



Item No: 16

Meeting Date: Wednesday 20th June 2018

Glasgow City Integration Joint Board

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HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 4 PERFORMANCE REPORT 2017/18

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2017/18.
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Background/Engagement:	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.
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Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 4 of 2017/18.
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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.
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Personnel:	None
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Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.
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Provider Organisations:	None	
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.	
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.	
Direction Required to Council, Health Board or Both	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 4 2017/18.

2. Background

- 2.1 The Integration Joint Board noted an initial draft performance report on 21st 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 4 of 2017/18 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, an Annual Performance Report - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 – has now been published and is available on the Partnership website having been approved by the Integration Joint Board on the 21 June 2017. The latest report for 2017/18 is the subject of a separate report.

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. The latter relate to Unscheduled Care and these will be revised for Q1 of 2018/19 to reflect the suite of indicators identified by the Ministerial Strategic Group for Health and Community Care with Care (MSG Indicators), for which a plan with trajectories was recently prepared.

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. Where indicators have changed status in a positive direction, actions which have been taken to improve performance are also summarised.

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 Standards/Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)

4. Recommendations

4.1 The Integration Joint Board is asked to:

- a) note the attached performance report for Quarter 4 of 2017/18.



CORPORATE PERFORMANCE REPORT (IJB)

**QUARTER 4
2017/18**





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

2a. Summary









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











CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q4
										
Older People (No. and %)	1 16.7%		5 83.3%		2 33%	1 16.7%	3 50%		Green ⇌ Amber 3. % receiving reablement following referral for homecare Green ⇌ Red 5. Intermediate care users transferred home	
Primary Care (No. and %)			1 100%				1 100%		No changes in status for either existing or new indicators.	
Unscheduled Care (No. and %)	1 20%			4 80%	1 20%			4 80%	No changes in status for either existing or new indicators.	
Carers (No. and %)			1 100%				1 100%		No changes in status for existing indicators.	
Children's Services (No. and %)	1 12.5%		7 87.5%		2 25%		6 75%		Green ⇌ Red 4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	










CARE GROUPS/AREAS	Quarter 3 RAG Rating				Quarter 4 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q4
										
Adult Mental Health (No. and %)	2 50%		2 50%		1 25%	1 25%	2 50%		Red ⇌ Amber 1. Psychological Therapies: % started treatment within 18 weeks of referral (NW only)	
Alcohol & Drugs (No. and %)			1 100%				1 100%		No changes in status for existing indicators.	
Homelessness (No. and %)			2 100%		1 50%		1 50%		Green ⇌ Red 2. Number of individual households not accommodated in last month of quarter.	
Criminal Justice (No. and %)	2 100%				2 100%				No changes in status for existing indicators.	
Health Improvement (No. and %)	2 33%		4 67%		2 33%		4 67%		No changes in status for existing indicators.	
Human Resources (No. and %)	2 100%				2 100%				No changes in status for existing indicators.	
Business Processes (No. and %)	2 40%		3 60%		3 60%		2 40%		Green ⇌ Red 3. % of SW Complaints responded to within timescales (Stage 1)	
TOTAL (No. and %)	13 30.2%		26 60.5%	4 9.3%	16 37.2%	2 4.7%	21 48.8%	4 9.3%	6 changes in status	










2b. Performance at a Glance









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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Older People				
1. Number of community service led Anticipatory Care Plans in Place.	720 for 2017/18	Q4	824 	▲
2. Number of people in supported living services.	650 by year end	Q4	734 	▼
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 13b	72.8% (Hosp)  78.2% (Comm) 	► Hospital ▼ Community
4. Total number of Older People Mental Health patients delayed (including AWI patients)	0	Apr 18	13 	▲
5. Intermediate Care: Percentage of users transferred home.	>30%	Mar 18	21% 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q4	 79.55%	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances for NHS Greater Glasgow and Clyde (NHSGG&C) locations	Target TBC	2017/18	205,642 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2i. Emergency Admissions – Numbers and Rates/1000 population by month (Aged 65+).	Target TBC	Feb 18	25,144/301 (Year to Date) 	▲
2ii. Emergency Admissions – Numbers and Rates/1000 population by month. (Aged 75+).	Target TBC	Feb 18	16,179/411 (Year to Date) 	▲
3. Total number of adults and older people delayed	20	3 Apr 18	39 	▲
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	Target TBC	2017/18	10,982 	▲
5. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	Target TBC	2017/18	2098 	▲
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum	Q4	494 (Q4) 1,942 (annual) 	▲
Children's Services				
1. Percentage of HPIs allocated by Health Visitors within 24 weeks.	95%	Mar 18	NE - 93%  NW - 96%  S - 96% 	NE▼ NW▼ S▼
2. Access to CAMHS services - % seen with 18 weeks	100%	Feb 18	93.6% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of young people receiving an aftercare service who are known to be in employment, education or training.	75%	Q4	67% 	▼
4. Number of high cost placements	Reduction of 30 in 2017/18	31 Mar 2018	67 	▲
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q3	93.5% 	▼
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q3	95.6% 	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral.	90%	Mar 18	NE 88.3%  NW 87.1%  South 96.5% 	NW and South ▲ NE ▼
2. Total number of Adult Mental Health patients delayed	0	2 Apr 18	21 	▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q3	96% 	▶

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	17/18	444 	▲
2. Number of individual households not accommodated in last month of quarter.	< 150	Q4	186 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q4	67% 	▶
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q4	80% 	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	5066	Q4	6470 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1041 to Q3	17/18	1240 	▲
3. Women smoking in pregnancy – general population	13% for 17/18	Q3 17/18	12.8% 	▲
4. Women smoking in pregnancy – most deprived quintile.	19% for 17/18	Q3 17/18	18.5% 	▲
5. Breastfeeding at 6-8 weeks (Exclusive).	Variable by locality	Q2 17/18	27.5% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive).	21.6%	Q1 17/18	19.8% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Mar 18	5.42% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q4	3.3 ADL 	▼
Business Processes				
1. Percentage of NHS Complaints responded to within timescale (Stage 1)	70%	Q2	96.6% 	▼
2. Percentage of NHS Complaints responded to within timescale (Stage 2)	70%	Q2	60% 	▼
3. % of SW Complaints responded to within timescales (Stage 1).	70%	Q3	55% 	▼
4. % of SW Complaints responded to within timescale (Stage 2)	70%	Q3	56% 	▲
5. % of elected member enquiries handled within 10 working days.	80%	Q3	94% 	▲

OLDER PEOPLE

Indicator	4. Total number of Older People Mental Health patients delayed (including AWI patients).
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 first Monday in the month when a census has been undertaken. 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.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18
Over 65s Target = 0	NE	5 (R)	2 (R)	4 (R)	3 (R)	2 (R)	2 (R)	1 (R)
	NW	14 (R)	5 (R)	2 (R)	0 (G)	1 (R)	2 (R)	2 (R)
	South	4 (R)	12 (R)	8 (R)	1 (R)	4 (R)	8 (R)	10 (R)
	City	23 (R)	19 (R)	14 (R)	4 (R)	7 (R)	12 (R)	13 (R)
Performance Trend								
Numbers vary across localities and over time and have remained RED. Overall delays have risen over the last two months of the year. South has had the highest number of delays over this period.								
Actions to Improve Performance								
Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCP's older people transformation programme. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. While this is a complex client group there has been significant progress towards meeting this target and work will continue to ensure the downward trajectory continues.								
Timeline for Improvement								
Further improvements towards meeting the target are anticipated by the end of Q1 in 2018/19.								

Indicator	5. Percentage of intermediate care users transferred home compared to those transferred to a residential or nursing 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
Integration Outcome	Outcome 2
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality		Targets	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18
Glasgow	Home	30%	21% (R)	25% (R)	34% (G)	24% (R)	26% (R)	21% (R)
	Res/Nursing	N/A	52%	62%	43%	60%	55%	66%
	Readmissions	N/A	25%	10%	15%	9%	6%	12%
	Deceased	N/A	2%	1%	8%	7%	3%	1%
NE	Home	30%	22% (R)	30% (G)	38% (G)	33% (G)	28% (A)	16% (R)
	Res/Nursing	N/A	39%	59%	43%	52%	62%	43%
	Readmissions	N/A	33%	7%	10%	25%	10%	15%
	Deceased	N/A	6%	0%	10%	2%	1%	8%
NW	Home	30%	21% (R)	22% (R)	32% (G)	21% (R)	25% (R)	34% (G)
	Res/Nursing	N/A	57%	57%	48%	52%	62%	43%
	Readmissions	N/A	21%	17%	16%	25%	10%	15%
	Deceased	N/A	0%	4%	4%	2%	1%	8%
South	Home	30%	21% (R)	22% (R)	32% (G)	21% (R)	25% (R)	34% (G)
	Res/Nursing	N/A	58%	70%	39%	52%	62%	43%
	Readmissions	N/A	21%	7%	18%	25%	10%	15%
	Deceased	N/A	0%	0%	11%	2%	1%	8%

Performance Trend
Variations across localities and over time. Performance GREEN in the North West and South in March, and RED in the North East. Variations between periods at a citywide level can be explained largely by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms.
Actions to Improve Performance
It has been noted that performance in NE of the city has fallen significantly (12% reduction) while in the same period performance in the other two areas has improved. Further scrutiny will be undertaken in respect of this area of performance.
Timeline for Improvement
Ongoing. Further improvements are expected into 2018/19

UNSCHEDULED CARE

Indicator	3. Total number of adults and older people delayed
Purpose	To monitor the extent to which adults and older people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the dates on which a census has been undertaken and are for a number of patient categories. The target for 2017/18 is to have a maximum of 20 delays at any given time during the year across these categories
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

3 April 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	2	0	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	12	7	5	24	N/A
Under 65s (Excluding Mental Health & Learning Disability)	6	9	4	19	N/A
Total				45 (R)	20

4 Dec 2017

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	1	1	2	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	13	7	17	37	N/A
Under 65s (Excluding Mental Health and Learning Disability)	2	3	6	20	N/A
Total				59 (R)	20

3 Jan 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	0	0	0	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	2	4	6	12	N/A
Under 65s (Excluding Mental Health and Learning Disability)	2	7	2	11	N/A
Total				23 (R)	20

5 Feb 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	0	3	3	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	9	14	14	37	N/A
Under 65s (Excluding Mental Health and Learning Disability)	1	3	2	6	N/A
Total				46 (R)	20

5 Mar 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	0	1	2	3	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	12	9	7	28	N/A
Under 65s (Excluding Mental Health and Learning Disability)	4	3	5	12	N/A
Total				43 (R)	20

3 Apr 2018

CATEGORY	NE	NW	S	Total	Target
Over 65s classed as Adults with Incapacity (AWI) (Excluding Learning Disability and Mental Health)	1	2	2	5	N/A
Over 65s (Excluding AWI, Learning Disability and Mental Health)	6	9	10	25	N/A
Under 65s (Excluding Mental Health and Learning Disability)	5	3	1	90	N/A
Total				39 (R)	20

Performance Trend
Numbers vary across localities and over time and have fallen slightly over the last two months.
Actions to Improve Performance
An improvement programme has been agreed backed up by a weekly operational meeting to review all delays and agree actions. Numbers have fluctuated throughout the year reflecting pressure in the system. Action is being taken to reduce these figures including purchasing additional intermediate and other capacity over the winter period. The length of delays in hospital continues to be managed effectively.
Timescale for Improvement
Sustainable improvements will be sought for 2018/19. Performance is constantly monitored to ensure performance is maintained as close as possible to the target.

CHILDREN'S SERVICES

Indicator	3. 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
Integration Outcome	Outcome 4
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
75%	North East	49% (R)	56% (R)	65% (R)	72% (A)	76% (G)	71% (R)	77% (G)
75%	North West	54% (R)	52% (R)	49% (R)	54% (R)	67% (R)	66% (R)	50% (R)
75%	South	67% (R)	66% (R)	68% (R)	67% (R)	67% (R)	68% (R)	73% (A)
75%	Glasgow	57% (R)	58% (R)	61% (R)	65% (R)	70% (R)	69% (R)	67% (R)

Performance Trend

Performance at city level fell slightly between Q3 and Q4 however there were significant changes in performance across localities with North East exceeding target (GREEN) at Q4 and South (AMBER) being within the target range. In contrast, performance in North West fell significantly between Q3 and Q4 (66% to 50%, RED).

Slippage during 2016/17 and the first quarter of 17/18 was found to be linked to a change in recording practice which increased the overall number of care leavers recorded. Fewer of these young people had their employability recorded and as a result we saw a reduction in the proportion in positive destinations. At Q4 the proportion of young care leavers without a destination recorded was NE 12%, NW 7%, and South 2% giving an overall Glasgow City figure of 8%.

Actions to Improve Performance

We recognise this as ongoing challenge and as a consequence we have recently appointed an experienced service manager to the intensive services' post. This post will focus on improving performance. The role will include responsibility for the central leaving care team, which will strengthen the relationship with the centrally based employability resource and will support locality based services to support more young people to achieve positive destinations.

Work has been undertaken to review all the young people known to Leaving Care Services. Many of the young people are living outwith Glasgow and owing to the complexities of their circumstances often fail to engage with services.

There is some evidence also that care leavers are undertaking positive activities but that this is not being recorded on careFirst 6 (the Social work information system). Work is

underway to address this and to ensure arrangements are in place to more accurately record the reasons why some young people are unable to engage with employability and training (such as pregnancy, mental/physical health problems and custody). In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our “Transformation Programme” for children’s services and our Corporate Parenting Action Plan. We are also looking at how resources are deployed across the City to ensure that we address variations between localities.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable.

ADULT MENTAL HEALTH

Indicator	2. Total number of Adult Mental Health being delayed
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 dates on which a census has been undertaken. These 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.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 9
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

TARGET	AREA	18 Apr 16	3 Apr 17	4 Dec 17	2 Jan 18	5 Feb 18	5 Mar 18	2 Apr 18
Under 65s Target = 0	NE	3 (R)	2 (R)	7 (R)	6 (R)	9 (R)	8 (R)	6 (R)
	NW	5 (R)	6 (R)	9 (R)	9 (R)	7 (R)	12 (R)	9 (R)
	South	9 (R)	4 (R)	3 (R)	6 (R)	10 (R)	7 (R)	6 (R)
	City	17 (R)	12 (R)	19 (R)	21 (R)	26 (R)	27 (R)	21 (R)
Performance Trend								
Numbers vary across localities and over time.								
Actions to Improve Performance								
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. The recent increase in quarterly trend reflects such increases and pressure on services and resources. Recent performance towards the stretch target of zero has seen a major increase in management action for adult mental health delayed discharges. Additional fortnightly meetings to further review and prioritise delayed discharges have been set up.								
Timeline for Improvement								
This will be an on-going area of focus during 2018/2019								

HOMELESSNESS

Target/Ref	2. Number of individual households not accommodated over last month of quarter.
Purpose	This indicator provides information on the number of households recorded in the last month of the quarter which were not provided with emergency or temporary accommodation on assessment at the point of need. This indicator identifies where homelessness services have failed to fulfil their statutory duty to provide temporary accommodation, and is a key area of interest for the Scottish Housing Regulator (SHR) through the voluntary intervention process.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 7
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
< 150	City-wide figure only	225 June 2016 (R)	217 Sept 2016 (R)	91 Dec 2016 (G)	209 Mar 2017 (R)	164 June 2017 (R)	129 Sept 2017 (G)	103 Dec 2017 (G)	186 March 2018 (R)
Performance Trend									
<i>The Q4 figure given above is provisional.</i>									
At the end of Q4 performance declined moving from GREEN to RED with numbers increasing by 80% between December 2017 and March 2018.									
Actions to Improve Performance									
<p>The HSCP acknowledges that the statutory duty to accommodate is still not being met in all cases. Turnover in temporary/emergency tenancies over February and March 2018 was the lowest recorded in March 2018 as not having received an offer of accommodation one or more times. Homeless applications were higher in March than in January/February 2018. Of the 186 households recorded, 95 had made a new homeless application during March 18. All teams have been requested to ensure that the Temporary Accommodation team is notified immediately of and temporary/emergency tenancies which are ending. Work is ongoing to increase the number of temporary furnished flats sourced from the private rented sector through a contract with an external provider through Homelessness Commissioning Services.</p>									
Timeline for Improvement									
It is anticipated that improved turnover in temporary and emergency tenancies will be achieved in Q1 2018/19.									

CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) 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
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
80%	North East	63% (R)	63% (R)	63% (R)	67% (R)	68% (R)	58% (R)
80%	North West	58% (R)	70% (R)	67% (R)	65%(R)	65% (R)	76% (R)
80%	South	69% (R)	63% (R)	75% (R)	67%(R)	66% (R)	65% (R)
80%	Glasgow	64% (R)	65% (R)	68% (R)	66%(R)	67% (R)	67% (R)
Performance Trend							
At Q4 all localities remain RED although there was considerable variation between localities.							
Actions to Improve Performance							
No change since last quarter and all teams still performing under target at 67%. Of the remaining 33%, 59% of these were level 1 orders and 42% level 2 orders. This could suggest that the absence of a pre-sentence report contributes to this under performance. Performance reports are circulated to Team Leaders and Service Managers every fortnight to assist in capturing missing data required to improve performance.							
Timeline for Improvement							
Ongoing emphasis, should see an improved performance in the next quarter. This indicator continues to be included in fortnightly performance reports provided to Locality Teams, and monitored at the Criminal Justice Core Leadership Meeting.							

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
Integration Outcome	Outcome 9
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness, Addictions Criminal Justice)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
85%	North East	78% (R)	88% (G)	98% (G)	86% (G)	68% (R)	79% (R)
85%	North West	81% (A)	98% (G)	90% (G)	73% (R)	65% (R)	75% (R)
85%	South	71% (R)	100% (G)	100% (G)	94% (G)	66% (R)	84% (G)
85%	City	76% (R)	97% (G)	98% (G)	84% (G)	67% (R)	80% (R)

Performance Trend

There were significant increases in performance across all localities and city-wide at Q4 however only the South locality moved from RED to GREEN.

Actions to Improve Performance

Increase since last quarter and this is likely to continue to improve due to retrospective recording from each of the teams. Fortnightly performance reports also assist teams in capturing this and a monthly LSCMI report also includes this.

Timeline for Improvement

As above it is expected that 85% will be achieved in next quarter.

HEALTH IMPROVEMENT

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
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	Target Apr 16 – Mar 17	Actual Apr 16 – Mar 17	Target Apr 17 – Dec 17	Actual Apr 17 – Dec 17
North East	523	489 (R)	392	336 (R)
North West	407	346 (R)	305	283 (R)
South	458	415 (R)	344	314 (R)
Glasgow	1,388	1,250(R)	1041	933 (R)
Performance Trend				
While below target, the city community cessation services are showing an overall increase in number of people quitting at 12 weeks. In 2016/17 there were 234 12 week quits (full year) compared to 236 quits for Quarters 1-3 in 2017/18.				
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 have been made in the lead up to Quarter 4 to increase numbers accessing community cessation groups. These include 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.				

Indicator	6. Breastfeeding: 6-8 weeks - In deprived population – 15% most deprived data zones (Exclusive Breastfeeding)
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
Integration Outcome	Outcome 5
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
19.5%	NE	15.0% (R)	16.3% (R)	17.9% (R)	17.4% (R)	18.4% (R)
23.9%	NW	21.2% (R)	18.3% (R)	19.7% (R)	20% (R)	21.1% (R)
22.8%	S	18.1% (R)	21% (A)	19.7% (R)	18.3% (R)	20.5% (R)
21.6%	HSCP	18.2% (R)	18.4% (R)	19.0% (R)	18.4% (R)	19.8% (R)

Performance Trend

Performance remains RED for the HSCP and all areas. Glasgow City and Greater Glasgow and Clyde have, however, seen an upward trend in overall breastfeeding rates recently, which are not being mirrored in other parts of Scotland.

Actions to Improve Performance

- UNICEF UK Baby friendly Standards: All 3 sectors in Glasgow City accredited as UNICEF Baby Friendly in 2011 and reaccruited in 2016. Ongoing mechanisms in place re-audit and monitoring processes, Annual report and associated action plans submitted to UNICEF to evidence compliance. Glasgow City, working toward the UNICEF Achieving Sustainability (Gold award) over the next 12 months and required managers training commenced.
- Support to Breastfeeding mothers: Currently 9 Breastfeeding support Groups in Glasgow City. The Baby Cafe (in conjunction with NCT) is a peer support model In North East Glasgow, Breastfeeding Network (BFN) funded to recruit and train local volunteers and to support local Breastfeeding groups. BFN and NCT peers supporters also provide support via maternity and neonatal units providing a bridge of support from hospital to community for mothers.
- Breastfeeding Public Acceptability: Work to challenge negative attitudes to breastfeeding and to normalise it in our communities. Includes Breastfeeding Friendly Nursery & Breastfeeding Welcome award: As of Dec 17 88% of nurseries in Glasgow city have received training and 84 % have the full award.
- Breastfeeding Welcome award: Training offered to wider partners such as Glasgow

Life as well as local venues and key partners. Training provided to NC, HNC and HND students undertaking Childcare courses. In 2017, 868 members of staff from a range of partner organisations have received training as part of the Breastfeeding Welcome Award and Breastfeeding Friendly Nursery programmes

- Health and Social Care Centres: All Glasgow City Health Centre admin, clerical and caretaking staff have received breastfeeding awareness training. In order to provide updates for staff. A Learnpro module for staff updates being developed.
- Antenatal and work with vulnerable groups: In NE Glasgow, Health Improvement has input into breastfeeding workshops and facilitates Cafe Stork which provides a range of services including BF workshops. NW Glasgow funds and inputs into 3D Drumchapel to provide a range of perinatal services. In South - input into Tummy Tots a group in Gorbals targeting expectant parents and new families and work with Home Start re antenatal sessions aimed at dads (and mums)planned. Close working links established with the new Family Nurse Partnership team based in the locality.

Timeline for Improvement

As before, gradual improvement expected but anticipate may not achieve in the next year.

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
Integration Outcome	Outcome 1
HSCP Lead	Sybil Canavan, Head of People and Change

HSCP	Target	Mar-16	Mar-17	Dec-17	Jan-18	Feb-18	Mar-18
HSCP Central	4%	5.5% (R)	7.24% (R)	5.37% (R)	7.78% (R)	6.01% (R)	6.27% (R)
North East	4%	5.8% (R)	6.51% (R)	6.48% (R)	8% (R)	6.34% (R)	5.99% (R)
North West	4%	6.0% (R)	6.45% (R)	6.5% (R)	7.9% (R)	5.53% (R)	5.23% (R)
South	4%	7.8% (R)	6.26% (R)	7.08% (R)	8.28% (R)	7.18% (R)	5.59% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	N/A	3.21% (G)	2.43% (G)	1.41% (G)
Glasgow City	4%	6.3% (R)	6.19% (R)	6.33% (R)	7.77% (R)	6.08% (R)	5.42% (R)

Performance Trend

Variations across areas and over time. Having peaked in January, there has been a reduction in the period since but remains above target.

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.
- 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.
- Individual case activity continues through the use of Case Management discussions, training

for managers as required and targeted activity, specifically within Mental Health inpatient services and Addictions services.

- As part of the continued focus on improving attendance and reducing absence, all NHS GG & C areas have been asked to create a confirmed trajectory of reduced absence, with targets set across all service areas. These will be discussed within appropriate management groups and reports provided on compliance as the year progresses.

Timeline for Improvement

All areas have been asked to confirm a trajectory to reduce absence to attain the 4% target. Discussions will take place across all care groups and localities to confirm this detail for the coming year.

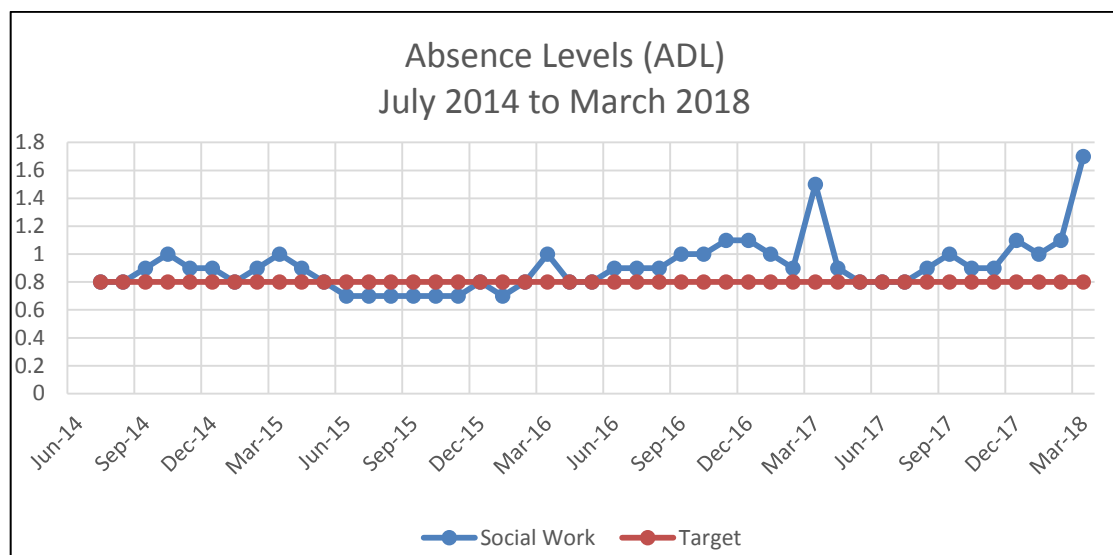
Indicator	2. Social Work Sickness Absence Rate
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP indicator
Integration Outcome	Outcome 1
HSCP Lead	Christina Heuston, Head of Corporate Services

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

	16/17 Q2	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Average Days Lost (ADL)	Target 2.58	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53
North East	3.3 (R)	2.6 (G)	3.4 (R)	1.9 (G)	2.9 (R)	4.0 (R)	4.9 (R)
North West	2.2 (G)	3.5 (R)	2.8 (R)	3.2 (R)	2.8 (R)	2.0 (G)	3.3 (R)
South	3.1 (R)	4.0 (R)	3.9 (R)	2.6 (R)	2.8 (R)	3.1 (R)	3.9 (R)
Glasgow City	2.8 (R)	3.3 (R)	2.7 (R)	2.6 (R)	2.6 (R)	3.2 (R)	3.3 (R)

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

Chart 1



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

Chart 2

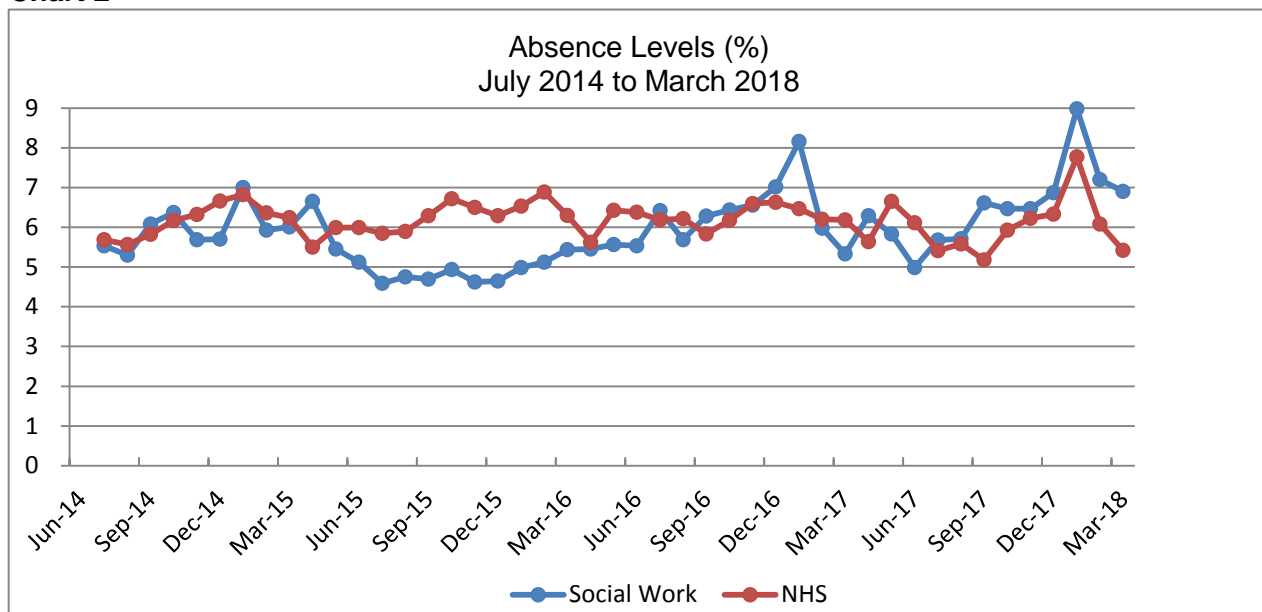


Chart 1 highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

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
The beginning of the quarter continued to demonstrate an upward trend, however, almost half way through the quarter, a reverse downward trend could be shown.
Actions to Improve Performance
The days lost trend due to respiratory type illness has continued with a 35% increase compared to the same quarter last year. However, respiratory figures may be reflecting the extended winter weather situation this year, which has had a health impact on a wider scale
Throughout 2017/18 there has been a positive reduction in days lost due to back pain compared to 2016/17, with earlier physiotherapy referrals being made for employees to aid rehabilitation.
HR resources are focussed to the largest staff group of Older People Residential and Children’s Services (which includes Children’s Residential and Families for Children) due to the costs of agency and overtime cover as a result of staff absences. Work is ongoing to equip managers with the skills to confidently manage staff attendance in line with Council Policy.
Our overall contributor to Social Work’s absence figures is long term absence. HR support and coach managers in developing flexible return to work plans to encourage and support earlier return to work timescales, with the support of Occupational Health for employees with more long standing health conditions.

Employees with consistently high absence levels will continue to be monitored across the service, with more robust measures implemented to address concerns.

Timeline for Improvement

Monitoring of levels continues on a 4 weekly basis to try and achieve overall levels below quarterly targets set.

BUSINESS PROCESSES

Indicator	2. NHS Complaints responded to within 20 working days (Stage 2) (%).
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
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Locality	TARGET	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
HSCP	70%	76% (G)	66% (A)	61% (R)	60% (R)
NE	70%	100% (G)	100% (G)	71% (G)	40% (R)
NW	70%	80% (G)	63% (R)	50% (R)	64% (R)
South	70%	50% (R)	40% (R)	0% (R)	100% (G)
Corporate (exc prisons)	70%	nil	nil	nil	100% (G)
Prisons	70%	74% (G)	65.7% (R)	62.2% (R)	59% (R)

Performance Trend

Variations across localities and over time. The HSCP remained RED in the last period. New categorisations so no trend information shown before 17/18.

Actions to Improve Performance

Number of stage 2 complaints in localities are low, and prison stage 2 complaints drive the overall HSCP performance for this indicator. Changes to the complaints process introduced in April and further changes specifically in prison healthcare from January 2018 have gradually separated out the more complex complaints and reduced number of complaints overall. The numbers of complaints dealt with at stage 2 that exceed allowed time have in fact fallen from 53 in quarter 3 to only 39 in quarter 4, therefore far fewer customers have been negatively impacted. The proportion exceeding timescales has however risen between those quarters due to the cases being drawn from a smaller pool overall and stage 2 complaints being restricted to the most complex. This apparent performance dip is therefore, to a degree, a statistical anomaly. Although meeting a 20 working day timescale can be demanding for the more complex cases, the target remains that 70% should be cleared within timescale and work is ongoing to identify the best method of expediting such complex investigations and reach the required target.

The widely varying performance within and between localities when measured as proportions also stems from the very small numbers of stage 2 investigations that occur in localities. Performance is best judged for the three localities across the year, as quarterly figures will continue to vary widely based small numbers of cases in any given quarter.

Timeline for Improvement

An upward correction is anticipated in 2018-19 and figures for that period should also be more reliably stable as new processes will be fully bedded in.

Indicator	3. 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
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3	
		No.	%	No.	%	No.	%
70%	North East	23	65% (R)	43	81% (G)	27	74% (G)
70%	North West	31	52% (R)	29	69% (G)	15	73% (G)
70%	South	36	64% (R)	35	66% (A)	35	47% (R)
70%	Centre	12	67% (R)	15	47% (R)	20	26% (R)
70%	Glasgow	102	61% (R)	122	70% (G)	97	55% (R)

Performance Trend

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

There was significant slippage in this indicator between Q2 and Q3 with city-wide performance moving from GREEN to RED. Both North East and North West however exceeded target (GREEN) at Q3 while the South and Centre team performance was below target (RED) falling by 19 and 21 percentage points respectively from the position at Q2.

Actions to Improve Performance

A close analysis of the South team's performance reveals that a significant number of complaints exceeded the timescales by just one day. Ten of the thirty five complaints responded to by the South team were just out with the deadline. Had an extension been applied in some of those cases, the South team's performance would be rated green instead of red.

Extensions should be used if the complaint investigator is unable to meet the deadline and requires more time to respond to the complaint. This issue will be raised with the Head of Service.

A small number of complaints were received from young people living in children's residential units in Quarter 3. A meeting to discuss the complaint with the young people was arranged out with timescales, no extension letter was issued and the requested formal response was not issued until after the deadline. A discussion will be had with the Head of Service regarding how to better manage these complaints.

Timeline for Improvement

Further improvements expected in Quarter 4 / Quarter 1.

Indicator	4. 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
Integration Outcome	Outcome 3
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3	
		No.	%	No.	%	No.	%
70%	Glasgow	29	21% (R)	30	37% (R)	32	56% (R)
Performance Trend							
This indicator is reported one quarter in arrears . Although the 70% target was not met at Quarter 3 (RED), performance improved significantly with an increase of 19 percentage points above the Q2 figure.							
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. Despite ongoing resource pressures on that team, involving issues of staff absence and vacancy, some improvement was achieved in the third quarter.							
Timeline for Improvement							
Steps are being taken to reduce workload pressures within the central complaints team therefore further improvement is expected.							