



Item No: 19

Meeting Date: Wednesday 27th March 2019

Glasgow City Integration Joint Board

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HEALTH AND SOCIAL CARE PARTNERSHIP QUARTER 3 PERFORMANCE REPORT 2018/19

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2018/19.
Background/Engagement:	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.
Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 3 of 2018/19.

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.	
Provider Organisations:	None	
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.	
Fairer Scotland Compliance:	N/A	
Financial:	None	
Legal:	The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.	
Economic Impact:	None	
Sustainability:	None	
Sustainable Procurement and Article 19:	None	
Risk Implications:	None	
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.	
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.	
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 3 2018/19.

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 3 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, Audit and Scrutiny 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 3 of 2018/19.



CORPORATE PERFORMANCE REPORT

(Integration Joint Board)

**QUARTER 3
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	
	RED	Performance misses target by 5% or more	▲	Improving
	AMBER	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	GREEN	Performance is within 2.49% of target	▼	Worsening
	GREY	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

2a. Summary







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







CARE GROUPS/AREAS	Quarter 2 RAG Rating				Quarter 3 RAG Rating				Changes in Status (Last 2 Periods)	Changes to Indicators at Q3
										
Older People (No. and %)	3 50%		2 33.3%	1 16.7%	2 33.3%	1 16.7%	2 33.3%	1 16.7%	<u>Red ⇌ Green</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). <u>Green ⇌ Red</u> 4. % service users who receive a reablement service following referral for a home care service (Hospital). <u>Green ⇌ Amber</u> 13. Percentage of intermediate care users transferred home	
Primary Care (No. and %)			1 100%				1 100%		No changes in status.	
Unscheduled Care (No. and %)	4 80%		1 20%		4 80%		1 20%		No changes in status.	










Carers (No. and %)			1 100%				1 100%		No changes in status for existing indicators.
Children's Services (No. and %)	1 16.6%		5 83.4%		1 16.6%		5 83.4%		No changes in status for existing indicators.
Adult Mental Health (No. and %)	3 75%		1 25%		3 75%		1 25%		No changes in status for existing indicators.
Alcohol & Drugs (No. and %)			1 100%				1 100%		No changes in status for existing indicators.
Homelessness (No. and %)			1 50%	1 50%			1 50%	1 50%	No changes in status for existing indicators.
Criminal Justice (No. and %)	1 50%		1 50%		2 100%				Green ⇌ Red 2. % Community Payback Orders (CPOs) with a Case Management Plan within 20 days.
Health Improvement (No. and %)	1 16.7%		3 50%	2 33.3%			4 66.7%	2 33.3%	Red ⇌ Green 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Human Resources (No. and %)	2 100%				2 100%				No changes in status for existing indicators.
Business Processes (No. and %)	2 40%	1 20%	2 40%		2 40%	2 40%	1 20%		Red ⇌ Amber 2. % NHS Stage 2 Complaints responded to within timescale. Green ⇌ Amber 3. % Social Work Stage 1 Complaints responded to within timescale Amber ⇌ Red 5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
TOTAL (No. and %)	17 41.5%	1 2.4%	19 46.3%	4 9.8%	16 39%	3 7.3%	18 43.9%	4 9.8%	9 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.	900 for 2018/19	Q3		▶
2. Number of people in supported living services.	830 by the end of 2018/19	Q3	845 	▲
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 10	71.2% (Hosp)  78% (Comm) 	▼ Hospital ▲ Community
4. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	Nov 18	16 	▼
5. Intermediate Care: Percentage of users transferred home.	>30%	Dec 18	28% 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q2	 78.12%	▼
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19 (16,461/month)	To Oct	17,848 monthly average 	▲
2. Number of emergency admissions (All ages)	75,750 for 18/19 (6312/month)	Q2	5880 monthly average 	▲
3. Total number of Acute Delays	20	Nov 18	42 (exc AWI) 22 (AWI) 	▼
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19 (833 per month)	Dec 18	1364 monthly average 	▲
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)	Dec 18	346 monthly average 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum/413 per quarter	Q3	448 	▼
Children's Services				
1. Percentage of HPis allocated by Health Visitors by 24 weeks.	95%	Oct 18	NE - 97%  NW - 94%  S - 97% 	NE ▼ NW ▼ S ▼
2. Access to CAMHS services – percentage seen with 18 weeks	100%	Sep 18	87.8% 	▼
3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	74% 	▶
4. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q3	52 	▶
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q2	92.6% 	▼
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q2	96.0% 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 18	NE 75.4% NW 87.3% South 96.8%	NE NW South
2. Total number of Adult Mental Health delays	0	Nov 18	12 (exc AWI) 6 (AWI) 	
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q2	98% 	
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q2	85 	
2. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4 (2017/18)	65.5% 	
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q3	73% 	
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q3	70% 	

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	2532 (to Q2)	Q3	3776 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Q2	623 	▲
3. Women smoking in pregnancy (general population)	13%	Q3 18/19	10.3% 	▲
4. Women smoking in pregnancy (most deprived quintile).	19%	Q3 18/19	18.6% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5% 	▶
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8% 	▶
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Sep 18	6.99% 	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q3	4 ADL 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q3	95.6% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q3	67% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q2	68% 	▼
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q2	58% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q2	72% 	▼

1. OLDER PEOPLE

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

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

Performance Trend

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

Actions to Improve Performance

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

Timeline for Improvement

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

Indicator	4. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18
0	City	11 (R)	11 (R)	16 (R)	10 (R)	19 (R)	15 (R)	16 (R)
	NE	0 (G)	0 (G)	5 (R)	4 (R)	7 (R)	8 (R)	2 (R)
	NW	7 (R)	1 (R)	4 (R)	3 (R)	7 (R)	6 (R)	6 (R)
	South	4 (R)	10 (R)	7 (R)	3 (R)	5 (R)	1 (R)	8 (R)
Performance Trend								
Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period shown though reduced in August 2018.								
Actions to Improve Performance								
Our performance in this area remains a concern and improvement plans are in place. There continues to be a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. There is an ongoing challenge in sourcing suitable placements for patients in the local care home market. Work will continue to ensure reductions going forward.								
Timeline for Improvement								
Improvements towards meeting the target are anticipated by the end of Q4 in 2018/19								

UNSCHEDULED CARE

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

Glasgow	18/19 Target	15/16		16/17		17/18		18/19 Actual	
		Number	Monthly average	Number	Monthly average	Number	Monthly average	Number	Monthly average
	197,542 (16,461/month)	201,573	16,798	201,768	16,814	205,642	17,136	124,939 (To Oct)	17,848 (R)
Performance Trend									
<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> <p>The number of attendances have risen over the last three years and to October 2018, this increase has continued with the monthly average in excess of the target. This increase is consistent across GG&C as a whole.</p>									
Actions to Improve Performance									
<p>There is a Board wide unscheduled care improvement programme in place which includes a number of actions to manage more care on a planned basis. A&E attendances have been increasing both nationally and in GG&C. Work is underway to understand why this is case, and to differentiate between emergency and urgent care so patients get the right treatment at the right time. The HSCP continues to work closely with acute colleagues to try and reduce attendances, and with primary care is looking at different approaches.</p>									
Timeline for Improvement									
<p>Trends will be monitored and reported regularly. An updated MSG trajectory for 2019/20 is in preparation with other HSCPs.</p>									

Indicator	3. Total number of Acute Delays.
Purpose	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend

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

Actions to Improve Performance

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

Timescale for Improvement

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

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

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

Performance Trend

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

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

Actions to Improve Performance

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

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

Timescale for Improvement

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

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

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

Indicator	5. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator/ Ministerial Strategic Group (MSG) Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend

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

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

Actions to Improve Performance

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

Timescale for Improvement

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

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

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

CHILDREN'S SERVICES

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Further, as part of wider Scottish Governments plans, we have been working on the reduction of rejected referrals. Over the last six months, GGC have reduced their rejected referrals from 35% to 19%, which is now under the UK and Scottish averages. As noted, this has had an

additional effect on Referral To Treatment (RTT) performance. The Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to less than 10%, whilst improving the RTT as above.

Timeline for Improvement

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

ADULT MENTAL HEALTH

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

Locality	% of People who started treatment within 18 weeks of referral							
	HSCP Target	Apr 17	Apr 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
NE	90%	87.1% (A)	87% (A)	85.2% (R)	82.5% (R)	76.3% (R)	64.1% (R)	75.4% (R)
NW	90%	81.7% (R)	83.1% (R)	84% (R)	79.7% (R)	77.9% (R)	85.5% (R)	87.3% (R)
S	90%	96.5% (G)	94.7% (G)	92.7% (G)	94.7% (G)	94.7% (G)	95.4% (G)	96.8% (G)
Performance Trend								
Performance information now available again after the transfer over from PIMS to EMISWeb. At December, performance remains GREEN in the South; performance is now AMBER in the North West, whilst performance remains RED in the North East.								
Actions to Improve Performance								
<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>								
Timeline for Improvement								
Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place performance is improving, with short term variation as issues are addressed.								

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

	Target	Apr 17	Apr 18	Aug18	Sep18	Oct 18	Nov 18
North East		2	3	3	3	3	7
North West		1	8	4	2	2	1
South		1	7	5	3	2	1
Sub-Total (Included Codes)		4 (R)	18 (R)	12 (R)	8 (R)	7 (R)	9 (R)
North East		0	3	3	2	1	1
North West		3	4	3	2	2	0
South		0	0	0	0	0	0
Sub-Total (Complex Codes)		3 (R)	7 (R)	6 (R)	4 (R)	3 (R)	1 (R)
All Delays	0	7 (R)	25 (R)	18 (R)	12 (R)	10 (R)	10 (R)

Performance Trend
Numbers vary across localities and over time. There has been a reduction over the course of 2018.
Actions to Improve Performance
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been remains in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care. This activity is again interlinked with average length of stay, % bed occupancy and people being delayed in hospital.
Timeline for Improvement
The initial target to put in place the Strategy identified changes and effect the change remains into 2019. This work is part of an approach to deliver wider Mental Health Strategy and Moving Forward Together changes.

CRIMINAL JUSTICE

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

Target	Locality	16/17 Q4	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
80%	Glasgow	65% (R)	67% (R)	67% (R)	72% (R)	72% (R)	73% (R)
80%	North East	63% (R)	68% (R)	58% (R)	82% (G)	81% (G)	73% (R)
80%	North West	70% (R)	65% (R)	76% (R)	71% (R)	69% (R)	68% (R)
80%	South	63% (R)	66% (R)	65% (R)	62% (R)	66% (R)	77% (A)
Performance Trend							
<p>At Q3 South (AMBER) was within the target range for this indicator, while performance for the other localities and city-wide remained below target and RED.</p> <p>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.</p>							
Actions to Improve Performance							
<p>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.</p>							
Timeline for Improvement							
<p>We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4.</p> <p>B</p>							

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

Target	Locality	16/17 Q4	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3
85%	City	97% (G)	84% (G)	67% (R)	80% (R)	91% (G)	95% (G)	70% (R)
85%	North East	88% (G)	86% (G)	68% (R)	79% (R)	92% (G)	97% (G)	75% (R)
85%	North West	98% (G)	73% (R)	65% (R)	75% (R)	87% (G)	96% (G)	75% (R)
85%	South	100% (G)	94% (G)	66% (R)	84% (G)	94% (G)	93% (G)	62% (R)
Performance Trend								
At Q3 there was a significant decline in performance across all localities and city-wide with all moving from GREEN to RED.								
Actions to Improve Performance								
The decrease in performance is influenced by a number of factors. The festive period with reduced staffing levels, on top of existing resource pressures, prioritised the need for the service to ensure that the emphasis was on the submission of reports to court. This will have had an impact on recording delays. It is envisaged that there should be an improvement for next quarter with additional locality resourcing enabling tasks to be completed. The Team Leaders continue to monitor performance and consider whether any case requires an extension.								
Timeline for Improvement								
Expected improvement by next quarter.								

HUMAN RESOURCES

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

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

Performance Trend

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

Actions to Improve Performance

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

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

Timeline for Improvement

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

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

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

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

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

BUSINESS PROCESSES

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

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

Performance Trend

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

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

Actions to Improve Performance

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

Timeline for Improvement

The team recruited 2 new senior officers, who join the team in October 2018. This was anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19, however due to complications in terms of the recruitment the impact was not as anticipated. Further details will follow in Q3.

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

Target	Locality	17/18 Q2		17/18 Q3		17/18 Q4		18/19 Q1		18/19 Q2	
		No.	%	No.	%	No.	%	No.	%	No.	%
100%	Glasgow	88	97% (A)	66	98%(G)	94	99% (G)	97	96% (A)	76	72% (R)

Performance Trend

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

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

Actions to Improve Performance

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

Timeline for Improvement

The return and addition of staff were expected to ensure improved compliance in 3rd and 4th quarter of 2018/19, full information in relation to Q3 to follow.