% (R)	50% (R)	62% (R)	60% (R)	62% (R)
75%	South	68% (R)	67% (R)	68% (R)	73% (A)	68% (R)	77% (G)	74% (G)

Performance Trend

Performance at city level, in North East and South remained GREEN at Q3. North West remained below target (RED). At Q3 the proportion of non-recording was 8% in NE, 3% in NW, and 5% in South (City-wide = 6%).

Scottish Government statistics (Children's Social Work Statistics 2016-2017) indicate that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for <u>whom current activity was known</u> were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, rising from 51% in 2011/12.

Notes on data
-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 2018-19 these figures *exclude* care leavers who are not in employment, education and training (NEET) who have a barrier to employment (for example, pregnancy, mental/physical health problems).

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Indicator	9. Number of high cost placements
Purpose	To monitor the number of high cost placements. These include residential schools, secure units and specialist purchased resources. Reducing high cost placements is an objective for our Children's Transformation Programme
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Mar 15	Mar 16	Mar 17	Jul 17	Sept 17	Dec 17	Mar 18	Jun 18	Sept 18	Dec 18	2018/19 Target
120	126	111	104	94	76 (G)	67 (G)	61 (G)	56 (G)	52 (G)	47 (reduction of 20 between year-end 17/18 & 18/19)

Performance Trend

The number of high cost placements continued to fall during Q3. There is a target to reduce the numbers by 20 over the course of 2018/19.

The reduction of young people in high cost placements during the last year has been achieved primarily through a rigorous focus on risk assessment, care planning and improved identification of responses to young people who are referred to the service. There are fewer young people becoming looked after by the Council and this may, in part be a result of a stronger focus on supporting families, such as through family group decision making, and early intervention and prevention work by the wide range of agencies working in the city.

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

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

AREA	TARGET	15/16	16/17	17/18		18/19	
		Q4	Q4	Q3	Q4	Q1	Q2
HSCP	95%	**94.6% (G)**	**93.8% (G)**	**93.5% (G)**	**93.9% (G)**	**93.5% (G)**	**92.6% (G)**
North East	95%	N/A	**95.8% (G)**	N/A	N/A	N/A	N/A
North West	95%	N/A	**93.6% (G)**	N/A	N/A	N/A	N/A
South	95%	N/A	**92.6% (G)**	N/A	N/A	N/A	N/A
Performance Trend							
Performance remains GREEN, though there has been a small decrease since Q1.							

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

AREA	TARGET	15/16	16/17	17/18		18/19	
		Q4	Q4	Q3	Q4	Q1	Q2
HSCP	Q1	95.9% (G)	96.4% (G)	95.6% (G)	96.0% (G)	95.7% (G)	96% (G)
North East	95%	N/A	96.6% (G)	N/A	N/A	N/A	N/A
North West	95%	N/A	95% (G)	N/A	N/A	N/A	N/A
South	95%	N/A	97.3% (G)	N/A	N/A	N/A	N/A
Performance Trend							
Performance remains GREEN. There has been a small increase in performance between Q1 and Q2.							

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

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
Purpose	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	HSCP Target	% of People who started treatment within 18 weeks of referral						
		Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
NE	90%	87.1% (A)	87% (A)	85.2% (R)	82.5% (R)	76.3% (R)	64.1% (R)	75.4% (R)
NW	90%	81.7% (R)	83.1% (R)	84% (R)	79.7% (R)	77.9% (R)	85.5% (R)	87.3% (R)
S	90%	96.5% (G)	94.7% (G)	92.7% (G)	94.7% (G)	94.7% (G)	95.4% (G)	96.8% (G)

Performance Trend

Performance information now available again after the transfer over from PIMS to EMISWeb. At December, performance remains GREEN in the South; performance is now AMBER in the North West, whilst performance remains RED in the North East.

Actions to Improve Performance

The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and/or admin vacancies, long term leave or retirals produce a significant impact on the performance of the team. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.

There remains a focus on addressing the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance; however teams are aware of the issues and work to provide a short term response, flexing the limited remaining resource capacity, to provide a service within the target timeframes.

Timeline for Improvement

Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place performance is improving, with short term variation as issues are addressed.

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

TARGET	AREA	Mar 18	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
28 days	Stobhill	20.7 (G)	26.5 (G)	28.3 (G)	31.8 (R)	24 (G)	34.7 (R)	36.1 (R)
28 days	Leverndale	22.9 (G)	29.4 (R)	28.2 (G)	30.3 (R)	30 (R)	32.1 (R)	27 (G)
28 days	Gartnavel	24.4 (G)	29.5 (R)	26.6 (G)	27.8 (G)	32.1 (R)	38.2 (R)	35.3 (R)

Performance Trend

No trend information before Mar 2018 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used. Performance fluctuating over time and between hospitals. Leverndale moved from RED to GREEN between September and December; Gartnavel moved from GREEN to RED; and Stobhill remained RED.

Actions to Improve Performance

Lengths of stay in adult acute lengths of stay are complex and fluctuate month to month and annually. The average length of stay in the 12 month period to Oct 2017 (previous system of recording) was approaching 31.7 days across all the HSCPs within the GGC system of bed management. The current average length of stay February to September 2018 indicates a downward trend which continues to be monitored. Fluctuations month to month are not atypical. Further work on identifying resource to support a range of action including discharge co-ordinators, SPSP, acute inpatient pathway, AIMs accreditation processes, and MHOs is progressing, which will support a range of work to support reducing the length of stay. This activity interlinks average length of stay, % bed occupancy and people being delayed in hospital.

Timeline for Improvement

The initial stretch target to put in place the identified changes and effect the change in length of stay is to November 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together developments. Average length of stay will remain a means of checking the pressure under which inpatient services are operating.

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

TARGET	AREA	Mar 18	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
<95%	Stobhill	95.6% (G)	93% (G)	95% (G)	94.8% (G)	90.7% (G)	91.3% (G)	96.5% (G)
<95%	Leverndale	96.8% (G)	95.3% (G)	96.1% (G)	95.2% (G)	95.4% (G)	98% (A)	89.7% (G)
<95%	Gartnavel	92.7% (G)	97.2% (G)	93.1% (G)	92.5% (G)	91.9% (G)	97.1% (G)	91% (G)
Performance Trend								
All areas GREEN at the end of Q3. Leverndale moved to AMBER in November but has since returned to GREEN. No trend information pre 18/19 shown as these figures have been obtained from the new TrakCare system and figures may be affected by the different calculation methods used.								

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	Aug18	Sep18	Oct 18	Nov 18
North East		2	3	3	3	3	7
North West		1	8	4	2	2	1
South		1	7	5	3	2	1
Sub-Total (Included Codes)		4 (R)	18 (R)	12 (R)	8 (R)	7 (R)	9 (R)
North East		0	3	3	2	1	1
North West		3	4	3	2	2	0
South		0	0	0	0	0	0
Sub-Total (Complex Codes)		3 (R)	7 (R)	6 (R)	4 (R)	3 (R)	1 (R)
All Delays	0	7 (R)	25 (R)	18 (R)	12 (R)	10 (R)	10 (R)

Performance Trend
Numbers vary across localities and over time. There has been a reduction over the course of 2018.

Actions to Improve Performance

Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been remains in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay, % bed occupancy and people being delayed in hospital.

Timeline for Improvement

The initial target to put in place the Strategy identified changes and effect the change remains into 2019.   This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes.

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SANDYFORD (SEXUAL HEALTH)

Indicator	1. Average waiting times for access to vLARC (Long-Acting Reversible Contraception) appointments.
Purpose	To monitor waiting times for access to a first appointment for vLARC
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
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	AREA	Apr - Jun 16	Apr 17 - Jun 17	Jan 18- Mar 18	Apr 18- Jun 18	Jul 18- Sep 18	Oct 18- Dec 18
10 working days	**HSCP**	21 (R)	24 (R)	23 (R)	26 (R)	31 (R)	32 (R)
	NE	21 (R)	24 (R)	21 (R)	27 (R)	33 (R)	31 (R)
	NW	20 (R)	21 (R)	22 (R)	26 (R)	30 (R)	33 (R)
	S	22 (R)	32 (R)	25 (R)	28 (R)	31 (R)	32 (R)
	GGC	19	21	21	25	27	31
Implants							
10 working days	**HSCP**	25 (R)	17 (R)	15 (R)	17 (R)	21 (R)	23 (R)
	NE	26 (R)	13 (R)	11 (R)	16 (R)	16 (R)	19 (R)
	NW	25 (R)	18 (R)	18 (R)	16 (R)	26 (R)	27 (R)
	S	24 (R)	25 (R)	16 (R)	20 (R)	20 (R)	20 (R)
	GGC	23	16	13	16	19	21

Performance Trend

Target continues to be exceeded in all areas and waiting times have increased in the last quarter for the HSCP as a whole. This has been contributed to by staffing issues as a result of staff retirals and vacancies, with other services being prioritised over vLARC on occasions.

Actions to Improve Performance

The Sexual Health Service Review has made recommendations on how to make long acting contraception more easily available to those who need it, which should address these waiting times. The recommendations include vLARC being available at all locations where there is a Sandyford service, and engagement with primary care partners to investigate and develop express provision of repeat routine contraception. Staff training is needed to enable vLARC provision at all sites, and partnership working required with primary care. A proposal to enhance capacity and reduce the waiting times has been accepted and funded by HSCP. First of clinics over six month period begins late January 2019.

Timeline for Improvement

A full Service Review Implementation Plan will be presented to the IJB in early summer 2019 and increased LARC capacity is included in current service delivery plan.
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Indicator	2. Average Waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

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

Performance Trend

Target not met and all areas continue to be RED with waiting times remaining similar for the HSCP a whole in the last quarter.

Actions to Improve Performance

As pressures on service have grown this waiting time has lengthened. Actions have been taken to introduce Test Express clinics two evenings a week for asymptomatic men who have sex with men, and reallocation of some urgent care slots from December 2018 is likely to bring waiting times down. Within the service review delivery plan, there will also be concentration of urgent care provision into fewer sites with more appropriate skill mix and a range of options for access to this part of the service.

Timeline for Improvement

This indicator used to measure performance will be reviewed.

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Indicator	3. Average waiting times for access to Routine Non-Urgent Non-Specialist Clinics (Routine 20s).
Purpose	To monitor waiting times for access to Routine 20s appointments.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Jan 18-Mar 18	Apr 18 – Jun 18	Jul 18-Sep 18	Oct 18-Dec 18
20 working days	HSCP	23 (R)	24 (R)	26 (R)	28 (R)	26 (R)	30 (R)
	NE	19 (G)	20 (G)	23 (R)	23 (R)	23 (R)	28 (R)
	NW	12 (G)	17 (G)	19 (R)	19 (G)	21 (R)	24 (R)
	S	24 (R)	25 (R)	26 (R)	28 (R)	24 (R)	29 (R)
	GGC	22	24	26	27	26	30

Performance Trend

Targets continue to be exceeded in all areas and have increased in the last quarter.

Actions to Improve Performance

This indicator will not be met as these clinics are agreed lower priority than other parts of service under pressure. The public health impact of this may include delays in starting contraception, reliance on less effective methods of contraception and consequent rise in unintended pregnancy; delay in diagnosis and treatment of STIs resulting in a more rapid rise in STIs, and reduction in uptake of cervical cytology testing. These effects may be more marked in areas of multiple deprivation and in areas where general practice services are stretched.

Timeline for Improvement

Within the service review delivery plan there will be increased provision of and access to routine care appointments and so performance here should improve after implementation

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Indicator	4. Proportion of male attendances at all Sandyford services who are Gay or Bisexual.
Purpose	An aim is to improve access across all Sandyford services for MSM and this indicator monitors attendance and whether this is being achieved.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

TARGET	AREA	Apr-Jun 16	Apr 17-Jun 17	Jan 18-Mar 18	Apr 18-Jun 18	Jul 18-Sep 18	Oct 18-Dec 18
10%	**HSCP**	31% (G)	35% (G)	42% (G)	42% (G)	42% (G)	43% (G)
	NE	18% (G)	20% (G)	23% (G)	23% (G)	18% (G)	20% (G)
	NW	35% (G)	46% (G)	54% (G)	53% (G)	53% (G)	54% (G)
	S	16% (G)	26% (G)	25% (G)	26% (G)	26% (G)	23% (G)
	GGC	28%	39%	46%	45%	45%	46%
Performance Trend							
Targets continue to be met and exceeded across all localities.							

Indicator	5. Waiting times for access to Gender Identity service for young people and for adults.
Purpose	To monitor waiting times for access to first appointment at Gender Identity services for young people aged under 17, and for adults aged 17 and older. Clinic is provided at Sandyford Central (West Glasgow) so no locality specific information shown.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
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	AREA	Apr 16– Jun 16	Apr 17 – Jun 17	Jan 18- Mar 18	Apr 18- Jun 18	Jul 18- Sep 18	Oct 18- Dec 18
Under 17 Years							
18 weeks	**GG&C**	N/A	26.3 (R)	31.8 (R)	36.2 (R)	29 (R)	30 (R)
17 years and over							
18 weeks	**GG&C**	N/A	26.3 (R)	37.6 (R)	37.4 (R)	40.5 (R)	37 (R)

Performance Trend
Waiting time targets continue to be exceeded and have increased in the last quarter for under 17s but declined for over 17s.
Actions to Improve Performance
Waiting times in the under 17s has improved due to the impact of the additional medical input providing additional sessions.   However, issues remain ongoing and there is a career break about to commence within the Young person's service which will be backfilled but is delayed due to the recruitment process.

The increase in waiting times for adults is due to the impact of long-term sickness absence amongst medical staff. Additional sessions have been allocated to medical staff to improve access to medical review. Initial assessments however remain a challenge as psychology resource still not enough to meet the demands. Staff will be recruited but there are further staff absences expected so longer term plan must include service reconfiguration. Discussions underway about possibilities of regional or national service models |
| **Timeline for Improvement** |
| This has been escalated via the HSCP and Board and an initial meeting in February 2019 has been arranged to discuss a way forward to improve resilience and sustainability in the service.
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Other Annually Reported Indicators - See Appendix 1, Section 2
11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17

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) Fiona McNeill, Head of Adult Services (South)

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

Indicator	2. Percentage of Parental Assessments completed within 30 days of referral.
Purpose	An *Impact of Parental Substance Use* (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) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
75%	**Glasgow**	77% (G)	81% (G)	81% (G)	83% (G)	84% (G)	89% (G)
75%	North East	74% (G)	77% (G)	78% (G)	82% (G)	80% (G)	87% (G)
75%	North West	86% (G)	76% (G)	72% (A)	73% (A)	71% (R)	82% (G)
75%	South	75% (G)	89% (G)	91% (G)	90% (G)	94% (G)	96% (G)
Performance Trend							
All localities exceeded target at Q3 (GREEN).							

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) Fiona McNeill, Head of Adult Services (South)

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
70%	**Glasgow**	65% (R)	71% (G)	73% (G)	73% (G)	73% (G)	
70%	North East	67% (A)	72% (G)	75% (G)	74% (G)	74% (G)	
70%	North West	64% (R)	72% (G)	74% (G)	74% (G)	77% (G)	
70%	South	73% (G)	75% (G)	76% (G)	75% (G)	74% (G)	
Performance Trend							
Data is currently unavailable for Q3.							

Other Annually Reported Indicators - See Appendix 1, Section 2

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

HOMELESSNESS

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

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
95%	**City-wide**	**91% (A)**	**75% (R)**	**86% (R)**	**89% (R)**	**81% (R)**	**90% (R)**
	North East	**90% (R)**	**75% (R)**	**83% (R)**	**90% (R)**	**91% (A)**	**94% (G)**
	North West	**94% (G)**	**93% (G)**	**94% (G)**	**95% (G)**	**93% (G)**	**95% (G)**
	South	**83% (R)**	**43% (R)**	**77% (R)**	**74% (R)**	**56% (R)**	**77% (R)**
	Asylum & Refugee Team (ARST)	**99% (G)**	**98% (G)**	**100% (G)**	**99% (G)**	**99% (G)**	**99% (G)**

Performance Trend
Although City-wide performance remained RED during Q3 there was a significant increase in performance in comparison with the previous quarter. North East, North West and the Asylum & Refugee Team (ARST) met target (GREEN). Performance in South remained below target and RED although there was a significant increase of 21 percentage points between Q2 and Q3.

Actions to Improve Performance
The number of unintentional decisions made across the service was high again in this quarter. Work continued within South CHT to reduce the number of cases where there was an outstanding decision, making a total of 363 decisions, of which 83 (23%) were out with timescale. This work has impacted on the overall performance by the service (90%), although performance improvements have been sustained by other teams. South CHT performance against this indicator continues to be monitored on a weekly and monthly basis and discussed at monthly CHT Management Meetings.

Timeline for Improvement
South CHT has largely completed work on outstanding cases, and it is expected that performance improvements will be made in Q4 and sustained into 2019/20, leading to an overall performance improvement citywide.
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Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
<20% (16/17) <40% (17/18 & 18/19)	City-wide	45% (R)	43% (R)	44% (R)	45% (R)	48% (R)	46% (R)	45% (R)	45% (R)
	North East	41% (R)	38% (G)	41% (G)	44% (R)	50% (R)	48% (R)	47% (R)	46% (R)
	North West	42% (R)	36% (G)	39% (G)	41% (G)	41% (G)	40% (G)	40% (G)	39% (G)
	South	48% (R)	47% (R)	45% (R)	46% (R)	51% (R)	47% (R)	46% (R)	48% (R)
	Asylum & Refugee Team (ARST)	57% (R)	56% (R)	53% (R)	50% (R)	51% (R)	46% (R)	40% (G)	41% (G)

Performance Trend

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

Actions to Improve Performance

Although, on a citywide basis, the percentage of cases over 6 months has not changed, there has been a reduction in total live caseload, and the number of longer term cases. Work is ongoing to improve the approach to assessment and referral, and a further meeting with the Vanguard Organisation is planned, to look at additional ways in which processes can be streamlined, working with partner organisations. The phasing out of duty baskets has been implemented, with completion through Q4 2018/19. Provision of additional staffing resources for Casework Teams has been approved, which will increase the overall complement of Social Care Workers.

Timeline for Improvement

Changes to processes and provision of additional staff resources are expected to contribute to an overall reduction in caseload and the proportion of cases which are longer term, through the coming year 2019/20.
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Target/Ref	3. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	17/18 Q3	17/18 Q4	17/18 Total	18/19 Q1	18/19 Q2	18/19 Q3	Year to Date
17/18 target 3,200 per annum (800 per quarter) **18/19 target** 4,000 per annum (1,000 per quarter)	City-wide figure only	766 (A)	711 (R)	3,016 (R)	782 (R)	864 (R)	1,076 (G)	2,722 (R)

Performance Trend
Annual target increased from 3,200 to 4,000 for 2018/19. The number of new resettlement plans completed during Q3 (1,076, GREEN) exceeded our revised target of 1,000 per quarter. Whilst the overall position for 2018/19 remains behind profile (2,722 plans to the end of Q3, compared to a target of 3,000), it is expected that teams will continue to give highest priority to the provision of new resettlement plans, sustaining higher numbers through Q4 and taking the overall number for 2018/19 closer to the annual target of 4,000 for the year.

Actions to Improve Performance
Ongoing weekly and monthly monitoring, along with discussions with each team at the monthly Casework Management Team meeting has helped to improve performance. Team approaches to plan delivery have been standardised and higher targets set for Q2 have been retained.

Timeline for Improvement
It is expected that, with a continuation of improved performance over Q4, the total plans delivered in 2017/18 (3,016) will be exceeded, and, overall performance for 2018/19 will be close to the annual target (4,000).

Target/Ref	4. Number of households reassessed as homeless or potentially homeless within 12 months.
Purpose	To monitor the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	14/15 Full Year Total	15/16 Full Year Total	16/17 Full Year Total	17/18 Full Year Total	18/19 Q1	18/19 Q2	18/19 Q3
<300 per annum (16/17) <480 per annum (17/18 & 18/19) (<120 per Q)	City-wide figure only	633 (R)	395 (R)	493 (R)	444 (G)	104 (G)	85 (G)	Not yet available
Performance Trend								

Performance has improved over the last 12 months and the quarterly target was met again at Q2 with a significant increase in performance between Q1 and Q2.

A time lag in availability of data from Scottish Government means that there is no Q3 figure included above.

The implementation of a closure process, requiring all closure decisions to be approved by a Senior Community Homelessness Worker, has assisted in reducing the number of repeat homeless applications.

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

Target	Locality	2016/17	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
100%	City-wide figure only	60.9%	67.6%	72.1%	73.6%	65.5%	**Figures not currently available**	
Performance Trend								
This is a new indicator introduced for 2018/19. The target shown relates to 2018/19. A time lag in availability of data from Scottish Government means that no 18/19 data is yet available, so no RAG classification has been provided.								

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 Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
80%	**Glasgow**	65% (R)	67% (R)	67% (R)	72% (R)	72% (R)	73% (R)
80%	North East	63% (R)	68% (R)	58% (R)	82% (G)	81% (G)	73% (R)
80%	North West	70% (R)	65% (R)	76% (R)	71% (R)	69% (R)	68% (R)
80%	South	63% (R)	66% (R)	65% (R)	62% (R)	66% (R)	77% (A)

Performance Trend
At Q3 South (AMBER) was within the target range for this indicator, while performance for the other localities and city-wide remained below target and RED. Level 1 orders are imposed by the courts without prior social work involvement so there is no pre-sentence opportunity to provide reporting instructions to attend fast track and we are dependent on courts signposting to Fast Track team. Level 2 orders require submission of a report from social work and therefore we can provide pre-sentence reporting instructions to the offender to ensure immediacy of attendance at Fast Track and consequently placement.
Actions to Improve Performance
We continue to improve signposting via court liaison meetings, and a recent pilot commenced in June 2018 by the Fast Track Team to provide a presence in court at Glasgow Sheriff Court. In addition, we have re launched reporting instructions that are to be included in every social work report to court. There is still the issue of the level 1 orders that do not require a social work report and continued work with clerks to improve signposting is part of the pilot.
Timeline for Improvement
We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4. 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 Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
85%	**City**	97% (G)	84% (G)	67% (R)	80% (R)	91% (G)	95% (G)	70% (R)
85%	North East	88% (G)	86% (G)	68% (R)	79% (R)	92% (G)	97% (G)	75% (R)
85%	North West	98% (G)	73% (R)	65% (R)	75% (R)	87% (G)	96% (G)	75% (R)
85%	South	100% (G)	94% (G)	66% (R)	84% (G)	94% (G)	93% (G)	62% (R)

Performance Trend

At Q3 there was a significant decline in performance across all localities and city-wide with all moving from GREEN to RED.

Actions to Improve Performance

The decrease in performance is influenced by a number of factors. The festive period with reduced staffing levels, on top of existing resource pressures, prioritised the need for the service to ensure that the emphasis was on the submission of reports to court. This will have had an impact on recording delays. It is envisaged that there should be an improvement for next quarter with additional locality resourcing enabling tasks to be completed. The Team Leaders continue to monitor performance and consider whether any case requires an extension.

Timeline for Improvement

Expected improvement by next quarter.

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

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
75%	**Glasgow**	71% (R)	78% (G)	82% (G)	78% (G)	64% (R)	76% (G)	71% (R)
75%	North East	64% (R)	85% (G)	82% (G)	77% (G)	61% (R)	78% (G)	67% (R)
75%	North West	75% (G)	79% (G)	87% (G)	77% (G)	58% (R)	81% (G)	76% (G)
75%	South	72% (A)	74% (G)	76% (G)	80% (G)	73% (A)	70% (R)	70% (R)

Performance Trend
There was a decline in performance during Q3. North East and the city slipped from GREEN to RED.

Actions to Improve Performance
Localities managing resource pressures, absence and vacancies has had an impact on delays in recording, as has the festive period and associated reduced staffing levels. Additionally some changes to Team Leader resource, particularly for South and North West, has impacted on performance.

Timeline for Improvement
It is envisaged that retrospective recording, improved staffing resource, including a resolution to Team Leader pressures, will have a positive impact on improved performance in the next quarter.

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 Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
70%	**Glasgow**	65% (R)	64% (R)	66% (R)	60% (R)	63% (R)	64% (R)	63% (R)
70%	North East	58% (R)	58% (R)	64% (R)	57% (R)	56% (R)	62% (R)	68% (A)
70%	North West	61% (R)	58% (R)	64% (R)	63% (R)	63% (R)	66% (R)	61% (R)
70%	South	75% (G)	75% (G)	72% (G)	60% (R)	69% (G)	64% (R)	60% (R)

Performance Trend

Performance in North West, South and city-wide remained below target (RED) at Q3. North East improved performance moving from RED to AMBER (62% to 68%).

Actions to Improve Performance

There are a number of orders waiting for breach or review outcomes via court processes. This continues to be tabled at Court liaison meetings. Unfortunately it is dependent on court services to process work. There are also a number of orders/UPW requirements that have exceeded their end date.

A report is now circulated monthly to Service Managers to ensure timeous closure and improvements in recording. Team Leaders will scrutinise this via fortnightly locality performance reporting meetings. Improved Criminal Justice performance support will also be in place within the next quarter due to the return of long term absence and a newly appointed Performance Principle Officer coming into post.

Timeline for Improvement

The 'breach/review' outcomes continue to impact on achieving the target but we will continue to monitor this closely. It is hoped that court Liaison arrangements will start to deliver improved performance going forward. .

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

Target	Locality	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
80%	**Glasgow**	80% (G)	80% (G)	73% (R)	80% (G)	77% (A)	81% (G)
80%	North East	83% (G)	84% (G)	78% (A)	83% (G)	84% (G)	82% (G)
80%	North West	82% (G)	82% (G)	74% (R)	81% (G)	76% (R)	85% (G)
80%	South	76% (R)	76% (R)	69% (R)	78% (A)	73% (R)	78% (A)
Performance Trend							
At Q3 there was an increase in performance with the city moving from AMBER to GREEN. North West and South moved from RED to GREEN and AMBER respectively. Back to Summary							

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

Target	Locality	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
90%	**Glasgow**	96% (G)	94% (G)	100% (G)	93% (G)	93% (G)	97% (G)	90% (G)
90%	North East	100% (G)	93% (G)	100% (G)	100% (G)	100% (G)	100% (G)	86% (A)
90%	North West	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	93% (G)	100% (G)
90%	South	89% (G)	90% (G)	100% (G)	80% (R)	80% (R)	100% (G)	100% (G)
Performance Trend								
During Quarter 3 performance declined in North East which moved from GREEN to AMBER. The other localities and city continued to meet/exceed target.								

HEALTH IMPROVEMENT

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

Locality	2016/17 End of Year Status	2017/18 End of Year Status	Target 2018/19 (Quarterly/ to Q3)	Actual 2018/19 (Q2)	Actual 2018/19 (Q3)	Total 2018/19
Glasgow City HSCP	**7,400 (G)**	**6,470 (G)**	1,266/3798	**1357 (G)**	**1140 (A)**	**3776 (G)**
North East	**1,156 (R)**	**1,312 (R)**	409/1209	**446 (G)**	**309 (R)**	**1113 (A)**
North West	**1,399 (R)**	**1790 (G)**	396/1188	**395 (G)**	**272 (R)**	**942 (R)**
South	**739 (R)**	**674 (R)**	461/1383	**300 (R)**	**234 (R)**	**766 (R)**
City Wide (Non sector specific wider settings delivery)	**4,106**	**2694**		**216**	**325**	**955**
Performance Trend						
At Q3 the target for Glasgow City is being met. Performance at locality levels are below their respective targets. It should be noted, however, that the city wide services are delivered in localities but are recorded at a city wide level.						

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

Area	Actual 16/17	Actual 17/18	Apr 18 – Sep 18	
			Target 18/19	Actual 18/19
Glasgow	**1,250(R)**	**1,398 (G)**	**514**	**623 (G)**
North East	**489 (R)**	**498 (A)**	**190**	**250 (G)**
North West	**346 (R)**	**431 (G)**	**156**	**186 (G)**
South	**415 (R)**	**469 (G)**	**168**	**187 (G)**
Performance Trend				
The targets have been weighted for each quarter to take into account the fact that there are more quits in the last quarter of each year. The targets for each locality to Q2 have been met.				

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

TARGET	Locality	Apr 15-Mar 16	Apr 16-Mar 17	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
13%	**HSCP**	**13.7%**	**13.4%**	**8.8% (G)**	**10.6% (G)**	**11.2% (G)**	**10.3% (G)**	
13%	NE	16.5%	15.4%	11.5% (G)	14.8% (R)	13.6 (A)	15.8% (R)	
13%	NW	12.5%	12.1%	7.7% (G)	10.3% (G)	12.2% (G)	9.4% (G)	
13%	S	12.7%	12.7%	10.7% (G)	12.1% (G)	10.4% (G)	10% (G)	
Performance Trend								
New target agreed as 13% in 2017/18. Performance at a city level and in the North West and South has remained GREEN. North East moved from AMBER to RED.								

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

TARGET	LOCALITY	Apr 15-Mar 16	Apr 16 - Mar 17	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
19%	**HSCP**	**20.7%**	**19.7%**	**15.4% (G)**	**18.7% (G)**	**18.1% (G)**	**18.3% (G)**	
19%	NE	20.3%	18.6%	14.6% (G)	19.6% (A)	17.0% (G)	19.1% (G)	
19%	NW	21.9%	20.6%	12.7% (G)	18.8% (G)	20.3% (R)	16.9% (G)	
19%	S	20.2%	20.3%	18.2% (G)	18.4% (G)	15.4% (G)	18.1% (G)	
Performance Trend								
New target agreed as 19% in 2017/18. Performance GREEN at a city wide level and in all localities. North East and South remained GREEN with the North West moving from RED to GREEN between Q2 and Q3.								

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

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
24.0%	**HSCP**	25.3% (G)	27% (G)	26.5% (G)	26.2% (G)	27.5% (G)
15.6%	NE	17.1% (G)	18.8% (G)	18.5% (G)	19.3% (G)	20.1% (G)
30.8%	NW	32.8% (G)	33.1% (G)	33.1% (G)	33% (G)	34.3% (G)
26.2%	S	25.8% (G)	28.2% (G)	27.4% (G)	26.3% (G)	28.1% (G)
Performance Trend						
An issue with data recording procedures means that at present no data is available for this indicator. This has been escalated and is being examined at a Health Board wide level. No colour classification provided in overall summary.						

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

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
21.6%	**HSCP**	18.2% (R)	18.4% (R)	19.0% (R)	18.4% (R)	19.8% (R)
19.5%	NE	15.0% (R)	16.3% (R)	17.9% (R)	17.4% (R)	18.4% (R)
23.9%	NW	21.2% (R)	18.3% (R)	19.7% (R)	20% (R)	21.1% (R)
22.8%	S	18.1% (R)	21% (A)	19.7% (R)	18.3% (R)	20.5% (R)
Performance Trend						
An issue with data recording procedures means that at present no data is available for this indicator. This has been escalated and is being examined at a Health Board wide level. No colour classification provided in overall summary.						

Other Indicators for Ongoing Review - See Appendix 1, Section 2
14. Deaths for which the underlying cause was classified as 'suicide + undetermined intent' (rate per 100,000 population).
15. Number of drug related deaths (crude rate per 100,000 population).
16. Number of alcohol related deaths (per 100,000 population)

Other Annually/Biennially Reported Indicators - See Appendix 1, Section 2
17. Percentage of those invited who undertake bowel screening
18. Percentage of women invited who attend for breast screening.
19. Percentage of women invited who attend for cervical screening

HUMAN RESOURCES

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

HSCP	Target	Mar-16	Mar-17	Mar-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Glasgow City	**4%**	**6.3% (R)**	**6.19% (R)**	**5.42% (R)**	**6.58% (R)**	**6.14% (R)**	**6.89% (R)**	**7.52% (R)**	**6.99% (R)**
HSCP Central	4%	**5.5% (R)**	**7.24% (R)**	**6.27% (R)**	**6.96% (R)**	**7.31% (R)**	**7.08% (R)**	**6.35% (R)**	**7.48% (R)**
North East	4%	**5.8% (R)**	**6.51% (R)**	**5.99% (R)**	**7.62% (R)**	**6.7% (R)**	**7.07% (R)**	**7.77% (R)**	**6.45% (R)**
North West	4%	**6.0% (R)**	**6.45% (R)**	**5.23% (R)**	**5.46% (R)**	**6.28% (R)**	**7.18% (R)**	**7.79% (R)**	**7.76% (R)**
South	4%	**7.8% (R)**	**6.26% (R)**	**5.59% (R)**	**7% (R)**	**5.46% (R)**	**6.85% (R)**	**7.30% (R)**	**7.21% (R)**
Mental Health Central	4%	**3.3% (G)**	**2.21% (G)**	**1.41% (G)**	**3.23% (G)**	**3.47% (G)**	**3.4% (G)**	**5.9% (R)**	**5.05% (R)**

Performance Trend

Variations across areas and over time. The levels of absence have risen at a city level since September. All areas have seen increases with the exception of Mental Health Central.

Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. Following the publication of an internal audit within NHS Greater Glasgow and Clyde, and also an increasing level of absence within the HSCP, a revised action plan has been developed and presented to the SMT and will also be presented to the Finance and Audit Committee. The main actions detailed relate to

- Continued detailed reporting with Locality Executive and Core Leadership Teams
- Individual Action plans in place for long term absence cases
- Improved access for managers to absence information to allow local reporting
- Further training on absence and Stress Awareness and an action to local Health and Safety committees to re-run Stress Audits, reflecting the primary recorded reason for absence is related to Stress
- The central Absence Support Team are engaging in North East and West inpatient areas as a priority

Timeline for Improvement

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

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	Indicator	2. Social Work Sickness Absence Rate (Average Days Lost)
	Purpose	To monitor the level of sickness absence across 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, Head of Corporate Services

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

	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
Average Days Lost (ADL)	Target 2.53	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64
Glasgow City	2.7 (R)	2.6 (R)	3.2 (R)	3.3 (R)	3.8 (R)	3.3 (R)	4.0 (R)
North East	3.4 (R)	2.9 (R)	4.0 (R)	4.9 (R)	5.3 (R)	4.3 (R)	4.0 (R)
North West	2.8 (R)	2.8 (R)	2.0 (G)	3.3 (R)	3.2 (R)	2.9 (R)	3.0 (R)
South	3.9 (R)	2.8 (R)	3.1 (R)	3.9 (R)	4.5 (R)	3.6 (R)	4.4 (R)

Performance Trend
Absence performance for quarter 3 overall has increased compared to the same quarter last year and since Q2. Long term absence continues to be the largest contributor to the Service's overall absence figures, with psychological and musculoskeletal absences being consistently high.
Actions to Improve Performance
Social Work continue to have a focus on attendance, addressing targeted areas where absence levels are consistently high. Yearly absence targets set continue to be challenging, however, Attendance Management Plans for the remaining year and for 2019/2020 will be reviewed, with the overall aim of reversing the current absence trend and to bring levels nearer to absence reporting 2 years ago.
Timeline for Improvement
With the implementation of the revised action plan, it would be anticipated that a steady improvement may be achieved by the end of 2018/19.

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

TARGET	AREA	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	
80%	**Glasgow City**	**45.79% (R)**	**43.6% (R)**	**43.14% (R)**	**33% (R)**	**31% (R)**	**15% (R)**	
80%	HSCP Central				**28% (R)**	**28% (R)**	**8% (R)**	
80%	North East				**35% (R)**	**31% (R)**	**21% (R)**	
80%	North West				**34% (R)**	**34% (R)**	**13% (R)**	
80%	South				**30% (R)**	**28% (R)**	**13% (R)**	
80%	Mental Health Central				**27% (R)**	**27% (R)**	**13% (R)**	

Performance Trend

Performance RED across all areas. This information is taken form the new TURAS system for Knowledge & Skills Framework (KSF) recording so no information is shown prior to July 2018 and sector information only available since Q2.

Actions to Improve Performance

Actions include the following:
- Each Leadership area to develop local service trajectories to return TURAS to figures to 80% by end of March 2019
- Learning & Education will run "open" workshops on using the system and good practice advice
- We will look for "Good News" stories from staff using TURAS to use in a Glasgow City HSCP Newsletter on TURAS – Helpful hints and tips
- We will actively monitor and report on the compliance with local trajectories

Timeline for Improvement

It is anticipated that improvements will be seen as the new systems become fully implemented and awareness and understanding of the new arrangements increase and the aim is to achieve the targets by March 2019.

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

TARGET	AREA	Mar 16	Mar 17	Mar 18	Sep 18	Oct 18	Nov 18	Dec 18
100%	**Glasgow City HSCP Total**	29% (R)	57% (R)	75% (R)	100% (G)	43% (R)	55% (R)	N/A
100%	Glasgow City HSCP Central	0% (R)	N/A	N/A	100% (G)	100% (G)	0% (R)	N/A
100%	Glasgow City North East	33% (R)	75% (R)	75% (R)	N/A	100% (G)	40% (R)	N/A
100%	Glasgow City North West	33% (R)	50% (R)	100% (G)	100% (G)	29% (R)	100% (G)	N/A
100%	Glasgow City South	0% (R)	0% (R)	0% (R)	N/A	0% (R)	50% (R)	N/A
100%	Mental Health Central	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Performance Trend

Performance fluctuates across areas and over time.

Actions to Improve Performance

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

The fall in performance is being monitored on a monthly basis to seek an urgent improvement. Remedial action has been identified to address outstanding activity from the last quarter and also previous months

Timescales for Improvement

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

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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	Sybil Canavan, Head of HR

TARGET	AREA	Mar 16	Mar 17	Mar 18	Aug 18	Sep 18	Oct 18	Nov 18
100%	**Glasgow City HSCP Total**	27% (R)	50% (R)	44% (R)	100% (G)	75% (R)	57% (R)	83% (R)
100%	HSCP Central	100% (G)	N/A	N/A	N/A	N/A	0% (R)	N/A
100%	North East	8% (R)	33% (R)	33% (R)	N/A	67% (R)	67% (R)	100% (G)
100%	North West	60% (R)	100% (G)	40% (R)	100% (G)	100% (G)	100% (G)	100% (G)
100%	South	0% (R)	50% (R)	100% (G)	100% (G)	N/A	50% (R)	50% (R)
100%	Mental Health Central	N/A	50% (R)	N/A	N/A	N/A	N/A	N/A

Performance Trend

Performance fluctuates across areas and over time but remains RED overall.

Actions to Improve Performance

Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that 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.

North West compliance has been consistent since August and we have seen an improvement for North East in November 2018.

Monthly named data is provided to all service areas via the local People & Change Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. Current work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHS GG & C.

Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. Small numbers of non-completion continue to have a significant impact on

performance and a continued focus on performance in all areas of statutory training is underway, which includes compliance with induction.
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
Timeline 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.

Other Annually Reported Indicators - See Appendix 1, Section 2

20. I-Matters Completion

BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 5 days normally for stage 1 or 10 days if extension given). New indicator introduced following new complaints procedures for both social work and health coming into effect on the 1st 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 Q1	18/19 Q2	18/19 Q3
HSCP	70%	96.6% (G)	97% (G)	97.7% (G)	95.6% (G)
NE	70%	97.3% (G)	92.3% (G)	91.2% (G)	86.7% (G)
NW	70%	87.5% (G)	93.3% (G)	86.7% (G)	82.6% (G)
South	70%	80% (G)	100% (G)	nil	100% (G)
Corporate (exc prisons)	70%	nil	nil	nil	nil
Prisons	70%	98.7% (G)	98.2% (G)	98.9% (G)	97.9% (G)

Performance Trend
HSCP and all localities which received complaints remained GREEN in the last reporting period, although there was a slight reduction in all areas. The majority of complaints (81.5% in Q3) relate to prisons.

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 Q1	18/19 Q2	18/19 Q3
HSCP	70%	60% (R)	74% (G)	64% (R)	67% (A)
NE	70%	40% (R)	62% (R)	75% (G)	75% (G)
NW	70%	64% (R)	56% (R)	73% (G)	52% (R)
South	70%	100% (G)	nil	50% (R)	100% (G)
Corporate (exc prisons)	70%	100% (G)	nil	nil	nil
Prisons	70%	59% (R)	77.5% (G)	61.8% (R)	68.6% (R)

Performance Trend
The performance for GCHSCP as a whole dipped markedly in the second quarter but has improved slightly in Q3. This is driven by the performance of the Prison Sector, where most complaints arise. The majority of complaints are resolved at the first stage where performance is good. The cases that remain are by definition more complex. In addition, prison population is the highest it has been for a number of years which has both increased numbers of complaints and impacted on clinical resources such as medication provision. There have also been issues with recruitment and retention of staff at Low Moss and Barlinnie. A new protocol for responding to dental complaints, introduced during this quarter, involves getting additional views from Oral Health Directorate. All of these factors have impacted either on the resource available to complete complaints investigations or the time required to do so.
Actions to Improve Performance
The new protocol for dental complaints is being reviewed with a view to reducing delay in the process. However the other factors referred to – staffing and population size – are external to the complaints process and resource. An improved performance may require an easing of these external pressures and the focus of complaints handlers is likely to remain on the quality rather than speed of these investigations. However staff will be reminded of their responsibilities in terms of timescale.
Timeline for Improvement
Review in Q4.

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 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	North East	43	81% (G)	27	74% (G)	31	71%(G)	19	89% (G)	15	80% (G)
70%	North West	29	69% (G)	15	73% (G)	22	52%(R)	11	55% (R)	15	73% (G)
70%	South	35	66% (A)	35	47% (R)	33	61%(R)	26	88% (G)	26	58% (R)
70%	Homelessness	n/a	n/a	n/a	n/a	n/a	n/a	9	89% (G)	10	60% (R)
70%	Centre	15	47% (R)	20	26% (R)	9	43%(R)	15	67% (A)	19	74% (G)
70%	**City**	122	70% (G)	97	55% (R)	95	61%(R)	80	69% (G)	85	68% (A)

Performance Trend

This indicator is reported **one quarter in arrears**.
Homelessness complaints reported separately from Q1 2018/19.

City-wide performance moved from GREEN to AMBER at Q2. There were significant decreases in performance in South and Homelessness (RED). There was an increase in performance in the North West and Centre teams (GREEN). North East continued to meet target for the fifth consecutive quarter (GREEN).

While the handling of Homelessness complaints is now overseen centrally by senior Homelessness staff, and this has reduced the impact of Homelessness complaints on local areas, improved performance within the South area and with regards Homelessness complaints has not been maintained in Q2.

Actions to Improve Performance

Continued use of the facility within social work processes to extend complaints handling at the first stage to 15 working days at the manager's discretion in appropriate circumstances will ensure compliance improves. Senior managers should continue to communicate to their complaints-handling staff the requirement to apply extensions in relevant circumstances and formally notify both complainers and the central complaints team of that fact. There is no additional resource requirement to further this improving trend, however greater consistency is required across areas and, where applied, the 15 working day timescale must be adhered to. If the complaint is too complex to investigate and resolve within that timescale, senior managers should – at the earliest opportunity – identify such cases and escalate to Stage 2 for resolution.

Timeline for Improvement
If managers act upon this information with immediate effect then results should improve in Q3 2018/19.

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 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	30	37% (R)	32	56% (R)	37	29% (R)	30	27% (R)	33	58% (R)

Performance Trend

This indicator is reported **one quarter in arrears**.
Although RED-rated, performance in relation to this indicator increased significantly between Q1 and Q2 despite a similar volume of complaints.

Overall performance has improved significantly due to senior staff supplementing limited resources available to Rights and Enquiries Team for period running up to recruitment of new staff members. Incoming staff were expected to be heavily involved in addressing SAR backlog, and so resources have been committed to reducing Complaints backlog.

Actions to Improve Performance

Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (then the Rights and Enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling was a product of staffing and capacity issues to be addressed through a recruitment exercise, and once new staff joined the team, the 'current' staff were expected to focus on complaints and FOI processing to address all backlogs. Slight improvement was made in Q2 however complications in relation to recruitment lessened expected impact of new staff, and further information will be provided in Q3.

Timeline for Improvement

The team recruited 2 new senior officers, who join the team in October 2018. This was anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19, however due to complications in terms of the recruitment the impact was not as anticipated. Further details will follow in Q3.
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 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	88	97% (A)	66	98%(G)	94	99% (G)	97	96% (A)	76	72% (R)

Performance Trend

This indicator is reported **one quarter in arrears**.
Performance dropped significantly between Q1 and Q2 with the rating moving from AMBER to RED.

Due to limited resources and an unprecedented increase in SAR requests, FOIs were not prioritised in this period. While performance has routinely been excellent, the requirements to reallocate resources elsewhere and the chance in the structure of the team, couple with an ongoing long-term absence led to reduced compliance over this quarter.

Actions to Improve Performance

While numbers of FOI requests have reduced, performance has also fallen due to increasing pressures on other areas. The expected return of one staff member from long term absence takes place in October 2018, and while this was expected to alleviate pressure on the team and lead to an improvement in FOI compliance, complications in relation to the staff member in question and their impact on figures will be covered in Q3 report.

Timeline for Improvement

The return and addition of staff were expected to ensure improved compliance in 3rd and 4th quarter of 2018/19, full information in relation to Q3 to follow.
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 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	43	81% (R)	31	65% (R)	58	75% (R)	127	46% (R)	118	40% (R)

Performance Trend

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

Performance slipped further between Q1 and 2. This slippage is linked to a sharp increase in the volume of subject access requests received in advance of and following new legislation; the number of requests received during Quarter 2 (July to Sept) was twice that received during Q4 (Jan – March 18).

Actions to Improve Performance

Volumes of subject access requests have continued at previously unprecedented rates since the introduction of new legislation. This is explained by two key factors, firstly the publicity around the change to data legislation, and secondly the high profile historic abuse enquiry. A large number of requests have been received from solicitors firms, and in relation to historic care placements. Additional resources and process improvements will be required to improve performance, and two new members of staff will join the team in October, who will focus exclusively on addressing the growing backlog of SARs. Lack of admin resource and the inefficiency of 'manual' processing of SARs has also led to an order for a dedicated high-capacity scanner to allow records to be scanned for digital redaction, reducing the time required to complete SAR processing, however this procurement exercise is subject to delay that will be detailed in Q3/4.

Timeline for Improvement

The team has recruited 2 new senior officers who join in October 2018, although they had been expected in September. An order for procurement of a dedicated scanner is made in September. High numbers of requests continue to be received, and a significant backlog of requests has accumulated, and this will be challenging to clear even once additional resources are available. Receipt of dedicated scanner should have significant impact on processing times, however timeline for complete resolution of backlog may be dependent on both the arrival of the scanner and the level of incoming requests.

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

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	
								no.	%
80%	**Glasgow**	92% (G)	92% (G)	84% (G)	94% (G)	91% (G)	89% (G)	287	88% (G)
80%	North East	100% (G)	99% (G)	98% (G)	100% (G)	99% (G)	99% (G)	59	100% (G)
80%	North West	95% (G)	91% (G)	79% (G)	93% (G)	92% (G)	85% (G)	68	72% (R)
80%	South	95% (G)	98% (G)	90% (G)	94% (G)	86% (G)	92% (G)	68	96% (G)
80%	Centre	83% (G)	82% (G)	77% (A)	86% (G)	85% (G)	78% (A)	92	86% (G)

Performance Trend

The City, North East, South and Centre exceeded target (GREEN) at Q3. North West was below target and moved from GREEN to RED.

APPENDIX 1 – OTHER INDICATORS

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

1. NATIONAL INTEGRATION INDICATORS

The Core Suite of 23 National Integration Indicators was published by the Scottish Government in March 2015 to provide the basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes. As these are derived from national data sources, the measurement approach is consistent across all Partnerships. The Integration Indicators are grouped into two types of measures

9 are Outcome indicators based on feedback from the biennial Scottish Health and Care Experience survey (HACE), which was undertaken using random samples of approximately 15,000 patients identified from GP practice lists in the city. The remaining 14 indicators are derived from partnership operational performance data. Of these Operational indicators, 10 are currently reported upon, with a further 4 indicators currently under development by NHS Scotland Information Services Division (ISD).

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

National Integration Indicator	Outcome	Glasgow	North East	North West	South	Scotland
1. Percentage of adults able to look after their health very well or quite well	1	90	87.6	89.8	89.7	93
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible	2	82	77.9	82.7	84.7	81
3. Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided	3	80	77.2	80.3	81.5	76
4. Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated	3	77	76.6	76.1	79.8	74
5. Percentage of adults receiving any care or support who rate it as excellent or good	3	79	77.3	76.4	82.5	80

6. Percentage of people with positive experience of the care provided by their GP practice	3	86	83.3	88.3	85.6	83
7. Percentage of adults supported at home who agree that their services/support had impact on improving/maintaining their quality of life.	4	80	76.7	76.3	84.0	80
8. Percentage carers who feel supported to continue in their caring role.	6	38	37.8	39.7	37.3	37
9. Percentage of adults supported at home who agreed they felt safe	7	85	84.0	82.7	87.5	83

i. Operational Performance Indicators

Indicator No. /Outcome	11. Premature mortality rate per 100,000 persons: by calendar year			
Outcome 1	**2015**	**2016**	**2017**	**Direction of Travel 2015-17**
Glasgow City	634	617	614	▲
Scotland	441	440	425	▲

Indicator No. /Outcome		12. Rate of emergency admissions per 100,000 population for adults.				
Outcome 9	**2015/16**	**2016/17**	**2017/18**	**2018/19 Q1**	**2018/19 Q2**	**Direction of Travel 16/17 to 17/18**
Glasgow City	14,780	14,317	12,847	3245	2,499	▲
Scotland	12,346	12,304	12,256	N/A	N/A	▲

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 Q1**	**2018/19 Q2**	**Direction of Travel 16/17 to 17/18**
Glasgow City	142,275	144,092	136,096	33,332	29,154	▲
Scotland	127,965	126,912	121,516	N/A	N/A	▲

Indicator No. /Outcome	14. Rate of readmissions to hospital within 28 days of discharge per 1,000 admissions.					
Outcome 4	**2015/16**	**2016/17**	**2017/18**	**2018/19 Q1**	**2018/19 Q2**	**Direction of Travel 16/17 to 17/18**
Glasgow City	97	101	95	96	78	▲
Scotland	97	100	101	N/A	N/A	▲

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 Q1**	**2018/19 Q2**	**Direction of Travel 16/17 to 17/18**
Glasgow City	85%	86%	87%	88%	89%	▲
Scotland	87%	87%	88%	N/A	N/A	▲

Indicator No. /Outcome		16. Falls rate per 1,000 population aged 65+				
Outcome 7	**2015/16**	**2016/17**	**2017/18**	**2018/19 Q1**	**2018/19 Q2**	**Direction of Travel 16/17 to 17/18**
Glasgow City	29	31	31	7.3	5.3	▲
Scotland	21	21	22	N/A	N/A	▼

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**	**Direction of Travel 16/17 to 17/18**
Glasgow City	81%	86%	90%	▲
Scotland	83%	84%	85%	▲

Indicator No. /Outcome	18. Percentage of adults with intensive care needs receiving care at home			
Outcome 9	**2014/15**	**2015/16**	**2016/17**	**Direction of Travel 15/16 to 16/17**
Glasgow City	56%	55%	55%	►
Scotland	61%	62%	61%	▼

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 Q1**	**2018/19 Q2**	**Direction of Travel 16/17 to 17/18**
Glasgow City	627	464	324	116		▲
Scotland	915	842	762	N/A	N/A	▲

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

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

2. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Older People								
1. Total number of patients who have been diagnosed with dementia	Local HSCP indicator Outcome 4	N/A	2018	**678**	**174**	**221**	**282**	Numbers shown are to Q4 of 2018.
Primary Care								
2. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	17/18	**76% (R)**				Performance below target but above the Scottish average (68%). This has reduced from the 2016/17 figure of 78%. From 17/18 Health & Care Experience Survey.
3. % able to able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	17/18	**94% (G)**				Performance above target and the Scottish average (93%). This has increased from the 2016/17 figure of 84%. From 17/18 Health & Care Experience Survey.
4. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	17/18	**80.3% (G)**	**79.0% (G)**	**78.1% (G)**	**83% (G)**	All areas meeting 'essential' target of 70%. (Desirable target of 85%). Annual screening report last produced Jan 2019

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
5. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 18		61.4% (G)	72.5% (G)	64% (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 2017 were 56.8 (NE); 62.7 (NW); 49 (S), so increased across all areas.
Children's Services								
6.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	As at Sep 18	51.5 (R)	56.9% (G)	50.5% (R)	48.1 (R)	Provisional data shown. Reductions at city wide level in the last year from 52.7% (Sep 17). Data now produced twice yearly locally and data shown from Jan 2019. ISD national report produced annually.
7. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	As at Sep 18	91.1% (G)	89.6% (G)	91.8% (R)	91.8% (G)	Provisional data shown. Reductions at city wide level in the last year from 91.8% (Sep 17). Data now produced twice yearly and data shown from Jan 2019. ISD national report produced annually.
8. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2018	62.8% (G)				Performance has declined from 64.1% in 2016. Below the Health Board average of 67.1% which also fallen from 68.2% in 2016. Produced 2 yearly.
9. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2017	69.1% (G)				Performance has declined from 70.2% in 2015. Below Health Board average of 73.1% which rose from 72.6% in 2015. Produced 2 yearly.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Number of families being discussed at Early Years Joint Support Teams	Local HSCP indicator Outcome 5	Maintain/ Increase Numbers each Year	2017/ 18	156				Reduction from 2016/17 when there were 219 families discussed at EYJSTs. Data available at end of each financial year.
Sandyford (Sexual Health)								
11. Rates of attendances of young people (who are estimated to be sexually active) aged 13-15 and aged 16-17	Local HSCP indicator Outcome 1	13-15 (F) 58% / 13-15 (M) 5% / 15-17 (F) 64% / 15-17 (M) 10%	2017/ 18	**31% (R)** / **1% (R)** / **38% (R)** / **5% (R)**				Targets are based upon estimates of the numbers of young people in the city who are sexually active. Figures for 16/17 for 13-15 year olds were 37% (M) and 2.5% (F); and 34% (M) and 3.2% (F) for 15-17 year olds. So been a reduction for 13-15 year olds and an increase for 15-17 year olds. Data available at end of each financial year.
Alcohol and Drugs								
12. Number of needles/ injecting equipment/foil dispensed	Local HSCP indicator Outcome 7	1,093,228 (for 17/18)	17/18	**1,089,750 (G)**				Target for 2017/18 was a 5% increase on actual performance in 2016/17. Slightly below target but classified as GREEN. Data available at end of each financial year.
13. Number of naloxone kits dispensed	Local HSCP indicator Outcome 7	1500 (for 17/18)	16/17	1368				Target for 2017/18 been based upon actual performance in 2016/17. Data available at end of each financial year .Awaiting 17/18 data
Others								
14. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2017	**88**				Numbers declined slightly from 91 in 2016. Figures published annually by ISD and those shown published June 2018. 2013-17 European age standardised figure is 14

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
								(Scotland is 13.5).
15. Number of drug related deaths (crude rate per 100,000 population).	Local HSCP indicator Outcome 1	N/A	2017	**31.2**				Rates have increased for the HSCP as a whole from 27.6 in 2016. Total number of deaths was 192 in 2017, rising from 170 in 2016. Last updated July 2018.
16. Number of alcohol related deaths (per 100,000 population)	Local HSCP indicator Outcome 1	N/A	2017	**42.2**	**52.1**	**38**	**38.1**	Reduced slightly at city level in the last year (from 42.6) with actual deaths falling from 208 to 206. Rates increased in the North East (from 46.6) and North West (from 31.5) and reduced in the South (from 50). Glasgow above the Health Board average which was 37 in 2017 (37.1 in 2016). Last updated July 2018.
17. Percentage of those invited who undertake bowel screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	60%	2016/ 18	**51.9% (R)**	**52.9% (R)**	**51.6% (R)**	**52.3% (R)**	Standardised uptake rates shown. HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019.
18. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	2013-15 round	**N/A**	**61.9% (R)**	**62.5% (R)**	**62.9% (R)**	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan 2019
19. Percentage of women invited who attend for cervical screening (Standardised Uptake Rate)	Local HSCP indicator Outcome 1	80%	2017/ 18	**67.5% (R)**	**69.3% (R)**	**62.7% (R)**	**70.7% (R)**	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual screening report last produced Jan

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
								2019.
Human Resources								
20. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2018	56% (R) (city wide services)	55% (R)	60% (G)	58% (A)	Figures shown are for the annual survey undertaken in the Summer of 2018. Corresponding figures for 2017 were 61% (NE); 69% (NW); 69% (S); and 39% (citywide)

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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