



# Item No: 14

Meeting Date: Wednesday 12<sup>th</sup> December 2018

## Glasgow City Integration Joint Board

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### HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 2 PERFORMANCE REPORT 2018/19

<b>Purpose of Report:</b>	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2018/19.
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<b>Background/Engagement:</b>	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.
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<b>Recommendations:</b>	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 2 of 2018/19.
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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:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.
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<b>Personnel:</b>	None
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<b>Carers:</b>	Operational performance in respect to carers is outlined within the carers section of the attached report.
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<b>Provider Organisations:</b>	None	
<b>Equalities:</b>	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.	
<b>Financial:</b>	None	
<b>Legal:</b>	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.	
<b>Economic Impact:</b>	None	
<b>Sustainability:</b>	None	
<b>Sustainable Procurement and Article 19:</b>	None	
<b>Risk Implications:</b>	None	
<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.	
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.	
<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

## 1. Purpose

- 1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2018/19.

## **2. Background**

- 2.1 The Integration Joint Board noted an initial draft performance report on 21<sup>st</sup> March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.
- 2.2 At this meeting, it was suggested that indicators which were too operationally focused and those which are updated annually/biennially were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.
- 2.3 The first full Joint Performance report was then presented to the Integration Joint Board on the 21 September 2016, relating to the period Q1 2016/17. It was agreed that this would be produced on a quarterly basis going forward. The latest performance report for Quarter 2 of 2018/19 is now attached.
- 2.4 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.
- 2.5 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target, and those which have changed their RAG (Red/Amber/Green) status in a positive direction.
- 2.6 It should be noted that these reports and performance management processes 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

- 2.7 It should also be noted that in addition to these quarterly performance reports, Annual Performance Reports - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 - have been published and are available on the Partnership website for 2017/18 and 2018/19.

### **3. Reporting Format**

- 3.1 In the performance summary section of the attached report, a summary table is provided which for each care group, notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status. 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.
- 3.2 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.
- 3.3 In the main body of the report, for those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are provided.
- 3.4 For all indicators, their purpose is described, along with an indication of which National Integration Outcome they most closely impact upon, and whether they have been defined at a local, corporate, or national level as outlined below:
- Local Health and Social Work Indicators (chosen locally by the Partnership).
  - National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
  - NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
  - Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

#### **4. Recommendations**

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 2 of 2018/19.



# **CORPORATE PERFORMANCE REPORT**

**(Integration Joint Board)**

**QUARTER 2  
2018/19**





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## 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	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons



## 2a. Summary








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






CARE GROUPS/AREAS	Quarter 1 RAG Rating				Quarter 2 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q2
										
Older People (No. and %)	<b>2</b> 33.3%		<b>3</b> 50%	<b>1</b> 16.7%	<b>3</b> 50%	<b>2</b> 33.3%	<b>1</b> 16.7%	<u>Red ⇌ Green</u> 4. Percentage of intermediate care users transferred home <u>Green ⇌ Red</u> 2. Number of people in supported living services 3. % service users who receive a reablement service following referral for a home care service. (community referrals).		
Primary Care (No. and %)			<b>1</b> 100%			<b>1</b> 100%		No changes in status		
Unscheduled Care (No. and %)	<b>3</b> 60%			<b>2</b> 40%	<b>4</b> 80%	<b>1</b> 20%		<u>Grey ⇌ Green</u> 2. Number of Emergency Admissions (All Ages). <u>Grey ⇌ Red</u> 1. New Accident and Emergency (A&E) attendances (All ages)		
Carers (No. and %)			<b>2</b> 100%			<b>2</b> 100%		No changes in status for existing indicators.		










Children's Services (No. and %)	<b>2</b> 25%		<b>6</b> 75%		<b>1</b> 12.5%		<b>7</b> 87.5%		<b>Red ⇌ Green</b> 3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.
Adult Mental Health (No. and %)	<b>2</b> 50%		<b>2</b> 50%		<b>3</b> 75%		<b>1</b> 25%		<b>Green ⇌ Red</b> 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (NW)
Alcohol & Drugs (No. and %)			<b>1</b> 100%				<b>1</b> 100%		No changes in status
Homelessness (No. and %)			<b>1</b> 50%	<b>1</b> 50%			<b>1</b> 50%	<b>1</b> <b>50%</b>	No changes in status for existing indicators.
Criminal Justice (No. and %)	<b>1</b> 50%		<b>1</b> 50%		<b>1</b> 50%		<b>1</b> 50%		No changes in status for existing indicators.
Health Improvement (No. and %)			<b>4</b> 66.7%	<b>2</b> 33.3%	<b>1</b> 16.7%		<b>3</b> 50%	<b>2</b> 33.3%	<b>Green ⇌ Red</b> 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Human Resources (No. and %)	<b>2</b> 100%				<b>2</b> 100%				No changes in status for existing indicators.
Business Processes (No. and %)	<b>2</b> 40%		<b>3</b> 60%		<b>2</b> 40%	<b>1</b> 20%	<b>2</b> 40%		<b>Red ⇌ Green</b> 3. % Social Work Stage 1 Complaints responded to within timescale. <b>Green ⇌ Red</b> 2. % NHS Stage 2 Complaints responded to within timescale <b>Green ⇌ Amber</b> 5. % Social Work Freedom of Information (FOI) requests responded to within 20 working days.
<b>TOTAL</b> (No. and %)	<b>14</b> 31.9%	<b>0</b> 0%	<b>24</b> 54.5%	<b>6</b> 13.6%	<b>17</b> 38.6%	<b>1</b> 2.3%	<b>22</b> 50%	<b>4</b> 9.1%	<b>11 changes in status</b>










## 2b. Performance at a Glance










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





Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Older People</b>				
1. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q2		▶
2. Number of people in supported living services.	830 by the end of 2018/19 (24 per quarter increase)	Q2	766 	▼
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 7	74.7% (Hosp)  70.2% (Comm) 	▼ Hospital ▼ Community
4. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Aug 18	10 	▲
5. Intermediate Care: Percentage of users transferred home.	>30%	Sep 18	38% 	▲
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q1	 79.1%	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19 (16,461/month)	Q1	18,168 monthly average 	▶
2. Number of emergency admissions (All ages)	75,750 for 18/19 (6312/month)	Q1	5895 monthly average 	▶
3. Total number of Acute Delays	20	Aug 18	44 (exc AWI) 14 (AWI) 	▲
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19 (833 per month)	Aug18	1463 monthly average 	▼
5. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19 (159 per month)	Aug 18	390 monthly average 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Carers</b>				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum/413 per quarter	Q2	511 	▶
<b>Children's Services</b>				
1. Percentage of HPIs allocated by Health Visitors by 24 weeks.	95%	July 18	NE - 95%  NW - 93%  S - 95% 	NE ▼ NW ▼ S ▼
2. Access to CAMHS services – percentage seen with 18 weeks	100%	Aug 18	90.6% 	▼
3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q2	76% 	▲
4. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q2	56 	▲
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q1	93.5% 	▼
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q1	95.7% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 18	NE 82.5%  NW 79.7%  South 94.7% 	All areas ▼
2. Total number of Adult Mental Health delays	0	May 18	12 (exc AWI) 6 (AWI) 	▲
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q1	98% 	▲
<b>Homelessness</b>				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q1	104 	▼
2. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	65.5% 	▼
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q2	72% 	▶
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q2	95% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	2532 (to Q2)	Q2	2636 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Q1	288 	▶
3. Women smoking in pregnancy (general population)	13%	Q1 18/19	11.2% 	▼
4. Women smoking in pregnancy (most deprived quintile).	19%	Q1 18/19	18.6% 	▶
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5% 	▶
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8% 	▶
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Sep 18	6.14% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q2	3.3 ADL 	▲
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q1	97.7% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q1	64% 	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q1	69% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q1	27% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q1	96% 	▼



## 1. OLDER PEOPLE

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

Locality	Target	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
North East	N/A	167	172	222	216	227	225
North West	N/A	190	195	263	236	273	256
South	N/A	221	232	288	282	265	285
Glasgow	<b>830 by end of 2018/19</b>	<b>576 (R)</b>	<b>599 (R)</b>	<b>773 (G)</b>	<b>734 (G)</b>	<b>765 (G)</b>	<b>766 (R)</b>

### Performance Trend

An increase of 96 on the 2017/18 Q4 figure of 734 is sought in 2018/19, equating to approximately 24 per quarter. Although this was achieved in Q1 with an increase of 31, numbers at Q2 have remained static with an increase of only one during the period July to September. Although there was an increase of 20 in the South, there was a decrease of 19 in the North of the city.

### Actions to Improve Performance

It is hoped that the upwards trend seen in 2017/18 will be continued in 2018/19 by the development of further 'clustered supported living' options for older people, thus offering individuals with high levels of frailty the opportunity to sustain individual tenancies through benefiting from shared support delivered across a close cluster of tenancies.

The reasons for the decline in activity in Q2 is being investigated to ascertain if this is temporary, or if it is a trend we are likely to see continuing in Q3. Factors influencing performance can be the number of deaths of people within existing supported tenancies; the availability of new tenancies; and the readiness of the system to make a placement when a tenancy becomes available.

### Timeline for Improvement

It is anticipated that improvements will be seen later in the year.

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

Referral Source	Target	16/17	17/18	17/18	17/18	18/19	18/19		
		Q4	Q2	Q3	Q4	Q1	Q2		
		Per 13b	Per 7	Per 10	Per 13b	Per 4	Per 5	Per 6	Per 7
Hospital Discharges	75%	73.4% (G)	73.1% (A)	77.0% (G)	72.8% (A)	77.9% (G)	67.7% (R)	70.7% (R)	74.7% (G)
Community Referrals	75%	76.5% (G)	83.2% (G)	81.3% (G)	78.2% (G)	77.6% (G)	79.1% (G)	78.0% (G)	70.2% (R)

**Performance Trend**

Performance is reported for both hospital discharges and community referrals. Performance has fluctuated and GREEN

**Actions to Improve Performance**

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

**Timeline for Improvement**

Action is contained within the continuous action plan for improvement and will be monitored every period. Training review is ongoing – industrial action has impacted on the hope to have some sessions delivered in Nov and with winter being particularly demanding in homecare it is likely that this will be delivered in the new year. Improvements should be delivered throughout quarter 3 and 4.

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

Locality	Target	16/17	17/18	17/18	17/18	18/19	18/19		
		Q4	Q2	Q3	Q4	Q1	Q2		
		Per. 13b	Per 7	Per 11	Per 13b	Per 4	Per 5	Per 6	Per 7
North East	>40%	37% (R)	34.4% (R)	42.5% (G)	32.5% (R)	34.8% (R)	30.7% (R)	44.9% (G)	41.4% (G)
North West	>40%	33% (R)	37% (R)	39.1% (G)	45.7% (G)	41.1% (G)	36.5% (R)	40.9% (G)	37.0% (R)
South	>40%	39% (A)	33.3% (R)	35.8% (R)	35.9% (R)	18.7% (R)	42.6% (G)	41.8% (G)	36.2% (R)
Citywide	>40%	36% (R)	34.9% (R)	38.6% (A)	37.9% (R)	29.6% (R)	37.4% (R)	42.2% (G)	38.2% (A)

#### Performance Trend

Performance varies across locality and over time. At the city-wide level performance improved between the end of Quarter 1 (Period 4, 29.6%, RED) and the end of Quarter 2 (Period 7, 38.2%, AMBER).

#### Actions to Improve Performance

The 40% target continues to be challenging to achieve on a consistent basis but remains the target for 2018/19. Monthly monitoring of the city wide reablement performance continues in conjunction with Cordia and operational areas. While there has been an improvement in performance in period 6, performance in North West and South has slipped in period 7.

Performance against the target can fluctuate between quarters as activity is directly related to the number of hospital discharges during the reporting period (which also

fluctuate) and due to seasonal factors. Although the numbers referred into reablement continue to be high due to demographic changes, we expect to see improvement in performance going forward.

There has been a particular focus on dementia and continence and additional resources (2 home carers) have been required. This indicates a more complex level of need than before being seen in reablement, which could potentially impact on the performance figures as they may be more likely to require ongoing care going forward.

**Timeline for Improvement**

It is expected that the target will be achieved on a consistent basis across the city by the next quarter.

## UNSCHEDULED CARE

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

	2018/19 Target	15/16		16/17		17/18		18/19	
		Number	Monthly average	Number	Monthly average	Number	Monthly average	Number	Monthly average
<b>Glasgow</b>	<b>197,542 (16,461/ month)</b>	201,573	16,798	201,768	16,814	205,642	17,136	<b>72,672</b>	<b>18,168 (R)</b>
<b>Performance Trend</b>									
<p>The indicator has remained similar but the previous data source has been replaced by a new source provided in relation to the suite of MSG indicators which provides a combined figure for the city. The number of attendances have risen over the last three years. To June 2018, the numbers of attendances (monthly average) have risen in comparison to 2015/16 and 17/18.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a 2% reduction on the 2015/16 baseline and performance is monitored against this.</p>									
<b>Actions to Improve Performance</b>									
<p>There is a Board wide unscheduled care improvement programme in place which includes a number of actions to shift as much acute activity as possible to be managed on a more planned basis. A&amp;E attendances are increasing nationally and work is underway to understand why this is case and differentiate between emergency and urgent care so patients get the right treatment at the right time. This is being considered as part of the Board wide Moving Forward Together programme and further updates will be provided in due course.</p>									
<b>Timeline for Improvement</b>									
Trends will be monitored and reported regularly. An updated MSG return is planned for January 2019.									

<b>Indicator</b>	3. Total number of Acute Delays.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

	Target	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18
North East		10	23	26	20	11	14
North West		6	15	15	15	22	8
South		14	12	23	17	18	22
<b>Sub-Total (Included Codes)</b>		<b>30</b>	<b>50</b>	<b>64</b>	<b>52</b>	<b>51</b>	<b>44</b>
North East		2	2	2	3	2	2
North West		5	4	9	7	6	3
South		4	4	4	7	7	9
<b>Sub-Total (Complex Codes)</b>		<b>11</b>	<b>10</b>	<b>15</b>	<b>17</b>	<b>15</b>	<b>14</b>
<b>All Delays</b>	<b>20</b>	<b>41</b> <b>(R)</b>	<b>60</b> <b>(R)</b>	<b>79</b> <b>(R)</b>	<b>69</b> <b>(R)</b>	<b>66</b> <b>(R)</b>	<b>58</b> <b>(R)</b>

#### Performance Trend

Numbers vary across localities and over time and have fallen in July and August.

#### Actions to Improve Performance

The weekly operational meeting continues to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. While there was an increase in delays in May there has been a gradual reduction since. Some of these delays extended to a few days only with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans.

#### Timescale for Improvement

Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and target date for Home is Best implementation is Oct 2018.

<b>Indicator</b>	4. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
<b>Purpose</b>	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000. Source is Health Board Information Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Jun 18	July 18	Aug 18	Year to Date	Monthly average
<b>HSCP</b>	<b>21,288</b>	<b>15,557</b>	<b>10,982</b>	<b>10,000 (833/month)</b>	<b>1602</b>	<b>1553</b>	<b>1461</b>	<b>7314 (R)</b>	<b>1463 (R)</b>
<b>NE</b>	5777	4058	3002	N/A	672	335	273	2265	453
<b>NW</b>	8034	6406	3372	N/A	310	600	463	2204	441
<b>S</b>	7477	5093	4608	N/A	620	618	725	2925	585
<b>Performance Trend</b>									
<p>For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 8 below).</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 10,000 bed days for the year (monthly average of 833).</p> <p>During 2018/19, they have increased so far, with a monthly average of 1463 (compared with an average of 915 for 17/18).</p>									
<b>Actions to Improve Performance</b>									
<p>Acute bed days lost is a function of delays themselves and so an increase in delays recently (see indicator 6 trends) has resulted in an increase in bed days lost. The actions described at indicator 6 above to reduce delays will have an impact on bed days lost and this is expected to reduce over the coming months.</p>									
<b>Timescale for Improvement</b>									
<p>An improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above</p>									

<b>Indicator</b>	5. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator/ Ministerial Strategic Group (MSG) Indicator 4
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Jun 18	July 18	Aug 18	Year to Date	Monthly average
<b>HSCP</b>	<b>10,715</b>	<b>6050</b>	<b>2098</b>	<b>1910 (159/month)</b>	<b>467</b>	<b>502</b>	<b>314</b>	<b>1949 (R)</b>	<b>390</b>
<b>NE</b>	3590	1647	336	N/A	147	76	10	409	82
<b>NW</b>	3558	2995	816	N/A	112	212	98	701	140
<b>S</b>	3910	1408	946	N/A	208	214	206	839	168
<b>Performance Trend</b>									
<p>For the city as a whole, there has been a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included.</p> <p>The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year (monthly average of 159).</p> <p>During 2018/19, they have increased so far, with a monthly average of 390</p>									
<b>Actions to Improve Performance</b>									
The actions described at indicator 5 above to reduce delays will have an impact on bed days lost and improvements are expected towards the end of the year.									
<b>Timescale for Improvement</b>									
An improved performance is expected later in the year as a result of the actions highlighted at indicator 5 above									



## CHILDREN'S SERVICES

<b>Indicator</b>	2. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Apr-18	May-18	Jun-18	Jul-18	Aug-18
North Glasgow	100%	100% (G)	100% (G)	99.6% (G)	99.6% (G)	99.6% (G)	98.3% (G)	98.2% (G)
South Glasgow	100%	100% (G)	100% (G)	99.4% (G)	99.4% (G)	99.5% (G)	99.4% (G)	100% (G)
East Glasgow	100%	100% (G)	100% (G)	91.2% (R)	91.2% (R)	90% (R)	85.8% (R)	89.3% (R)
West Glasgow	100%	100% (G)	100% (G)	84.2% (R)	83.5% (R)	81% (R)	81% (R)	79.4% (R)
<b>Glasgow HSCP</b>	100%	100% (G)	100% (G)	92.9% (R)	92.7% (R)	92.6% (R)	90.3% (R)	90.6% (R)

### Performance Trend

Variations exist across localities and over time. Performance has remained RED for East and West Glasgow and the city since April. North and South Glasgow has remained GREEN.

### Actions to Improve Performance

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

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

The Quality Improvement Programme will launch its main initiative on 1<sup>st</sup> October, which will involve working towards a full booking system and the introduction of a Central Choice Team.

Further, as part of wider Scottish Governments plans, we have been working on the reduction

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

#### **Timeline for Improvement**

The CAMHS Glasgow City Quality Improvement Programme has been underway since April 2018. The temporary changes to core working hours have been in place since January 2018. Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2018, there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
<b>Purpose</b>	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen. <a href="#">AM1</a>
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	% of People who started treatment within 18 weeks of referral							
	HSCP Target	Apr 17	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18
NE	90%	87.1% (A)	87% (A)	84.5% (R)	83.1% (R)	78.6% (R)	85.2% (R)	82.5% (R)
NW	90%	81.7% (R)	83.1% (R)	94.1% (G)	93.8% (G)	91.4% (G)	84% (R)	79.7% (R)
S	90%	96.5% (G)	94.7% (G)	92.2% (G)	95.5% (G)	98.8% (G)	92.7% (G)	94.7% (G)
<b>Performance Trend</b>								
Performance information now available again after the transfer over from PIMS to EMISWeb. At September, performance remains at GREEN in the South; has remained RED in the North East; and moved from GREEN to RED in the North West.								
<b>Actions to Improve Performance</b>								
<p>The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and/or admin vacancies, long term leave or retirements produce a significant impact on the performance of the team. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.</p> <p>There remains a focus on addressing the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance; however teams are aware of the issues and work to provide a short term response, flexing the limited remaining resource capacity, to provide a service within the target timeframes.</p>								
<b>Timeline for Improvement</b>								
Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place then performance will improve in the longer term, with the potential for a shorter term variation as issues are addressed.								

<b>Indicator</b>	2. Total number of Adult Mental Health Delays
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

	Target	Apr 17	Apr 18	May18	Jun 18	Jul 18	Aug18
North East		2	3	4	3	3	3
North West		1	8	5	3	5	4
South		1	7	5	7	5	5
<b>Sub-Total (Included Codes)</b>		<b>4 (R)</b>	<b>18 (R)</b>	<b>14 (R)</b>	<b>13 (R)</b>	<b>13 (R)</b>	<b>12 (R)</b>
North East		0	3	2	2	3	3
North West		3	4	3	4	2	3
South		0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>		<b>3 (R)</b>	<b>7 (R)</b>	<b>5 (R)</b>	<b>6 (R)</b>	<b>5 (R)</b>	<b>6 (R)</b>
<b>All Delays</b>	<b>0</b>	<b>7 (R)</b>	<b>25 (R)</b>	<b>19 (R)</b>	<b>19 (R)</b>	<b>18 (R)</b>	<b>18 (R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time.
<b>Actions to Improve Performance</b>
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been remains in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay, % bed occupancy and people being delayed in hospital.
<b>Timeline for Improvement</b>
The initial target to put in place the Strategy identified changes and effect the change remains into 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes.

## CRIMINAL JUSTICE

<b>Indicator</b>	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
80%	North East	63% (R)	67% (R)	68% (R)	58% (R)	82% (G)	81% (G)
80%	North West	70% (R)	65%(R)	65% (R)	76% (R)	71% (R)	69% (R)
80%	South	63% (R)	67%(R)	66% (R)	65% (R)	62% (R)	66% (R)
80%	<b>Glasgow</b>	65% (R)	66%(R)	67% (R)	67% (R)	72% (R)	72% (R)
<b>Performance Trend</b>							
At Q2 North East (GREEN) exceeded the target for this indicator, while performance for the other localities and city-wide remained below target and RED. Level 1 orders are imposed by the courts without prior social work involvement so there is no pre-sentence opportunity to provide reporting instructions to attend fast track and we are dependent on courts signposting to Fast Track team. Level 2 orders require submission of a report from social work and therefore we can provide pre-sentence reporting instructions to the offender to ensure immediacy of attendance at Fast Track and consequently placement.							
<b>Actions to Improve Performance</b>							
We continue to improve signposting via court liaison meetings, and a recent pilot commenced in June 2018 by the Fast Track Team to provide a presence in court at Glasgow Sheriff Court. In addition, we have re launched reporting instructions that are to be included in every social work report to court. There is still the issue of the level 1 orders that do not require a social work report and continued work with clerks to improve signposting is part of the pilot.							
<b>Timeline for Improvement</b>							
We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4.							

## HEALTH IMPROVEMENT

<b>Indicator</b>	1. Smoking Quit Rates at 3 months from the 40% most deprived areas.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Area	Target 16/17	Actual 16/17	Target 17/18	Actual 17/18	Target 18/19	Actual 18/19
North East	523	489 (R)	523	498 (A)	131	107 (R)
North West	407	346 (R)	407	431 (G)	102	84 (R)
South	458	415 (R)	458	469 (G)	115	97 (R)
<b>Glasgow</b>	<b>1,388</b>	<b>1,250(R)</b>	<b>1388</b>	<b>1,398 (G)</b>	<b>347</b>	<b>288 (R)</b>

### Performance Trend

At year-end we exceeded the annual target in respect of smoking quits at 3 months. Figures below target for the first quarter of 2018/19.

### Actions to Improve Performance

A city wide review of the community cessation model identified a number of improvement actions which are continuing to be implemented. A new City Tobacco Group has been set up to develop a consistent, evidence based and cost effective approach for the delivery and development of tobacco work. The group has developed an action plan with clear priority areas to ensure consistency of delivery & monitor performance across the city.

### Timeline for Improvement

Substantial efforts were made to increase numbers accessing community cessation groups. These include the development of "golden ticket" invites which have been sent to clients in some areas in order to encourage re-engagement with the service, and also targeted Facebook campaigns. Additional targeting of pharmacies and GP practices in our most deprived areas such as Bridgeton, Maryhill & Govan has also taken place in order to build relationships and increase referrals to the community service.

## HUMAN RESOURCES

<b>Indicator</b>	1.NHS Sickness absence rate (%)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Sybil Canavan, Head of People and Change

HSCP	Target	Mar -16	Mar -17	Mar-18	May-18	Jun -18	Jul-18	Aug-18	Sep-18
HSCP Central	4%	5.5% (R)	7.24% (R)	6.27% (R)	6.36% (R)	9.38% (R)	8.55% (R)	6.96% (R)	7.31% (R)
North East	4%	5.8% (R)	6.51% (R)	5.99% (R)	6.16% (R)	6.03% (R)	7.23% (R)	7.62% (R)	6.7% (R)
North West	4%	6.0% (R)	6.45% (R)	5.23% (R)	5.88% (R)	5.77% (R)	5.61% (R)	5.46% (R)	6.28% (R)
South	4%	7.8% (R)	6.26% (R)	5.59% (R)	5.60% (R)	6.34% (R)	6.74% (R)	7% (R)	5.46% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	1.41% (G)	1.83% (G)	1.16% (G)	2.18% (G)	3.23% (G)	3.47% (G)
<b>Glasgow City</b>	<b>4%</b>	<b>6.3% (R)</b>	<b>6.19% (R)</b>	<b>5.42% (R)</b>	<b>5.69% (R)</b>	<b>5.90% (R)</b>	<b>6.44% (R)</b>	<b>6.58% (R)</b>	<b>6.14% (R)</b>

### Performance Trend

Variations across areas and over time. The levels of absence rose during July and August to levels higher than usual for that time of year but have subsequently reduced in September. However, levels are still higher than at the same point last year.

### Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. The current action plan to support managers in reducing absence include the following:-

- The primary reasons for recent absence remain mental health related, musculoskeletal and respiratory issues. People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports to the HSCP Senior Management Team and H R performance meeting and the health board.
- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for absence; identifying patterns and trends through workforce information; and encouraging

managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.

- The newly established central Absence Management team are being asked to support work at a local level to supplement the resources available to address absence issues within the HSCP.

### **Timeline for Improvement**

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

The figures are reviewed monthly.



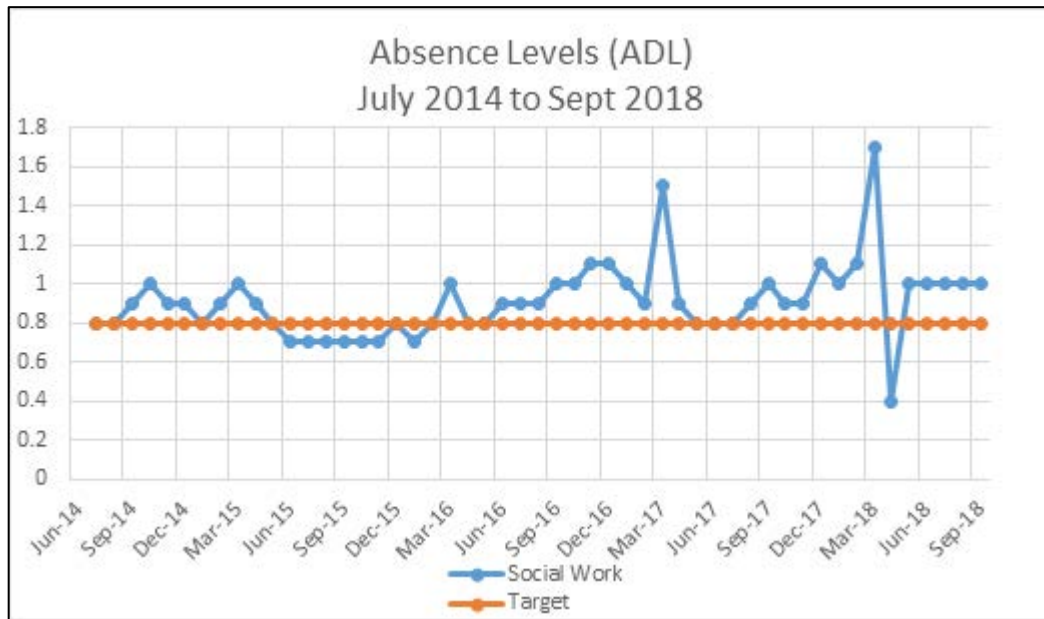
<b>Indicator</b>	2.Social Work Sickness Absence Rate (Average Days Lost)
<b>Purpose</b>	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Christina Heuston, Head of Corporate Services

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

	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2
Average Days Lost (ADL)	<b>Target 2.53</b>	<b>Target 2.45</b>	<b>Target 2.58</b>	<b>Target 2.64</b>	<b>Target 2.53</b>	<b>Target 2.45</b>	<b>Target 2.58</b>
North East	<b>3.4 (R)</b>	<b>1.9 (G)</b>	<b>2.9 (R)</b>	<b>4.0 (R)</b>	<b>4.9 (R)</b>	<b>5.3 (R)</b>	<b>4.3 (R)</b>
North West	<b>2.8 (R)</b>	<b>3.2 (R)</b>	<b>2.8 (R)</b>	<b>2.0 (G)</b>	<b>3.3 (R)</b>	<b>3.2 (R)</b>	<b>2.9 (R)</b>
South	<b>3.9 (R)</b>	<b>2.6 (R)</b>	<b>2.8 (R)</b>	<b>3.1 (R)</b>	<b>3.9 (R)</b>	<b>4.5 (R)</b>	<b>3.6 (R)</b>
<b>Glasgow City</b>	<b>2.7 (R)</b>	<b>2.6 (R)</b>	<b>2.6 (R)</b>	<b>3.2 (R)</b>	<b>3.3 (R)</b>	<b>3.8 (R)</b>	<b>3.3 (R)</b>

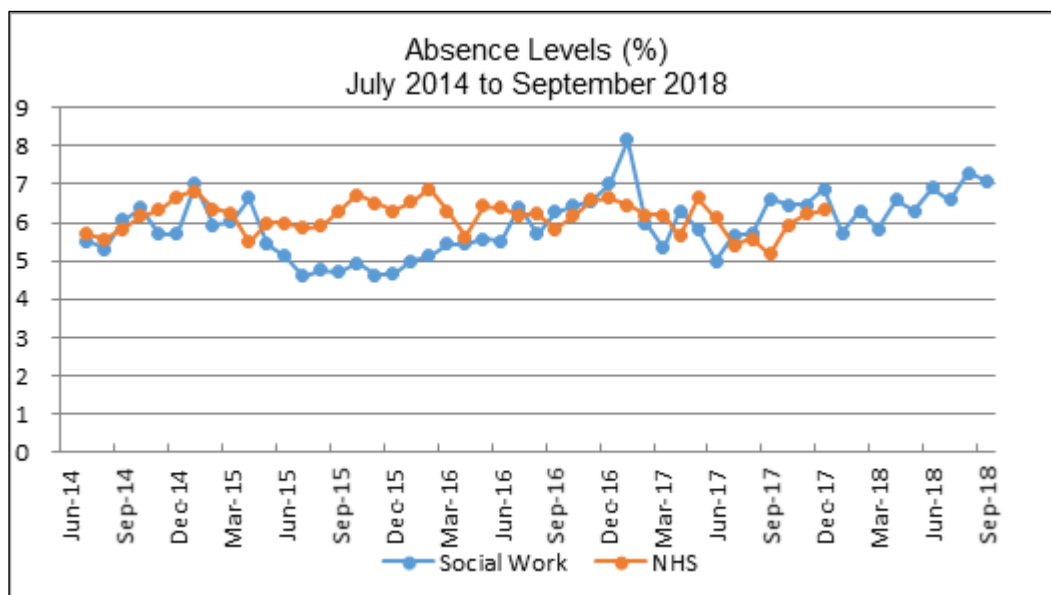
Below shows the Social Work period trend using the average days lost calculator.

**Chart 1**



Below shows percentage absence period trends for both Social Work and Health.

**Chart 2**



**Chart 1** highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

**Chart 2** does not give an accurate account of sickness absence for Social Work as it also takes into account annual leave. As annual leave increases at year end, this skews the levels for sickness absence around this period.

**Performance Trend**

Quarter 2 locality figures has been determined using an average of the previous four quarters as we are unable to source the period data from the system due to the ongoing organisational structure changes taking place.

Absence performance for quarter 2 overall has increased compared to the same quarter last year. However, Quarter 1 and 2 for 2018/19 has demonstrated a downward trend in comparison to 2017/18 trend, resulting in Average Days Lost of 3.3.

Long term absence continues to be the largest contributor to the Service's overall absence figures, with psychological and musculoskeletal absences being consistently high.

**Actions to Improve Performance**

A review of the attendance management action plan will be carried out in order to try and address consistently high absence figures and the implementation of further interventions and strategies may assist in bringing the Service's absence figures nearer to 2015/16 yearly performance of 9.7 ADL.

**Timeline for Improvement**

With the implementation of the revised action plan, it would be anticipated that a steady improvement may be achieved by the end of 2018/19.

## BUSINESS PROCESSES

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

Locality	TARGET	17/18 Q1	17/18 Q4	18/19 Q1	18/19 Q2
HSCP	70%	76% (G)	60% (R)	74% (G)	64% (R)
NE	70%	100% (G)	40% (R)	62% (R)	75% (G)
NW	70%	80% (G)	64% (R)	56% (R)	73% (G)
South	70%	50% (R)	100% (G)	nil	50% (R)
Corporate (exc prisons)	70%	nil	100% (G)	nil	nil
Prisons	70%	74% (G)	59% (R)	77.5% (G)	61.8% (R)

### Performance Trend

Variations across localities and over time. The HSCP as a whole moved to RED in the last period, as it did in the South and for Prisons. The performance in South locality is RED but this actually only represents a single case being above target (one of two carried forward from the previous quarter). It is not indicative of a pattern of poor performance, therefore, but reflective of the low numbers of complaints involved.

The number of stage 2 complaints in localities and at a corporate level generally are low. Prison stage 2 complaints drive the overall HSCP performance for this indicator and performance dipped markedly in the second quarter for prisons. The majority of these complaints are resolved at the first stage with the sector having a good record at clearing them (of 367 complaints closed in the second Quarter, 265 were closed at the first stage and 98% of these were closed in time). The cases that remain are by definition more complex and closure within 20 working days can be challenging and resource intensive. In addition, the overall volume of prison complaints rose by 16% between quarters 1 and 2, placing additional strain on resources for complaints handling. The performance dip occurred mainly within Low Moss prison, which in Q2 also experienced the largest volume.

### Actions to Improve Performance

There will be an Increased focus on clearing stage 2 complaints on time in the prison sector, particularly within Low Moss, with efforts also being made to deal with an even greater proportion of complaints at the first stage. Following the 16% increase between Q1 and Q2, a reduction in the actual numbers of complaints received to more stable levels, would support these efforts.

### Timeline for Improvement

It is anticipated that improvements will be seen going forward in Quarters 3 and 4.

<b>Indicator</b>	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1	
		No.	%	No.	%	No.	%	No.	%	No.	%
70%	Glasgow	29	21% (R)	30	37% (R)	32	56% (R)	37	29% (R)	30	27% (R)

**Performance Trend**

This indicator is reported **one quarter in arrears**.  
Performance in relation to this indicator slipped slightly between Q4 and Q1.

**Actions to Improve Performance**

Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (Rights and Enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling is a product of staffing and capacity issues currently being addressed through a recruitment exercise. The team also deals with FOI and Subject Access Requests (indicators below). As this work is the most complex and time-consuming of the range of activities the team undertakes, it is most susceptible to capacity and staffing issues. It is expected that as capacity within the team increases, clear improvement will be seen in this area.

**Timeline for Improvement**

The team has recruited 2 new senior officers in September 2018 which is anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19.