



Item No. 12

Meeting Date: Wednesday 8 September 2021

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

HSCP Performance Report Q1 2021/22

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2021/22.
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Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them on a quarterly basis, with specific service areas focused upon at each meeting, which would be attended by the relevant Service Leads.
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; c) review and discuss performance with the Strategic Lead for Primary Care.
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Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined on page 47 of the Strategic Plan.

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 1 2021/22.

2. Background

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

3. Reporting Format

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

4. Summary

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

Exceptions

- 4.3 At Q1, 50 indicators were GREEN (45.1%); 50 RED (45.1%); 9 AMBER (8.1%); and 2 (1.7%); GREY. The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	Page
6. Provided Residential Care – Review Rates	31
8. Intermediate Care : Percentage Occupancy	33
9. Intermediate Care : Average Length of stay (Days)	34
10. Percentage of intermediate care users transferred home	35
11. Number of Anticipatory Care Plan (ACP) <u>Conversations</u> and <u>Summaries Completed</u> and Shared with the patient's GP	37
14. Total number of Older People Mental Health patients delayed	41
Unscheduled Care	
2. A&E Waits Less Than 4 Hours (%) (<u>QEUH</u>) (GRI)	45
7. Total Number of Acute Delays	50
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)	52
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+)	53
Primary Care	
3. Flu Immunisation Rates (<u>Pregnant – in risk group/not in risk group</u> and <u>Primary School Children</u>)	56
4. Shingles Immunisation Rates	58

5i. AHP Waiting Times – Podiatry Physio	59
<i>Children’s Services</i>	
1. Uptake of the Ready to Learn Assessments (<u>North West</u> <u>South</u>)	62
4. Access to CAMHS services - % seen with 18 weeks	66
5. % looked after & accommodated children under 5 who have had a Permanency Review	68
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (5-18)	70
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	71
<i>Adult Mental Health</i>	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (NE)	76
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (<u>Stobhill Gartnavel</u> <u>Leverndale</u>)	79
4. Total number of Adult Mental Health delays	83
<i>Sexual Health (Sandyford)</i>	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	85
3. Number of vLARC Implant appointments offered	87
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	87
6-9. Number of individual young people attending all Sandyford services - aged <u>13-15</u> and <u>16-17</u> for <u>males</u> and <u>females</u>	90
<i>Alcohol and Drugs</i>	
2. Percentage of Parental Assessments completed within 30 days of referral	93
<i>Homelessness</i>	
4. Average number of weeks from application to settled accommodation	99
7. Number of new Housing First tenancies created	103
9. Number of Temporary Furnished Flats	106
<i>Human Resources</i>	
1. NHS Sickness absence rate	124
2. Social Work Sickness Absence Rate	126
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))	128
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	130
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	131
<i>Business Processes</i>	
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	134
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	137
7. Percentage of elected member enquiries handled within 10 working days	139

Changes in RAG Status

- 4.4 There has been a change in RAG status for 26 indicators since the last report. Of these, performance improved for 15 and declined for 11.

i. Performance Improved

A) RED TO GREEN
<i>Older People</i>
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.
13.i Referrals to Telecare: Standard
13.ii Referrals to Telecare: Enhanced
<i>Unscheduled Hospital Bed Days</i>
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)
<i>Homelessness</i>
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.
3. Number of new resettlement plans completed - total to end of quarter (citywide)
<i>Criminal Justice</i>
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
5. Percentage of Criminal Justice Social Work Reports submitted to court
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.
<i>Health Improvement</i>
1. Alcohol Brief Intervention delivery (ABI).
B) RED TO AMBER
<i>Older People</i>
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year.
<i>Children's Services</i>
1. Uptake of the Ready to Learn Assessments (NE)
<i>Criminal Justice</i>
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
<i>Health Improvement</i>
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)

ii. Performance Declined

A) GREEN TO RED
<i>Older People</i>
6. Provided Residential Care – Review Rates
<i>Primary Care</i>
5i. AHP Waiting Times – MSK Physio
<i>Adult Mental Health</i>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale)
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (reported in arrears) (Gartnavel) (Leverndale)

Sandyford (Sexual Health)
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)
B) GREEN to AMBER
Alcohol and Drugs
3. Percentage of Service Users with an initiated recovery plan following assessment
C) AMBER TO RED
Older People
2. A&E Waits Less Than 4 Hours (%) (GRI)
Children's Services
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days
Sandyford (Sexual Health)
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.

5. Recommendations

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

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 4.3;
- c) review and discuss performance with the Strategic Lead for Primary Care.



CORPORATE PERFORMANCE REPORT

**QUARTER 1
2021/22**





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1. PERFORMANCE SUMMARY









1. Key to the Report

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

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

2a. Summary












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














CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People & Carers	10 (55.6%)		6 (3.3%)	2 (11.1%)	7 (38.9%)	1 (5.6%)	8 (44.4%)	2 (11.1%)
Unscheduled Care	5 (50%)	1 (10%)	4 (40%)		5 (50%)		5 (50%)	
Primary Care	5 (45.4%)	2 (18.2%)	4 (36.4%)		6 (54.5%)	2 (18.2%)	3 (27.3%)	
Children's Services	6 (37.5%)	1 (6.3%)	9 (56.2%)		6 (37.5%)	2 (12.5%)	8 (50%)	
Adult Mental Health	6 (60%)		4 (40%)		8 (80%)		2 (20%)	
Sandyford Sexual Health	5 (50%)	1 (10%)	4 (40%)		7 (70%)		3 (30%)	
Alcohol & Drugs	1 (33.3%)		2 (66.7%)		1 (33.3%)	1 (33.3%)	1 (33.3%)	
Homelessness	4 (50%)		4 (50%)		2 (25%)		6 (75%)	
Criminal Justice	4		2			1	5	












	(66.7%)		(33.3%)			(16.7%)	(83.3%)	
Health Improvement	3 (42.8%)		4 (57.2%)			2 (28.6%)	5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	2 (28.6%)		5 (71.4%)		3 (42.9%)		4 (57.1%)	
TOTAL No. and (%)	56 (50%)	5 (4.5%)	48 (43.8%)	2 (1.7%)	50 (45.1%)	9 (8.1%)	50 (45.1%)	2 (1.7%)







2b. Performance at a Glance

















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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
Home Care, Day Care and Residential Services				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q1	84% 	 ▲ to 
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Q1 Period 3 (May)	75% (Hosp)  70.4% (Comm) 	Hosp ▲ Comm ▼
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Q1 Period 4 (Jun)	37.3% 	▲
4. Day Care (provided) – Review Rates (No data available 20/21 as day centres been closed)	95%	Q4 19/20	N/A 	N/A
5. Provided Residential Care – Occupancy Rates	95%	Q1	94% 	▲
6. Provided Residential Care – Review Rates	95%	Q1	24% 	 to 












Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services				
7. Number of people in Supported Living Services. (Target under review)	Target under review	Q1	833 	▲
8. Intermediate Care: Percentage Occupancy.	90%	Jun 21	69% 	▲
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Jun 21	46 days 	▼
10. Intermediate Care: Percentage of users transferred home.	>30%	Jun 21	26% 	▲
iii. HSCP Community Services				
11. Number of community service led Anticipatory Care Plans in Place	Conversations 800 p.a. Summaries 200 p.a.	20/21	Conversations 227  Summaries 58 	▼
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q1	1% 	▼ to 
13.i Referrals to Telecare: Standard	2,000/p.a. 500/quarter	Q1	660 	▲ to 
13.ii Referrals to Telecare: Enhanced	500/p.a. 125/quarter	Q1	158 	▲ to 
14. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Jun 21	13 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum	Q1	584 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	20/21	113,513 (9459 per month) 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Jun 21	GRI – 87.5%  QEUEH – 80.6% 	GRI ▼  to  QEUEH ▼
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	20/21	54,960 (4580 per month) 	▼
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/month)	20/21	438,871 (34,572 per month) 	 ▲ to 
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2772 per month)	2019/20	14,192 (1183 per month) 	▲












Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	20/21	162,184 (13,515 per month) 	▲
7. Total number of Acute Delays	0	Jun 21	121 (Total) 60 (Non-AWI) 61 (AWI) 	Total ▼ Non-AWI ▼ AWI ▼
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly average 3776)	20/21	49,902 (4158 per month) 	▼
9. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 (Monthly average 159)	Q1	4174 	▶
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears).	78%	Q4	 76.83%	▼
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Mar 21	 £147.61	▲














Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3i. Flu Immunisation Rates (over 65s)	75%	Oct 20 – Mar 21	72% 	▶
3ii. Flu Immunisation Rates (Pregnant – not in a clinical risk group)	75%	Oct 20 – Mar 21	39% 	▲
3ii. Flu Immunisation Rates (Pregnant – in a clinical risk group)	75%	Oct 20 – Mar 21	54% 	▶
3iv. Flu Immunisation Rates (Pre-school - 2-5 year olds).	65%	Oct 20 – Mar 21	61% 	▲
3v. Flu Immunisation Rates (Primary School Children)	75%	Oct 20 – Mar 21	65% 	▶
4. Shingles Immunisation Rates (aged 70) (Health Board wide data)	60%	Sep 20 – Mar 21	50.2% 	▶
5i. AHP Waiting Times – MSK Physio	90% within 4 weeks	Jun 21	63% 	▼  to 
5ii. AHP Waiting Times – Podiatry	90% within 4 weeks	Jun 21	48.9% 	▼
5iii. AHP Waiting Times – Dietetics	100% within 4 weeks	Jun 21	100% 	▶
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Jun 21	NE - 90%  NW - 87%  S - 89% 	NE  to  All ▲



















Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Apr 21	NE - 98% NW - 99% S - 98%	NE & NW ▲ S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q1	843	▲
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Jun 21	53.27%	▼
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q1	58%	▲
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q1	100%(<5s) 85% (5-18)	%(<5s) ► (5-18) ▼ to
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date (<i>revised indicator</i>)	60%	Q1	51%	▲
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	78%	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
9. Number of out of authority placements	30 by end of 21/22. 33 by end of Q1	Q1	33 	▶
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q4	94.20% 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	96.25% 	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 21	NE 82.3%  NW 97.1%  South 92.8% 	All ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (reported in arrears)	28 Days	May 21	Stob 46.5  Lev 31.5  Gart 37.4 	All ▼ Lev  to 










Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) (reported in arrears)	95%	May 21	Stob 103.9% Gart 102% Lev 106%	All ▼ Gart & Lev to
4. Total number of Adult Mental Health delays	0	May 21	23 Total 16 (Non-AWI) 7 (AWI) 	Total ▲ Non-AWI ► AWI ▲
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered.	1888 per quarter	Q1	1784 	▼ to
2. Number of vLARC (Long-Acting Reversible Contraception) IUD insertions.	1309 per quarter	Q1	1484 	▼
3. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered.	2431 per quarter	Q1	1966 	▼
4. Number of vLARC (Long-Acting Reversible Contraception) Implant insertions.	1148 per quarter	Q1	991 	to

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q1	1 	▶
6&7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	21 (13-15)	Q1	6 (13-15) 	▲
	58 (16-17)		23 (16-17) 	▼
8 & 9. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	146 (13-15)	Q1	68 (13-15) 	▲
	339 (16-17)		180 (16-17) 	▲
10. Waiting times for access to TOPAR appointments	5 working days	Q1	0 	▶
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q4	99% 	▲
2. Percentage of Parental Assessments completed within 30 days of referral.	75%	Q1	67% 	▲
3. Percentage of Service Users with an initiated recovery plan following assessment	70%	Q1	67% 	▼  to 
Homelessness				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q1	99% 	▶
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q1	39% 	▲  to 
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 5,000/1250 per quarter	Q1	1332 	▲  to 
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q1	39 weeks 	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum	20/21 Total	420 	▼
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q1	100% 	▶
7. Number of new Housing First tenancies created.	240 by end 20/21	Q1	22 	▼
8. Number of Households in Bed & Breakfast Accommodation	350 by end of 20/21	Q4	286 	▲
9. Number of Temporary Furnished Flats	1850 by end of 20/21	Q4	2,368 	▲
Criminal Justice				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	77% 	▲  to 
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	83% 	▼
3. Percentage of CPO 3 month Reviews held within timescale.	75%	Q1	83% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q1	70% 	▲  to 
5. Percentage of Criminal Justice Social Work Reports submitted to court	80%	Q1	81% 	▲  to 
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison.	90%	Q1	88% 	▲  to 
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5006 (annual) 1267 (To Q1)	Q1	1947 	▲  to 
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 20/21	20/21	1280 	▲
3. Women smoking in pregnancy (general population)	12%	Q1	9.7%	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (most deprived quintile).	17%	Q1	14.8% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	32.2% by end of 20/21	Q4	30.7% 	▼ to
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	23.4% by end of 20/21	Q4	22.3% 	▲ to
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.9% by end of 20/21	Q4	25.9% 	▼
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Jun 21	6.41% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/period	Q1 Period 4	2.1 ADL 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).	80%	Jun 21	28% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Jun 21	44% 	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Jun 21	43% 	▼
Business Processes				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q4	94.2% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	79% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q4	50% 	▼  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	89% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q4	98% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q4	21% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q4	73% 	▼

1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Locality	Target	2019/20				2020/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	85%	84% (G)	81% (A)	80% (R)	79% (R)	70% (R)	64% (R)	63% (R)	73% (R)	84% (G)
North East		90% (G)	88% (G)	86% (G)	85% (G)	73% (R)	66% (R)	65% (R)	80% (R)	88% (G)
North West		87% (G)	84% (G)	82% (A)	77% (R)	68% (R)	60% (R)	65% (R)	77% (R)	84% (G)
South		77% (R)	72% (R)	75% (R)	77% (R)	70% (R)	66% (R)	61% (R)	66% (R)	81% (A)

Performance Trend

Performance in relation to Home Care reviews improved significantly across all localities with the City, North East and North West moving from RED to GREEN during Q1. South increased by 15 percentage points over the reporting period moving from RED to AMBER.

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

Referral Source	Target	19/20				20/21				21/22 Quarter 1		
		Q1 Per 4 (Jun)	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Q1 Per 4 (Jun)	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Per 1+2 (Apr)	Per 3 (May)	Per 4 (Jun)
Hospital Discharges	70%	71.3% (G)	68.6% (G)	62.7% (R)	68.9% (G)	77.3% (G)	71.3% (G)	70.3% (G)	70.9% (G)	80.6% (G)	74.4% (G)	75% (G)
Community Referrals	70%	71.2% (G)	66.3% (R)	75.4% (G)	75.5% (G)	69.5% (G)	77.9% (G)	78.5% (G)	81.5% (G)	71.8% (G)	77.1% (G)	70.4% (G)

Performance Trend

Performance GREEN for both hospital discharges and community referrals at Period 4.

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

		19/20				20/21				2021/22 Quarter 1		
Locality	Target	Q1 Per 4 (Jun)	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Q1 Per 4 (Jun)	Q2 Per 7 (Sep)	Q3 Per 10 (Dec)	Q4 Per 13 (Mar)	Per 1+2 (Apr)	Per 3 (May)	Per 4 (Jun)
City	>35%	41.2% (G)	35.1% (G)	35.4% (G)	36.4% (G)	36.4% (G)	31.5% (R)	43.0% (G)	37.2% (G)	32.5% (R)	36.1% (G)	37.3% (G)
North East		53.7% (G)	41.5% (G)	49.4% (G)	45.6% (G)	27.3% (R)	26.2% (R)	49.2% (G)	26.3% (R)	32.8% (R)	35.0% (G)	46.9% (G)
North West		42.9% (G)	33.9% (A)	38.5% (G)	37.3% (G)	39.0% (G)	37.9% (G)	40.5% (G)	52.4% (G)	41.1% (G)	42.7% (G)	38.3% (G)
South		31.3% (R)	31.6% (R)	30.2% (R)	30.7% (R)	39.7% (G)	27.7% (R)	41.2% (G)	28.9% (R)	24.8% (R)	31.3% (R)	31.4% (R)

Performance Trend

Performance varies across locality and over time. Performance was maintained at the end of the quarter (June) with the city, North East and North West continuing to exceed target (GREEN). Performance in South remained below target and RED during each month of Q1.

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

	2019/20				20/21	2021/22
Target	Q1	Q2	Q3	Q4	Q1 – Q4	Q1
95%	96% (G)	98% (G)	97% (G)	100% (G)	N/A	N/A

Performance Trend

Day Care Centres have been closed since March 2020 as a result of the Covid-19 outbreak and therefore no data is available for the whole of 20/21 or Quarter 1 21/22.

While Day Care Centres remain closed, weekly calls are being made to service users by Day Care Managers with any issues being reported to Service Managers.

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

Target	2019/20				2020/21				2021/22
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
95%	96% (G)	94% (G)	90% (R)	91% (A)	91% (A)	95% (G)	85% (R)	93% (G)	94% (G)
Performance Trend									
<p>The residential occupancy rate continued to be within the target range remaining GREEN at Q1.</p> <p>Glasgow HSCP has been working jointly with other HSCPs in NHSGGC to support care homes to respond to the pandemic. A range of actions have been taken and these were reported to the IJB in June 2020 by the Chief Officer.</p> <p>Back to Summary</p>									

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

Target	2019/20				2020/21		2021/22
	Q1	Q2	Q3	Q4	Q1- Q3	Q4	Q1
95%	97% (G)	95% (G)	95% (G)	96% (G)	N/A	100% (G)	24% (R)
Performance Trend							
At Q1 the proportion of residents who had had a residential in-house review was 24% (RED). The same proportion had had a Statutory review (RED).							
<u>2020-21</u> No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period. At the end of Q4 however all residents in our care homes had had a review within the past 6 months. 82% of these reviews were in-house reviews carried out by care home staff while the other 18% had received a statutory review led by a social worker.							
Issues Affecting Performance							
Face to face reviews were picked up in Q4 20/21 due to previous restrictions throughout the pandemic. 82% of service users received an in-house review in the previous quarter with a further 18% receiving statutory reviews led by social workers. As 100% of reviews were completed in the previous quarter due to a backlog from restrictions imposed due to Covid-19, there were less reviews due this quarter as they are completed within a 6 month timescale.							
Actions to Improve Performance							
As the service continues to receive referrals and the target of 6 months to complete reviews continues throughout the year, the trend will continue to rise back to target. This will require monitoring of due dates and coordination of reviews to be completed, with time and staff allocated to complete these reviews.							
Timescales for Improvement							
The target will be met by the next quarter. Q1 is currently at 3 months of a 6-month due date with 100% of reviews having been completed in the previous quarter.							
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ii. Commissioned Services

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	<i>Was 920 but under review for 20/21</i>	829	821	798	789	769	809	759	813	833
North East	N/A	252	252	249	250	235	255	230	249	258
North West	N/A	276	263	262	255	265	275	255	278	291
South	N/A	301	306	287	284	269	279	274	286	284

Performance Trend

Numbers increased overall by 20 during Quarter 1.

Work is underway to review this indicator and its target as the service is changing and now has three elements: Clustered supported living, HSCP home care supported living, and Traditional supported living. No RAG rating has been assigned pending this review.

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
City	90%	86% (A)	88% (G)	88% (G)	73% (R)	56% (R)	62% (R)	38% (R)	52% (R)	59% (R)	70% (R)	69% (R)
North East		90% (G)	94% (G)	86% (A)	64% (R)	54% (R)	59% (R)	42% (R)	61% (R)	61% (R)	76% (R)	76% (R)
North West		77% (R)	87% (G)	91% (G)	84% (R)	68% (R)	77% (R)	52% (R)	46% (R)	68% (R)	69% (R)	67% (R)
South		91% (G)	84% (R)	88% (G)	71% (R)	43% (R)	49% (R)	16% (R)	50% (R)	46% (R)	64% (R)	64% (R)

Performance Trend
Performance has improved at a city level and in all localities in the last quarter but remains RED in all localities. Performance has declined in the last quarter in the North West
Issues Affecting Performance
Occupancy levels have dropped due to the impact of Covid on the care home sector
Actions to Improve Performance
<p>Referrals for admissions to IC have gradually increased in recent months.</p> <p>Due to the success of the Discharge to Assess policy the HSCP has been able to support a wide range of discharge options. The focus of intermediate care continues to be on rehabilitation and returning services user home (see indicator 10). A review of intermediate care capacity has been completed taking into account the drop in occupancy levels.</p> <p>It is anticipated that occupancy levels will increase as Covid prevalence rates reduce.</p>
Timescales for Improvement
October 21 dependant on the ongoing reduction in Covid prevalence rates in Glasgow.
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Indicator	9. Intermediate Care: Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Glasgow	<28 days	34 (R)	33 (R)	37 (R)	31 (R)	40 (R)	39 (R)	48 (R)	47 (R)	50 (R)	44 (R)	46 (R)
North East		30 (R)	24 (G)	37 (R)	27 (G)	42 (R)	49 (R)	45 (R)	58 (R)	49 (R)	62 (R)	54 (R)
North West		39 (R)	41 (R)	37 (R)	36 (R)	49 (R)	37 (R)	65 (R)	57 (R)	67 (R)	37 (R)	50 (R)
South		31 (R)	32 (R)	35 (R)	30 (R)	27 (G)	26 (G)	29 (A)	35 (R)	30 (R)	39 (R)	34 (R)

Performance Trend
At a city level and in each locality, performance slightly improved in the last quarter. All remain RED.
Issues Affecting Performance
The current COVID-19 restrictions continue to have an impact on average length of stay which is above target. The key factors that contributed to this include the increased infection control required, an increased level of frailty among service users, and discharge plans that have been impacted by the effects of Covid on other services.
Actions to Improve Performance
A recovery plan for intermediate care has been developed with a focus on increasing home discharge options (see indicator 10) and joint multi-disciplinary/agency efforts to support individuals with complex needs to return home.
Timescales for Improvement
Improvement in length of stay is dependent on a reduction in Covid cases in Glasgow.
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Indicator	10. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Destination	Target	2019/20				2020/21				2021/22 Q1		
			Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Glasgow	Home	30%	35% (G)	35% (G)	19% (R)	19% (R)	11% (R)	7% (R)	15% (R)	25% (R)	18% (R)	15% (R)	26% (R)
	Res/Nursing	N/A	47%	53%	65%	62%	72%	72%	60%	50%	63%	68%	54%
	Readmissions	N/A	15%	9%	10%	13%	11%	13%	18%	22%	16%	15%	18%
	Deceased	N/A	3%	3%	6%	6%	6%	9%	8%	3%	3%	3%	2%
NE	Home	30%	32% (G)	41% (G)	33% (G)	19% (R)	10% (R)	12% (R)	20% (R)	10% (R)	40% (G)	0% (R)	25% (R)
	Res/Nursing	N/A	47%	36%	67%	58%	80%	65%	47%	50%	30%	75%	50%
	Readmissions	N/A	16%	23%	0%	19%	10%	18%	20%	40%	30%	25%	19%
	Deceased	N/A	5%	0%	0%	4%	0%	6%	13%	0%	0%	0%	6%
NW	Home	30%	28% (R)	15% (R)	9% (R)	0% (R)	10% (R)	0% (R)	14% (R)	25% (R)	13% (R)	15% (R)	18% (R)
	Res/Nursing	N/A	59%	73%	61%	77%	67%	65%	57%	50%	73%	62%	59%
	Readmissions	N/A	14%	4%	17%	9%	10%	18%	29%	25%	13%	15%	23%
	Deceased	N/A	0%	8%	13%	14%	14%	18%	0%	0%	0%	8%	0%
South	Home	30%	50% (G)	55% (G)	20% (R)	38% (G)	13% (R)	8% (R)	9% (R)	36% (G)	8% (R)	23% (R)	37% (G)
	Res/Nursing	N/A	30%	45%	68%	54%	75%	92%	82%	50%	77%	69%	53%
	Readmissions	N/A	15%	0%	8%	8%	13%	0%	0%	7%	8%	8%	11%
	Deceased	N/A	5%	0%	4%	0%	0%	0%	9%	7%	8%	0%	0%

Performance Trend

Performance improved slightly at a city level in the last quarter but remains RED. South remained similar and GREEN, while there was an increase in the North East and a reduction in the North West. The variation across localities is in the main due to the level of frailty among service users.

Issues Affecting Performance

COVID-19 restrictions continue to have an impact on the % of individuals returning home. Similar to factors that affect length of stay the factors that affect the numbers discharged home include Covid infection control requirements, the frailty of individual service users, and the impact of Covid on other services involved in discharges.

Actions to Improve Performance

While improvements have been made in the number of service users transferring home a recovery plan for intermediate care is in the process of being implemented with a focus on further increasing home discharge options.

Timescales for Improvement

Further progress is anticipated over the coming months but this is dependent on the number of cases reducing in Glasgow.

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iii. HSCP Community Services

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

Indicator	Target 21/22	19/20	20/21	21/22				
		Full year	Full Year	Q1	Q2	Q3	Q4	Year to Date
No. ACP conversations held	800p.a.	530 (R)	264 (R)	93 (R)				93 (R)
No. summaries completed and shared with GPs	200 p.a.	130 (R)	69 (R)	28 (R)				28 (R)

Performance Trend

This indicator relates to GCHSCP Older People & Primary Care Teams and the number of completed summary versions of the national ACP that have been shared with GPs, and the number of conversations that have been held with patients to raise awareness of the benefits of ACPs. Performance is below target for Q1 of 2021/22.

Targets for this indicator were made prior to the COVID-19 pandemic. Targets were not achieved during 2020/21, and whilst the pandemic no doubt had an effect on performance, it is also likely that the current activity may be under reported due to the system and processes for capturing conversations and recording progress, not being fully embedded as yet. This is a work in progress. At NHS Greater Glasgow and Clyde level, the number of ACPs on Clinical Portal can be reported. It is not currently possible to differentiate to a HSCP level, however this additional detail is due to arrive following an eHealth update. Given the previous work carried out in Glasgow City it is likely that GCHSCP staff have made a substantial contribution to these figures. There has been a significant rise in ACP Summaries on Clinical Portal compared to Q1 of 2020/21 (203 compared to 118).

Issues Affecting Performance

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

As District Nurse Teams were limited to "essential work" only, recording of ACP conversations was paused. Therefore, there is limited data contribution for this submission from District Nurse teams. It is likely that ACP conversations continued in Q1 and ACPs may have been shared with GPs as well, however we cannot report on this.

This data submission includes information from all OPPC teams across the three localities via EMIS, however the use of EMIS codes to track ACP progress is still being embedded within teams. Therefore some information may be missing from this submission.

Actions to Improve Performance

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

GC HSCP have developed an implementation plan to embed ACPs into our culture. This plan includes a renewed focus on staff training and the development of ACP Champions to support colleagues to start ACP conversations and record them.

Online training resources have been created for all staff by the Macmillan ACP Programme.

eLearning module: [click here](#)

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

Training Stats for Q1 2021/22

Locality	e-Learning	Virtual Face to Face
North East Locality	10	10
North West Locality	7	8
South Locality	16	7
Total (Inc. unidentified and city wide roles)	42	28

ACP Champions (up to Q1 2021/22)

North East Locality	0
North West Locality	3
South Locality	1

More Champions are actively being recruited across all localities.

A website has been developed by the Macmillan ACP Programme with dedicated information and resources to help people think about future planning. <http://www.nhsggc.org.uk/planningcare>

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

Timescales for Improvement

The Macmillan ACP Programme developments are well underway, with programme funding secured until April 2022. Staff training will continue to be offered to all key staffing groups identified in the GC HSCP Implementation Plan throughout 2021/22, alongside other work identified in the plan. However, all ongoing developments may be impacted by the changing landscape of COVID-19 and the overall recovery plan.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	0%	0% (G)	0% (G)	1% (A)	1% (A)	2% (A)	6% (R)	5% (R)	8% (R)	1% (A)
North East		0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	0% (G)	1% (A)	1% (A)	0% (G)
North West		0% (G)	0% (G)	2% (A)	0% (G)	0% (G)	5% (R)	4% (R)	3% (A)	0% (G)
South		0% (G)	0% (G)	1% (A)	1% (A)	4% (R)	10% (R)	7% (R)	11% (R)	2% (A)

Performance Trend

At Q1, city performance improved moving from RED to AMBER. North East and North West moved from AMBER to GREEN meeting target while performance in South improved moving from RED to AMBER.

At the end of June there were 1,478 open OT assessment activities assigned to workers or teams: 20 (1%) of these had been open for more than 12 months; 18 were open to South, 1 to North West and 1 to "other" team. All of these activities are assigned to workers.

Issues Affecting Performance

The pandemic has impacted on performance as during lockdown only essential and critical work was undertaken.

Actions to Improve Performance

Improvement continues to be made with this indicator. A review of allocations and the waiting list was undertaken in South and performance is now close to target

Timescales for Improvement

Improvements continue to be expected over the coming months.

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

Telecare Referrals	Scot Govt. Targets	Revised Annual Targets	19/20 Full Year Total	20/21				20/21 Full Year Total	2021/22
	19/20 & 20/21	21/22		Q1	Q2	Q3	Q4		Q1
Standard	2,750 688 per Q	2,000 500 per Q	2,723 (G)	468 (R)	541 (R)	680 (G)	637 (R)	2,326 (R)	660 (G)
Enhanced	1,500 375 per Q	500 125 per Q	1,565 (G)	41 (R)	163 (R)	121 (R)	119 (R)	444 (R)	158 (G)

Performance Trend

Revised targets for 2021/22 have now been agreed; these reflect the constraints created by COVID-19.

During Quarter 1 the revised quarterly pro-rata targets were met for both Standard and Enhanced Telecare Services.

The volume of standard referrals this quarter continues the trend in recent quarters of demand for standard telecare returning to pre-Covid levels. The standard referrals installed were slightly more (4%) in comparison to the last quarter of 2020/21.

The suspension of Enhanced Telecare is still in place. Further review of the exceptions protocol is planned when local restrictions are lifted. The protocol process therefore continues to enable safe hospital discharge and care home admission where practicable. The enhanced referrals installed in this quarter were up by 33% compared to the last quarter of 2020/21.

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Indicator	14. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
0	City	15 (R)	10 (R)	8 (R)	15 (R)	14 (R)	17 (R)	9 (R)	9 (R)	9 (R)	9 (R)	13 (R)
	NE	5 (R)	2 (R)	2 (R)	7 (R)	6 (R)	5 (R)	4 (R)	3 (R)	2 (R)	2 (R)	3 (R)
	NW	2 (R)	3 (R)	3 (R)	2 (R)	4 (R)	5 (R)	1 (R)	3 (R)	1 (R)	1 (R)	4 (R)
	South	8 (R)	5 (R)	3 (R)	6 (R)	4 (R)	7 (R)	4 (R)	3 (R)	6 (R)	6 (R)	6 (R)
	Area wide team											

Performance Trend

Numbers vary across localities and over time. Numbers increased in the last quarter at a city level and remain RED.

Issues Affecting Performance

There is a regular and robust scrutiny of all OPMH delays. However, we continue to experience challenges in discharging patients with complex needs and Covid continues to have an impact on our ability to discharge to other providers.

Actions to Improve Performance

The new discharge pathway supports 72-hour discharge and includes dedicated Social Work resource, improved MDT working and early referral to Social Work is in place however implementation has been difficult due to Covid. We are currently exploring new ways to support this through MS Teams and remote working. Work will continue to ensure the number of delays reduces.

Timescales for Improvement

Numbers are low and fluctuate month on month. It is unlikely we will ever reach zero.

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

Locality	Annual Target	19/20 Full Year Total	20/21				20/21 Full Year Total	21/22
			Q1	Q2	Q3	Q4		Q1
Glasgow	1,900 (475 per Q)	1,932 (G)	364 (R)	488 (G)	443 (R)	633 (G)	1928 (G)	584 (G)
North East	633 (158 per Q)	740 (G)	122 (R)	155 (A)	156 (G)	171 (G)	604 (A)	175 (G)
North West	633 (158 per Q)	411 (R)	47 (R)	112 (R)	123 (R)	163 (G)	445 (R)	184 (G)
South	633 (158 per Q)	781 (G)	195 (G)	221 (G)	164 (G)	299 (G)	879 (G)	225 (G)

Performance Trend
During Q1 all localities continued to exceed the quarterly pro-rata target (GREEN).
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Other Indicators for Ongoing Review - See Appendix 1, Section 1

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

UNSCHEDULED CARE

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

	2015/16	2016/17	2017/18	2018/19	2019/20 Actual	20/21 Target	2020/21 Actual
Glasgow	153,791	155,029	156,783	162,600	159,916 (A)	153,791 (Total)	113,513 (G)
	12,816	12,919	13,065	13,542	13,326 (A)	12,816 (Monthly)	9459 (G)

Performance Trend

The figures for 20/21 are below target and GREEN. The numbers of attendances have been comparatively low when compared with previous years since the start of the pandemic but have been increasing.

Please note that processes are underway to agree the 21/22 unscheduled care indicators/targets and the target shown is that for 20/21.

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
GRI	95%		85.8 (R)		85.9 (R)	95.7 (G)	92.8 (G)	88.5 (R)	91.8 (A)	90.8 (A)	91.5 (A)	87.5 (R)
QEUH			76.2 (R)		76.8 (R)	95.8 (G)	89.7 (R)	81 (R)	87.9 (R)	86.9 (R)	85 (R)	80.6 (R)

Performance Trend
After improving at the start of the pandemic up until August, performance moved back to RED at both hospitals and worsened in the last quarter, moving from AMBER to RED at GRI. Please note that processes are underway to agree the 21/22 unscheduled care indicators/targets and the target shown is that for 20/21.
Issues Affecting Performance
There was a marked improvement in performance over the summer months of 2020 but this has dropped off because of a rise in the number of attendances. A national redesign of urgent care was implemented late last year and improvements in performance and attendances occurred in Q4. Increases in A&E attendances continues to be a national trend.
Actions to Improve Performance
Implementation and bedding in of the national urgent care redesign, and implementation of the Design & Delivery Plan due to be presented to the IJB later this year
Timescales for Improvement
Ongoing throughout 2021
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Indicator	3. Number of Emergency Admissions (18+)
Purpose	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1`
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	2020/21 Actual
Total	70,133	69,656	62,725	63,898	63,324 (G)	66,624	54,960* (G)
Monthly average	5844	5804	5227	5325	5277 (G)	5552	4580* (G)

*Provisional

Performance Trend

The figures for 20/21 are below target and GREEN although these figures are provisional at this stage given the time lag in data becoming available. The numbers of emergency admissions have been comparatively low when compared with previous years since the start of the pandemic but have been increasing.

Please note that processes are underway to agree the 21/22 unscheduled care indicators/targets and the target shown is that for 20/21.

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

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	2020/21 Actual
Total	493,371	515,275	506,792	496,071	497,641 (R)	453,866	438,871* (G)
Monthly average	41,114	42,939	42,232	41,339	41,470 (R)	37,822	36,572* (G)
*Provisional							
Performance Trend							
<p>The figures for 20/21 are below target and GREEN although these figures are provisional at this stage given the time lag in data becoming available. The numbers of unscheduled hospital bed days (acute) have been comparatively low when compared with previous years since the start of the pandemic but have been increasing.</p> <p>Please note that processes are underway to agree the 21/22 unscheduled care indicators/targets and the target shown is that for 20/21.</p> <p>Back to Summary</p>							

Indicator	5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
Purpose	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	20/21 Actual
Total	36,956	33,278	21,377	19,324	14,192 (G)	33,260	
Monthly average	3080	2773	1781	1610	1183 (G)	2772	

*Provisional Performance Trend
Performance is classified as GREEN. It should be noted, however, that data availability has a time lag and these figures only relate to 2019/20. No complete data yet available for 2020/21.
Please note that processes are underway to agree the 21/22 unscheduled care indicators/targets and the target shown is that for 20/21.
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Indicator	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	15/16	16/17	17/18	18/19	19/20	20/21 Target	20/21 Actual
Total	190,791	187,654	182,524	180,888	189,139 (A)	181,371	162,184* (G)
Monthly average	15,899	15,638	15,210	15,074	15,762 (A)	15,114	13,515* (G)

*Provisional
Performance Trend
Performance is classified as GREEN although these figures are provisional at this stage given the time lag in data becoming available.
Please note that processes are underway to agree the 21/22 unscheduled care indicators/targets and the target shown is that for 20/21.
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Indicator	7. Total number of Acute Delays
Purpose	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
North East	0	22	25	20	16		20	9	19	22	24	25
North West		12	19	10	12		17	17	12	17	8	15
South		17	17	16	9		19	17	21	14	17	20
Sub-Total (Included Codes)		51	61	46	37		56	43	52	53	49	60
North East	0	9	11	9	12		11	22	28	29	27	27
North West		9	8	10	11		9	10	13	12	15	16
South		6	2	2	17		14	11	10	9	15	18
Sub-Total (Complex Codes)		24	21	21	40		34	43	51	50	57	61
Overall Total		75 (R)	82 (R)	67 (R)	77		90 (R)	86 (R)	103 (R)	103 (R)	106 (R)	121 (R)

Performance Trend
Total numbers delayed have increased in the last quarter. Please note that discussions are underway to agree the 2021/22 unscheduled care indicators/targets. The target shown is that for 2019/20.
Issues Affecting Performance
Delays have increased for both included codes numbers and complex codes. AWI (including code 51 which relates to pre-AWI) delays account for more than half of the total delays

Actions to Improve Performance

The GG&C wide discharge to assess policy was introduced earlier in the year to speed up the discharge process, and focus specifically on improving 11B delays (completion of social work assessments) and 27A delays (awaiting intermediate care placement). A solution to the AWI issue is still under discussion in the light of the decisions by the EHRC. A rapid improvement event was held recently to agree a new set of actions.

Timescales for Improvement

It is expected that delays will continue to fluctuate for the next few months and improvements have been demonstrated in 11B (waiting assessment) and 27A (waiting Intermediate Care) delays.

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

Indicator	15/16	16/17	17/18	18/19	19/20	2020/21 Target	2020/21 Actual
Total	41,582	38,870	29,897	38,656	45,318 (R)	39,919	49,902 (R)
Monthly Average	3488	3239	2491	3238	3776 (R)	3327	4159 (R)

Performance Trend
Performance for 2020/21 is above target and classified as RED. Please note that processes are underway to agree the 2021/22 unscheduled care indicators/targets and the target shown is that for 2019/20.
Issues Affecting Performance
Bed days lost to delays have continued to increase in recent months as have all delays (see indicator above).
Actions to Improve Performance
The GG&C wide discharge to assess policy was introduced earlier in the year to speed up the discharge process, particularly 11B and 27A delays. A solution to AWI delays is still under discussion in the light of the decisions by the EHRC. A rapid improvement event was held recently to agree new actions.
Timescales for Improvement
Delays have increased for both included codes numbers and complex codes. AWI (including code 51 which relates to pre-AWI) delays account for more than half of the total delays. An audit and peer review of AWI practice will assist to support our understanding of further potential improvements – target timeline is Oct- Dec 21 Back to Summary

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

Indicator	Target TBC	19/20	20/21	21/22				
		Full year	Full Year	Apr	May	Jun	Q4	Year to Date
City	1910 (159/month)	6571 (R)	11,163 (R)	1183 (R)	1521 (R)	1470 (R)		4174 (R)
North East		2460	4881	667	669	632		1968
North West		2356	2397	275	428	399		1102
South		1755	3885	241	424	439		1104

Performance Trend
Performance for first quarter remains above target and RED. Please note that processes are underway to agree the 2021/22 unscheduled care indicators/targets and the target shown is that for 2019/20.
Issues Affecting Performance
The decision by the EHRC earlier in the year has had the effect that AWI patients are no longer discharged to off-site beds all of which have now been closed. This continues to be the case with no change in this position, although other improvement such as implementation of Discharge to Assess are expected to have an impact.
Actions to Improve Performance
A whole-system peer review of medical and professional decision-making in relation to incapacity has been agreed and will take place later this year. This will include external peers from high performing HSCPs and Health Boards. Lessons learned in respect of best practice will be applied across the whole Board area as a whole.
Timescales for Improvement
No immediate improvement in AWI delays is expected in the short term. Back to Summary

PRIMARY CARE

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

Locality	Target	19/20				20/21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	78%	77.89% (G)	77.87% (G)	77.76% (G)	77.49% (G)	77.04% (G)	77.03% (G)	76.96% (G)	76.83% (G)
NE		78.58% (G)	78.56% (G)	78.47% (G)	78.20% (G)	77.73% (G)	77.76% (G)	77.75% (G)	77.63% (G)
NW		77.01% (G)	77% (G)	76.96% (G)	76.61% (G)	76.16% (G)	76.20% (G)	76.17% (G)	76.04% (G)
S		78.02% (G)	77.99% (G)	77.79% (G)	77.57% (G)	77.13% (G)	77.08% (G)	76.91% (G)	76.79% (G)
NHSGGC		77.89%	77.87%	77.76%	77.50%	76.75%	77.06%	76.98%	76.84%

Performance Trend

All localities slightly reduced in the last quarter, and although all slightly below target, all remain GREEN. This is reported one quarter in arrears.

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

Locality	Target	19/20				20/21			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
City	Cost below (or same) as Board average	£155.05 (G)	£151.58 (G)	£151.13 (G)	£153.46 (G)	£151.97 (G)	£151.40 (G)	£150.76 (G)	£147.61 (G)
NE		£150.40 (G)	£146.67 (G)	£146.37 (G)	£148.55 (G)	£148.23 (G)	£148.15 (G)	£147.45 (G)	£144.49 (G)
NW		£153.68 (G)	£150.32 (G)	£149.48 (G)	£151.63 (G)	£149.23 (G)	£148.98 (G)	£148.59 (G)	£145.63 (G)
S		£160.48 (G)	£157.17 (G)	£156.91 (G)	£159.54 (G)	£157.85 (G)	£157.17 (G)	£156.36 (G)	£152.85 (G)
NHSGGC		£172.94	£169.12	£168.79	£171.58	£169.97	£169.40	£168.73	£164.95

Performance Trend

Variations across sectors and over time with a slight decrease in all areas in the last quarter. This is reported one quarter in arrears.

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

Area	Over 65s	Pregnant (no risks)	Pregnant with risk factors	Pre-school 2-5 years old	Primary School Children	Under 65s with risk factors	Unpaid and Young Carers
Target	75%	75%	75%	65%	75%	No target	No target
Glasgow City	72% (A)	39% (R)	54% (R)	61% (A)	65% (R)	49%	57%
Health Board	80%	47.2%	55.5%	62.5%	75%	53.2%	61.8%

Performance Trend

The seasonal flu vaccination programme runs from 1 October to 31 March each year. All areas are below target. These figures relate to the entire period and will not be updated until the next programme which runs in 2021/22.

Issues Affecting Performance

Primarily relates to ability/willingness of people to take the vaccination and our capacity to provide enough staff who are able to deliver the vaccine.

Actions to Improve Performance

The Health Board Public Health Department works with Primary Care and HSCPs to support the delivery of the flu vaccination programme and encourage an increased uptake.

The Vaccination Transformation Programme is a national programme led by the Scottish Government (SG) to coordinate the migration of vaccination delivery out of GP practices and use alternate vaccination delivery models across Scotland. This had only been partially progressed by late 2019 but has since accelerated in light of COVID. By late 2020, Scotland had a mixed delivery model for influenza vaccination which varies considerably by NHS Board.

The programme is midway through its implementation and flu immunisations for children now sit with the HSCPs, whilst Maternity Services is responsible for vaccinations for pregnant women. The timescale for the transfer from general practice of the adult flu

vaccination programme has been delayed until October 2021; however, given the expansion of the programme by over 80,000 people in Glasgow who are aged 55 to 65 years and the constraints placed on delivery as a result of social distancing requirements, the Health Board, HSCPs and GP practices have been working collaboratively to ensure that the programme can be delivered successfully and a hybrid model has been used in 2020/21, with the HSCP taking on full responsibility for the over 65 year olds and GPs primarily delivering the 18-64 year olds at risk. Where GPs could not deliver on the programme they offered “vaccinator time” to the HSCP vaccination centres. In addition, the HSCP continued with an expanded number of vaccinations for people who are housebound.

There is an expectation that the Vaccination Transformation Programme will be completed by the end of October 2021 and this will be a challenge as we continue with the delivery of the COVID vaccination programme during 2021.

Programme specific comments:

Pregnant Women

The feedback on maternity services figures related to lack of connectivity between the Badgernet IT system and GP systems and that not all the vaccinations may have been recorded.

Primary School Children

When primary school vaccination sessions were scheduled often whole classes had been sent home to isolate. However, our school immunisation team did manage to set up alternative sessions in December for classes but often there were large numbers of children still absent. These children were then offered mop up appointments at community clinics.

Pre-school

The 61% uptake is a significant improvement on previous years. As a comparator in 2019/20 the Glasgow uptake was 50.5%.

Timescales for Improvement

The Health Board is developing a combined Flu/COVID 19 Booster Vaccination framework for 2021/22 starting in September 2021 which will be in line with the national approach. Glasgow HSCP is involved in this work and is developing a local team to support the Board to improve performance, especially for groups/individuals who find it difficult to access the vaccination locations or who require more tailored approaches to ensure that we can engage with them (such as housebound patients, care home residents, homeless people etc).

The HSCP also hosts the children’s vaccination team for the Board and has started the recruitment process for the vaccinator staff.

We are working hard to ensure that we support a co-ordinated and joined up approach to the various vaccination programmes to maximise uptake. However, given the short timescales, the requirement to provide a COVID 19 booster and the expanding nature of the cohorts of people who will require to be vaccinated from 2021, this will be a very challenging year.

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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 to 79.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Area	Target	Aged 70 to 79
NHS GGC Health Board	60%	50.02% (R)

Performance Trend
The data shown relates to the cumulative immunisation rates between 1 September 2020 and end of March 2021. The target relates to the whole year between 1 September 2019 and 31 August 2020 and performance is marked as RED as it is below what would be expected on a pre-rata basis. Please note that the data shown relates to NHSGGC as a whole.
Issues Affecting Performance
The routine shingles programme has been suspended temporarily in line with the current COVID-19 advice for adults aged 70 and over. However, if a patient is well and presents for any other scheduled appointment, they can be opportunistically vaccinated.
Actions to Improve Performance
The delivery of shingles vaccination is the responsibility of GP practices but had been temporarily suspended as part of the wider escalation framework for primary care during the pandemic. A letter was issued on the 21 July 2021 by the Scottish Government to practices which directed that the shingles' programme will commence on 1 September 2021, as in previous years, and eligible individuals can be immunised from this time. However, shingles vaccinations do not have to be delivered at this time and participating practices can deliver this vaccinations at a later time if they need to protect their capacity. Whilst the removal of the shingles vaccine from general practice forms part of the wider Vaccination Transformation Programme, this will only take place when a non-live vaccination becomes available.
Timescales for Improvement
This will depend on implementation of the recovery plan for primary care. Back to Summary

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
MSK Physio	90% within 4 wks	39 (R)	41 (R)	33 (R)	33 (R)	7 (R)	45 (R)	92 (G)	87 (G)	72 (R)	66 (R)	63 (R)
Podiatry	90% within 4 wks	86.3 (A)	91.9 (G)	95.2 (G)	N/A	N/A	48.1 (R)	40.4 (R)	58.7 (R)	54.8 (R)	53.5 (R)	48.9 (R)
Dietetics	100% within 12 wks	99.7 (G)	100 (G)	99.9 (G)	100 (G)	98.5 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend

MSK Physio

Within GG&C all patients requiring an urgent appointment were seen within 4 weeks (predominately by Virtual Patient Management in the first instance). We are continuing with VPM but remobilising face to face provision based on clinical decision making/clinical need. Due to the ongoing infection control and social distancing requirements face to face capacity in Physiotherapy sites across GGC is around 30% of normal service provision. Demand for MSK Physiotherapy is now back to pre covid levels (with 5,894 referrals to the service in June 21) and as a result waiting times are starting to increase, with a maximum wait of 6 weeks at end June 21. % patients seen within the 4 week target has dropped, again due to increased demand. Activity levels are also back to pre covid levels as the service continues to remobilise and all staff have now been returned from redeployment (in May 21).

Podiatry

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

Dietetics

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

Issues Affecting Performance

MSK Physio

Since March 2021 demand for MSK service has increased to pre covid levels. The MSK service continues to remobilise but until May 2021 there were still rotational staff within MSK remained redeployed within Acute to support the pandemic effort (n = 14).

There is limited Face to face capacity within MSK departments due to ongoing social distancing requirements, and this is variable across sites. First appointments remain managed virtually (by telephone) and patients are escalated and prioritised to Face to face based on clinical need. This has increased the number of patient transfers between MSK sites (to where there is F2F capacity) and this has reduced MSK capacity.

Podiatry

NHSGG&C Podiatry suspended all of its activity except for Foot Protection and infected lesions on 23 March 2020. Referrals were not accepted for anything other than these conditions, and the service took back shared care dressings from District Nurses etc to allow them to be utilised across the wider system. All urgent referrals were seen within the 2 day response period. The referral performance above relates to 'non-urgent' self-referrals.

The first phase of the recovery plan is addressing waiting times by triaging all new self-referrals by telephone. Current data indicate that only around 20% of these patients are being given a face to face appointment. The service was reduced again at the beginning on January 2021 and suspended all new telephone review in preparation for supporting the COVID Vaccination process and in an anticipation of an increase in sickness absence.

There is a waiting list of patients who have been triaged via telephone as requiring non urgent Podiatry care and will be appointed in line with the Boards guidance on accommodation and ongoing infection control measures.

Accommodation and staff having to isolate are due to contact tracing are the biggest issues affecting performance

Actions to Improve Performance

MSK Physio

Rotational staff were returned from Acute by start June 2021. This has been demonstrated by increased MSK Activity in June.

Physiotherapy patients are being offered a first appointment on a GGC wide basis (as first appointment is virtual) and also resulted in equity of waiting times across GGC. . This has increased efficiency of NP provision.

Project work has started to consider the number of patient transfers (which is limiting MSK capacity and affecting staff wellbeing due to added workload). The service hopes to reduce the number of patient transfers by October 21. Demand will need to be monitored as rise in demand will result in demand exceeding MSK capacity.

Podiatry

To further assist recovery during 2020, Podiatry secured 16 units at NHS Louisa Jordan to enable the service to provide full capacity clinics, particularly for patients living in areas where there is no access to clinical facilities. This was in operation from 2 November to 31 December 2020. The service did not operate from the Louisa Jordan after December because of the refocusing of their work to support the vaccination programme and that any contact there would have increased pressures in partnerships further downstream where there would be a lack of available accommodation to provide the service.

The anticipated demand for mobilisation to mass vaccination clinics did not materialise and service involvement in the vaccination programme is via care homes and housebound vaccination teams within Partnerships. This has allowed the service to increase telephone triage of new patients appointments from late February 2021 and will result in continued improvement in performance

Blended clinical templates have now been developed and are 50/50 face to face and virtual. These will progress when accommodation becomes available.

Timescales for Improvement

MSK Physio

It is anticipated that service recovery in terms of face to face will only increase significantly when there is a relaxation in social distancing requirements. Demand continues to rise and will need to be monitored on an ongoing basis to ensure demand does not exceed capacity. If this happens, and waiting times rise then resource will be utilised to address this issue.

Podiatry

The service is involved in ongoing negotiation around available clinical accommodation. This will clearly be contingent on any further extension of emergency measures. The service hopes to more fully mobilise toward the end of September 2021

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Other Annually Reported Indicators - See Appendix 1, Section 3

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

CHILDREN'S SERVICES

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
North East	95%	95% (G)	94% (G)	92% (G)	89% (R)	46% (R)	90% (A)	91% (A)	84% (R)	91% (A)	89% (R)	90% (A)
North West		91% (A)	86% (R)	89% (R)	88% (R)	54% (R)	81% (R)	85% (R)	80% (R)	82% (R)	85% (R)	87% (R)
South		94% (G)	91% (G)	91% (A)	91% (A)	65% (R)	85% (R)	90% (A)	88% (R)	88% (R)	90% (A)	89% (R)

Performance Trend
Performance in all localities improved in the last quarter. North East moved from Red to AMBER while the others remained RED.
Issues Affecting Performance
The number of Ready to Learn Assessments carried out has significantly affected by the impact of the COVID-19 pandemic, initial guidance was that these visits were cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of transmission (as these assessments are completed in the family home). If families are seen after the 27-30 month timescale, while they still have an assessment it will be recorded as "unscheduled" rather than 27-30 months and therefore not included in these figures. In the second lockdown and subsequently there are still families who have returned to their countries of origin and therefore unable to be assessed
Actions to Improve Performance
Continue to carry out developmentally appropriate assessments for children who missed their 27 – 30 month Ready to Learn Assessment due to factors associated with the pandemic, and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage. Team leaders to continue to review caseloads to ensure performance continues to improve.

Timescales for Improvement

Ongoing work is progressing to assess children who missed their 27 – 30 month assessment.

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

Locality	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
North East	95%	98% (G)	95% (G)	98% (G)	98% (G)	96% (G)	97% (G)	98% (G)	96% (G)	98% (G)		
North West		99% (G)	95% (G)	99% (G)	95% (G)	99% (G)	95% (G)	97% (G)	96% (G)	99% (G)		
South		99% (G)	96% (G)	99% (G)	96% (G)	97% (G)	97% (G)	97% (G)	99% (G)	98% (G)		

Performance Trend
Variations across areas and over time. All areas remain GREEN. There is a time lag in the availability of this data.
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Indicator	3. Number of referrals being made to the Healthier, Wealthier Children Service.
Purpose	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

Locality	Annual Target	Quarterly Target	19/20 Total	2020/21					2021/22				
				Q1	Q2	Q3	Q4	20/21 Total	Q1	Q2	Q3	Q4	21/22 Total
City	1533	383	2,515 (G)	678 (G)	749 (G)	869 (G)	827 (G)	3123 (G)	843 (G)				
NE	344	86	764 (G)	138 (G)	205 (G)	218 (G)	210 (G)	771 (G)	260 (G)				
NW	576	144	918 (G)	196 (G)	189 (G)	214 (G)	213 (G)	812 (G)	217 (G)				
S	613	153	833 (G)	344 (G)	355 (G)	437 (G)	404 (G)	1540 (G)	366 (G)				

Performance Trend

Targets continue to be met at city level.

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

Locality	Target	2019/20				2020/21				2021/22
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21
City	100%		66.4% (R)	56.2% (R)	51.9% (R)	29.5% (R)	45.4% (R)	54.64% (R)	60.81% (R)	53.27% (R)
North East			56.7% (R)	49.5% (R)	51.1% (R)	30.7% (R)	42.8% (R)	51.56% (R)	57.58% (R)	54.22% (R)
North West			66.5% (R)	57.5% (R)	50.1% (R)	26.5% (R)	46.4% (R)	62.79% (R)	62.24% (R)	49.83% (R)
South			77.0% (R)	62.1% (R)	54.1% (R)	31.8% (R)	47% (R)	52.87% (R)	61.47% (R)	55.95% (R)

Performance Trend
Variations exist across localities and over time. Performance remains RED across the city, the improvement seen in the last quarter has not continued this quarter.
Issues Affecting Performance
<p>The restrictions associated with the pandemic response are continuing to have an impact on the number of face to face appointments that can be offered. As a result, these appointments are limited to only those appointments assessed as essential. Near Me/Attend Anywhere and telephone contact is being offered for all other children and young people. It is acknowledged that for some patients Near Me/Attend Anywhere does not meet the needs of the child/young person, and/ or fit with the family circumstances. This is contributing to those children / young people experiencing a longer wait for an appointment than would ordinarily be the case. In these circumstances parents and carers have been advised that they can get in touch at any time if they feel there is a deterioration requiring an urgent appointment. PHS have updated the Digital Appointment Data Recording Guidance, which has been circulated via the CAMHS WLI Group. This notes the conditions for an appropriate digital offer.</p> <p>Most teams are experiencing particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Further there are challenges with recruitment and resourcing teams to meet current demands.</p>
Actions to Improve Performance
<p>Comprehensive review / validation of the current waiting list to ensure up to date information is available in relation to those who have had lengthy waits, to establish any reduction or escalation of difficulties, and/or any additional supports that may be beneficial.</p> <p>City wide CAMHS Waiting List Initiative resources were realigned with locality teams, and staffing has now mainly been appointed. These fixed term posts will further locality based support and will</p>

help to reduce internal waits, optimise capacity within teams, ensure a seamless patient journey, and facilitate further reductions in the size of the waiting list.

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

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

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

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

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

Brief Interventions work continues citywide.

Timescales for Improvement

The Waiting List Initiative is continuing and is likely to take until the end of 2021 before improvements are seen in Glasgow City. Given the magnitude of this work, capacity from within the wider HSCP has been identified to support.

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

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

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

Locality	Target	2019/20				2020/21				21/22 Q1	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	% with review	Number <u>without</u> a Permanency Review
City	90%	75% (R)	72% (R)	70% (R)	68% (R)	66% (R)	58% (R)	59% (R)	55% (R)	58% (R)	39*
North East		89% (R)	81% (R)	71% (R)	68% (R)	69% (R)	57% (R)	59% (R)	51% (R)	62% (R)	13
North West		65% (R)	76% (R)	80% (R)	65% (R)	65% (R)	52% (R)	52% (R)	53% (R)	42% (R)	11
South		61% (R)	59% (R)	59% (R)	71% (R)	64% (R)	61% (R)	62% (R)	59% (R)	62% (R)	13

*2 children are assigned to other Teams.

Performance Trend

Performance at city and locality level remained RED at Q1.

At the end of Q1 a total of 39 children (of 92 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

In addition, the Family Assessment and Contact Service (FACS) and the Glasgow Infant and Family Team (GIFT) only resumed face to face contact and support in September so this has had a knock-on effect in relation to concluding the permanence outcomes for a significant number of the children under the age of 4.

Actions to Improve Performance

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

Permanence Forums and workshops are being re-established to focus on this group of children and to ensure their plans are progressed appropriately.

Timescales for Improvement

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

In addition, a plan has been developed through the Carefirst implementation group for leads to develop a permanency recovery plan, with a focus on how to revive permanency workshops to support this process.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Under 5s	100%	66.67% (R)	23.1% (R)	100% (G)	100% (G)	100% (G)	73.33% (R)	100% (G)	100% (G)	100% (G)
Aged 5-18		80% (R)	92.3% (R)	92.7% (R)	92.9% (R)	100% (G)	92.86% (R)	100% (G)	96.15% (A)	85% (R)

Performance Trend
Percentages can fluctuate due to the small numbers involved. Performance has moved from GREEN to AMBER for over 5s in the last quarter, but this only involves one child out of a total of 25.
Issues Affecting Performance
This performance is due to the small number of young people involved.
Actions to Improve Performance
There is a need to review the performance measure, as there is currently no method to record exceptional circumstances where a health assessment is deemed to be not in the best interest of the child or circumstances where a young person declines assessment which potentially skews the figures.
Timescales for Improvement
All KPIs are currently under review, and this issue will be considered as part of this.
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Indicator	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
Purpose	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				2021/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	60%	34% (R)	36% (R)	40% (R)	41% (R)	45% (R)	32% (R)	42% (R)	49% (R)	51% (R)
North East		43% (R)	32% (R)	33% (R)	57% (R)	49% (R)	52% (R)	41% (R)	49% (R)	55% (R)
North West		43% (R)	43% (R)	51% (R)	33% (R)	42% (R)	22% (R)	23% (R)	41% (R)	50% (R)
South		24% (R)	36% (R)	41% (R)	21% (R)	45% (R)	24% (R)	53% (R)	58% (A)	45% (R)
Performance Trend										
There have been improvements in the North East, North West and city in the last quarter, while the South declined and all are now RED.										
Issues Affecting Performance										
Some issues have been identified in relation to staff absence due to annual leave and increase workload demands affecting the performance in South in particular.										
Actions to Improve Performance										
There are ongoing efforts to improve the recording of completion dates on eforms. It is anticipated that this will continue to have a positive impact on the performance data and will also raise awareness of the importance of completing reports within the allocated timeframe. In addition an automated report is sent to areas detailing reports due in order that people can be prompted to submit reports on time and follow the correct process for doing this.										
Timescales for Improvement										
There is an ongoing determination to improve performance in this										
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Indicator	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2019/20				2020/21				2021/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	75%	71% (R)	74% (G)	71% (R)	68% (R)	65% (R)	76% (G)	77% (G)	80% (G)	78% (G)
North East		80% (G)	76% (G)	71% (R)	63% (R)	62% (R)	82% (G)	80% (G)	84% (G)	82% (G)
North West		62% (R)	79% (G)	76% (G)	71% (R)	72% (A)	77% (G)	81% (G)	82% (G)	80% (G)
South		70% (R)	69% (R)	69% (R)	73% (A)	67% (R)	69% (R)	78% (G)	80% (G)	81% (G)

Notes

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

Performance Trend

All localities remained GREEN during the reporting period.

The percentage of *non-recording* during Q1 rose slightly from 1% in Q4 to 3% during the current quarter. This equates to a total of 22 young people in the city – 4 (2%) in North East and 3 (1%) in South do not have their employability status recorded. The other 15 were young people whose team is “not indicated” (i.e. those without a primary relationship to a worker or team). The number of young people whose team is “not indicated” rose from 6 (Q4) to 15 (Q1) as mentioned above.

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

Target			2019/20				2020/21				2021/22
19/20	20/21	21/22	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
31	40	30 (Q4) 33 (Q1)	48 (R)	46 (R)	47 (R)	46 (R)	42 (R)	45 (R)	40 (G)	34 (G)	34 (A)
Performance Trend											
<p>There was no change in the number of out of authority placements between Q4 and Q1, however the target has been adjusted to 30 by the end of the year, so the aim is to reduce by 1 per quarter over 2021/22 (target of 33 for Q1) so performance is below target and AMBER.</p> <p>The savings target for 21/22 was £2.1m and has been achieved. This was based on a reduction of 10 high cost purchased placements and 10 purchased fostering placements.</p>											
Issues Affecting Performance											
The numbers of out of authority placements has remained the same (34) but the target has been reduced hence the move from GREEN to AMBER.											
Actions to Improve Performance											
Ongoing work will continue to reduce out of authority placements in line with the revised target.											
Timescales for Improvement											
It is anticipated that reductions will be made over the course of the year.											
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Indicator	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	93.2% (G)	92.1% (A)	93.5% (G)	93.2% (G)	94.24% (G)	94.37% (G)	95.15% (G)	94.20% (G)	
North East		93.4% (G)	89.4% (R)	94.1% (G)	91.5% (A)	94.13% (G)	94.98% (G)	94.56% (G)	93.15% (G)	
North West		92.8% (G)	93.5% (G)	92.2% (A)	93.3% (G)	94.86% (G)	94.34% (G)	95.2% (G)	94.32% (G)	
South		93.2% (G)	93.3% (G)	93.8% (G)	94.4% (G)	93.86% (G)	93.92% (G)	95.56% (G)	94.94% (G)	

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	96.5% (G)	96.3% (G)	95.8% (G)	96.35% (G)	96.52% (G)	97.25% (G)	96.15% (G)	96.25% (G)	
North East		96.6% (G)	96.9% (G)	96.5% (G)	97.64% (G)	98.46% (G)	98.07% (G)	96.97% (G)	97.03% (G)	
North West		96.3% (G)	96.6% (G)	95.5% (G)	95.07% (G)	94.36% (G)	96.66% (G)	96.24% (G)	95.77% (G)	
South		96.7% (G)	95.6% (G)	95.4% (G)	96.03% (G)	96.69% (G)	97.08% (G)	95.4% (G)	96.01% (G)	

Performance Trend
Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North East and South. North East slightly decreased. This indicator is reported in arrears.
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Other Annually Reported Indicators - See Appendix 1, Section 3

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

ADULT MENTAL HEALTH

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

Locality	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
NE	90%	75.5 (R)	85.1 (R)	80.8 (R)	70.7 (R)	70.7 (R)	53.7 (R)	75 (R)	56.6 (R)	76.8 (R)	80 (R)	82.3 (R)
NW		88.8 (G)	90.7 (G)	90.7 (G)	88.7 (G)	45.8 (R)	84 (R)	95.7 (G)	93.6 (G)	86.4 (A)	98.8 (G)	97.1 (G)
S		98.2 (G)	96 (G)	82.7 (R)	79.5 (R)	77.6 (R)	93 (G)	58.7 (R)	91.4 (G)	90.8 (G)	93.3 (G)	92.8 (G)

Performance Trend
<p>The overall % starting a PT within 18 weeks in June 2021 is circa 92% for all the services managed by Glasgow City HSCP (including the Glasgow City Hosted services that cover the whole of NHSGG&C) and the overall number starting a PT is fewer than pre pandemic activity.</p> <p>Performance varies between localities and between teams within each locality. As a result of the initial outbreak of Covid-19 all teams in the 3 localities and the Hosted services accrued long waits.</p> <p>The North West has 5 people still waiting over 18 weeks who are yet to start a PT. The South, with 71 people still waiting over 18 weeks who are yet to start a PT, is an identified pressure over the coming quarters. Similarly, the North East, with 41 people still waiting over 18 weeks who are yet to start a PT, is also an identified pressure over the coming quarters. The Glasgow City Hosted services have 118 people still waiting over 18 weeks who are yet to start a PT, and is an identified pressure over the coming quarters.</p> <p>The number of people still waiting over 52 weeks in across Glasgow City has reduced over the quarter. There are 2 people waiting over 52 weeks in the teams serving the 3 localities in Glasgow City and 12 people waiting over 52 weeks in the Glasgow City Hosted services.</p>
Issues Affecting Performance
<p>The effect of the outbreak of Covid-19 continues to have multiple impacts on the overall performance of delivering PTs through Q1 Apr-Jun 21.</p>

Covid-19 created a large cohort of people waiting to start a PT. Waiting list initiatives to target the long waits can result in a short-term higher proportion of people starting their treatment beyond the Standard timeframe.

Social distancing measures result in reduced consulting space which is prioritised primarily for urgent clinical need.

There is a Board wide focus on addressing the longest waits of over 52 and 36 weeks.

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

Some people are waiting longer due to clinical, social and personal reasons which prevent them engaging in remote consultations (so are waiting for a face-to-face approach).

The capacity to deliver PTs is affected by vacancies, annual leave, sick leave and extended leave. Recruitment to some posts has resulted in no applicants

There is are bulges of demand across the full range of wait of waiting times that will require mitigation to prevent an adverse impact on the waiting time standard.

Actions to Improve Performance

Teams with people waiting over 52 weeks scheduled appointments to start treatment by, where able, the end of June 21.

Teams with people waiting over 36 weeks are focusing capacity on scheduling appointments to start treatment with this cohort.

Digital alternatives to face-to-face approaches (i.e. Anytime Anywhere or Near Me) are being used. Safe face-to-face appointments are being conducted where facilities are suitable

Staff and patients training and support to adjust to a range of home- and social distanced work-based arrangements requiring IT and telecoms equipment to continue to deliver services.

Teams are seeing if they can use accommodation in GP facilities and other community settings.

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

The Board wide PT Group team has been implemented and commenced delivering digital-based group interventions with the CMHTs

Peripatetic Band 7 therapists have been targeting people with long waits

Access to cCBT for people with Long Term Conditions being delivered

The Scottish Government Internet Enabled CBT initiative targeting the North East and North West

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

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

Timescales for Improvement

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

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

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

Hospital	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Stobhill	28 days	32.7 (R)	32.1 (R)	36.1 (R)	22.9 (G)	28.8 (A)	31.3 (R)	31.2 (R)	38.2 (R)	37.2 (R)	46.5 (R)	
Leverndale		31.6 (R)	25.1 (G)	33.0 (R)	23.1 (G)	22 (G)	22.9 (G)	22.9 (G)	25.4 (G)	31.3 (R)	31.5 (R)	
Gartnavel		37.3 (R)	37.1 (R)	38.7 (R)	27.4 (G)	39.4 (R)	30.5 (R)	28 (G)	33.6 (R)	30.5 (R)	37.4 (R)	

Performance Trend

Performance fluctuating over time and between hospitals. There has been a reduction in the average LOS in the last month, with Stobhill making significant contribution, however the average LOS across all three hospitals still increased from the previous quarter (32 to 35). All remain RED at June.

While the monthly number of discharges has slightly increased, the overall average length of stay and number of patients with LOS over 6 months continues to rise, confirming that more patients are being admitted with increased acuity than previously.

Issues Affecting Performance

The ongoing Covid-19 pandemic continues to have a significant impact on the pattern of MH services responses. Services continue to respond flexibly to fluctuations in:

1. Wards being closed to new admissions due to COVID reduces patient movement although this has reduced since March.
2. Numbers of COVID- positive patients
3. Staff absence rates

Actions to Improve Performance

Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of fluctuations in activity for a up to a further 12 months:

1. Consolidation of all unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
2. Direct access to mental health assessment units during day time established for Primary Care.
3. Piloting In-reach practitioners across inpatients to identify those patients who require short term admissions and then safely continue their care and treatment in the community.
4. In-patient admissions testing and isolation for COVID and personal protective equipment and staffing guidelines continually reviewed updated and applied.
5. On-going work by Discharge Co-ordination Teams

Timescales for Improvement

Learning about the longer-term impact of the COVID-19 pandemic on the ability of services to manage use of beds is on-going.
Remobilisation will continue through to March 2022, and operational contingency arrangements continue to be reviewed.
System wide support mechanisms also being reviewed across sites and specialty's with the wider mental health "family".
On-going pressure will remain with vacancies, non-Covid absences, seasonal annual leave and the requirement to support staff to decompress in the coming months.

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

Hospital	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Stobhill	<95%	100.4 (R)	98.6 (A)		93.2 (G)	75.7 (G)	94 (G)	91.4 (G)	100.5 (R)	102.8 (R)	103.9 (R)	
Leverndale		101 (R)	94.1 (G)		85.8 (G)	77 (G)	90.6 (G)	82.0 (G)	94.4 (G)	95.7 (G)	102 (R)	
Gartnavel		99.5 (A)	92.8 (G)		90.6 (G)	85.5 (G)	95.4 (G)	89.2 (G)	96.3 (G)	96.5 (G)	106 (R)	

Performance Trend

All hospitals remain in RED with increases in Stobhill and Gartnavel and a slight decrease in Leverndale.

Average occupancy for all hospitals over the quarter was at circa 103%, only possible through some patients temporarily going home or to other accommodation for short periods on 'pass'.

Issues Affecting Performance

Pressure on Adult acute beds includes a 2 bed rolling closure programme for anti-ligature works which will continue into late summer.

The ongoing Covid-19 pandemic continues to have a significant impact on the pattern of MH services responses. Inpatient services continue to respond flexibly to fluctuations in:

1. Wards being closed or paused to admissions due to COVID during the quarter on MH bed sites reduces patient movement although This has reduced since March.
2. The need for isolating people to prevent COVID- infections, intensified by the limited availability of single rooms for new admissions
3. Staff vacancies and high numbers of non Covid related absence

Actions to Improve Performance

Operational responses continue to maintain safe and effective care. Further evolution of contingency and scenario planning is on-going. This includes consideration of the impact of expected fluctuations in activity to March 2022:

1. Focus on people who have longer lengths of stay.

2. On-going work by Discharge Co-ordination Teams and the impact of control measures restricting patient movement
3. All hospitals report an increasing acuity of person admitted (increased numbers of enhanced observations), which will impact on length of stay.
4. Maintaining and evolving existing arrangements is continuing the pressure on staff.
5. Minimise anyone (staff and patients) coming into services – especially if in or from identified hotspot areas
6. Focus also remains on testing - staff and public encouraged to take up test offers

Timescales for Improvement

Understanding the longer term impact of the COVID-19 pandemic on length of stay is on-going to March 2022. Operational contingency arrangements and the impact on bed use continues to be reviewed. System wide support mechanisms also being reviewed across sites and specialty's with all services. Numbers of wards closed to admissions due to COVID has an adverse impact on discharges as well as on admissions.

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

Locality	Target	2019/20				2020/21				2021/22		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
North East		3	6	10	5	3	2	4	6	6	6	6
North West		3	11	9	5	6	8	4	5	5	8	8
South		5	4	7	5	0	2	1	4	3	3	2
City/LD		0	0	0	0	1	1	1	1	1	1	0
Sub-Total (Included Codes)		11	21	26	15	10	13	10	16	15	18	16
North East		1	1	0	1	0	1	1	2	2	2	2
North West		0	0	0	2	4	2	2	6	6	6	5
South		2	2	1	1	0	1	0	0	0	0	0
City/LD		0	0	0	0	0	0	1	1	1	1	0
Sub-Total (Complex Codes)		3	3	1	4	4	4	4	9	9	9	7
North East Total		4	7	10	6	3	3	5	8	8	8	8
North West Total		3	11	9	7	10	10	6	11	11	14	13
South Total		7	6	8	6	0	3	1	4	3	3	2
City/LD		0	0	0	0	1	1	2	2	2	2	0
All Delays	0	14 (R)	24 (R)	27 (R)	19 (R)	14 (R)	17 (R)	14 (R)	25 (R)	24 (R)	27 (R)	23 (R)

Performance Trend

Numbers vary across localities and over time. Delays decreased slightly between March and June.

Issues Affecting Performance

Admission routes and discharge relationships continued to be disrupted due to significant COVID related issues, COVID- positive patients in some areas and staff re-deploying to ward areas to

maintain safe and effective treatment and wards closing to admissions and patient movement as a result of infection prevention and control measures.

Actions to Improve Performance

Mental health hospitals have continued to have significant pressures on beds both prior to and during the pandemic with increased admission rates for the majority of the time.

The development of the Mental Health Integrated Discharge Teams (MHIDT) continues with many changes taking place to encompass the growing needs of the service. Hospital Based Social Workers are now part of the teams and a Crisis inreach worker is now based at each site since March this year. City wide fortnightly meetings now take place and good links have been made with community services to consider ways to both divert from admission where possible and facilitate early and supported discharge. Alternative support options are also discussed with commissioning team colleagues.

Other action for improvement include:

- A successful Test of Change with Carrgorm in the North East to facilitate discharges has been approved to roll out city wide
- Links to the Employability Service and Peer Support Workers to assist with successful and sustained discharge
- Development of a specific discharge protocol that clarifies the pathway to accommodation and support for those people who are homeless.
- EMIS teams for the Glasgow Integrated Discharge Teams have now been developed and actioned

Timescales for Improvement

Arrangements continually being reviewed operationally during remobilisation. This will continue to be an area of on-going work to March 2022. Regular review continues on progressing creating community solutions for people to move to, as well as the demand from vulnerable people entering care from the community. The numbers of people affected by delays in moving to the community is projected to stay within the historical range of single figures to thirty people, whilst COVID impacts on services and communities.

There is ongoing work at the moment in relation to reviews of service users within supported accommodation to consider whether this service continues to meet their needs or whether they can move on to more independent living. This is likely to have an impact on the availability of placements to facilitate hospital discharge. Along with this, GCHSCP commissioning are carrying out a Strategic Review of Accommodation based Mental Health services. This review will seek to ensure that current service models are equipped to meet needs and deliver outcomes in line with key strategic priorities. The work is being supported through the Maximising Independence Programme Board will also consider the needs of people who come into mental health services.

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Other Annually Reported Indicators - See Appendix 1, Section 3

11. Deaths from Suicide

SANDYFORD (SEXUAL HEALTH)

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

IUD – number of appointments

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		1320	1246	1149	1355	299	996	1375	1497	1438
NE		340	303	283	267	0	273	388	475	483
NW		917	829	755	987	299	723	987	1022	955
S		63	114	111	101	0	0	0	0	0
NHSGGC	1888/ Quarter	1834 (G)	1739 (R)	1650 (R)	1870 (G)	299 (R)	1311 (R)	1723 (R)	1839 (A)	1784 (R)

IUD – number of insertions

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		1032	942	964	999	305	895	1135	1196	1178
NE		229	207	201	182	0	186	273	352	372
NW		750	664	684	757	305	709	861	844	806
S		53	71	79	60	0	0	0	0	0
NHSGGC	1309/ quarter	1418 (G)	1296 (G)	1310 (G)	1322 (G)	310 (R)	1124 (R)	1413 (G)	1488 (G)	1484 (G)

Performance Trend

Number of appointments fallen since last report; however, target reached for number of insertions.

Issues Affecting Performance

Staffing pressures due to annual leave, vacancies and absence have affected performance slightly in this last quarter.

However, the availability of appointments offered continues to be affected by the service's inability to access the accommodation across the Board area which was previously used / agreed for use to provide services.

Actions to Improve Performance
<p>Despite resuming LARC services during the Covid recovery period, the service is currently restricted to only 3 sites so does not have the physical capacity to reach target. However increased capacity in existing sites means number of insertion target has been achieved.</p> <p>The Recovery Plan indicates a further extension of this over the coming months, if pandemic circumstances allow. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved – currently restricted by access to other sites limited.</p>
Timeline for Improvement
<p>With the full recovery of services, and once accommodation issues are rectified, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to reach and maintain target levels during 2021.</p> <p>Back to Summary</p>

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

Implants – number of appointments

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		1268	1321	1169	1202	156	1100	1377	1550	1278
NE		504	501	495	454	0	372	571	654	513
NW		665	740	583	665	156	728	806	896	765
S		99	80	91	83	0	0	0	0	0
NHSGGC	2431/ quarter	1769 (R)	1783 (R)	1655 (R)	1691 (R)	156 (R)	1586 (R)	2028 (R)	2278 (R)	1966 (R)

Implants – number of insertions

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		677	690	601	617	148	750	693	811	654
NE		247	227	206	228	0	204	289	326	229
NW		371	398	336	334	148	545	403	484	425
S		59	65	59	55	0	0	0	0	0
NHSGGC	1148/ quarter	939 (R)	912 (R)	874 (R)	865 (R)	148 (R)	1034 (R)	1017 (R)	1148 (G)	991 (R)

Performance Trend
Performance has slipped in the last quarter for both appointments and insertions.
Issues Affecting Performance
Staffing pressures due to annual leave, vacancies and absence have affected performance slightly in this last quarter.
However, the availability of appointments offered continues to be affected by the service's inability to access the accommodation across the Board area which was previously used / agreed for use to provide services.

Actions to Improve Performance

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

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

Timescales for Improvement

With the full recovery of services, and once accommodation issues are rectified, the implementation of the proposed new service model can go ahead, therefore the provision of routine LARC is set to reach and maintain target levels during 2021.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	2 working days	8 (R)	8 (R)	5 (R)	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NE		9 (R)	11 (R)	9 (R)	5 (R)	NA	1 (G)	1 (G)	3 (R)	1 (G)
NW		8 (R)	8 (R)	5 (R)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
S		10 (R)	11 (R)	8 (R)	5 (R)	NA	NA	NA	NA	NA
NHSGGC		8	9	6	3	1	1	1	1	1 (G)

Performance Trend
Performance remains GREEN. Target has been adjusted to be based upon median rather than average waiting times as small numbers of outliers were distorting the figures. The service in the South has not yet reopened so is classed as N/A.
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Indicator	6-9 Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
Purpose	Improved service access across all Sandyford services for young people aged under 18
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Male

Area	Age	Target	19/20				20/21				21/22
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	13-15	21	3 (R)	5 (R)	5 (R)	6 (R)	2 (R)	7 (R)	4 (R)	5 (R)	6 (R)
NHSGGC		40	21 (R)	14 (R)	13 (R)	13 (R)	3 (R)	12 (R)	14 (R)	11 (R)	14 (R)
City	16-17	58	16 (R)	23 (R)	20 (R)	16 (R)	3 (R)	18 (R)	16 (R)	27 (R)	23 (R)
NHSGGC		110	46 (R)	49 (R)	48 (R)	38 (R)	4 (R)	29 (R)	30 (R)	37 (R)	39 (R)

Female

Area	Age	Target	19/20				20/21				21/22
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	13-15	146	82 (R)	78 (R)	69 (R)	71 (R)	21 (R)	36 (R)	40 (R)	43 (R)	68 (R)
NHSGGC		292	180 (R)	153 (R)	161 (R)	145 (R)	37 (R)	87 (R)	95 (R)	87 (R)	129 (R)
City	16-17	339	203 (R)	225 (R)	190 (R)	192 (R)	69 (R)	136 (R)	149 (R)	137 (R)	180 (R)
NHSGGC		670	410 (R)	445 (R)	358 (R)	384 (R)	132 (R)	246 (R)	280 (R)	256 (R)	343 (R)

Performance Trend
Performance has had a slight increase in the HSCP area for young males, and more significant increase for young females and older teenage females.
Issues Affecting Performance
The service is currently restricted to only 3 sites. The Saturday service opened in June 2021 but attendance is still not capacity having a narrow effect on attendances
Actions to Improve Performance
The service aims to have YP service in a total of 9 sites across GGC so currently there is not physical service capacity to reach target. As recovery continues, and as pandemic circumstances allow, more YP clinics will be provided over the coming months in increasing number of locations. Plans are being made to increase to 1/2 new sites whilst awaiting approval to access other Sandyford sites.
Timescales for Improvement
With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise towards the end of 2021. Back to Summary

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

Target	2019/20				2020/21				2021/22
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
95%	6 (R)	5 (G)	5 (G)	6 (R)	2 (G)	0 (G)	0 (G)	0 (G)	0 (G)

Performance Trend
Performance remained GREEN in the last quarter. This measures time for the first appointment which is now a telemedicine-based model and has been operating recently on a same day call back basis.
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ALCOHOL AND DRUGS

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

Locality	Target	2019/20				2020/21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	90%	96% (G)	98% (G)	98% (G)	98% (G)	98% (G)	99% (G)	98% (G)	99% (G)
North East		99% (G)	100% (G)	99% (G)	98% (G)	94% (G)	100% (G)	99% (G)	99% (G)
North West		100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
South		92% (G)	91% (G)	93% (G)	90% (G)	96% (G)	99% (G)	99% (G)	97% (G)
Performance Trend									
This indicator is reported one quarter in arrears.									
At Q4 all localities continued to exceed the referral to treatment time 3-week target (GREEN).									
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Indicator	2. Percentage of Parental Assessments completed within 30 days of referral.
Purpose	An <i>Impact of Parental Substance Use</i> (IPSU) Assessment should be completed within 30 days of referral. This indicator monitors the percentage of assessments completed within this timeframe.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2019/20				2020/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1*
City	75%	80% (G)	74% (G)	71% (R)	77% (G)	80% (G)	67% (R)	76% (G)	57% (R)	67% (R)
North East		88% (G)	69% (R)	81% (G)	88% (G)	86% (G)	62% (R)	78% (G)	78% (G)	83% (G)
North West		68% (R)	83% (G)	60% (R)	33% (R)	59% (R)	75% (G)	50% (R)	33% (R)	0% (R)
South		63% (R)	71% (R)	65% (R)	61% (R)	80% (G)	67% (R)	90% (G)	0% (R)	67% (R)

Performance Trend

The numbers of Parental Assessment forms completed on careFirst during Q1 fell significantly (see table below) with a total of 12 forms completed across the city over the 3-month period. These continuing low numbers continue to cause significant fluctuation in performance between quarters.

Performance at city-level, North West and South remained RED during Q1 with only North East continuing to meet target (GREEN).

As mentioned previously there has been a significant downward trend in the number of Parental Assessment forms completed on careFirst during the past 2 years – numbers completed from 2018-2021 are shown below. The small number of assessments currently completed increases the likelihood of significant fluctuation in performance between quarters.

2018/19 Q1 – 457, Q2 – 432, Q3 – 507, Q4 – 210

2019/20 Q1 – 201, Q2 – 69, Q3 – 49, Q4 – 71

Locality	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	21/22 Q1
City	71	95	33	33	30	12
NE	49	71	21	18	18	6
NW	6	17	4	4	9	2
South	13	5	6	10	3	3
Other	3	2	2	1	0	1

Issues Affecting Performance

In North West there was a Team Leader shortage caused by vacant posts and long term sickness affecting the ability to supervise staff to ensure that the assessments were completed within the time frames. South ADRS showed a significant improvement from

quarter 4(20/21) however on-going staff sickness and vacancies continue to influence their ability to complete IPSUs within the time frames.

Actions to Improve Performance

North West ADRS have increased their management team to include 3 new Team Leaders and two new Nurse Team Leaders (1NTL and 1 TL yet to come into post) it is anticipated that this should improve compliance with the completion of the IPSU assessments. Within South it is anticipated that the recruitment of new care managers and auditing of these assessments should further improve the completion of IPSU's with timescales.

Timescales for Improvement

It is anticipated that this will show an improvement in the next quarter within both the North West and South ADRS.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	70%	78% (G)	80% (G)	80% (G)	82% (G)	83% (G)	82% (G)	80% (G)	74% (G)	67% (A)
North East		78% (G)	79% (G)	91% (G)	84% (G)	86% (G)	83% (G)	82% (G)	77% (G)	70% (G)
North West		84% (G)	87% (G)	89% (G)	87% (G)	89% (G)	88% (G)	85% (G)	76% (G)	67% (A)
South		77% (G)	79% (G)	86% (G)	79% (G)	79% (G)	78% (G)	77% (G)	73% (G)	68% (A)
Performance Trend										
There was further slippage in performance during Q1 with only North East (GREEN) meeting target and the city, North West and South moving from GREEN to AMBER. Performance slipped below target for the first time.										
Issues Affecting Performance										
New e-forms and Daisy requirements may be impacting on the initiated recovery plans following assessment. In the last quarter staff have continued to work under Covid19 Contingency with a higher level of office based tasks which may be impacting on their ability to undertake care management functions in a timeous manner.										
Actions to Improve Performance										
GADRS SMT are monitoring our rota and may require to develop further strategies to free up care management time. GADRS will seek further clarity on the data being monitored as a result of recent changes to e-forms to enable us to address specific issues.										
Timescales for Improvement										
It is anticipated that this will show an improvement in the next quarter within both the North West and South ADRS.										
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Other Annually Reported Indicators - See Appendix 1, Section 2

9. Number of drug related deaths
10. Number of alcohol related deaths

HOMELESSNESS

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	88% (R)	87% (R)	94% (G)	97% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)
North East		82% (R)	79% (R)	86% (R)	96% (G)	99% (G)	100% (G)	98% (G)	98% (G)	99% (G)
North West		91% (A)	87% (R)	97% (G)	97% (G)	98% (G)	98% (G)	98% (G)	100% (G)	98% (G)
South		82% (R)	86% (R)	94% (G)	97% (G)	100% (G)	100% (G)	99% (G)	100% (G)	100% (G)
Asylum & Refugee Team (ARST)		100% (G)	100% (G)	100% (G)	98% (G)	98% (G)	100% (G)	99% (G)	100% (G)	100% (G)

Performance Trend

Performance was maintained during Q1 with all localities and teams remaining above target (GREEN). A total of 1,543 decisions were made during Q1 of which 11 were out with timescale.

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Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter.
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	2019/20				2020/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	<40%	42% (R)	42% (R)	43% (R)	43% (R)	50% (R)	55% (R)	51% (R)	44% (R)	39% (G)
North East		43% (R)	44% (R)	43% (R)	45% (R)	47% (R)	50% (R)	50% (R)	42% (R)	39% (G)
North West		43% (R)	41% (G)	39% (G)	41% (G)	46% (R)	49% (R)	42% (R)	43% (R)	40% (G)
South		46% (R)	44% (R)	45% (R)	44% (R)	47% (R)	51% (R)	48% (R)	45% (R)	37% (G)
Asylum & Refugee Team (ARST)		30% (G)	33% (G)	35% (G)	38% (G)	64% (R)	90% (R)	73% (R)	45% (R)	40% (G)

Performance Trend

Following significant improvement during Q4, performance improved further during Q1 with all localities and teams meeting target and moving from RED to GREEN.

The number of cases over 6 months dropped by 91 (5.5%) during Q1.

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

Target	2019/20				Total 19/20	2020/21				Total 20/21	21/22 Q1
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		
21/22 5,000 per annum (1,250 per quarter)	848 (R)	897 (R)	1,020 (G)	1,009 (G)	3,774 (R)	829 (R)	800 (R)	1,041 (R)	1,291 (G)	3,961 (R)	1,332 (G)

Performance Trend
The pro-rata quarterly target of 1,250 was exceeded (GREEN) during Q1.
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Indicator	4. Average number of weeks from assessment decision to settled accommodation.
Purpose	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	2020/21				21/22
		Q1	Q2	Q3	Q4	Q1
City-wide	26 weeks	42 weeks (R)	42 weeks (R)	41 weeks (R)	45 weeks (R)	39 weeks (R)

Performance Trend
New indicator from 2020/21. Although performance did not meet target (RED) during Q1 there was a significant reduction in the average number of weeks from 45 to 39 during the reporting period.
Issues Affecting Performance
The understandable ceasing of mainstream letting activity on the part of the City's RSL partners for over five months, has resulted in an increase in case durations. We continued to see a significant number of settled lets to homeless households. The out turn figure for Q1 was 940 settled lets.
Actions to Improve Performance
The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households over the recovery period to speed up the resettlement process and relieve pressure on temporary accommodation. The HSCP has completed its Local Letting Plans for 2021/22 in line with the pressures flowing from Covid-19 and have requested a letting target of 60% from RSL partners. The HSCP continues to work with the Wheatley Group and a small number of Community Based Housing Associations on a pilot to match homeless households to void properties. This has increased the number of lets to homeless households and reduced the number of offer refusals, speeding up the resettlement timescales for homeless households. An

evaluation of the matching approach has recently been completed. The findings confirm improvements in homelessness resettlement timescales.

Timescales for Improvement

As we continue to see an increase in the number of settled lets made to homeless households, we are likely to see performance improvements through Q2 2021/22.

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

Locality	Target	Full Year Total 19/20	2020/21				Full Year Total 20/21	2021/22
			Q1	Q2	Q3	Q4		Q1
City	<480 per annum (<120 per Quarter)	437 (G)	108 (G)	94 (G)	95 (G)	123 (A)	420 (G)	
Performance Trend								
At Q4 we moved slightly above target but the total for the year met the annual target. Awaiting Q1 figures from the Scottish Government								
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Target/Ref	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	2019/20				2020/21				2021/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	100%	74% (R)	76% (R)	71% (R)	65% (R)	99% (G)	99% (G)	100% (G)	100% (G)	100% (G)

Performance Trend
Performance remained on target (GREEN) during the first quarter of 21/22.
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Indicator	7. Number of new Housing First tenancies created.
Purpose	The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target		20/21				21/22
			Q1	Q2	Q3	Q4	Q1
City	600 over 5 years from 2019/20.	Number created during quarter	0 (R)	19 (R)	25 (R)	33 (R)	22 (R)
	Target by end of 20/21 is to reach 240 from baseline of 119 as at 31 st March 2020	Cumulative Total	119 (Base-line)	138 (R)	163 (R)	196 (R)	218 (R)

Performance Trend

New indicator from 2020/21. The Housing First target for 21/22 will be confirmed during Q2.

At the end of Q1 the 20/21 year-end target to create 240 new Housing First tenancies was not met (RED).

Issues Affecting Performance

As the Housing First Pathfinder programme comes to an end and the HSCP identifies the basis for mainstreaming the approach there has been a temporary reduction in the number of households securing tenancies with Housing First support.

Actions to Improve Performance

The HSCP is working with the Scottish Government along with other key partners to continue to develop the Housing First Approach. In due course the Alliance to End Homelessness will be integral to ongoing discussions as per transition arrangements. These arrangements are being developed to ensure support provision is in place to continue the development of the approach as the HSCP continues to implement the RRTP. The work to progress the Housing First approach is being aligned to integrated service pathways for households with complex case histories.

The HSCP is also bringing forward funding proposals for the development of a test of change proposal for Housing First for Young People and a pathway for service users leaving acute mental health sites.

The Housing First Approach was also integral to the closure of the Bellgrove Hotel whereby 12 residents secured a settled tenancy with Housing First Support.

Timescales for Improvement

The service will expect to see improvements in the number of settled lets with Housing First support through Q2 & Q3 of 2021/22.

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

Locality	Target	20/21				21/22
		Q1	Q2	Q3	Q4	Q1
City	Eradicate the use over 5 years from initial baseline of 341 (68 per year). Target for end 20/21 is 350 units	496 (R)	573 (R)	439 (R)	344 (G)	286 (G)
Performance Trend						
New indicator from 2020/21. The target for 21/22 has not yet been confirmed.						
During Q1 there was a further decrease of 17% in the number of homeless households accommodated within B&B type accommodation.						
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Indicator	9. Number of Temporary Furnished Flats
Purpose	The RRTP sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	20/21				21/22
		Q1	Q2	Q3	Q4	Q1
City	Reduce supply by 1,000 from initial baseline of 2,156 over 5 years from end of 19/20. Target for end of Q4 2020/21 is 1,850	2,424 (R)	2,569 (R)	2,612 (R)	2,384 (R)	2,368 (R)
Performance Trend						
<p>New indicator from 20/21. The current target for TFFs is due to be reviewed during quarter 2.</p> <p>There was a small decrease in the number of temporary furnished flats between year-end and Q1; the 20/21 year-end target of reducing the number to 1,850 was not met (RED).</p>						
Issues Affecting Performance						
As a consequence of the public health emergency and the understandable ceasing of letting activity on the part of RSLs, the HSCP increased the number of TFFs. These additional TFFs were supplied by the RSL partners to help minimise the use of B&B type accommodation to accommodate homeless households.						
Actions to Improve Performance						
<p>The HSCP is currently developing a Temporary Accommodation Strategy. The core objective of the strategy will be to ensure sufficient supply of emergency accommodation to meet statutory duties. Any reduction in TFF numbers will be contingent upon progress being made to secure an increase in the number of settled lets and reductions in resettlement times.</p> <p>The Service also continues to work with RSL partners to convert a number of the TFFs into settled lets in order that service users do not have the upheaval of moving to another property.</p>						

Timescales for Improvement

The service will review this target in line with policy decisions and the medium-term economic implications of the public health emergency. The HSCP will have the temporary accommodation strategy completed by Q2 2021/22, this will set out revised targets for TFF provision.

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CRIMINAL JUSTICE

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	80%	70% (R)	71% (R)	75% (R)	76% (R)	19% (R)	70% (R)	73% (R)	76% (R)	77% (A)
North East		68% (R)	78% (A)	79% (G)	82% (G)	22% (R)	72% (R)	73% (R)	81% (G)	72% (R)
North West		65% (R)	63% (R)	73% (R)	70% (R)	22% (R)	62% (R)	69% (R)	71% (R)	78% (A)
South		78% (A)	70% (R)	73% (R)	75% (R)	17% (R)	74% (R)	78% (A)	75% (R)	81% (G)
Performance Trend										
<p>During Q1 performance in the city and North West improved moving from RED to AMBER while South exceeded target moving from RED to GREEN. Performance dropped from GREEN to RED in North East.</p> <p>During Q1 327 CPOs were made; an increase of 27% since Q4 when 257 were made.</p>										
Issues Affecting Performance										
<p>COVID-19 has had a significant impact on our ability to deliver unpaid work and to start placements within 7 days of sentencing. This has been due to unpaid work placements being suspended. This position improved as lockdown eased in late summer / autumn 2020 until placements were allowed to recommence on the 26 April 2021.</p> <p>Although the courts started making orders again in Q3 and Q4 of 2021/21 they no longer permitted social work staff to enter court rooms to reduce footfall in line with their COVID health and safety policies. This had a direct impact on justice social work's ability to identify those who had been made subject to a CPO / UPW order at the earliest convenience.</p>										

Justice social work have had to rely on the clerks of court instructing the person to present at social work and our Fast Track Team upon leaving the court, which has not been happening. If a service user fails to attend their first appointment with justice social work, this has a direct impact on our ability to engage with them straightaway and commence their placement within 7 days of the court appearance.

Actions to Improve Performance

Justice social work continue to liaise with the courts and clerks to ensure that a consistent message is given to all service users that they must attend Fast Track immediately after sentence. Justice staff have recently been given permission to once again have a presence in court so relevant service users can be identified quickly and encouraged to attend Fasttrack. We have also requested clerks obtain an up to date telephone number for the service users so that we can contact them quickly should they fail to attend Fast Track.

Recovery planning has been underway with unpaid work providers since summer 2020 to increase capacity in the system and ensure placements can be offered within timescales. We are trying to maximise use of personal placements but the available numbers on squad placements and need for social distancing is continuing to pose challenges. Hopefully some of this will resolve once we can progress with the plans for the further funding including weekend placements This financial commitment will continue into financial year 2021-22.

Area team staff continue to proactively contact service users who do not present at Fast Track and having an up to date phone number assists them to do so. Area team processes have been adapted to ensure they are making every effort to follow up missed appointment within the 7 days. We are also reviewing Fast track processes around any additional measures they can undertake to ensure their role is as robust as possible.

Timescales for Improvement

It is hoped that now Justice staff are allowed back into court rooms that this performance trend will continue to improve, and this should be reflected in the figures for Q2

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	85%	79% (R)	75% (R)	72% (R)	85% (G)	71% (R)	80% (R)	86% (G)	85% (G)	83% (G)
North East		68% (R)	77% (R)	75% (R)	79% (R)	67% (R)	80% (R)	79% (R)	80% (R)	78% (R)
North West		87% (G)	91% (G)	71% (R)	87% (G)	75% (R)	82% (A)	91% (G)	87% (G)	85% (G)
South		81% (A)	77% (R)	71% (R)	87% (G)	67% (R)	78% (R)	86% (G)	88% (G)	88% (G)
Performance Trend										
The target for Case Management Plans continued to be met at Q1 (GREEN) with the city, North West and South remaining GREEN. North East remained below target (RED).										
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Indicator	3. Percentage of Community Payback Order (CPO) 3-month Reviews held within timescale.
Purpose	To monitor the proportion CPO reviews held within the 3-month standard. CPOs should be reviewed at regular intervals and revised where necessary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	75%	76% (G)	76% (G)	76% (G)	87% (G)	86% (G)	83% (G)	84% (G)	87% (G)	83% (G)
North East		75% (G)	72% (A)	82% (G)	79% (G)	72% (A)	67% (R)	74% (G)	88% (G)	75% (G)
North West		81% (G)	94% (G)	90% (G)	90% (G)	91% (G)	85% (G)	97% (G)	92% (G)	91% (G)
South		74% (G)	66% (R)	63% (R)	91% (G)	92% (G)	100% (G)	83% (G)	82% (G)	81% (G)
Performance Trend										
Reviews have been held by telephone during the current Covid-19 emergency.										
During Q1 the city and localities continued to exceed target (GREEN).										
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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	70%	64% (R)	69% (G)	71% (G)	66% (R)	63% (R)	73% (G)	89% (G)	65% (R)	70% (G)
North East		62% (R)	71% (G)	75% (G)	61% (R)	70% (G)	78% (G)	73% (G)	50% (R)	68% (A)
North West		68% (A)	67% (A)	68% (A)	67% (A)	59% (R)	69% (G)	100% (G)	58% (R)	61% (R)
South		63% (R)	69% (G)	71% (G)	73% (G)	64% (R)	73% (G)	100% (G)	83% (G)	80% (G)
Performance Trend										
Performance improved during Q1 with the city moving from RED to GREEN and North East moving from RED to AMBER. North West and South remained RED and GREEN respectively during Q1.										
Excluding breaches from the figures gives the following: NE 74%, NW 65% and South 87% (City 75%).										
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Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Leads	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	80%	73% (R)	76% (R)	78% (A)	77% (A)	70% (R)	85% (G)	75% (R)	76% (R)	81% (G)
North East		67% (R)	74% (R)	82% (G)	77% (A)	64% (R)	90% (G)	75% (R)	78% (A)	84% (G)
North West		77% (A)	79% (G)	77% (A)	75% (R)	72% (R)	83% (G)	79% (G)	74% (R)	81% (G)
South		77% (A)	76% (R)	76% (R)	79% (G)	71% (R)	82% (G)	71% (R)	75% (R)	77% (A)

Performance Trend

During Q1 performance improved with the city and North West both moving from RED to GREEN. Performance also improved in North West which moved from AMBER to GREEN and in South which moved from RED to AMBER.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	90%	100% (G)	92% (G)	92% (G)	100% (G)	95% (G)	97% (G)	81% (R)	81% (R)	88% (G)
North East		100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	92% (G)	85% (R)	80% (R)	60% (R)
North West		100% (G)	100% (G)	89% (G)	100% (G)	80% (R)	100% (G)	78% (R)	83% (R)	80% (R)
South		100% (G)	78% (R)	89% (G)	100% (G)	100% (G)	100% (G)	75% (R)	80% (R)	100% (G)

Performance Trend

During Q1 improvements in performance in South moved the overall city position from RED to GREEN. Performance in North East (RED) fell by 20 percentage points during the quarter.

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HEALTH IMPROVEMENT

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

Locality	Annual Target	Quarterly Target	19/20 Total	2020/21					2021/22					
				Q1	Q2	Q3	Q4	20/21 Total	Q1	Q2	Q3	Q4	21/22 Total	
City	5066	1267	4394 (R)	75 (R)	315 (R)	1954 (G)	1885 (G)	4269 (R)	1947 (G)					1947 (G)
NE	1636	409	1070 (R)	0 (R)	13 (R)	120 (R)	107 (R)	254 (R)	42 (R)					42 (R)
NW	1585	397	934 (R)	0 (R)	63 (R)	46 (R)	35 (R)	165 (R)	43 (R)					43 (R)
S	1845	461	651 (R)	3 (R)	23 (R)	25 (R)	16 (R)	72 (R)	26 (R)					26 (R)
City Wide (Non sector specific)			1739	72	216	1763	1727	3778	1836					1836

Performance Trend

Performance GREEN for Q1 Note: 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

Locality	Annual Target	19/20 Total	2020/21				2021/22				21/22 Total
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
City	1217	1389 (G)	257 (R)	614 (G)	903 (G)	1280 (G)					
NE	478	516 (G)	95 (R)	228 (A)	336 (A)	459 (A)					
NW	385	422 (G)	83 (R)	203 (G)	298 (G)	442 (G)					
S	352	451 (G)	79 (R)	183 (G)	269 (G)	379 (G)					

Performance Trend

Performance remained GREEN in the last quarter at a city level and in the North West and South. North East remained AMBER. Figures shown are cumulative for each quarter. This indicator is reported in arrears.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	12%	11.7% (G)	10.9% (G)	10.8% (G)	9.8% (G)	10.4% (G)	9.6% (G)	10.0% (G)	8.2% (G)	9.7% (G)
North East		15.1%	12.5%	10.8%	10.1%	12.7%	11.1%	13.2%	10.6%	12.9%
North West		9.3%	8.1%	10%	8.6%	7.8%	8.5%	8.4%	6.3%	7.0%
South		10.8%	11.9%	11.3%	10.4%	10.8%	9.5%	9.1%	7.9%	9.5%

Performance Trend

Performance at a city level remains GREEN although rates increased in the last quarter. Target was reduced from 13% to 12% in 2019/20. New system introduced in November 2017, so no historical figures included.

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	17%	18.9% (R)	17.0% (G)	17.2% (G)	14.6% (G)	15.0% (G)	14.7% (G)	15.4% (G)	12.4% (G)	14.8% (G)
North East		20.7%	14.5%	14.2%	14.2%	15.2%	14.9%	18.3%	14.0%	16.1%
North West		16.4%	15.8%	15.9%	13.7%	12.6%	15.1%	13.5%	10.9%	12.9%
South		18.7%	20.2%	20.8%	15.7%	16.4%	14.2%	14.2%	11.9%	14.9%

Performance Trend

Performance at a city level remains GREEN although rates increased in the last quarter. Target was reduced from 19% to 17% in 2019/20. New system introduced in November 2017, so no historical figures included.

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

Locality	Target	2019				2020				2021
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	32.2% (end 20/21)	28% (R)	29.6% (R)	28.3% (R)	31.7% (G)	28.2% (R)	30.4% (R)	31.5% (G)	29.6 (R)	30.7 (A)
North East		20.9%	23.2%	19.7%	25.1%	24.1%	24.6%	22.5%	21.3	24.2
North West		31.3%	35.4%	35.1%	36.7%	33.1%	35.8%	37.7%	38.3	37.2
South		31.3%	30.2%	29.9%	33.2%	27.6%	31%	33.4%	29.5	30.5

Performance Trend
Targets are set at a city-wide level for 3 years as follows (31.4% by end of 2019/20; 32.2% by end of 2020/21; and 33% by end of 2021/22). Data is reported in arrears. Performance moved from RED to AMBER in last quarter. Target will be adjusted upwards in next report for 21/22.
Issues Affecting Performance
Capacity within the board infant feeding team has been reduced resulting in an impact on the availability of breastfeeding problem solving clinic appointments. COVID restrictions continue to suspend breastfeeding face to face support via groups with this being offered online and via telephone. 3 rd sector provision of breastfeeding peer support in maternity hospitals and neonatal units has been suspended also.
Actions to Improve Performance
Each sector within Glasgow City has been revalidated for Unicef Gold accreditation and standards continue to be embedded within practice. Action plans to respond to UNICEF feedback reports and quarterly audit cycle are being progressed.

Third sector online breastfeeding support, telephone support and outdoor walk and talk groups are being promoted by staff to supplement their ongoing face to face and telephone support. Funding has been extended for third sector telephone support till March 2022. A third sector programme to recruit and train peer volunteers from our diverse communities continues. The Breast pump loan scheme and free hand pump scheme continues to be available across sectors.

Social media has been used to promote messaging around breastfeeding for World Breastfeeding week. Resources are being developed to enable continued use of social media in addressing some of the barriers identified in our PfG scoping exercise.

An action plan has been developed to enable existing organisations who hold NHS GG&C Breastfeeding Welcome Award to transition to the national Breastfeeding Friendly Scotland award. The national award roll out will be promoted to wider organisations and businesses to support normalising breastfeeding.

Timescales for Improvement

Much of this work is ongoing. The Volunteer Peer telephone support has been funded until March 2022. The Breastfeeding Friendly Scotland award will be rolled out to Glasgow's existing Breastfeeding Welcome organisations by March 2022.

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

Locality	Target	2019				2020				2021
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	23.4% (end 20/21)	20.8% (R)	22.2% (G)	20.2% (R)	24.8% (G)	18.9% (R)	22.4% (A)	21.8% (R)	21.9 (R)	22.3 (A)
North East		18.6%	21.4%	15.8%	23.8%	21.4%	21.6%	19.6%	18.5	21.2
North West		18.5%	23.7%	24.2%	22.4%	20.1%	25.8%	20.8%	24.6	27.0
South		25.4%	21.9%	22.1%	27.7%	15.9%	20.5%	25.3%	23.4	19.8

Performance Trend
Targets are set at a city-wide level for 3 years as follows (22.4% by end of 2019/20; 23.4% end of 2020/21; and 24.4% for 2021/22). Data is reported in arrears. Performance moved from RED to AMBER in last quarter. Target will be adjusted upwards in next report for 21/22.
Issues Affecting Performance
Impact of Covid 19 on Health Visiting services and breast feeding support groups within community settings. Less referrals to the Breastfeeding Problem Solving clinics from Midwifery Services in the last year. Antenatal contacts from Midwifery Services have continued but Antenatal Classes did not. Mothers are currently signposted to the Solihull online pre-recorded classes. At first visits staff have been reporting mothers needing increased support with Breastfeeding and that some mothers have been mix feeding for a period of time before their first contact.
Actions to Improve Performance
- Visits/telephone support provided by Family Nurse Practitioners and Health Visiting staff for those in need of support. -Digital exclusion issues have been recognised as a barrier to access to support citywide. Children's Services citywide are now linked to the Connecting Scotland Programme with a view to digital resource /support to families most in need. -Wider support such as text, attend anywhere and telephone support have also now been offered.

- In some cases staff are able to support mums back to exclusive feeding but staff will also be taking the approach as per our Unicef standards that where exclusive breastfeeding is not possible, any breastfeeding is of value and so is focusing on maintaining some Breastfeeding for as long as possible.

-Work is currently underway to recruit and train a cohort of mum2mum supporters and trained peer supporters with other languages to enable a 6 month pilot of a targeted telephone support service, with the aim of being able to increase support to mothers whose first language isn't English. This will be in addition to but working alongside the existing telephone support offered and will begin antenatally and continue up to 4 months post-natal as required. This work is being done in partnership with Midwifery Services, Health Visiting and the third sector (National Childbirth Trust and the Breastfeeding Network).

Timescales for Improvement

Most of the work is ongoing. Telephone peer support funding has been extended to March 2022

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

AREA	2017/18 Drop Off Rates	2020/21 Target	2020				2021				
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
HSCP	32.3%	30.9%	22.7% (G)	25.7% (G)	24.0% (G)	25.5 (G)	25.9 (G)				
NE	39.9%	38.2%	24.8%	27.2%	29.3%	27.0	31.3				
NW	27.2%	26%	19.7%	23.9%	20.2%	24.6	21.1				
S	31.3%	30%	23.8%	26.1%	23.5%	25.3	26.4				

Performance Trend

New indicator this year. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2020/21 and is GREEN. Data is reported in arrears. Target will be adjusted upwards in next report for 21/22.

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

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

HUMAN RESOURCES

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		June 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Grand Total	4%				6.37 (R)	5.55 (R)	6.07 (R)	5.79 (R)	5.1 (R)	4.88 (R)	4.94 (R)	6.41 (R)
Adult Services					6.7 (R)	6.8 (R)	6.91 (R)	6.5 (R)	5.16 (R)	5.08 (R)	5.21 (R)	6.21 (R)
Children's Services					5.6 (R)	4.2 (R)	3.4 (G)	4.9 (R)	4.58 (R)	4.81 (R)	4.89 (R)	6.76 (R)
Clinical Director					7.3 (R)	2.7 (G)	1.0 (G)	2.5 (G)	0 (G)	0.13 (G)	0 (G)	0.38 (G)
Health Improvement					3.9 (G)	1.8 (G)	2.2 (G)	3.3 (G)	5.06 (R)	3.5 (G)	2.08 (G)	5.21 (R)
Older People					7.4 (R)	5.8 (R)	6.0 (R)	6.0 (R)	6.14 (R)	5.54 (R)	5.14 (R)	6.94 (R)
Resources					4.8 (R)	2.1 (G)	2.3 (G)	4.6 (R)	4.34 (R)	4.72 (R)	4.34 (R)	5.2 (R)
Public Protection and Complex Care					8.1 (R)	5.3 (R)	8.9 (R)	7.9 (R)	5.37 (R)	4.22 (R)	5.95 (R)	8.38 (R)

Performance Trend

Variations across areas and over time but performance overall remains above target for the HSCP and there has been an increase in absences at a city level in the last quarter.

Issues Affecting Performance

This quarter shows a notable increase in sickness absence levels across the HSCP, with long term absence higher than short term absence, in keeping with established trend. Whilst most services saw an increase - the most marked rise was in Children's Services, an increase of 20 WTE due to Long-Term absence. Absence recorded as 'Psychological' remains the most commonly used absence code. In June this accounted for 33%, up 2% from May.

Actions to Improve Performance

1. HSCP HR Team to develop Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff, ensuring that the Action Plan is operationally feasible for the specific staff groups.
2. Ensure links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available HSCP staff and managers.
3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.

Timescales for Improvement

Ongoing - subject to agreed review periods

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

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

	2020/21													2021/22				
	Quarter 1				P5	P6	P7	P8	P9	P10	P11	P12	P13*	P1**	P2	P3	P4	
ADL Target 10.2 per year/0.2 per week	0.4	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.8	1.2	0.4	0.8	0.8	0.8
Glasgow	0.4 (G)	1.2 (R)	1.2 (R)	1.1 (R)	1.0 (R)	1.1 (R)	1.1 (R)	1.2 (R)	1.3 (R)	1.4 (R)	1.4 (R)	1.4 (R)	2.1 (R)	0.4 (G)	1.2 (R)	1.4 (R)	1.5 (R)	
Resources	0.3 (G)	0.7 (G)	0.8 (G)	0.6 (G)	0.7 (G)	0.8 (G)	0.9 (R)	0.9 (R)	1.0 (R)	1.0 (R)	0.8 (G)	0.9 (R)	1.1 (G)	0.2 (G)	0.6 (G)	0.8 (G)	0.8 (G)	
Adult Services	0.5 (R)	1.3 (R)	1.0 (R)	0.7 (G)	0.6 (G)	0.7 (G)	0.5 (G)	0.6 (G)	0.8 (G)	0.6 (G)	0.7 (G)	0.9 (R)	1.5 (R)	0.3 (G)	0.9 (R)	1.0 (R)	1.5 (R)	
Public Protection & Complex Care	0.1 (R)	0.3 (G)	0.3 (G)	0.4 (G)	0.5 (G)	0.4 (G)	0.5 (G)	0.8 (G)	0.7 (G)	0.7 (G)	0.5 (G)	0.6 (G)	1.1 (G)	0.3 (G)	0.7 (G)	0.7 (G)	0.7 (G)	
Children's Services	0.3 (G)	0.7 (G)	0.8 (G)	0.8 (G)	0.7 (G)	0.7 (G)	0.7 (G)	0.9 (R)	0.9 (R)	1.0 (R)	0.9 (R)	0.9 (R)	1.5 (R)	0.3 (G)	0.9 (R)	0.9 (R)	1.0 (R)	
Older People's Services	0.2 (G)	0.6 (G)	0.8 (G)	0.8 (G)	0.8 (G)	1.2 (R)	0.8 (G)	0.9 (R)	1.1 (R)	1.1 (R)	0.8 (G)	0.9 (R)	1.5 (R)	0.3 (G)	1.2 (R)	1.5 (R)	1.7 (R)	
Care Services	0.5 (R)	1.6 (R)	1.3 (R)	1.4 (R)	1.3 (R)	1.4 (R)	1.4 (R)	1.6 (R)	1.8 (R)	1.8 (R)	2.0 (R)	1.9 (R)	2.8 (R)	0.5 (R)	1.5 (R)	1.8 (R)	1.8 (R)	

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

Performance Trend

- Older People's Services shows a sharp increase in absence compared to last year at this time, when they achieved below target.
- Care Services, which includes the biggest staff group of Home Care and also the 5 Care Homes and Day Care Centres, consistently reports figures above target and the latest period reporting shows an increase in Period 4 of 0.4 ADL compared to 2020/21.

Issues Affecting Performance

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

Actions to Improve Performance

- 1) HR will develop localised Wellbeing and Attendance Action Plans for each staff group, taking on board employee and manager feedback to implement a quarterly plan that is operationally feasible for each specific staff group.
- 2) Further analysis of absence trends and the identification of staff areas within GHSCP where there is a concerning upward trend, will be prioritised and HR resources deployed to provide robust support for managers, as part of the overall HR Wellbeing and Attendance Strategy.

Timescales for Improvement

With the above actions being implemented, it would be hoped that a reversed trend starts to show in reporting. However, this may take time throughout the year 2021/22 to see any tangible results.

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		Jun 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Glasgow	80%	34.3 (R)	40.8 (R)	37.9 (R)	41 (R)	35.6 (R)	34 (R)	29.3 (R)	25.7 (R)	27.3 (R)	27.4 (R)	28 (R)
HSCP Central		16.77 (R)	48.8 (R)	34.5 (R)	32.8 (R)	35.6 (R)	35.5 (R)	33 (R)	29.3 (R)	28.7 (R)	31 (R)	32.9 (R)
North East		46.5 (R)	48.1 (R)	44.9 (R)	45.8 (R)	37.1 (R)	38.3 (R)	31.2 (R)	26.5 (R)	29.6 (R)	30 (R)	30.8 (R)
North West		31.9 (R)	36.1 (R)	34.5 (R)	36.6 (R)	31.5 (R)	29.7 (R)	25 (R)	20.5 (R)	18.9 (R)	18.7 (R)	18.9 (R)
South		24.5 (R)	35.8 (R)	33.8 (R)	35.4 (R)	38.6 (R)	34 (R)	30.5 (R)	28.7 (R)	32.2 (R)	31.8 (R)	31.9 (R)
Mental Health Central		17.1 (R)	28.7 (R)	32.3 (R)	31.3 (R)	22.8 (R)	30.3 (R)	28.5 (R)	26.9 (R)	29.6 (R)	27.8 (R)	29.7 (R)

Performance Trend

Performance remains RED across all areas though increased slightly over the last quarter at a city level. The NHSGGC figure for June 2021 was 43.3%, and Partnership average was at 34.4% therefore we are 15% points below the board wide average and 6% points below the Partnership average.

Issues Affecting Performance

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

Actions to Improve Performance

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

- We are organising a series of awareness and support sessions for Managers and Reviewers to better navigate the TURAS platform with our Learning & Education Colleagues
- We are encouraging reviewers and staff to use the 3 standard questions on the review to look at how COVID-19 has impact them and their service and look at the options going forward
- We are looking at Reviewers discussing “personal” supports for staff and putting these in either the objectives or PDP components of TURAS, so that they can be reviewed going forward
- To support reviewers to have these “supportive” meetings for all staff with a view of looking at personal wellbeing.

During the critical period from August 2021 – as we start to see some covid restrictions lifted, it is important that we are having a “Wellbeing” conversation with staff and perhaps there is an opportunity to have the KSF conversation with more of a “Wellbeing” focus.

Timescales for Improvement

Improvements sought in future quarters

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		June 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Glasgow	100%	22% (R)	23% (R)	59% (R)	20% (R)	67% (R)	67% (R)	44% (R)	58% (R)	67% (R)	50% (R)	44% (R)

Performance Trend
Performance fluctuates across areas and over time as numbers involved are small. Performance peaked in April with a significant improvement though there has been a decline throughout this quarter and remains RED.
Issues Affecting Performance
It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers. The increase at the end of the last quarter continued with a peak in April at 67%, followed by a decline. However, work continues to improve induction being undertaken and recorded.
Actions to Improve Performance
Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in attempts to prevent breaches of induction targets. The performance is being monitored on a monthly basis to seek an urgent improvement. Actions have been identified to address outstanding activity from the last quarter and also previous months. Managers are encouraged to ensure all induction is complete and to sign off the online induction programme
Timescales for Improvement
This data is available and shared on a monthly basis for review. Given the detail shared with managers, the expectation is that this performance should be maintained at a positive level. Back to Summary

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

Locality	Target	2019/20				2020/21				2021/22 Q1		
		June 19	Sep 19	Dec 19	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Apr 21	May 21	Jun 21
Glasgow	100%	60% (R)	18% (R)	20% (R)	50% (R)	50% (R)	9% (R)	29% (R)	62% (R)	50% (R)	20% (R)	43% (R)

Performance Trend
Performance fluctuates across areas and over time as numbers involved are small. Performance improved between December and March at a city level but remains RED.
Issues Affecting Performance
Small changes in the number of staff completing induction have a significant impact on performance across the HSCP. It is recognised that some individuals do complete the induction within the timescales required, but do not complete the online record of this, and this can on occasion be missed by their managers.
Actions to Improve Performance
-Monthly named data is provided to all service areas via the local HR Managers and Senior Learning and Education Advisors in an attempt to prevent breaches of induction targets. - Work is underway to review existing induction arrangements to review effectiveness of the process and ensure what is provided is appropriate and flexible to support all new entrants to roles across NHSGG&C. -Prospective information is available for inductees who should have their process completed and activity is in place to engage with local managers to ensure this work is completed timeously.
Timescales for Improvement
This detail is provided on a monthly basis to local management teams for review. There is continuing overview of progress against the target at a local level to ensure improvement in compliance. Remedial work continues with named lists available of outstanding staff to complete induction across the HSCP. A continued focus on performance in all areas of statutory training is underway, which includes compliance with induction. Back to Summary

Other Annually Reported Indicators - See Appendix 1, Section 2

15. I-Matters Completion

BUSINESS PROCESSES

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

Locality	Target	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	70%	96.4% (G)	91.2% (G)	92.4% (G)	96% (G)	98.5% (G)	86.6% (G)	95.2% (G)	94.2% (G)	
North East		100% (G)	86.2% (G)	88.2% (G)	80% (G)	100% (G)	75% (G)	84.2% (G)	68.7% (G)	
North West		82.3% (G)	80% (G)	69.6% (G)	70.6% (G)	85.7% (G)	81.2% (G)	63.7% (R)	65% (R)	
South		100% (G)	75% (G)	50% (R)	66.7% (A)	86% (G)	72.7% (G)	85.7% (G)	100% (G)	
Prisons		100% (G)	99.5% (G)	95% (G)	100% (G)	100% (G)	87.4% (G)	100% (G)	99.4% (G)	

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP remained GREEN and performance at city level reduced slightly over the last quarter. North West remained RED but performance improved. All other localities remained GREEN The vast majority of complaints relate to prisons so these largely determine overall HSCP performance

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Indicator	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
Type of Indicator	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	19/20				20/21				21/22
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	70%	68% (G)	62% (R)	73% (G)	80% (G)	59% (R)	69% (G)	75% (G)	79% (G)	
North East		64% (R)	67% (A)	100% (G)	89% (G)	33% (R)	54% (R)	100% (G)	100% (G)	
North West		67% (A)	80% (G)	56% (R)	70% (G)	40% (R)	58% (R)	56% (R)	47% (R)	
South		100% (G)	83% (G)	89% (G)	57% (R)	50% (R)	94.1% (G)	78% (G)	76% (G)	
Prisons		66.7% (A)	56.7% (R)	72% (G)	80.3% (G)	63.1% (R)	67.2% (A)	77.9% (G)	86.5% (G)	

Performance Trend

This indicator is reported **one quarter in arrears**. HSCP as a whole remained GREEN in the last period and performance improved. Some variation however, with North West RED. The vast majority of complaints relate to prisons so these largely determine overall HSCP performance

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

Locality	Target	19/20				20/21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	70%	67% (A) 113	61% (R) 116	63% (R) 106	57% (R) 103	70% (G) 23	70% (G) 50	74% (G) 39	50% (R) 34
North East		86% (G) 28	78% (G) 37	70% (G) 27	79% (G) 29	67% (A) 6	75% (G) 8	100% (G) 8	62% (R) 8
North West		55% (R) 22	52% (R) 21	58% (R) 19	32% (R) 25	100% (G) 1	50% (R) 14	43% (R) 7	25% (R) 4
South		61% (R) 38	46% (R) 28	63% (R) 30	53% (R) 30	50% (R) 6	73% (G) 15	91% (G) 11	40% (R) 10
Homelessness		70% (G) 10	63% (R) 8	58% (R) 19	50% (R) 8	50% (R) 4	90% (G) 10	58% (R) 12	67% (A) 6
Centre		67% (A) 15	59% (R) 22	63% (R) 11	73% (G) 11	100% (G) 6	67% (A) 3	100% (G) 1	50% (R) 6

Performance Trend

This indicator is reported **one quarter in arrears**. During Q4 performance fell across all localities and the centre team with performance either falling from GREEN to RED or remaining RED (NW). Performance improved only in the Homelessness team which moved from RED to AMBER during the reporting period. The trend of a decreased volumes of complaints at stage 1 continued, largely as a result of the central complaints team processing a greater proportion of Stage 1 complaints as Stage 2 complaints in order to reduce the burden on front-line services during the ongoing pandemic.

Issues Affecting Performance

The single most important factor impacting on stage 1 timescale over-runs within localities in the failure to apply allowable extensions to give further time to resolve complaints. In addition, there was a specific staffing issue in North West, referred to in tables above.

Actions to Improve Performance

The staffing issue in North West has been resolved, but all teams in locality and centre need to focus on time-scales for responding to and resolving complaints within 5 working days and, where that is not possible, applying relevant extensions.

Timescales for Improvement

Managers of services should take immediate action to improve performance in stage 1 complaints handling. [Back to Summary](#)

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

Locality	Target	19/20				20/21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	70%	65% (R) 37	50% (R) 48	50% (R) 54	51% (R) 59	59% (R) 39	76% (G) 58	84% (G) 68	89% (G) 70

Performance Trend

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

Performance improved further during Q4 and continued to exceed target (GREEN) despite a sustained high number of complaints dealt with as stage 2.

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

Locality	Target	19/20				20/21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	100%	100% (G) 98	97% (G) 94	97% (G) 72	96% (A) 92	95% (R) 61	99% (G) 80	100% (G) 75	98% (G) 90

Performance Trend
This indicator is reported one quarter in arrears .
Performance in relation to FOIs continued to meet target (GREEN) during Q4 despite a 20% increase in the number of requests between Q3 and Q4.
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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale.
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	Target	19/20				20/21			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% No.	% No.	% No.	% No.	% No.	% No.	% No.	% No.
City	100%	76% (R) 135	72% (R) 185	68% (R) 144	58% (R) 146	18% (R) 50	34% (R) 95	19% (R) 110	21% (R) 109

Performance Trend
This indicator is reported one quarter in arrears . Performance remained RED at quarter 4.
Issues Affecting Performance
Covid-19 has had a direct and severe impact on SAR handling from March 2020 onwards. Remote working could not immediately be implemented for any senior officer on the central team. The worst initial impact was therefore in Quarter 1. City Archives closed on 20th March 2020 and have only partially reopened in 2021. As SAR requests continued to be received throughout this period, and the majority of these relate to requests for archived records of former looked-after children, this led to the accumulation of a backlog, which peaked at well over 200 open requests. The figures for % clearance in the table above therefore essentially reflects the rate of turnaround of new requests for more recent records that could be cleared because these were not reliant on access to archived files. The clearance rates of those non-archived files were at an acceptable level. Archived records were however not accessible and could not be cleared, regardless of resources available.
Actions to Improve Performance
Discussions with Glasgow Life resulted in some easing of restrictions on access to archived records from February 2021. Since that time there has been a small but steady input of case files. Senior Officers in the central team have been tasked with clearing those archived requests that are now accessible, alongside ongoing processing of requests for non-archived records. As a consequence the backlog is gradually reducing (177 at time of reporting August 2021) However, pressures of incoming SARs have not abated, as advocacy services and legal firms, who submit the majority of such requests on behalf of their clients, themselves recover services to full capacity.

The work of processing SARs is specialist work - highly technical and knowledge-based with a high reputational and financial risk for the council if not handled appropriately. This is not a problem that can be easily resolved by diverting untrained staff from other areas, even were such resource available. Also, the rate at which cases can be cleared continues to be constrained by limitations on the rate they are transferred to GCHSCP from archives.

Therefore one should expect a steady decrease in the backlog over an extended time, rather than quick resolution of this issue.

Timescales for Improvement

As per the comments above, performance will not be restored to pre-Covid levels for a considerable time and there is no 'quick fix' that might be applied. It is anticipated that there will be small incremental improvement throughout 2021/22, but performance against this indicator may continue to be sub-optimal until 2022/23. The focus will be on clearing the backlog of requests accumulated during the pandemic. This will not impact on the reported performance indicator of clearing cases within the legal timescale (1 month), as much of the backlog consists of cases already beyond that timescale.

The Council's Data Protection Officer is being kept apprised of the scale of the backlog and work to reduce it.

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

Locality	Target	19/20				20/21				21/22
		Q1 % (No.)	Q2 % (No.)	Q3 % (No.)	Q4 % (No.)	Q1 % (No.)	Q2 % (No.)	Q3 % (No.)	Q4 % (No.)	Q1 % (No.)
City	80%	87% (G) 350	88% (G) 351	85% (G) 316	73% (R) 324	77% (A) 143	77% (A) 272	76% (R) 279	73% (R) 315	85% (G) 249
North East		100% (G) 97	95% (G) 74	95% (G) 61	85% (G) 68	95% (G) 19	90% (G) 42	91% (G) 54	93% (G) 56	91% (G) 56
North West		77% (A) 74	91% (G) 81	79% (G) 66	80% (G) 74	70% (R) 23	67% (R) 55	84% (G) 61	63% (R) 63	92% (G) 50
South		93% (G) 97	90% (G) 91	84% (G) 81	81% (G) 63	67% (R) 24	69% (R) 64	75% (R) 56	77% (A) 57	79% (G) 57
Centre		76% (R) 82	78% (A) 105	82% (G) 87	71% (R) 86	70% (R) 37	67% (R) 61	52% (R) 75	64% (R) 119	79% (G) 75
Care Services (prev. Cordia LLP)		n/a	n/a	86% (G) 21	27% (R) 33	85% (G) 40	98% (G) 50	97% (G) 33	90% (G) 20	100% (G) 11

Performance Trend

During Q1 there was a significant improvement in performance with all localities and teams now meeting or exceeding target in the city (GREEN).

Following a 13% increase in the overall number of enquiries received between Quarters 3 (279) and 4 (315, similar to pre-Covid levels), the number received decreased by 21% during Q1.

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APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20	20/21	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87.3%	87.5%	87.9%	89.9% (G)	87.8%
	Scotland	87.0%	87.3%	88.0%	88.0%	88.4%	90.5%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	95%	94.9%	94.9%	94.9% (G)	95.4%
	Scotland	95.7%	95.8%	96%	96.0%	96%	96.2%	N/A

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

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

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Primary Care								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	90%	19/20	72% (R)				Performance below target but above the Scottish average (64%). This has reduced from the 2017/18 figure of 76%. From 19/20 Health & Care Experience Survey.
2. % able to see or speak to a doctor or nurse within two working days.	NHS LDP Standard Outcome 9	90%	19/20	92% (G)				Performance above target and the same as the Scottish average (92%). This compares to 94% in 2017/18. From 19/20 Health & Care Experience Survey.
3. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months.	Local HSCP indicator Outcome 1	70%	19/20	75.7% (G)	75.1% (G)	74.8% (G)	76.8% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). National screening report last produced March 2021 for 19/20.
4. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 21		100% (G)	98.4% (G)	100% (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 2020 were 78.6% (NE); 80.4% (NW); 80% (S), Next update due for Jan-Mar 2022.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Children's Services								
5. % of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 21	29.6% (R)	33.9% (R)	27.6% (R)	27.7% (R)	Provisional figures shown. Equivalent previous figures in Sep 20 (also provisional) were 39.2% (City); and for localities 43.8% (NE); 37.3% (NW); 36.9% (S). Published March 2021.
6. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 21	84.7% (R)	86% (R)	84.6% (R)	83.6% (R)	Provisional figures shown. Equivalent previous figures in Sep 20 (also provisional) were 87.4% (City); and for localities 88.1% (NE); 87.6% (NW); 86.7% (S). Published March 2021.
7. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20).
8. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017 Produced 2 yearly by Public Health Scotland (last one Oct 19).
Others								
9. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2020	291				Figures published annually by NRS. Last updated July 2021. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019).

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2020	143				Figures published annually by ISD. Last updated August 2021. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018);143 (2019).
11. Deaths from suicide.	Local HSCP indicator Outcome 7	N/A	2019	104				Figures published annually by ISD. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019). Last updated July 2021.
12. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2018/ 20	53.4% (R)	52.8% (R)	54.2% (R)	53.4% (R)	HSCP not directly responsible as is nationally delivered but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Increase at city level since 17/19 when was 51.6%.
13. Percentage of women invited who attend for breast screening.	Local HSCP indicator Outcome 1	70%	15/16- 17/18	N/A	65.8% (R) NHSGGC			HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis, but has role in promoting awareness and encouraging uptake. Only NHSGGC information available at time of the new Annual NHSGGC screening report (Feb 2021).
14. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2018/ 20	57.4% (R)	58.9% (R)	53.1% (R)	60.6% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in promoting awareness and encouraging uptake. Annual NHSGGC screening report last produced Feb 2021. Decrease at city level since 17/19 when was 67.6%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Human Resources								
15. I Matters Completion – Response Rates	Local HSCP indicator Outcome 8	60%	2019		62% (G) Employment Engagement Index 77			Figures shown are for the annual survey undertaken in the Summer of 2019. Corresponding figure for 2018 was 56%. Not undertaken in 2020 due to Covid-19.

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

APPENDIX 4 – APR LOCAL KPIS

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

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

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