Item No.   8

Meeting Date: **Wednesday 13ᵗʰ December 2023**

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

Report By: **Allison Eccles, Head of Business Development**

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HSCP Performance Report Q2 2023/24

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2023/24 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Adult Services.

Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐

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

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

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 within 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 focused.

Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.

Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 14).

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:	None.

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 social work performance indicators.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance e framework includes health performance indicators.

1. **Purpose**

   To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2023/24 for noting. The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Adult Services.

2. **Background**

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

3. **Reporting Format**

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

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

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

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

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

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

   v.   Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

3.3   Along with the National Integration Indicators, a core set of strategic local indicators from this report are included in the HSCP's Annual Performance Report and are used to show trends over time. These are noted in Appendix 4.

3.4   Service Leads are asked annually to review their KPIs and targets. Any changes for 2023/24 have been incorporated into the body of this report and are highlighted for each individual indicator affected.

4.   Summary

4.1   There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.

4.2   The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction.

Exceptions

4.3   At Q2, 49 indicators were GREEN (53.3%); 36 RED (39.1%); 6 AMBER (6.5%) and 1 GREY (1.1%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	**Page**
3. Percentage of service users leaving the service following Reablement period with no further home care support	26
4. Day Care (provided) - Review Rates	27
8. Intermediate Care: Percentage Occupancy	31
9. Intermediate Care: Average Length of stay (Days)	32
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year	36
13. Number of Telecare referrals received – Outcome 2: *Avoiding hospital discharge delays*	38
Unscheduled Care	
6. Total Number of Acute Delays	45
7. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	48
Children's Services	

Changes in RAG Status

4.4 There has been a change in RAG status for **20** indicators since the last report. Of these, performance improved for **10** and declined for **10**.

i. Performance Improved

A) RED TO GREEN
Unscheduled Care
3. Number of Unscheduled Hospital Bed Days - Acute (18+)
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Gartnavel
Sandyford (Sexual Health)
6. Number of individual young people attending all Sandyford services - Females aged 13-15
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale
B) RED TO AMBER
Older People & Carers
6. Provided Residential Care – Review Rates
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale
C) AMBER to GREEN
Older People & Carers
10. Intermediate Care: Percentage of users transferred home
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel

ii. Performance Declined

A) GREEN TO RED
Older People & Carers
8. Intermediate Care: Percentage Occupancy
13. Number of Telecare referrals received - Outcome 2 - Avoiding hospital discharge delays
Homelessness
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made
7. Number of new Housing First tenancies created
Health Improvement
4. Women smoking in pregnancy (most deprived quintile)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
B) AMBER to RED
Older People & Carers
4. Day Care (provided) – Review Rates
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Leverndale
C) GREEN to AMBER

Older People & Carers
5. Provided Residential Care – Occupancy Rates
Primary Care
1. Prescribing Costs: Compliance with Formulary Preferred List

5.   Recommendations

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

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

CORPORATE PERFORMANCE REPORT

QUARTER 2
2023/24

CONTENTS

1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
	🛑	⚠️	✅	⬜	🛑	⚠️	✅	⬜
Older People & Carers	5 (29.4%)	2 (11.8%)	10 (58.8%)		6 (35.3%)	2 (11.8%)	8 (47.1%)	1 (5.8%)
Unscheduled Care	5 (55.6%)		4 (44.4%)		2 (28.6%)		5 (71.4%)	
Primary Care			2 (100%)			1 (50%)	1 (50%)	
Children's Services	4 (26.7%)	2 (13.3%)	9 (60.0%)		4 (30.8%)	1 (7.7%)	8 (61.5%)	
Adult Mental Health	4 (40%)	3 (30%)	2 (20%)	1 (10%)	4 (40%)	1 (10%)	5 (50%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	4 (50%)		4 (50%)		3 (37.5%)		5 (62.5%)	
Homelessness	3 (33.3%)		6 (66.7%)		5 (55.6%)		4 (44.4%)	
Criminal Justice			6 (100%)				6 (100%)	

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
	🛑	⚠️	✅	⬜	🛑	⚠️	✅	⬜
Health Improvement	2 (28.6%)		5 (71.4%)		4 (57.1%)		3 (42.9%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	5 (71.4%)		2 (28.6%)		3 (42.9%)	1 (14.2%)	3 (42.9%)	
TOTAL No. and (%)	**37** **(38.6%)**	**7** **(7.3%)**	**51** **(53.1%)**	**1** **(1%)**	**36** **(39.1%)**	**6** **(6.5%)**	**49** **(53.3%)**	**1** **(1.1%)**

2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
Home Care, Day Care and Residential Services				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months	reduced from 85% to **80%** for 23/24	Q1	⬜	
2. Percentage of service users who receive a reablement service following referral for a home care service	increased from 70% to **75%** for 23/24	Period 7 (Sep)	Hosp. discharges 78.5% ✅ Community Referrals ✅ 90.3%	Hosp ▲ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Period 7 (Sep)	27.2% 🛑	▼
4. Day Care (provided) – Review Rates	95%	Q2	89% 🛑	▼ 🔺 to 🛑
5. Provided Residential Care – Occupancy Rates	95%	Q2	90.5% 🔺	▼ ✅ to 🔺
6. Provided Residential Care – Review Rates	95%	Q2	92% 🔺	▲ 🛑 to 🔺

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services					
7. Number of Clustered Supported Living tenancies offered to Older People		75 per annum (19/quarter)	Mid-Year Total (Apr – Sept)	43 ✅	▼
8. Intermediate Care: Percentage Occupancy		90%	Sept 23	83% 🛑	▼ ✅ to 🛑
9. Intermediate Care: Average Length of stay (Days)		< 28 days	Sept 23	46 days 🛑	▲
10. Intermediate Care: Percentage of users transferred home		>30%	Sept 23	32% ✅	▲ ⚠️ to ✅
iii. HSCP Community Services					
11. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP. For 23/24 the *Number of Conversations* part of this indicator has been removed.		Target has increased for 23/24 from 50 to 260 summaries per annum	Q2	88 ✅	▼
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year		0%	Q2	6% 🛑	▲
13. **New KPI from 23/24** – Number of Telecare referrals	**(i) Outcome 1** Reducing the risk of admission to acute, residential and nursing care settings	560 per annum	Q2	607 ✅	▼

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
received by Reason for Referral	**(ii) Outcome 2** Avoiding hospital discharge delays	650 per annum	Q2	129 🛑	▼ ✅ to 🛑
	(iii) Outcome 3 Supporting Carers	100 per annum	Q2	25 ✅	►
14. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement		1,900 per annum	Q2	853 ✅	▲
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		153,791 (12,816/ month)	2023/24 Apr - Jun	37,719 (12,573 per month) ✅	▼
2. Number of Emergency Admissions (18+) (reported in arrears)		66,624 (5552/month)	2023/24 Apr - Jun	13,804* (4601* per month) *provisional ✅	▲
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)		453,866 (37,822/ month)	2023/24 Apr - Jun	98,937* (32,979* per month) *provisional ✅	▲ 🛑 to ✅
4. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)		33,260 (2,772 per month)	Full year 2022/23	722* (60* per month) *provisional ✅	►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	2023/24 Apr - Jun	37,774* (12,591* per month) *provisional ✅	▲
6. Total number of Acute Delays	120	Sep 23	156 (Total) 89 (Non-AWI) 67 (AWI) 🛑	Total ▼ Non-AWI ▼ AWI ▼
7. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3,327)	2023/24 Apr - Jun	17,910 (5,970 per month) 🛑	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q1	75.8% 🔶	▼ ✅ to 🔶
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Jun 23	£164.4 ✅	▼
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Sept 23	NE 88% 🛑 NW 87% 🛑 S 83% 🛑	NE ▲ NW ▲ S ▼
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	July 23	NE 96% ✅ NW 96% ✅ S 96% ✅	NE ▲ NW ▲ S ►

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q2	777 ✅	▲
4. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review	90%	Q2	61% 🛑	▲
5. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q2	59% ✅	▼
6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q2	80% ✅	▲
7. Number of out of authority placements – *Revised indicator from Q3 22/23*	30 by end of 22/23	Q2	26 ✅	▲
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	92.14% ⚠️	▼
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	95.73% ✅	▲
Adult Mental Health				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 23	NE 49.0% 🛑 NW 96.7% ✅ S 93.0% ✅	NE ▲ NW ► S ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Sep 23	Stob 25.5 ✅ Lev 43.2 🛑 Gart 27.8 ✅	Stob ▲🔺 to ✅ Lev ▼ Gart ▲🛑 to ✅
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Sep 23	Stob 99.6% 🔺 Lev 99.9% 🛑 Gart 96.1% ✅	Stob ▲🛑 to 🔺 Lev ▼🔺 to 🛑 Gart ▲🔺 to ✅
4. Total number of Adult Mental Health delays **Revised Indicator from 23/24**	20	Sep 23	28 Total 21 (Non-AWI)/ 7 (AWI) 🛑	▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q1	98% ✅	▲
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q2	1,471 ✅	▲
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q2	2,090 ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q2	1 day ✅	►
4 & 5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q2	8 ✅ (13-15) 17 🛑 (16-17)	▲ (13-15) ▼ (16-17)
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q2	78 ✅ (13-15) 173 🛑 (16-17)	▲ (13-15) 🛑 to ✅ ▲ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q2	6 🛑	▲
Homelessness				
1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q2	98% ✅	▼
2. Percentage of live homeless applications over 6-month duration at the end of the quarter	<40%	Q2	49% 🛑	▼
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Q2	1,027 ✅	▲
4. Average number of weeks from assessment decision to settled accommodation	26 weeks	Q2	46 weeks 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Number of households reassessed as homeless or potentially homeless within 12 months (reported in arrears)	<480 per annum (<120 per quarter)	Q2	65 ✅	▲
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q2	70% 🛑	▼ ✅ to 🛑
7. Number of new Housing First tenancies created	350 by year end 23/24	Q2	296 🛑	▼ ✅ to 🛑
8. Number of Households in Bed & Breakfast Accommodation	350 or less by end of 23/24	Q2	697 🛑	▲
9. Number of Temporary Furnished Flats	2,400 or less by end of 23/24	Q2	2,413 ✅	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q2	83% ✅	▼
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)	85%	Q2	91% ✅	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q2	81% ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q2	85% ✅	►
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q2	79% ✅	►
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q2	97% ✅	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5066 (annual)	Q2	2,669 ✅	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 22/23	Q1	231 🔴	▼
3. Women smoking in pregnancy (general population)	11%	Q2	6.1% ✅	▲
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q2	15.6% 🔴	▼ ✅ to 🔴
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 22/23	Q1	30.3% 🔴	▼
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 22/23	Q1	21.6% 🔴	▼ ✅ to 🔴
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.0% for 22/23	Q1	23.8% ✅	▼
Human Resources				

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. NHS Sickness absence rate (%)	<4%	Sep 23	6.80% 🔴	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee <0.8/ 4-week period	Q2	4.5 🔴	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Sep 23	35.0% 🔴	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Sep 23	36% 🔴	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Sep 23	33% 🔴	▼
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q2	92.6% ✅	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	76.0% ✅	▲ 🔴 to ✅
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q1	67% 🔺	▲ 🔴 to 🔺
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	66% 🔴	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q1	93% 🛑	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q1	45% 🛑	▲
7. Percentage of elected member enquiries handled within 10 working days	80%	Q2	79% ✅	▼

1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	**80% from 23/24**	84% (G)	85% (G)	84% (G)	76% (R)	69% (R)	69% (R)	67% (R)	66% (R)	64% (R)	N/A
North East		88% (G)	90% (G)	89% (G)	83% (G)	81% (A)	81% (A)	76% (R)	74% (R)	72% (R)	N/A
North West	**(85% prior to 23/24)**	84% (G)	82% (A)	81% (A)	71% (R)	70% (R)	70% (R)	61% (R)	57% (R)	59% (R)	N/A
South		81% (A)	85% (G)	83% (G)	76% (R)	62% (R)	62% (R)	65% (R)	67% (R)	63% (R)	N/A
Performance Trend											
Target reduced from 85% to 80% for 23/24. Work is ongoing to investigate whether changes in recording practice has had an impact on the data for this indicator; data is therefore currently not available. Back to Summary											

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

Referral Source	Target	21/22		22/23				23/24			
		Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sept) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Quarter 2		
									Per 5 (Jul) %	Per 6 (Aug) %	Per 7 (Sept) %
Hospital Discharges	75% (23/24)	67.9 (A)	71.7 (G)	66.3 (R)	67.6 (A)	75.6 (G)	70.1 (G)	74.2 (G)	71.0 (R)	83.8 (G)	78.5 (G)
Community Referrals	(70% prior to 23/24)	66.0 (R)	72.5 (G)	72.3 (G)	76.7 (G)	77.2 (G)	79.6 (G)	84.0 (G)	81.5 (G)	79.6 (G)	90.3 (G)

Performance Trend

Target increased from 70% to 75% for 23/24.

Performance in relation to Hospital Discharges dropped during July before exceeding target in August and September. Community Referrals exceeded target during each month of the quarter.

Back to Summary

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

Locality	Target	21/22		22/23				23/24			
		Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Quarter 2		
									Per 5 (Jul) %	Per 6 (Aug) %	Per 7 (Sept) %
City	>35%	42.3 (G)	39.4 (G)	36.5 (G)	36.3 (G)	41.1 (G)	36.2 (G)	32.6 (R)	42.8 (G)	33.7 (A)	27.2 (R)
North East		37.9 (G)	38.6 (G)	40.0 (G)	36.5 (G)	39.5 (G)	44.4 (G)	26.5 (R)	44.3 (G)	30.4 (R)	21.6 (R)
North West		46.4 (G)	45.5 (G)	38.6 (G)	46.4 (G)	47.3 (G)	38.1 (G)	37.9 (G)	38.4 (G)	38.2 (G)	28.2 (R)
South		40.5 (G)	34.3 (G)	33.0 (R)	29.4 (R)	37.8 (G)	31.3 (R)	31.4 (R)	45.3 (G)	32.1 (R)	29.5 (R)

Performance Trend

Performance varies across locality and over time. At city level and in the localities, performance fell during Q2 from GREEN in July to RED in September.

Issues Affecting Performance

The complexity and demographic of patients in September along with an 18% increase in hospital discharge referrals sees less scope for reablement, many who are palliative care or end of life care. The service has also undertaken a city-wide service user review which has required input and resource from the assessment team.

Actions to Improve Performance

The overall quarter is Amber and ongoing team briefings are in place with all screening criteria reviewed. This should return the performance to Green in the next period.

Timescales for Improvement

As recruitment is actively ongoing, we should see an improvement by Quarter 3.

Back to Summary

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

	19/20		20/21	21/22		22/23				23/24	
Target	**Q3**	**Q4**	**Q1-4**	**Q1-3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
95%	**97% (G)**	**100% (G)**	**N/A***	**N/A***	**91% (A)**	**93% (G)**	**93% (G)**	**86% (R)**	**92% (A)**	**92% (A)**	**89% (R)**

Performance Trend

*Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak; Q4 21/22 was the first reportable quarter.

During Q2 performance for this indicator fell further moving from AMBER to RED.

Issues Affecting Performance

This is a reduced position from the previous quarter. There is a continued focus on conducting 6 monthly reviews of service users within the service, but these have been impacted by staffing realignment following a workforce review. It is expected that this position will return to a stable improvement for the next quarter since review has now been concluded.

Actions to Improve Performance

Reviews continue to be scheduled for those in scope with the intention of positively impacting on this percentage in future quarters.

Timescales for Improvement

Q3 & Q4 of 2023/24.

Back to Summary

Target/Ref	5. Provided Residential Care Homes – Occupancy Rates
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

Target	21/22				22/23				23/24	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	97% (G)	97% (G)	96% (G)	97% (G)	96% (G)	96% (G)	95% (G)	94% (G)	90.5% (A)

Performance Trend

The residential occupancy rate fell slightly below target during Q2 moving from GREEN to AMBER.

Issues Affecting Performance

Occupancy has primarily been impacted by approval to reduce resident numbers by 60 within Riverside Care Home in preparation for significant renovation and building works.

All residents living within Riverside are currently being reviewed and consulted with in preparation for this work which will ultimately reduce occupancy for approximately 1 year - 18 months.

Actions to Improve Performance

Future reports will exclude the 60 beds from analysis as the reviews will be concluded during Q3 and works will have commenced during Q4.

Timescales for Improvement

Q3 and Q4.

Back to Summary

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

	20/21	21/22				22/23				23/24	
Target	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
95%	**100% (G)**	**24% (R)**	**96% (G)**	**97% (G)**	**99% (G)**	**95% (G)**	**95% (G)**	**93% (G)**	**89% (R)**	**84% (R)**	**92% (A)**

Performance Trend

Performance improved significantly during Quarter 2 with the RAG rating moving from RED to AMBER.

Currently care home residents have 2 reviews per annum; one an in-house review carried out by the care home management team while the other is a statutory review carried out by a social worker.

Issues Affecting Performance

Review activity has improved in the previous quarter due to a focus on reviewing the care needs of residents within Riverside Care Home in preparation for significant building works, and the requirement to re-locate up to 60 residents.

Work has also been on-going with the Care Home Review Team as part of overall recovery planning.

Actions to Improve Performance

Action plan for improvement in review processes both internally to the care homes and to statutory reviews developed in collaboration with Care Home Review Team.

Timescales for Improvement

Q3 and Q4 of 23/24.

Back to Summary

ii. Commissioned Services

Indicator	7. Number of Clustered Supported Living tenancies offered to Older People
Purpose	To monitor the number of tenancies offered by Registered Social Landlords (RSLs) that may be used for the purpose of delivering both a suitable tenancy and a package of social care to maintain an older person in the community where the alternative may have been admission to residential care. This model of care is called Clustered Supported Living and supports the Maximising Independence Strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	21/22 Total	22/23				22/23 Total	23/24		
			Q1	Q2	Q3	Q4		Q1	Q2	Mid-Year Total
City	75 per annum (19 per quarter)	84 (G)	19 (G)	25 (G)	16 (R)	23 (G)	83 (G)	32 (G)	11 (R)	43 (G)
North East	25 per annum (6 per quarter)	35 (G)	8 (G)	5 (R)	4 (R)	4 (R)	21 (R)	7 (G)	2 (R)	9 (R)
North West		23 (R)	5 (R)	7 (G)	6 (G)	7 (G)	25 (G)	8 (G)	4 (R)	12 (G)
South		26 (G)	6 (G)	13 (G)	6 (G)	12 (G)	37 (G)	17 (G)	5 (R)	22 (G)

Performance Trend

Although the quarterly city-wide and locality targets were not met this quarter (RED), the mid-year figures for the city, North West and South met the pro rata mid-year targets (GREEN) and indicate that it is likely that the annual target will be met at year end.

The lower figures in Q2 appear to be due to a lack of available tenancies rather than the number of referrals received.

Developments within Clustered Supported Living

In **North West** the proposed development by Queens Cross HA of a new clustered site within the existing Cromwell Court building will not be progressed. Queens Cross HA have advised that it is their intention to review their current model with a view to providing alternative housing to include care groups other than Older People.

In the **South** locality the Lochar Crescent (Trust HA) development is now complete with all tenancies accepted.

It is anticipated that there will be an additional 5 flats at Carntyne Gardens in the **North East** during 2023 further increasing availability in this locality.

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Indicator	8. Intermediate Care: Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
City	90%	61 (R)	64 (R)	58 (R)	74 (R)	70 (R)	97 (G)	69 (R)	94 (G)	92 (G)	90 (G)	83 (R)
North East		73 (R)	53 (R)	44 (R)	84 (R)	89 (G)	98 (G)	57 (R)	90 (G)	97 (G)	91 (G)	86 (A)
North West		57 (R)	73 (R)	66 (R)	86 (A)	66 (R)	98 (G)	92 (G)	97 (G)	91 (G)	95 (G)	80 (R)
South		53 (R)	67 (R)	63 (R)	51 (R)	65 (R)	95 (G)	70 (R)	94 (G)	89 (G)	86 (A)	84 (R)

Performance Trend
Performance exceeded target during July and August. However, it declined in the last month of the quarter (September) in all localities and moved from GREEN to RED at city level.

Issues Affecting Performance
Admission to Intermediate Care (IC) is managed via a daily MDT (Multi-Disciplinary Team) huddle which runs well. Admissions are speedily progressed and are arranged over 7 days. 2023 has had high percentage occupancy during June, July and August months. South has 2 IC units, NE and NW have 1 unit each. Oakbridge Unit (NW) was closed for 2 weeks due to Covid. Burlington (NE) had a voluntary Moratorium in place at end of September 2023. There was a slightly higher number of discharges over the month of September. The number of referrals to the hospital SW team were approx. 25% lower for the month of September compared to August and Occupancy in IC remained high at 83%.

Actions to Improve Performance
• Daily MDT Huddle remains in place to fast-track referrals and arrange admissions. • Delays over 28 days within IC are discussed at the monthly IC Improvement group chaired by NE HOS. • Hospital Team prioritise use of IC when implementing discharge Pathways.

Timescales for Improvement
• Daily MDT Huddle up and running and will remain. • IC Improvement group has recently implemented the over 28 days delayed in IC focus this meeting now meets monthly from 6 weekly.

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

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
City	<28 days	43 (R)	50 (R)	42 (R)	56 (R)	48 (R)	35 (R)	74 (R)	53 (R)	44 (R)	60 (R)	46 (R)
North East		46 (R)	60 (R)	86 (R)	76 (R)	55 (R)	32 (R)	101 (R)	66 (R)	68 (R)	64 (R)	44 (R)
North West		48 (R)	43 (R)	42 (R)	60 (R)	73 (R)	68 (R)	57 (R)	62 (R)	48 (R)	80 (R)	80 (R)
South		36 (R)	46 (R)	32 (R)	23 (R)	44 (R)	31 (R)	69 (R)	45 (R)	36 (R)	54 (R)	33 (R)

Performance Trend
Performance remains RED across all areas and citywide. It has declined at a city level and in the North East and South in the last quarter while improving in the North West.

Issues Affecting Performance
Intermediate Care (IC) Re-Tender successfully completed end January 2023. Reduction from 5 IC Units to 4 effective February 2023. All 4 units now accepting service users under 65 years of age. Daily IC Huddle established October 2022 discussing all IC referrals from Hospital Team, includes Rehab team and IC Units staff. Number of aged 65 and under referrals have increased and overall frailty / complexity of service users being admitted to IC has increased. Continue to have a high number of individuals wishing and successfully returning home. This requires new tenancies to be found and furnished and this takes time, as often no relatives to support with the transition. Earlier in the year NE IC had 3 AWI service users which affected length of stay performance. Any service user requiring an assessment for a Local Authority Residential bed from acute care is required to be assessed via IC. They are currently waiting lists for these beds, and it can take time to access / confirm an available bed via the LA pathway. TL IC vacancy in NW, currently being supported by TL in NE who is covering. Job has been recently advertised.

Actions to Improve Performance
• There remains strong focus at IC Improvement Group to review and support move on of all over 28 days delayed in Intermediate Care utilising Dashboard. There has been a significant increase in the number of individuals going home particularly in NE which has flawed the over 28 days figures. All of these scenarios have been complex in nature. • Longer term re look at KPI's associated with IC particularly for those who are going home and / or new tenancy is required.

- As of the 1 October 23 Discharge to Assess no longer requires a full SNA to be completed. The IC team delivers on this agenda, and it has been anticipated the reduction in work associated with Discharge to Assess should have a positive impact on IC, early days to understand the full impact of this change in practice on IC. Will monitor via the IC Improvement Group.
- The use of under 65's within IC is being monitored and figures remains low. There were a couple of situations whereby the admission did not go well and there was noted learning from this experience.

Timescales for Improvement

- New IC TL in post October 23
- Huddle remains in place Mon-Friday
- 1st October implementation date of removing SNA from Discharge to Assess process
- IC Improvement Group meets 4 weekly and strong focus on performance
- Burlington IC Voluntary Moratorium end of Sept 23 being reviewed 2nd Nov. 23.

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Indicator	10. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Destination	Target	2021/22			2022/23				2023/24			
			Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Glasgow	**Home**	**30%**	13 (R)	19 (R)	15 (R)	26 (R)	24 (R)	28 (R)	29 (A)	29 (A)	11 (R)	38 (G)	32 (G)
	Res/Nursing	N/A	55	65	63	59	66	48	65	43	73	50	48
	Readmissions	N/A	13	11	22	11	10	20	6	14	16	8	19
	Deceased	N/A	19	5	0	4	0	4	0	14	0	4	0
NE	**Home**	**30%**	17 (R)	8 (R)	25 (R)	43 (G)	0 (R)	25 (R)	8 (R)	57 (G)	14 (R)	44 (G)	67 (G)
	Res/Nursing	N/A	75	83	75	43	75	50	83	43	43	44	17
	Readmissions	N/A	0	0	0	14	25	25	8	0	43	11	17
	Deceased	N/A	8	8	0	0	0	0	0	0	0	0	0
NW	**Home**	**30%**	11 (R)	15 (R)	8 (R)	25 (R)	0 (R)	0 (R)	18 (R)	33 (G)	0 (R)	0 (R)	14 (R)
	Res/Nursing	N/A	44	62	62	75	100	100	73	33	100	100	71
	Readmissions	N/A	33	15	31	0	0	0	9	33	0	0	14
	Deceased	N/A	11	8	0	0	0	0	0	0	0	0	0
South	**Home**	**30%**	10 (R)	33 (G)	20 (R)	17 (R)	32 (R)	33 (G)	44 (G)	17 (R)	13 (R)	40 (G)	28 (A)
	Res/Nursing	N/A	40%	50	60	58	59	39	52	44	74	40	50
	Readmissions	N/A	10	17	20	17	9	22	4	17	13	13	22
	Deceased	N/A	40	0	0	8	0	6	0	22	0	7	0

Performance Trend
City wide performance has improved in the last quarter and is now GREEN, as is the North East. North West has moved from GREEN to RED while South moved from RED to AMBER.
Back to Summary

iii. HSCP Community Services

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

Indicator	Target 23/24	20/21 Full Year	21/22 Full Year	22/23 Full Year	23/24				
					Q1	Q2	Q3	Q4	Year to Date
No. summaries completed and shared with GPs	260 p.a.	69 (R)	50 (R)	276 (G)	113 (G)	88 (G)			201 (G)

Performance Trend
Target adjusted from 50 Summaries for 2022/23 to 260 for 2023/24. This relates to the number of completed ACP Summaries that have been shared with GPs via the Clinical Portal. Performance for Q1-Q2 in excess of the expected pro-rata target for the first 6 months of the year. This indicator relates to teams across GCHSCP including District Nursing, Community Rehab and Social Work. Back to Summary

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

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	**0%**	1% (A)	2% (A)	1% (A)	3% (A)	9% (R)	10% (R)	11% (R)	8% (R)	7% (R)	6% (R)
North East		0% (G)	0% (G)	1% (A)	1% (A)	6% (R)	5% (R)	13% (R)	5% (R)	7% (R)	3% (A)
North West		0% (G)	0% (G)	0% (G)	1% (A)	5% (R)	1% (A)	3% (A)	4% (R)	2% (A)	2% (A)
South		2% (A)	4% (R)	1% (A)	6% (R)	14% (R)	18% (R)	14% (R)	17% (R)	16% (R)	21% (R)

Performance Trend

Although city level performance remained RED during Q2 there was improvement at city level and in North East which moved from RED to AMBER. North West remained AMBER during the reporting period while performance dropped further in South (RED).

The number and percentage of activities older than 12 months decreased slightly over the past 3 months from 119 (7%) at the end of June to 114 (6%) at the end of September. At the end of the quarter there were 2,018 open OT assessment activities: 114 (6%) of these had been open for more than 12 months. A breakdown of these by locality in June and September is shown below.

	Number of Activities over 12 months	
Locality	End of June	End of September
NE	32	12
NW	4	4
South	83	97
Other (HSCC)	0	1
Total	**119**	**114**

Of the 114 activities detailed above, 11 are assigned to Teams and 103 are assigned to Workers.

Issues Affecting Performance

Work continues to be carried out to review all the current OT waiting lists through both data cleansing and overtime to complete the OT assessment activities open longest. Staffing has played a key part in work throughput.

In North East, staff numbers are still down by 5 (2 OTs, 3 Social Care Workers) as a result of retirement, ill health and a temporary transfer of post to Equipu. This has resulted in reduced capacity to target those assessments open for more than 12 months.

Furthermore, there is to be a realignment of staff resource from the localities into HSC Connect which will further reduce the OT workforce by one OT staff member per area.

In addition to staffing, hidden demand/throughput adds to the service's workload which in turn affects performance. This hidden demand includes:

- **Blue Badges** – these are not recorded on careFirst. There is currently no standard across the city. 3,825 discretionary decisions were approved during 21/22.
- **Housing needs assessments/ Property assessment** – there has been increased demand following Homeless Team changes, and RSL's request reports to accompany health needs for re-housing. This is not currently reported through careFirst.

Actions to Improve Performance

The new HSCC OT resource and application of proportionate assessment has reduced the number of new OT referrals coming into the system and being passed to the localities. Although waiting times remain high and over 12 months for non-critical need the numbers of cases waiting overall is markedly reduced.

City wide the reduced number of referrals being received will allow for greater focus on cases waiting for over 1 year further reducing this number.

Specific postcode areas with higher numbers waiting over a year will be targeted to reduce numbers waiting.

Within NE there is agreement to recruit 1.6 Social Care Workers following staff retirement. It is hoped new workers will be in post by November 2023. Once inducted this staff resource will assist in increasing the throughput of assessments.

There are new working groups set up to address the additional hidden workloads within Blue Badges.

There is a Housing Needs Assessment working group to try to improve the referral information, however there is no identified resource to address this additional work that has been redirected to COT from the homeless casework teams.

Timescales for Improvement

Improvements continue to be expected over the coming months.

Back to Summary

Target/Ref	13. **New KPI** – Number of Telecare referrals received by Reason for Referral
Purpose	To monitor the number of Telecare referrals received on a quarterly basis and provide a breakdown of these by Reason for Referral/Intended Outcome. Reasons are taken from the following options on the referral form, in response to the question, '*Why is Telecare Service required?*'. These reasons have been aligned to Intended Outcomes for this indicator, with reasons 1-3 aligned to Outcome 1; 4 to Outcome 2; and 5 to Outcome 3. 1. Due to a fall within the last year 2. For safety and reassurance within the home 3. To maintain independence 4. Carer Support 5. To assist a return from hospital.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Reason for Referral/ Intended Outcome	Targets Annual (*Quarterly*)	2023/24				23/24 Year to Date Total
		Q1	Q2	Q3	Q4	
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual **560** (*Quarterly*) **140**	**652*** **(G)**	**607** **(G)**			**1,259** **(G)**
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	**170** **(G)**	**129** **(G)**			**299** **(G)**
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	**25** **(G)**	**25** **(G)**			**50** **(G)**
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	**847*** **(G)**	**761** **(G)**			**1,608** **(G)**

*These figures were amended by the service during Q2.

Performance Trend
New Telecare KPI from Q1 2023/24. The overall target for Telecare referrals was comfortably met during the 2nd quarter of 23/24 (GREEN), although referrals made to avoid hospital discharge delays (Outcome 2) were down on the previous quarter moving from GREEN to RED. This is largely attributable to referrers categorising the risk which led to the admission rather than to assist a safe return home from hospital. Back to Summary

Indicator	14. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
Purpose	To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 6 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23				22/23 Full Year Total	23/24	
				Q1	Q2	Q3	Q4		Q1	Q2
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	615 (G)	660 (G)	566 (G)	692 (G)	2,533 (G)	783 (G)	853 (G)
North East	633 (158 per Q)	604 (A)	801 (G)	233 (G)	204 (G)	188 (G)	241 (G)	866 (G)	217 (G)	290 (G)
North West	633 (158 per Q)	445 (R)	684 (G)	163 (G)	218 (G)	184 (G)	212 (G)	777 (G)	257 (G)	241 (G)
South	633 (158 per Q)	879 (G)	906 (G)	219 (G)	238 (G)	194 (G)	239 (G)	890 (G)	309 (G)	322 (G)

Performance Trend

Both the city and locality targets were exceeded (GREEN) during Quarter 2. City-wide numbers increased by just under 9% between Q1 (783) and Q2 (853).

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UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (18+)
Purpose	To monitor attendance at Accident and Emergency Departments. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs) **but excludes GP Assessment Unit attendances**. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priorities 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Jun)
Annual Total	153,791	161,155 (A)	113,633 (G)	139,966 (G)	141,729 (G)	37,719 (G)
Monthly Average	12,816	13,430 (A)	9469 (G)	11,664 (G)	11,811 (G)	12,573 (G)
Performance Trend						

Performance for 2022/23 was GREEN and remains so for the first 3 months of 2023/24.

The numbers of A&E attendances fell during the pandemic (20/21) but have risen again over the last three years.

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Indicator	2. Number of Emergency Admissions (18+)
Purpose	To monitor the extent to which people are being admitted to hospitals in emergency situations. Partners are working together to reduce these over time and shift the balance of care towards the community. This includes all inpatient and day care admissions but excludes people admitted to obstetrics and psychiatric hospitals and those admitted as geriatric long stay patients. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 1
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Jun)
Annual Total	66,624	63,854 (G)	54,946 (G)	59,193 (G)	56,576* (G)	13,804* (G)
Monthly Average	5552	5321 (G)	4579 (G)	4933 (G)	4715* (G)	4601* (G)

*Provisional

Performance Trend
The figures for 2022/23 and 2023/24 are provisional at this stage. Performance for 2022/23 is below target and GREEN and appear to show a reduction on 2021/22. Performance for the first quarter of 2023/24 also remains GREEN. Back to Summary

Indicator	3. Number of Unscheduled Hospital Bed Days - Acute (18+)
Purpose	To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Jun)
Annual Total	453,866	507,633 (R)	450,764 (G)	521,169 (R)	538,439* (R)	98,937* (G)
Monthly Average	37,822	42,303 (R)	37,564 (G)	43,431 (R)	44,870* (R)	32,979* (G)

*Provisional

Performance Trend
The figures for 2022/23 remain provisional but are above target and RED, having risen in the period since 2020/21 when they fell as a result of the pandemic. Figures for the first quarter of 2023/24 are below target and GREEN but remain provisional.

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Indicator	4. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay
Purpose	To monitor the extent to which people are occupying geriatric long stay beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Total	33,260	15,394 (G)	2262 (G)	876* (G)	722* (G)	
Monthly Average	2772	1283 (G)	189 (G)	73* (G)	60* (G)	

*Provisional

Performance Trend
No updates since the last performance report. The figures for 2022/23 are below target and GREEN and continue to remain very low, which they have been since 2020/21 compared to previous years. They are provisional at this stage as are the 2021/22 figures as there is a large time lag associated with these figures which are produced nationally. Back to Summary

Indicator	5. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Jun)
Annual Total	181,371	196,689 (R)	179,235 (G)	176,049 (G)	171,175* (G)	37,774* (G)
Monthly Average	15,114	16,391 (R)	14,936 (G)	14,671 (G)	14,264* (G)	12,591* (G)

*Provisional

Performance Trend
The figures for 2022/23 and 2023/24 are provisional at this stage. Performance for 2022/23 is below target and GREEN and appear to show a small reduction on 2021/22. Performance for the first quarter of 2023/24 also remains GREEN. Back to Summary

Indicator	6. Total number of Acute Delays
Purpose	To monitor the extent to which people are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown and relate to Adult Acute beds (excluding Mental Health beds which are covered in the Mental Health section of this report). Source of data is the monthly Health Board Census Summary figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Locality	Target	2021/22				2022/23				2023/24		
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
North East	**120 New target**	17	8	23	21	32	26	24	21	32	23	25
North West		15	16	22	17	25	16	21	20	25	28	26
South		22	7	30	34	40	24	48	24	29	35	38
Sub-Total (Included Codes)		**54**	**31**	**75**	**72**	**97**	**66**	**93**	**65**	**86**	**86**	**89**
North East		29	20	21	21	22	20	15	25	25	27	31
North West		18	11	19	20	22	19	23	22	18	15	16
South		19	18	21	27	23	29	11	14	15	16	20
Sub-Total (Complex Codes)		**66**	**49**	**61**	**68**	**67**	**68**	**49**	**61**	**58**	**58**	**67**
Overall Total		**120 (R)**	**80 (R)**	**136 (R)**	**140 (R)**	**164 (R)**	**134 (R)**	**142 (R)**	**126 (R)**	**144 (R)**	**144 (R)**	**156 (R)**

Performance Trend
Total numbers delayed have increased in the last quarter and remain RED. This increase occurred particularly within included codes although complex codes also increased slightly at a city level.

Issues Affecting Performance
Note: Referral rates are averaging 75 p/w currently.

- SW awaiting responses from Care Homes regarding accepting and arranging admissions into their units.
- Access to wards by care homes for arranging admissions and transfers into their units
- Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.
- Wards not arranging appropriate discharge arrangements i.e., transport, medication, paperwork resulting in increased time taken to admit.
- Closures of care homes, particularly intermediate care units, by public health to admissions continue due to Covid and other risks to public health outbreaks.
- Limited availability of private care providers via SDS for discharge into the community

- Staffing pressures within the Hospital Social Work Team / (Recruitment and LTA absence) – 3 new TL's have been recruited and ongoing recruitment of 3x QSW posts

Actions to Improve Performance

Service manager vacancy has been filled; after additional changes in the TL group, 2 new TL's have been appointed and 1 new TL is awaiting a start date; 3x QSW vacancies are being recruited to; 1 staff member remains on long term absence – a workforce plan is in place.

Oversight:
2 Chief Officer weekly meetings, attended by lead ACOs and commissioning.
Daily management huddles a week with focus on delays/ workflow/ actions/ follow up.
Fortnightly management meeting with focus on delays/ workflow/ staffing/ workplan
One weekly meeting to review complex commissioning delays.

Focus on incomplete or poor-quality referrals are being sent back to referrers this has reduced workload by 5% since inception mid-April. Referral tracker continues to be used (daily tracking/ monthly tracking including ASP).

Continued focus on reducing bed days lost for long delays with weekly delays meetings joint with Commissioning with support across Older and Adult Commissioned services including community providers

Close working relationship with discharge service lead continues with escalation of any discharges that did not occur due to ward issues daily.

IMC huddle daily continues to ensure maximum use of available resource to ensure interventions implemented to get people home where possible, across 7 days.

More frequent escalation to consultants in acute to implement Choices Protocol where families may delay discharge planning due to lack of availability in Care Home of choice.

Interface meeting between SW and acute Discharge Team to support progressing early referrals and decision making around the delayed discharge agenda.

Weekly meeting chaired by Head of Service to focus on delays within community teams and Commissioning – MDT approach.
Strong performance reporting on resolving / progressing discharges – commissioning attend to support the agenda and progress barriers with care homes.

A significant focus on AWI's with the recruitment of 1 further solicitor, which allows the legal team to engage with and offer more support around AWI's / Delays and support private solicitors' AWI cases (which are often complex). Also working on a case-by-case basis to review and consider the use of 13za. Health and Social Care Partnership meets with the Mental Welfare Commissioning for Scotland to escalate issues related to AWI.

The use of Discharge to Assess pathway has improved outcomes for patients with them being assessed within a care home environment and not in a hospital bed. (100 discharges into D2A this period).

Regular meetings with commissioning colleagues to find solutions and progress complex cases and improve the interface with Care Home communication across Glasgow City.
4 weekly webinar programme with all care homes across the city and delayed discharges are a standing item.

Health and Social Care Partnership have a focus on winter planning to maximise pathways out of hospital.

Timescales for Improvement

Agreed timescale up to Q3 / Q4 2023.

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Indicator	7. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)
Purpose	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
Type of Indicator	MSG Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Jun)
Annual Total	39,919	45,318 (R)	49,902 (R)	64,853 (R)	74,875 (R)	17,910 (R)
Monthly Average	3327	3776 (R)	4159 (R)	5404 (R)	6240 (R)	5970 (R)

*Provisional

Performance Trend
The figures for 2023/24 remain provisional but are above target and RED. There has been a trend upwards since 2019/20 when there was a fall as a result of the pandemic.

Issues Affecting Performance

- The patients are complex, frailer and have far more care and support needs post-Covid.
- Placements within adult (15% of our delays are adults) care homes are limited across Glasgow and beyond.
- Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex and at weekends.
- SW awaiting responses from Care Homes regarding accepting and arranging admissions to their units.
- Wards not arranging appropriate discharge arrangements i.e., transport, medication, paperwork resulting in increased time taken to admit.
- Our AWI's continue to be split between LA and Private applications, with private applications representing a higher number on average.
- There is a 2 month wait for AWI cases to be heard in Court.
- Under 65 placements are challenging due to the complexity of need and the lack of suitable Care Home placements.
- House cleaning is a significant demand, post-covid. The Health and Social Care Partnership are addressing capacity issues with a new provider being identified and work is underway to test this out in practice.
- Homelessness is increasing across the city, with a lack of temporary housing and wheelchair adapted tenancies.

Actions to Improve Performance

Collaboration with Commissioning and Care Homes as stated in **Indicator 7** will improve performance across this indicator also. The focus on AWI improvement and legal services as noted in the above indicator will also have a positive impact on this target and the long delays within Glasgow. Furthermore, as with Indicator 7 (above):

- Continued use of the real time AWI tracker.
- A strategic review by commissioning around the pathways into care homes.
- Focus on long delays (very complex commissioning identify specialist placements).
- Continued review of the HSCP houseclean strategy.

Strengthening the links between Social Work homelessness leads NHS Acute Homelessness Liaison Team) – trial of weekly MDT across AHLT, Homelessness, Complex Needs, Commissioning and SW to

prevent delayed discharge for adults who are homeless, as well as problem-solving around complex delays where homelessness is a joint presenting need.

Timescales for Improvement

Ongoing and continuing to review / improve services to reduce numbers.

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PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	To monitor compliance with the Preferred Prescribing List. This list has been produced by Pharmacy Support teams and consists of recommendations for first and second choice medications for prescribing with the aim of improving prescribing efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	78%	76.72 (G)	74.68 (A)	75.98 (A)	75.96 (A)	76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)
NE		77.51 (G)	75.57 (A)	76.94 (G)	76.67 (G)	77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)
NW		75.90 (A)	73.94 (R)	75.42 (A)	75.33 (A)	75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)
S		76.70 (G)	74.50 (A)	76.04 (A)	75.86 (A)	75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)
NHSGGC		76.73	74.71	76.17	75.96	76.87	76.54	76.85	76.45	75.77

Performance Trend
During Q1, there was a further slight decrease in performance across all parts of the city with performance at city level and in South moving from GREEN to AMBER. North East and North West remained GREEN and AMBER respectively during the reporting period.
This indicator is reported one quarter in arrears.

Issues Affecting Performance
Preferred formulary use in the skin and eye categories remain most challenging. Two very high volume product ranges skew the data. Epimax products were previously formulary first choice emollients, however, were removed and replaced.
Shortages of carbomer eye products have required prescribers to switch between brands or prescribe hypromellose or hyaluronate products instead.
SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and CKD and their use is increasing. These are non-preferred list and so will be contributing to the trend in compliance.

Actions to Improve Performance
Prescribers have been issued guidance on managing the carbomer shortage and this is supported by ScriptSwitch based on product availability.
New preferred formulary items have been set for Epimax. Largely there is no clinical or cost benefit to changing to the formulary choices so this change will be gradual.

We continue to switch patients to formulary preferred blood glucose test strips as a priority activity.

SGLT2 inhibitors are subject to preferred list adoption processes. No single SGLT2 inhibitor medication has a clear cost or clinical benefit at this time and so there is no preferred option.

Timescales for Improvement

Carbomer shortages are now resolved. Work will continue in Q3 and Q4 to revert patients to their original prescription where possible.

Significant progress has been made in switching to our preferred blood glucose testing strips and this work will be completed within the financial year.

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Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	21/22				22/23				23/24
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
City	Cost below (or same) as Board average	£150.2 (G)	£151.2 (G)	£152.3 (G)	£154.2 (G)	£156.8 (G)	£159.7 (G)	£155.3 (G)	£160.2 (G)	£164.4 (G)
NE		£147.0 (G)	£147.9 (G)	£149.5 (G)	£151.1 (G)	£158.3 (G)	£163.1 (G)	£162.1 (G)	£169.3 (G)	£173.7 (G)
NW		£148.1 (G)	£149.4 (G)	£149.5 (G)	£150.9 (G)	£149.9 (G)	£150.5 (G)	£154.2 (G)	£157.8 (G)	£162.2 (G)
S		£155.7 (G)	£156.5 (G)	£158.1 (G)	£160.7 (G)	£161.4 (G)	£165.0 (G)	£169.1 (G)	£174.1 (G)	£178.8 (G)
NHSGGC		£167.9	£169.4	£170.7	£173.0	£174.7	£178.0	£181.7	£187.7	£193.4

Performance Trend
Costs in all localities increased between March and June but all localities and the city remain GREEN, considerably below the Health Board average.

This indicator is reported one quarter in arrears.

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CHILDREN'S SERVICES

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

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
North East	95%	93% (G)	87% (R)	86% (R)	84% (R)	89% (R)	91% (A)	78% (R)	82% (R)	86% (R)	92% (A)	88% (R)
North West		87% (R)	90% (A)	81% (R)	80% (R)	87% (R)	88% (R)	87% (R)	85% (R)	89% (R)	89% (R)	87% (R)
South		90% (A)	91% (A)	84% (R)	89% (R)	90% (A)	89% (R)	85% (R)	85% (R)	83% (R)	89% (R)	83% (R)

Performance Trend
Performance remains RED in all areas in September but has improved since the end of Quarter 1 (June) in North East and North West while declining slightly in the South over the same reporting period.

Issues Affecting Performance
The service has completed an analysis of factors affecting the uptake of Ready to Learn Assessments. As an example, looking at the NW dashboard of 27-30 month assessments not completed in March 2023, non-completion was due to: children who recently transferred into caseloads who had moved from out with the board area and had not had assessment prior to transfer; a small number of declined assessments; and small number where the template (from which the data is extracted) had not been completed although the assessment had been completed. This means that in the majority of cases, performance was impacted by circumstances out with our control.

Actions to Improve Performance
The plan is to continue to carry out developmentally appropriate assessments for children who missed their 27–30 month Ready to Learn Assessment and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage.
Team leaders are continuing to review caseloads to ensure performance continues to improve, where the factors are within the control of the service. Monthly population reports are provided to team leads which identifies which 27-30 month assessments are due and those that are not completed; this allows team leads to explore the reasons in caseload management discussions. This data is about to be enhanced and will allow us to update this data at the time of the review.

The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can thhen discuss this in monthly 1:1s with team leaders.

Timescales for Improvement

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

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

Locality	Target	2021/22				2022/23						23/24
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Apr 23	May 23	Jun 23	Jul 23
North East		98 (G)	97 (G)	97 (G)	96 (G)	97 (G)	93 (G)	94 (G)	93 (G)	97 (G)	96 (G)	96 (G)
North West	95%	97 (G)	97 (G)	97 (G)	97 (G)	99 (G)	97 (G)	93 (G)	93 (G)	98 (G)	97 (G)	96 (G)
South		97 (G)	94 (G)	97 (G)	98 G)	97 (G)	96 (G)	95 (G)	96 (G)	98 (G)	97 (G)	96 (G)

Performance Trend

All areas remain GREEN. There is a time lag in the availability of this data.

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

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	22/23					23/24			
						Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Year to Date
City	1,533	383	2,515 (G)	3,123 (G)	3,069 (G)	814 (G)	818 (G)	770 (G)	825 (G)	3227 (G)	704 (G)	777 (G)		1481 (G)
NE	344	86	764 (G)	771 (G)	860 (G)	215 (G)	242 (G)	245 (G)	217 (G)	919 (G)	211 (G)	227 (G)		438 (G)
NW	576	144	918 (G)	812 (G)	763 (G)	216 (G)	209 (G)	219 (G)	208 (G)	852 (G)	201 (G)	213 (G)		414 (G)
S	613	153	833 (G)	1,540 (G)	1,446 (G)	383 (G)	367 (G)	306 (G)	400 (G)	1456 (G)	292 (G)	337 (G)		629 (G)

Performance Trend

Targets continue to be met at city and locality level, with the numbers of referrals increasing in all localities in the last quarter.

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Indicator	4. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.
Purpose	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have *not* had a permanency review has been added to the table below.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	21/22			22/23				23/24	Quarter 2	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	% with review	Number *without* a Permanency Review
City		65 (R)	57 (R)	62 (R)	59 (R)	61 (R)	63 (R)	61 (R)	54 (R)	61 (R)	**26**
North East		69 (R)	63 (R)	62 (R)	59 (R)	65 (R)	64 (R)	63 (R)	61 (R)	68 (R)	9
North West	90%	47 (R)	38 (R)	57 (R)	56 (R)	56 (R)	67 (R)	64 (R)	60 (R)	56 (R)	7
South		74 (R)	65 (R)	62 (R)	58 (R)	58 (R)	57 (R)	56 (R)	38 (R)	50 (R)	10

Performance Trend

Performance at city and locality level remained below target and RED during Quarter 2, however there where were significant increases in performance at city level and in North East and South during the reporting period.

At the end of September, a total of 26 children (of 67 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

There is continued increasing demand for children's social work services exacerbated due to the cost-of-living crisis, poverty, and social stress that is contributing to increased family difficulties.

The complexity of the current situation continues to mean that deployment of staff resource has had to be prioritised to respond to these matters, often on an emergency basis. Consequently, recovery planning has been affected and continues to make arranging face-to-face meetings with families more challenging. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve due to current circumstances, and in the context of current financial challenges.

In addition, the introduction of the new family connections plan, in line with the aspirations of The Promise has been an adjustment for staff, and as part of a suite of assessment processes feeding into the Permanence Review, may be adding some delay.

There has been some significant staff turnover in the past 2 years with a high number of newly qualified social workers joining the service. There is a recognition that these new workers need considerable training, support and coaching to navigate this complex work therefore options are currently being scoped to provide more opportunities for direct coaching and support with this work. The service is also running with approximately 30 vacancies which is impacting on tasks that are time consuming, complex and not an emergency.

Actions to Improve Performance

A city-wide permanence forum has been established to bring a focus to this work and the locality permanence forums have been re-established. A full audit of all the children under 5 has been undertaken and the work required to progress their care plans has been quantified.

Permanence workshops and peer support opportunities have commenced to focus on this group of children and to ensure their plans are progressed appropriately. In addition, briefings around the legal complexities have been delivered and the looked after children training which had been paused has been relaunched in September/ October 2023. Work is underway to explore coaching and group supervision models to support the social worker to be more confident in their practice in this area.

At the point a child is accommodated a 'tracking worker' is allocated and there is a proposal to enhance this role to ensure support is provided to the social worker to ensure plans are progressed timeously.

There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work as far as possible, whilst juggling emergency demand, and the increased availability of administrative support will continue to help to support improvement.

The permanence forum has been re-established and updated systems and processes have been put in place to track and support action planning for children using this forum. It appears that this work has led to incremental evidence of improved performance in North-East, South and across the City, with the North-West team impacted by a high profile court case in the recent quarter which has impacted performance.

It is hoped that more face-to-face meetings will be facilitated to ensure that parents are fully involved through in-person attendance in these complex discussions and decisions about the future care of their children.

Timescales for Improvement

Ongoing work is being progressed to undertake reviews and is being overseen by the city-wide permanence forum. Additional capacity continues to be provided by the Independent Care and Review Team, and specific options to improve capacity for coaching are being explored.

Indicator	5. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
Purpose	To monitor the proportion of *new* (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	21/22				22/23				23/24	
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	60%	51 (R)	59 (G)	58 (A)	51 (R)	55 (R)	58 (A)	51 (R)	56 (R)	61 (G)	59 (G)
North East		55 (R)	76 (G)	61 (G)	45 (R)	58 (A)	55 (R)	39 (R)	48 (R)	44 (R)	60 (G)
North West		50 (R)	63 (G)	64 (G)	70 (G)	53 (R)	53 (R)	64 (G)	42 (R)	58 (A)	47 (R)
South		45 (R)	50 (R)	51 (R)	40 (R)	52 (R)	62 (G)	48 (R)	68 (G)	72 (G)	68 (G)

Performance Trend

During Q2, performance was within the target range at city level (GREEN). The target was exceeded in South (GREEN) and in North East performance improved significantly with the RAG rating moving from RED to GREEN. Performance slipped in North West which moved from AMBER to RED during the reporting period.

Staffing issues – turnover, sickness, and annual leave – have impacted on performance in North West. This has led to delays in the completion of new report requests from SCRA, with ongoing issues affecting performance, such as managing workload over periods of sick leave, as well as recording issues, which are continuing to be addressed. There has also been disruption caused by a high profile court case, which has significantly impacted staff time and management resources.

Following the conclusion of the court case, there is commitment to increase management oversight of the requested reports and Service Managers will continue to have regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines, particularly in the context of additional service pressures related to the current financial context and Cost of Living crisis. It is anticipated there will be continuous improvement in the timescales for submitting new reports to SCRA in North West – similar to the other areas – but continuing staffing issues continue to impact on the rate of progress.

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Indicator	6. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education, or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		78% (G)	79% (G)	79% (G)	80% (G)	78% (G)	80% (G)	79% (G)	80% (G)	78% (G)	80% (G)
North East	75%	82% (G)	81% (G)	78% (G)	83% (G)	83% (G)	84% (G)	82% (G)	81% (G)	79% (G)	79% (G)
North West		80% (G)	79% (G)	79% (G)	80% (G)	75% (G)	80% (G)	79% (G)	80% (G)	79% (G)	80% (G)
South		81% (G)	82% (G)	82% (G)	85% (G)	84% (G)	84% (G)	84% (G)	84% (G)	82% (G)	83% (G)

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

Performance Trend

All localities remained above target and GREEN during the reporting period.

The percentage of *non-recording* of Employability status decreased from 3% to 2% between Q1 and Q2; a decrease from 28 to 21 in the number of young people in the city who do not have their employability status recorded. Of these 21 young people, 14 are allocated to North East, 2 to South while the other 5 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team.

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Indicator	7. Number of out of authority placements (excluding Foster Care placements)
Purpose	To monitor the number of out of authority placements. These include residential schools and specialist purchased resources. Reducing out of authority placements is an objective for our Children's Transformation Programme to ensure that Glasgow's children remain connected to their families, friends, schools, and communities.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Target	22/23		23/24	
25 or fewer by end March 24	**Q3**	**Q4**	**Q1**	**Q2**
	30 **(G)**	**30** **(G)**	**30** **(G)**	**26** **(G)**
Performance Trend				

Placement numbers met the mid-year target of 27 or fewer at the end of Q2 (GREEN).

The scope of this indicator was revised during Q3 of 22/23 to include disability placements and exclude those in secure care therefore no historical data is shown.

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Indicator	8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	93.31 (G)	94.28 (G)	93.7 (G)	93.01 (G)	95.59 (G)	92.62 (G)	92.43 (A)	92.27 (A)	92.14 (A)
North East		94.94 (G)	94.24 (G)	94.59 (G)	91.87 (A)	96.04 (G)	90.15 (R)	94.21 (G)	92.72 (G)	91.03 (A)
North West		90.91 (A)	94.89 (G)	95.24 (G)	93.94 (G)	94.03 (G)	93.89 (G)	92.36 (G)	91.00 (A)	92.84 (G)
South		93.79 (G)	93.87 (G)	91.92 (A)	93.24 (G)	96.36 (G)	93.5 (G)	91.23 (A)	92.84 (G)	92.45 (A)

Performance Trend
Performance decreased slightly in the last quarter at a city level remaining AMBER. Performance in the North East and South moved from GREEN to AMBER. Performance increased in the North West moving from AMBER to GREEN. This indicator is reported in arrears.

Issues Affecting Performance
The World Health Organisation has raised concerns that vaccine uptake across all areas has declined. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.'

Actions to Improve Performance
The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake. The vaccine bus has been used in some circumstances. Specific videos have been produced for use with some marginalised communities. The team continue to recall and chase up families who have not attended for vaccines and Health Visitors support with these discussions.

Timescales for Improvement
Activity is ongoing throughout the year, with additional focus currently due to the ongoing winter flu programme.

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Indicator	9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	96.32 (G)	95.85 (G)	96.17 (G)	94.84 (G)	95.57 (G)	95.44 (G)	96.02 (G)	94.86 (G)	95.73 (G)
North East		96.44 (G)	95.59 (G)	97.14 (G)	94.77 (G)	95.74 (G)	94.86 (G)	96.69 (G)	93.26 (G)	96.12 (G)
North West		96.27 (G)	94.49 (G)	96.41 (G)	95.40 (G)	95.25 (G)	95.35 (G)	94.91 (G)	95.42 (G)	96.3 (G)
South		96.26 (G)	97.16 (G)	95.17 (G)	94.50 (G)	95.67 (G)	95.98 (G)	96.25 (G)	95.76 (G)	95.01 (G)

Performance Trend
Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North East and North West, with the South declining slightly. This indicator is reported in arrears. Back to Summary

ADULT MENTAL HEALTH

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

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
NE		76.5 (R)	56.6 (R)	46.3 (R)	56.5 (R)	49.4 (R)	60 (R)	58 (R)	45.5 (R)	65.8 (R)	60.5 (R)	49 (R)
NW	90%	92.5 (G)	84 (R)	92.4 (G)	79.2 (R)	84.5 (R)	91.7 (G)	91.7 (G)	96.7 (G)	93.3 (G)	90.1 (G)	96.7 (G)
S		94.8 (G)	80.5 (R)	81.2 (R)	87.6 (A)	81.7 (R)	85.5 (R)	82.9 (R)	89.1 (G)	91.3 (G)	91.1 (G)	93 (G)

Performance Trend
In the last quarter, performance against the 90% Standard declined in the North East and remained RED. Performance continued to improve in the other localities and remained GREEN.

Issues Affecting Performance
The initial service reactions to the outbreak of Covid-19 created cohorts of people waiting longer than originally planned for, to start a PT. Waiting list initiatives for patients assessed as suitable and waiting to start their treatment continued to target the longest waits.
The process is dynamic. There are continual incoming referrals requiring assessment, and initial assessments for suitability are constantly adding to the numbers waiting to start a PT.
Starting a PT is not a singular event. PTs protocols outline a number of sessions, over a period of time, to complete the full course of PT treatment. NHSGGC activity indicates the majority of people have between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments, some require a treatment session every week for a year.
There was a Board wide, and therefore a Glasgow City HSCP, focus on addressing and eliminating the longest waits of 53+ weeks.
Teams focused on long waits can start more people over 18 weeks relative to the total number starting. This positive action can often result in a reduced percentage starting within the 18 week Standard.

Some people waited longer due to clinical, social, or personal reasons which prevented engagement through remote consultations (waiting for an in-person face-to-face approach).

The capacity to deliver PTs has been affected by staff turnover, internal appointments, vacancies, annual leave, sick leave and extended leave. Over-utilisation of the available capacity can compound these factors and can further contribute to longer waiting times. Recruitment to some posts resulted in no applicants, or no appropriate applicants, and highlighted the national supply issue of clinically trained professionals.

There were varied demands across the full range of assessment and treatment waiting times that required mitigation to prevent adverse impacts on the waiting time standard.

Actions to Improve Performance

The Trauma service continues to be supported, to appoint people who are waiting 53+ weeks to start treatment, by pooling resources where it is available from across the MH services.

Services have continued to pool any available capacity between teams, across HSCP locality & care group boundaries. The Trauma service continue to source appropriate venues with space for face-to-face interventions between clinicians & patients with translators in attendance.

New additional peripatetic psychology capacity was used to work with the NE PCMHT staff to enable those waiting longest to start treatment. Pooling this additional resource & also from other HSCPs, with a managed approach, has assisted a reduction in the number of long waits.

Digital alternatives to face-to-face approaches (i.e., Anytime Anywhere or Near Me) have been used. Safe face-to-face appointments are arranged where facilities are suitable.

Teams have continued to source alternative appropriate accommodation, i.e., in GP facilities and other community setting.

Telephone contact with patients, who were waiting for their treatment to start, continued on a regular basis that included information of how to contact services should their condition deteriorate.

Staff and patients have received training and support to adapt to a range of home- and social distanced work-based arrangements. Some required IT and telecoms equipment to continue to deliver services.

The Board wide PT Group team co-facilitate digital-based group interventions with CMHT staff.

Access to cCBT for people with Long Term Conditions has been delivered.

The new national CBT platform (SilverCloud) offers a wider range of digitally based interventions with additional clinical supervision. Heads of Service and Professional Leads routinely monitor team performance to assess the impact of actions and support decision-making.

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

Timescales for Improvement

- Appointing people waiting 53+ weeks will continue through 2023-24.
- Appointing people waiting 36+ weeks through 2023-24.

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

Hospital	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Stobhill	**28 days**	32.2 (R)	30.1 (R)	28.4 (G)	40.6 (R)	37.3 (R)	26.4 (G)	32.6 (R)	28.9 (A)	28.6 (G)	28.4 (R)	25.5 (G)
Leverndale		31.8 (R)	31.7 (R)	32.6 (R)	36.9 (R)	37.4 (R)	39.8 (R)	33.2 (R)	33.5 (R)	44.7 (R)	30.6 (R)	43.2 (R)
Gartnavel		37.7 (R)	31.3 (R)	32.8 (R)	33.4 (R)	33.0 (R)	26.3 (G)	28.9 (A)	35.1 (R)	36.2 (R)	31.6 (R)	27.8 (G)

Performance Trend
Between June and September, performance remained RED in Leverndale; moved from RED to GREEN in Gartnavel; and AMBER to GREEN in Stobhill.

Issues Affecting Performance
There continues to be a lingering impact on the range of inpatient services by the SARS-CoV-2 virus disease. Inpatient wards have continued to be less affected by pauses and closures to admissions. Staffing remains a key pressure point impacting on the delivery of care plans to optimise treatment and discharge. Statistical process control variance for each site ranges between 22 days and 45 days for GRH; 21 days and 48 days for Leverndale and 21 days and 40 days for Stobhill. These demonstrate the boundaries of expected common cause (random) variation around the average length of stay and give a realistic guideline as to what to expect from the way services currently operate.

Services continue to adapt and respond to variabilities in:

1. Inpatient ward skill mix and nurse per bed ratio is an enduring impact along with on-going staff absence rates.
4. The number of people staying 6 months still remains obdurately above desired levels. The overall GG&C adult acute numbers during 2023 (from Jan to date) indicate increased numbers overall.
5. Occupied bed day use boarding from a person's usual catchment into and out from Glasgow City hospitals both internally and external to the Health Board area continues and boarders remain comparatively low in number and disruptive to care.
6. The local position for Adult Acute MH means length of stay remains a pressure.

Actions to Improve Performance

Operational responses prioritise maintaining safe care. Contingency responses remain applied day to day and site to site. These higher lengths of stay are anticipated for the remainder of 2023-24. Relatively long lead in time to recruit to community vacancies and inpatient vacancies continue.

1. Direct access to mental health assessment units is being maintained.
2. On-going consolidation of unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
3. On-going mental health meeting to review boarders.
4. Bed management lead continuing development of Discharge Co-ordination Teams, including the numbers of people staying 6 months plus.
5. Staffing supply and the impact on skill mix and staff per bed ratios still remains a chronic issue.
6. The lead in time to build community responses that forestall the need for admission, but that maintain people's mental health indicates on-going pressure throughout 2023-24.

Timescales for Improvement

Daily operational contingency is reviewed and applied to the fluid situation and location of pressure.

On-going pressures still remain with vacancies, non-Covid absences, leave and supporting staff. This position is likely to continue in 2023-24. The overall pressure on adult acute admission beds is such that the initial phased movement towards the adult acute admission bed strategy endpoint will not be progressed before 2024. The varied impact of the long recovery phase for people who had reduced contact during Covid still contribute to average lengths of stay. The tight margins still require delivery of a steadier state than is currently possible and will require to March 2024 to progress and assess the impact of actions.

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Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds**)**
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Stobhill	<95%	98.8 (A)	95.7 (G)	97.5 (A)	98.9 (A)	103 (R)	85 (G)	98.2 (A)	101.3 (R)	96.9 (G)	98.7 (A)	99.6 (A)
Leverndale		98.8 (A)	90.8 (G)	96.5 (G)	99.1 (A)	100 (R)	98 (A)	101 (R)	99.4 (A)	104 (R)	104.2 (R)	99.9 (R)
Gartnavel		97.5 (A)	97.2 (G)	95.1 (G)	98.8 (A)	96.2 (G)	89.2 (G)	98.9 (A)	99.4 (A)	100.8 (R)	99.2 (A)	96.1 (G)

Performance Trend
Between June and September, performance moved from RED to AMBER in Stobhill; AMBER to RED in Leverndale; and from RED to GREEN in Gartnavel.

Issues Affecting Performance
Adult acute admissions remain generally too high across the three main Glasgow City admission sites. Daily cross site has maintained overall service ability to admit those who require inpatient care. People whose condition and progress/response to treatment is more stable continue, where absolutely required, to be transferred to vacant space on other sites and to older adult acute wards, as a last resort to facilitate a new admission. Use of additional beds in larger bed bays to provide admission when circumstances require such exigency still continue and result in 100%+ occupancy. This is anticipated to continue well into 2024. Percentage occupancy for the way the system of care is working is anticipated to remain at close to 99%. Community vacancy improvement is yet to deliver anticipated assistance in reducing pressure on inpatient admissions.

Actions to Improve Performance
A range of discharge work for people with prolonged lengths of stay impacting on % occupancy continues as a focus of work to reduce the number of people with stays over 6 months during the remainder of this and into next year. Integrated discharge capacity and adult mental health social care options continue. This includes to reduce use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care. Reducing vacancies during 2023 in community services are also viewed as a potential means to reduce pressure. The impact and maximising integrated discharge capacity and adult mental health social care options continue to be pursued and significantly contribute to reducing adult mental health delayed discharges.

Timescales for Improvement
The discharge work and team service will require to continue into 2023/2024.

Indicator	4. Total number of Adult and Older People Mental Health Delays
Purpose	To monitor the extent to which Adult and Older People Mental Health patients are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to patients within Mental Health beds coded as general psychiatry and psychiatry of old age. Source of data is the monthly Health Board Delayed Discharges Mental Health Census Summary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services)

Adults and Older People

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
North East		10	8	12	11	11	6	10	5	6	6	5
North West		9	8	17	10	9	10	10	4	4	3	4
South		8	7	10	14	9	12	13	10	14	15	12
City		0	0	3	2	1	0	0	0	0	0	0
Sub-Total (Included Codes)		27	23	42	37	30	28	33	19	24	24	21
North East		1	1	0	1	1	1	3	0	2	2	2
North West		5	3	3	1	0	0	2	2	2	0	1
South		2	1	2	1	1	1	4	4	4	3	4
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		8	5	5	3	2	2	9	6	8	5	7
All Delays	20	35 (R)	28 (R)	47 (R)	40 (R)	32 (R)	30 (R)	42 (R)	25 (R)	32 (R)	29 (R)	28 (R)

The above figures include Adults and Older People. A breakdown of these totals is shown for these care groups below.

Adults

Locality	2021/22			2022/23				2023/24			
	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
North East	7	3	6	4	3	4	6	2	3	4	2
North West	6	3	8	4	5	6	8	3	2	1	2
South	4	4	6	6	3	4	8	5	6	4	3
City	0	0	3	1	0	0	0	0	0	0	0
Sub-Total (Included Codes)	17	10	23	15	11	14	22	10	11	9	7
North East	1	1	0	1	1	0	1	0	1	1	1
North West	3	2	2	1	0	0	1	1	1	0	0
South	1	1	1	0	0	0	0	0	0	0	0
City	0	0	0	0	0	0	0	0	0	0	0

Sub-Total (Complex Codes)	5	4	3	2	1	0	2	1	2	1	1
All Delays	22	14	26	17	12	14	24	11	13	10	8

Older People

Locality	2021/22			2022/23				2023/24			
	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
North East	3	5	6	7	8	2	4	3	3	2	3
North West	3	5	9	6	4	4	2	1	2	2	2
South	4	3	4	8	6	8	5	5	8	11	9
City	0	0	0	1	1	0	0	0	0	0	0
Sub-Total (Included Codes)	10	13	19	22	19	14	11	9	13	15	14
North East	0	0	0	0	0	1	2	0	1	1	1
North West	2	1	1	0	0	0	1	1	1	0	1
South	1	0	1	1	1	1	4	4	4	3	4
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	3	1	2	1	1	2	7	5	6	4	6
All Delays	13	14	21	23	20	16	18	14	19	19	20

Performance Trend
This indicator has been revised and no longer includes data for Forensic Mental Health or Learning Disability. Previous indicators relating to Older People Mental Health have been removed from the framework to make this consistent with wider Health Board reporting. A target of 20 has been confirmed for this revised indicator.   Performance remained RED during the reporting period although performance overall has improved over the last six months, with the reduction related to adult services.
Issues Affecting Performance
Staff vacancies and absence continue to affect the day-to-day running and planning of the wards. Wards continue to be disrupted by closure to admission and infection control.
Actions to Improve Performance
A multi-professional monthly meeting has been established to review all patients with lengths of stay greater than 3 months across all inpatient areas and specialities to facilitate discharge or transfer to more appropriate care setting. This has significantly reduced delays within our hospital beds.   Locality focussed health and social care meetings have also been developed to review all patients currently referred or waiting on supported accommodation to facilitate a successful discharge. We have completed an in-depth individual assessment and review of all patients with lengths of stay greater than 3 months and recommendations made for system and process changes in the admission and discharge pathway. We will continue to meet with commissioning and service managers to ensure those ready for discharge are moved on as soon as possible.
Timescales for Improvement
Performance improvement sought over the remainder of the financial year.   Back to Summary

ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	To monitor waiting times for people accessing alcohol or drug treatment services, with the target being for 90% of individuals to have commenced treatment within 21 days of being referred. The figure reported includes the following services: the 3 ADRS teams, CNS (HAT), Drug Court, 218 and all Purchased Services.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	20/21	21/22				22/23				23/24
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	**90%**	99% (G)	95% (G)	92% (G)	94% (G)	95% (G)	93% (G)	96% (G)	94% (G)	96% (G)	98% (G)
North East ADRS		99% (G)	Locality information was unavailable for this indicator during this time.						100% (G)	98% (G)	99% (G)
North West ADRS		100% (G)							80% (R)	76% (R)	95% (G)
South ADRS		97% (G)							99% (G)	100% (G)	100% (G)

Performance Trend
This indicator is reported one quarter in arrears. Both the city and localities exceeded the 90% target at Quarter 1 (GREEN). There was significant improvement in North West which moved from RED to GREEN during the reporting period. Back to Summary

SANDYFORD (SEXUAL HEALTH)

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

Locality	Target	2021/22			2022/23				2023/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		1106	877	1115	921	1019	1191	1202	1110	1189
NE		332	284	323	249	362	326	294	210	182
NW		774	593	792	582	651	706	758	750	817
S		0	0	0	90	96	159	150	150	190
NHSGGC	1354 per Quarter	1400 (R)	1169 (R)	1465 (R)	1164 (R)	1427 (G)	1527 (G)	1509 (G)	1393 (G)	1471 (G)
DNA rate		11%	6%	4%	6%	9.9%	9.61%	8.21%	11.25%	11.09%

Performance Trend
The target for the number of IUD appointments has continued to be met since Q2 22/23. Please note that the DNA rate does not include TOP. Please also note that the targets were adjusted from 1888 to 1354 for 2022/23. Back to Summary

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

2022/23	Target	2021/22			2022/23				2023/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		**1019**	**745**	**1003**	**1128**	**1629**	**1611**	**1169**	**1069**	**1168**
NE		382	311	414	383	413	279	323	253	200
NW		637	434	589	625	1044	1167	667	552	650
S		0	0	0	120	172	165	179	264	318
NHSGGC	1166 per quarter	**1621 (R)**	**1217 (R)**	**1626 (R)**	**1587 (G)**	**2035 (G)**	**2210 (G)**	**1776 (G)**	**1859 (G)**	**2090 (G)**
DNA rate		**14%**	**11%**	**11%**	**10%**	**13%**	**18.75%**	**15.54%**	**19.47%**	**18.92%**

Performance Trend

The revised target for the number of implant appointments has continued to be met since Q1 22/23 remaining GREEN. Please note that the DNA rate does not include TOP. Please also note that the targets were adjusted from 2431 to 1166 for 2022/23.

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

Locality	Target	2021/22			2022/23				2023/24	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
City	**2 working days**	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	1 (G)	1 (G)	1 (G)
NE		1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	2 (G)	1 (G)	1 (G)	1 (G)
NW		2 (G)	1 (G)	2 (G)	1 (G)	2 (G)	2 (G)	1 (G)	1 (G)	1 (G)
S		NA	NA	NA	2 (G)	2 (G)	2 (G)	1 (G)	1 (G)	1 (G)
NHSGGC		**2**	**1**	**2**	**2**	**2**	**2**	**1**	**1**	**1**

Performance Trend
Performance remains GREEN in all localities and city and Board wide. Target was adjusted to be based on median rather than average waiting times as small numbers of outliers were distorting the figures.

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Indicator	4-7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
Purpose	Improved service access across all Sandyford services for young people aged under 18
National/Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1(See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Male

Area	Age	Target	2021/22			2022/23				2023/24	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	13-15	4	2 (R)	4 (G)	6 (G)	4 (G)	5 (G)	3 (R)	4 (G)	7 (G)	8 (G)
NHSGGC		13	8 (R)	11 (R)	9 (R)	14 (G)	15 (G)	13 (G)	13 (G)	14 (G)	13 (G)
City	16-17	27	29 (G)	18 (R)	14 (R)	20 (R)	20 (R)	23 (R)	20 (R)	23 (R)	17 (R)
NHSGGC		49	47 (G)	34 (R)	28 (R)	21 (R)	39 (R)	43 (R)	39 (R)	40 (R)	36 (R)

Female

Area	Age	Target	2021/22			2022/23				2023/24	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	13-15	75	61 (R)	51 (R)	46 (R)	44 (R)	53 (R)	70 (R)	59 (R)	71 (R)	78 (G)
NHSGGC		143	118 (R)	109 (R)	107 (R)	104 (R)	113 (R)	127 (R)	122 (R)	143 (G)	128 (R)
City	16-17	195	172 (R)	143 (R)	146 (R)	127 (R)	178 (R)	165 (R)	147 (R)	150 (R)	173 (R)
NHSGGC		358	314 (R)	266 (R)	278 (R)	241 (R)	324 (R)	320 (R)	296 (R)	297 (R)	324 (R)

Performance Trend
Performance varies between age groups and over time. During Q2, targets were met for younger age males (13-15) (City and NHSGGC) and younger aged females (13-15) in Glasgow.

Issues Affecting Performance
Decreasing numbers of young people attending sexual health services is not just an issue local to GGC. Nationally, the numbers of young people attending sexual health services are declining and have been for some years. Local Health and Wellbeing surveys tend to suggest that young people are not as sexually active and/or are delaying sex until they are older. Walk in clinics have been trialled in both Parkhead and Paisley, and impact of attendance is being monitored. To date this has not shown any significant improvement.

Actions to Improve Performance
Digital promotion campaign to raise awareness has concluded, and the impact of this may be seen next quarter. Improved promotion of sexual health issues and clinics through social media, schools.

This includes cultivating relationships with organisations that young people are more likely to follow on social media in order to promote services through them.

Consideration may be given to piloting a service for young people aged up to 21, as the high risk may have shifted to this age group (with young people deferring sex until older, etc).

Timescales for Improvement

Throughout 2024.

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Indicator	8. Waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments
Purpose	To monitor waiting times for access to first appointment at TOPAR service
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Target	2021/22			2022/23				2023/24	
	Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
5 working days	**1 (G)**	**1 (G)**	**2 (G)**	**3 (G)**	**4 (G)**	**4 (G)**	**6 (R)**	**7 (R)**	**6 (R)**

Performance Trend

Performance remained RED during Quarter 2 with waiting times slightly decreasing.

The average monthly wait was July - 9 days, August - 6 days and September - 3 days. In September additional medical sessions were diverted from elsewhere in the sexual health service to address rising waiting times.

Issues Affecting Performance

The service is seriously under-resourced in light of increasing demand.

Increase in service demand continues to be caused by:
- National policy changes enabling Early Medical Abortion at Home (EMAH) and remote access to service, resulting in Sandyford absorbing the majority of GGC medical abortion activity.
- Surgical terminations ceased during Covid and have not yet restarted.
- Women from the Clyde areas within Greater Glasgow and Clyde are increasingly choosing to access the self-referral abortion care pathway to the service at Sandyford.

Abortion rates are increasing nationally.

Staffing issues are causing pressure on the service.

Actions to Improve Performance

Discussions with NHS GGC Acute to ensure the Abortion Care service provided at Sandyford Sexual Health Services is appropriately resourced are ongoing.

Awaiting confirmation of resource transfer from Acute Services.

Timescales for Improvement

Spring 2024.

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HOMELESSNESS

Indicator	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
Purpose	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	21/22				22/23				23/24	
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
City		99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	98% (G)
North East		99% (G)	97% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99% (G)	100% (G)	99% (G)
North West		98% (G)	99% (G)	100% (G)	99% (G)	99% (G)	98% (G)	97% (G)	97% (G)	98% (G)	98% (G)
South	**95%**	100% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	100% (G)	95% (G)
Asylum & Refugee Team (ARST)		100% (G)	97% (G)	100% (G)	100% (G)	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)
Performance Trend											

Performance was maintained during Q2 with all localities and teams remaining above target (GREEN). A total of 1,454 decisions were made during Q2; 32 (2%) were outwith timescale.

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Indicator	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
Purpose	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		39% (G)	43% (R)	48% (R)	48% (R)	50% (R)	50% (R)	48% (R)	45% (R)	46% (R)	49% (R)
North East		39% (G)	41% (G)	46% (R)	45% (R)	48% (R)	50% (R)	52% (R)	47% (R)	48% (R)	52% (R)
North West	**<40%**	40% (G)	43% (R)	50% (R)	51% (R)	49% (R)	49% (R)	47% (R)	42% (R)	43% (R)	46% (R)
South		37% (G)	40% (G)	43% (R)	44% (R)	46% (R)	47% (R)	47% (R)	47% (R)	49% (R)	47% (R)
Asylum & Refugee Team (ARST)		40% (G)	51% (R)	61% (R)	61% (R)	66% (R)	67% (R)	56% (R)	48% (R)	53% (R)	56% (R)

Performance Trend

During Q2 all Teams and localities continued to remain outwith the target range (<40%) and RED.

The volume of new Homeless Applications received during Q2 (1,924) was 24% greater than Q1 (1,546). See table below for trend information.

Additional Information: Volume of Homeless Applications

20/21			21/22				22/23				23/24	
Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
1,540	1,582	1,922	1,979	1,781	1,641	1,609	1,485	1,615	1,635	2,006	1,546	1,924

Issues Affecting Performance

All localities, apart from South, have seen a small increase in the percentage of cases which are over 6 months.

This indicator is affected by both the supply of housing as well as new demand which reduces the percentage of cases over 6 months. However, despite the increase in demand in Q2, the percentage of cases over 6 months has increased.

Data collected from Registered Social Landlords (RSLs) in the city evidences a reduction in turnover of social housing across the sector. Whilst the HSCP continues to enjoy positive

relationships with RSLs and is achieving a higher percentage of lets from RSLs, this is a higher percentage of a lower number of available properties and is not keeping pace with the increase in demand for accommodation.

Actions to Improve Performance

Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised in order to reduce homelessness presentations within the City.

Work is also on-going to ensure that the number of section 5 referrals being sent to RSL partners is optimised to increase the number of lets available to homeless households. Q2 figures show that there has been a circa.10% increase in the number of lets provided to homeless households and new monitoring tracking frameworks are now in place in order to improve the monitoring of RSL and Homelessness Service performance across the city.

Indicator 3, below, shows that the number of resettlement plans complete, per quarter, also remains above target. However, given that average time from assessment decision to settled let remains at 46 weeks (**Indicator 4**), it is unlikely that this indicator will reduce until the average length of time reduces significantly.

Timescales for Improvement

It is likely that this indicator will only reduce after a continued period of prevention work coupled with an increase in settled lets.

It is anticipated that this figure will reduce at the end of Q4 2023/24 after a sustained period of increased lets from RSL partners.

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Target/Ref	3. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	To measure progress towards sustained provision of increased numbers of resettlement plans, which outline housing needs for individual households and form the basis of requests for settled accommodation through the Section 5 process, based on the weekly count of new plans agreed by Housing Access Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		Total 19/20	Total 20/21	Total 21/22	22/23				Total 22/23	23/24	
21/22	From 22/23				Q1	Q2	Q3	Q4		Q1	Q2
5,000 per annum (1,250 per quarter)	3,750 per annum (938 per quarter)	3,774 (R)	3,961 (R)	4,675 (R)	897 (A)	1,039 (G)	1,043 (G)	1,037 (G)	4,016 (G)	1,007 (G)	1,027 (G)

Performance Trend
The quarterly target for the number of resettlement plans continued to be exceeded during Quarter 2 (GREEN).   Back to Summary

Indicator	4. Average number of weeks from assessment decision to settled accommodation
Purpose	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City-wide	26 weeks	39 wks (R)	35 wks (R)	41 wks (R)	45 wks (R)	52 wks (R)	47 wks (R)	43 wks (R)	50 wks (R)	45 wks (R)	46 wks (R)

Performance Trend
Performance did not meet target (RED) during Q2 with the average number of weeks increasing slightly since Q1.   The average continues to be high as a result of the number of older cases being rehoused during quarter 2; 48 applications were over 2 years and 12 of these were over 4 years.

Issues Affecting Performance
Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process.   When older cases, particularly those over 2 years and larger family households, are closed, this has a significant impact upon the average number of weeks from a homelessness decision to settled accommodation being provided. As noted within the 'performance trend' narrative, a high number of cases over 2 years were closed during this quarter and a further 12 cases over 4 years were also closed. This will have a significant impact upon an average case duration.   As noted in **Indicator 2**, it is important to highlight that the turnover of housing within the social housing sector has reduced this year meaning that the HSCP has the ability to access fewer properties for homeless households.

Actions to Improve Performance

The length of time from assessment decision to settled accommodation is affected by the availability of settled accommodation with RSL partners and the ability of homelessness services to access these lets for homeless households.

The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households to speed up the resettlement process and relieve pressure on temporary accommodation. As part of the Local Letting Plan, the HSCP has again written to RSLs advising that there is a requirement for 60% of social housing lets to be provided for homeless households.

Robust monitoring and tracking arrangements are now in place within the HSCP to examine, in real time, the number of lets across the city and the number provided to homeless households. This should result in an increased number of lets for homeless households, through targeted referrals, and ensure a shorter end-to-end journey.

Timescales for Improvement

It is likely that this figure may fluctuate in the short term as current governance arrangements will ensure that offers of settled accommodation are given to homeless households who have been homeless for the longest period of time.

Where a number of larger properties are secured for homeless households, this can increase the average timeframe given that larger families will wait for a longer period of time before securing settled accommodation due to the lower supply and turnover of this type of stock.

However, as the number of longer-term cases reduce, this will have a positive impact on this indicator. It is expected that this indicator will reduce in Q4 of 2023/24.

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Target/Ref	5. Number of households reassessed as homeless or potentially homeless within 12 months.
Purpose	This indicator reports on the number of "Repeats" by monitoring the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	Full Year Total 19/20	Full Year Total 20/21	Full Year Total 21/22	22/23				Full Year Total 22/23	23/24	
				Q1	Q2	Q3	Q4		Q1	Q2
<480 per annum (<120 per Quarter)	437 (G)	420 (G)	526 (R)	96 (G)	107 (G)	93 (G)	110 (G)	406 (G)	75 (G)	65 (G)

Performance Trend

During Q2 the number of Repeats remained below the upper threshold and GREEN for the seventh consecutive quarter.

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 67 households reassessed during Q2 shows:

- 30 Households received temporary accommodation.
- 4 of these households were accommodated in Emergency Accommodation (B&B/Private Hotel) on the day they presented to us.

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Target/Ref	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	20/21		21/22				22/23				23/24	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	70% (R)

Performance Trend
Performance fell significantly during Q2 with the RAG status moving from GREEN to RED. From July 2023 there is a requirement to reduce our use of B&B and this this is having an impact on the number of accommodation units available resulting in some Households not being offered accommodation.

Issues Affecting Performance
In line with the savings proposal which was agreed with the Glasgow City Integration Joint Board (GCIJB), a plan is in place which includes a requirement to reduce the number of B&B placements which are a source of significant financial pressure for the HSCP. This reduction plan has led to a breach of statutory duties on some occasions when there has been a significant demand for temporary accommodation.

Actions to Improve Performance
There remains significant financial pressure on the HSCP's Homelessness Services, and it is likely this financial pressure will remain for the foreseeable future. Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised in order to reduce homelessness presentations within the City and subsequently reduce the demand on temporary accommodation. As noted above, work is also underway to increase the number of lets for homeless households to ensure that the end-to-end journey is as short as possible thus increasing the turnover and availability of temporary accommodation.
Timescales for Improvement

Given the current demands on Homelessness Services at this time, and the anticipated increase in demand as a result of the streamlined asylum process, it is likely that the HSCP will be unable to offer temporary accommodation on first request for all households.

It is likely that this will continue until at least Q4 in 2023/24.

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Indicator	7. Number of new Housing First tenancies created
Purpose	The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		20/21		21/22				22/23				23/24	
		Q1	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
23/24 year-end 350 (mid-year 315)	Number created during quarter	0	32	22	17	12	10	9	13	9	3	3	3
22/23 year-end 280	Cumu-lative Total	119 (Base-line)	195 (R)	217 (R)	234 (A)	246 (A)	256 (R)	265 (R)	278 (G)	287 (G)	290 (G)	293 (G)	296 (R)

Performance Trend

A revised target of 350 new Housing First tenancies for year-end 23/24 has been set for this indicator.

At the end of Q2 performance was slightly out with the new mid-year target of 315 Housing First tenancies with the RAG rating moving from GREEN to RED.

Issues Affecting Performance

The Housing First target has been significantly impacted by a number of challenges including the reduction of available lets from RSL's for homeless households, in particular the bespoke nature of matching for complex cases. The extended timescale on work of the Glasgow Alliance resulted in short term contracts and support availability was reduced resulting in a requirement to close referrals for significant periods at a time. The reduction in the number of referrals as part of the long term consequences of Covid-19 pandemic have also impacted, alongside long-term sickness and bereavement in the Service team throughout the year since Q1.

Actions to Improve Performance

The Housing First Practice Audit (Aug '22) has informed a number of improvements, forming a range of actions to improve performance.
Development work is underway and ongoing with:
- ADRS, CJS and Community Homelessness Teams to improve the quality and number of referrals.
- One to one work with RSL's to improve the availability of bespoke lets necessary for the resettlement of complex service users.

Liaison with Commissioning Services is ongoing to inform the future Housing First component of outreach services for homelessness services.
Case monitoring and performance reporting improvements are also being reviewed.

Timescales for Improvement

The main blockage to achieving the target is availability of settled lets which is in the gift of the RSL's. We have almost 60 service users in the service in pre-tenancy stages and will aim to achieve the target by the end of March 2024.

Indicator	8. Number of Households in Bed & Breakfast Accommodation
Purpose	The RRTP sets out an ambition to end the use of bed and breakfast accommodation during the life of the plan. This indicator will allow the HSCP to track progress in meeting this objective. The figures reported are the number of households who are in B&B and Private Hotels at the end of the quarter.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	21/22				22/23				23/24	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
23/24 Year End 350 or less Quarterly targets: **Q2** 610 **Q3** 480 **Q4** 350 *(22/23 395 or less 21/22 350 or less)*	286 (G)	389 (R)	369 (R)	414 (R)	461 (R)	504 (R)	538 (R)	623 (R)	725 (R)	697 (R)

Performance Trend

A revised target for 23/24 has been confirmed for this indicator in line with the agreement to reduce B&Bs by 10 per week.

During Q2 this indicator remained RED against the Quarter 2 target of 610 units or less. Between Q1 and Q2 there was a decrease of just under 4% (28) in the number of homeless households accommodated within B&B type accommodation.

Additional Information: Average Length of Time people spend in B&B
The average number of days a household spend in B&B/Private Hotels within a quarter is provided below. This is taken from those temporary tenancies which ended within that quarter.

21/22			22/23				23/24	
Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
21 days	25 days	25 days	30 days	32 days	34 days	26 days	24 days	30 days

Issues Affecting Performance

The service has seen continued demand for emergency accommodation through Q2 and a significant increase in homelessness applications. Whilst the number of settled lets provided to homeless households remains below the requested level (60% of social housing lets from RSLs), there will inevitably be increases in the lengths of stay within temporary accommodation, including Bed and Breakfast. However, positively there has been a 10% increase in the number of settled lets secured for homeless households compared to Q2 in 2022/23.

Actions to Improve Performance

The HSCP continues to have a clear focus on homelessness prevention activities in order to reduce the demand for temporary and settled accommodation. The HSCP will also continue to

work with RSL partners to secure an increased level of supply of settled lets to reduce reliance on bed and breakfast type accommodation.

Timescales for Improvement

It was anticipated that there will be a reduction in Q3-Q4 of 2023/24 given the agreement in place to reduce the capacity of Bed and Breakfast accommodation by 10 places per week however anticipated demand from the streamlined asylum process will likely increase the demand for temporary accommodation which will include B&B accommodation.

Until the scale of demand which will emanate from the streamlined asylum process is known, it is difficult to accurately provide a timescale for improvement.

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Indicator	9. Number of Temporary Furnished Flats (TFFs)
Purpose	The RRTP sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	21/22				22/23				23/24	
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
Target 22/23 & 23/24 is 2,400 or less	2,368 (R)	2,359 (R)	2,348 (R)	2,350 (R)	2,338 (G)	2,348 (G)	2,365 (G)	2,413 (G)	2,415 (G)	2,413 (G)

Performance Trend
There was a tiny decrease in the number of temporary furnished flats (TFFs) between Q1 and Q2; performance remains within the target range of 2,400 or less (GREEN). In order to reduce the number of households in B&B, the HSCP is looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to 2,400 or less (from 1,850 in 2021/22) and has been kept at this number for the current year (23/24). Back to Summary

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 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	21/22			22/23				23/24	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	80%	86 (G)	81 (G)	87 (G)	89 (G)	88 (G)	89 (G)	89 (G)	85 (G)	83 (G)
North East		76 (R)	80 (G)	94 (G)	94 (G)	93 (G)	88 (G)	91 (G)	90 (G)	90 (G)
North West		93 (G)	83 (G)	80 (G)	81 (G)	84 (G)	83 (G)	87 (G)	81 (G)	81 (G)
South		89 (G)	82 (G)	87 (G)	90 (G)	89 (G)	95 (G)	89 (G)	86 (G)	81 (G)

Performance Trend

During Q2 performance continued to exceed target (GREEN) at city level and in all localities.

A total of 524 CPOs (North East, North West and South) were made during Q2; a decrease of just over 4% in comparison to Q1 (548). In addition, 18 CPOs were made by the Caledonian Team during the reporting period.

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Indicator	2. Percentage of Orders with a Case Management Plan within 20 days: **i) Community Payback Orders** (CPOs) (By locality and for the Caledonian Domestic Abuse Programme) **ii) Drug Treatment and Testing Orders** (DTTO) (Drug Court) **iii) Throughcare Licences** (Clyde Quay, Sex Offender Criminal Justice Services)
Purpose	To monitor the extent to which CPOs, DTTOs and Throughcare Licenses have a case management plan 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 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	21/22			22/23				23/24	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City (All)	85%	85 (G)	83 (G)	93 (G)	87 (G)	98 (G)	85 (G)	97 (G)	99 (G)	91 (G)
North East (CPOs)		84 (G)	72 (R)	91 (G)	83 (G)	100 (G)	77 (R)	93 (G)	100 (G)	86 (G)
North West (CPOs)		88 (G)	86 (G)	92 (G)	90 (G)	97 (G)	94 (G)	100 (G)	100 (G)	94 (G)
South (CPOs)		83 (G)	89 (G)	93 (G)	88 (G)	99 (G)	80 (R)	99 (G)	97 (G)	91 (G)
Caledonian Team (CPOs)		n/a			85 (G)	93 (G)	86 (G)	97 (G)	100 (G)	94 (G)
Drug Court Team (DTTOs)		n/a			100 (G)	100 (G)	80 (R)	100 (G)	100 (G)	93 (G)
Clyde Quay (Throughcare Licenses)		n/a			100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend
During Q2 performance in all localities and teams continued to exceed target (GREEN).   Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay and Drug Court Team so no historical figures are provided prior to this date.   Back to Summary

Indicator	3. Percentage of 3-month Reviews held within timescale (CPOs, DTTOs and Throughcare Licenses).
Purpose	CPOs, DTTOs and Licenses should be reviewed at regular intervals and revised where necessary. This indicator monitors the proportion of reviews held within the 3-month standard.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	21/22			22/23				23/24	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City (All)		85 (G)	86 (G)	86 (G)	90 (G)	87 (G)	81 (G)	83 (G)	85 (G)	81 (G)
North East (CPOs)		80 (G)	81 (G)	84 (G)	88 (G)	86 (G)	86 (G)	84 (G)	88 (G)	83 (G)
North West (CPOs)		97 (G)	91 (G)	89 (G)	97 (G)	95 (G)	89 (G)	84 (G)	93 (G)	88 (G)
South (CPOs)	75%	81 (G)	86 (G)	85 (G)	91 (G)	83 (G)	71 (R)	82 (G)	83 (G)	77 (G)
Caledonian Team (CPOs)		n/a			78 (G)	78 (G)	81 (G)	84 (G)	65 (R)	77 (G)
Drug Court Team (DTTOs)		n/a			100 (G)	89 (G)	100 (G)	100 (G)	71 (R)	71 (R)
Clyde Quay (Throughcare Licenses)		n/a			100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend

During Q2 the target for reviews was exceeded at city level and in all localities and teams (GREEN) with the exception of the Drug Court which remained RED. The team leader at the drug court has been absent from work for the past 6 months and this has had a direct impact on reviews being recorded timeously. Performance in the Caledonian Team increased significantly during the reporting period with the RAG rating moving from RED to GREEN.

Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay, and Drug Court Team so no historical figures for them.

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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	21/22			22/23				23/24	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City		70 (G)	75 (G)	80 (G)	83 (G)	83 (G)	84 (G)	85 (G)	85 (G)	85 (G)
North East		74 (G)	82 (G)	84 (G)	85 (G)	85 (G)	92 (G)	90 (G)	87 (G)	85 (G)
North West	70%	64 (R)	66 (R)	80 (G)	82 (G)	82 (G)	79 (G)	84 (G)	87 (G)	79 (G)
South		70 (G)	75 (G)	76 (G)	82 (G)	81 (G)	83 (G)	83 (G)	81 (G)	89 (G)

Performance Trend

Performance was maintained during Q2 with all localities continuing to exceed target (GREEN).

Excluding breaches gives the following figures: NE 91%, NW 86% and South 94% (City 90%).

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Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality/Team	Target	21/22			22/23				23/24	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	80%	79 (G)	81 (G)	77 (A)	79 (G)	79 (G)	84 (G)	80 (G)	79 (G)	79 (G)
North East		82 (G)	81 (G)	77 (A)	78 (A)	79 (G)	87 (G)	78 (A)	78 (A)	80 (G)
North West		80 (G)	81 (G)	79 (G)	83 (G)	83 (G)	85 (G)	83 (G)	85 (G)	82 (G)
South		77 (A)	81 (G)	74 (R)	77 (A)	77 (A)	81 (G)	80 (G)	77 (A)	79 (G)
Caledonian Team		n/a			75 (R)	72 (R)	87 (G)	77 (A)	71 (R)	70 (R)
Drug Court Team		n/a			79 (G)	68 (R)	57 (R)	82 (G)	36 (R)	52 (R)

Performance Trend
During Q1 performance was maintained in the city and North West which remained GREEN. Performance in North East and South improved with the RAG rating moving from AMBER to GREEN during the reporting period.
Performance remained RED in the Caledonian Team and for the Drug Court despite a significant improvement in performance. The drug court continues to face a number of challenges in getting service users to attend for court report interviews due to the nature of their chaotic drug use.
Letters are often sent to court by the Caledonian team requesting an extension in time to carry out an assessment due the complex nature of domestic abuse and the need to engage the victim in the process. This shows as the report not being submitted despite work being underway to complete a full report.
Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay, and Drug Court Team so no historical figures for them prior to this date.
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Indicator	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison
Purpose	It is important that post release interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release. The data shown below excludes Extended Sentence Licenses.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality /Team	Target	21/22			22/23				23/24	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City		94 (G)	96 (G)	90 (G)	88 (G)	98* (G)	98* (G)	98 (G)	100 (G)	97 (G)
North East	21/22 90%	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100* (G)	100 (G)	100 (G)	100 (G)
North West	**From 22/23 80%**	92 (G)	90 (G)	88 (G)	75 (R)	100* (G)	100* (G)	100 (G)	100 (G)	100 (G)
South		89 (G)	100 (G)	82 (R)	88 (G)	91* (G)	93* (G)	100 (G)	100 (G)	86 (G)
Clyde Quay		n/a			100 (G)	100 (G)	100 (G)	93 (G)	100 (G)	100 (G)

*These Q2 and Q3 figures were revised following a review of the data by the Service.

Performance Trend
All teams and localities continued to exceed target (GREEN) during Quarter 2. Target revised from 90% to 80% from 22/23 and indicator extended to include Clyde Quay from Quarter 1 22/23, so no historical data for it prior to this date. Back to Summary

HEALTH IMPROVEMENT

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

Locality	Annual Target	Quarterly Target	21/22 Total	22/23 Total	2023/24 Q1	Q2	Q3	Q4	Year to Date
City	**5066**	**1267**	**7749 (G)**	**8966 (G)**	**3017 (G)**	**2669 (G)**			**5686 (G)**
NE			351	1	2	6			8
NW			221	0	1	0			1
S			93	0	0	0			0
City Wide (Non sector specific)			7084	8965	3014	2663			5677

Performance Trend
Performance for Q2 of 2023/24 remains GREEN. Note: City wide services are delivered in localities but are recorded at a city-wide level. [Back to Summary](#)

Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	20/21 Total	21/22 Total	22/23 Total	Annual Target	23/24 Target Year to Date	2023/24 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1280 (G)	1260 (G)	1050 (R)	1217	300	231 (R)			
NE	459 (A)	452 (R)	358 (R)	478	118	82 (R)			
NW	442 (G)	411 (G)	303 (R)	385	95	76 (R)			
S	379 (G)	456 (G)	389 (G)	352	87	73 (R)			

Performance Trend
This indicator is reported in arrears. Performance is below target and RED in all localities and city wide at Q1.

Issues Affecting Performance
This is lower than expected due to a number of reasons including ongoing issues with pharmacy capacity and unavailability of several products including varenicline. This has now been unavailable since June 2021 and was the most popular and effective product. In addition, clients continue to present at the QYW (Quit Your Way) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues. The service has also been significantly impacted with staff absences and vacancies across the City, which have affected all three locality teams.

Actions to Improve Performance
Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. At least one face-to-face community clinic is now operating in each of the three localities which offers clients an opportunity to get support face-to-face. The teams are currently planning two Test of Change pilots across the City – the use of a Smoke Free App and an online smoking cessation support group. These will provide digital support options which might be appealing to some clients. We are keen to monitor the uptake of these and if they help to build some additional capacity in our teams.

Timescales for Improvement

Improvements will be monitored by the Tobacco PIG and City Tobacco Group on an ongoing basis.

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

Locality	Target	21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Q3	11% 22/23 10% 23/24	10.6% (G)	9.3% (G)	9.5% (G)	7.9% (G)	9.9% (G)	8.3% (G)	8.4% (G)	9.5% (G)	6.1% (G)
North East		11.6	12.0	12.1	10.5	11.7	9.4	10.6	12.2	6.1
North West		9.4	8.5	8.3	6.4	9.7	7.3	6.4	8.8	6.6
South		10.7	8	8.6	6.8	8.8	8.4	8.2	8.1	5.7

Performance Trend
Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030. This has been further reduced to 10% for 2023/24. Performance at city level improved during Q2 and remained GREEN. Back to Summary

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

Locality	Target	21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	15.5% 22/23	15.3% (G)	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)	13.8% (G)	13.9% (G)	14% (G)	15.6% (R)
North East		15.4	16.8	16.7	15.8	14.5	13.6	14.9	14.6	17.4
North West	14% 23/24	14.3	14.5	15.3	8.2	17.4	14.6	11.2	12.3	13.8
South		15.9	12.1	15.5	11.3	16.5	13.2	15.2	14.9	15.2

Performance Trend
Target for 2022/23 reduced by 1.5% from 17% (2021/22) in line with aim to reduce the gap with general population. This has been further reduced to 14% for 2023/24.   Performance at city level declined in the first two quarters of 2023/24. As a result of the target being adjusted downwards, performance has moved from GREEN to RED.

Issues Affecting Performance
The main factors affecting performance are delays in remobilising CO (carbon monoxide) monitoring post-pandemic and lower referral rate at booking visit.

Actions to Improve Performance
It is a priority to revisit the maternity pathway to ensure all pregnant mothers who are smoking benefit from the service available. KPIs for CO monitoring at booking; revision of the systematic opt out referral process and further promotion of Incentives are all areas identified for improvement with Maternity Services.   A refreshed National marketing campaign was highlighted as part of the Smoking Cessation Review 2023.   More targeted support is required to support clients to achieve 4 Week quits in vulnerable communities and using the learning associated with changes to the current service model as a result of the pandemic such as additional push notifications, support calls and text messaging etc will be introduced.

The impact of vaping on numbers of people making quit attempts is not known. However, data suggests that vaping is increasing across the adult population, which is associated with dual use with tobacco. Clear guidance relating to the use of Vaping as a tool to support quits is a gap highlighted by the Smoking Cessation Review 2023.

The review of Smoking Cessation Services in Scotland highlights a range of national improvements which will benefit NHSGGC and Health Improvement will actively support this work.

Timescales for Improvement

Work with maternity services is a high priority for immediate action. From December 2023 to March 24, NHSGGC will be implementing a test of change to automatically refer all CO valid cases direct to smoking cessation services. Depending on numbers this may allow the target to be reached but should see an increase in numbers into 2024/25.

A promotional campaign delivered by Clyde Radio is planned for the run up to the New year.

A number of the other areas are linked to broader initiatives or pilot programmes and therefore learning and any implementation from these will take some time to be seen i.e., later into 24/25.

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

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	33% (end 22/23)	30 (R)	28.3 (R)	28.3 (R)	28 (R)	29.4 (R)	28.0 (R)	28.7 (R)	31.1 (R)	30.3 (R)
North East		22.1	17.9	17.2	22	24.3	20.3	21.0	23.3	22.6
North West		34.3	33.5	33.8	30.9	33.9	32.6	34.9	36	34.4
South		32.5	31.9	32.2	30.4	29.9	31.2	30.3	34	33.4

Performance Trend
Data is reported in arrears. Performance remained RED at a city level. There was a slight decrease in performance during the last quarter at city level and in all localities.

Issues Affecting Performance
The Board Infant Feeding Team continues to be impacted by reduced capacity due to long-term sickness. One staff member has recently returned, meaning they are currently operating at 2/3 capacity. Clinic appointments continue to be prioritised by the Board team with as many appointments (mix of face-to-face and online) as possible being offered to mothers and babies experiencing feeding issues. Currently across the city, breastfeeding groups are led by 3rd Sector orgs and funded either by Scottish Government or by the City Health Improvement budget. Continuation of these groups is dependent on securing ongoing funding for 2024/25. Health Visiting and Family Nurse (FN) Teams do not input into groups other than in NE Glasgow where some input is provided by HCSW. As before, Health Visiting and Family Nurse Teams continue to support mothers on a 1-1 basis via Universal Pathway Visits. HV and Family Nurse teams support UNICEF processes such as audit as capacity allows. There continues to be a reliance on Health Improvement/Infant Feeding staff to ensure audits are completed.

Actions to Improve Performance
As stated, Breastfeeding Problem-Solving Clinics continue to be offered with appointments at the West Maternity Care Centre and in the Renfrewshire area. Delivery of Infant feeding training continues to be offered to HV and Family Nurse staff. The uptake of training is monitored. The second round of UNICEF audit around staff knowledge and skills in relation to

infant feeding and mothers' experiences of the support they have received is nearing completion for 2023/24.

Funding from Health Improvement for ongoing provision of the telephone peer support service as well as for face-to-face support groups across the City is due to end by March 2024. An evidence paper presenting the importance of breastfeeding support in addition to the support offered by HV/MW/FN as part of the Universal Pathway will be shared with management with the aim of securing ongoing funding beyond March 2024.

A poster presentation about the telephone support and the work to diversify the peer support workforce in the city will be on display at the forthcoming UNICEF UK Baby Friendly Conference at Harrogate in November.

Two new breastfeeding support groups have commenced in the city in recent weeks, one in south Glasgow (Pollok Library) where on average 1-2 mums are attending weekly, the second is in North West Glasgow where a soft opening of a face-to-face infant feeding support group in Partick Library led by BFN peer support has taken place. Numbers of attendance at Partick are encouraging with an average of 4-6 mums each week so far. Communication is underway around the advertising of this group and raising awareness of available support.

In addition to face-to-face, 3rd Sector BF support (BFN and NCT) continue to offer 1 Online support group per week and continue to offer 1-1 and Attend Anywhere appointments.

Volunteers: Peer support courses are currently underway for both BFN and NCT. These are promoted to local Health Visiting and Family Nurse teams and via local networks and organisation to maximise uptake from communities.

Health Improvement continues to lead on the roll out of the Breastfeeding Friendly Scotland Scheme in the City as per the previous update with 116 premises currently signed up in the city.

Glasgow City HI staff continue to contribute to the National Breastfeeding Collaborative and the GGC Public Acceptability Group. Staff will be representing GGC at the forthcoming Celebrating BF event held by Scottish Government on the 9th of Nov in the city.

The pilot with the HV team in Thornliebank in South Glasgow to test if additional visits by support staff in the HV teams at 3, 5 and 6 weeks reduces the BF drop off rate for those families continues. Evaluations are positive for this work; 16 mothers having been supported so far and the numbers continuing to provide breastmilk to their babies at 5-6 weeks is high. There are now plans to expand this to more HVs in the team.

In the NE, the Breastfeeding Early Intervention Pilot is commencing on the 6th of November, initially for families living in G21 only. Participants will receive an assigned Support Worker who will provide an antenatal visit as well as additional visits both in the 1st 10 days after birth and after the HV first visit. Support workers have received extra training and mentoring to enable them to provide basic breastfeeding support.

Glasgow City continue to provide the Breast Pump Loan Scheme. Recent audits have been carried out to identify the resources that are currently available for loan. City HI staff have worked on the development of an app as recording mechanism for the resources. The app will also generate automatic instructions of use of pumps to parents, reminder e-mails for collection to HV staff and evaluations to parents once resource is returned. The aim of this system is to increase the availability of resource to mums in the community assisting with breastfeeding for as long as mum and baby wish to do so. The app also aims to encourage the engagement of the scheme and influence the drop off rates of BF in a positive direction.

Timescales for Improvement
Face-to-face groups have now restarted in all 3 localities. Telephone support pilot and peer supporter-led groups will continue until end March 2024; 1 peer support course commenced and 2 further peer support courses due to start in September 23. UNICEF Gold Annual report for 23/24 UNICEF due to be submitted by mid-March 2024. Back to Summary

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

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		20.7 (R)	20.9 (R)	20.1 (R)	20.6 (R)	23.3 (A)	20.8 (R)	18.8 (R)	25.0 (G)	21.6 (R)
North East	24.4% (end 22/23)	19.0	17.2	17.1	21.2	25.7	16.8	17.2	21.8	20.8
North West		22.2	19.5	20.9	23.3	21.5	25.5	18.9	26.3	20.5
South		21.5	25.6	22.9	17.7	22.3	22.6	20.4	28.0	23.7

Performance Trend
Data is reported in arrears. Performance at city level and in all localities dropped during Q1 with the city figure moving from GREEN to RED during the reporting period.

Issues Affecting Performance
A citywide antenatal session for young parents was held on 3rd October at the Mitchell Library. This session was highlighted by Family Nurses to their clients across Glasgow, as well as to Young Parent groups run by 3rd sector organisations. 5 parents were registered to attend but unfortunately no one showed up. We have highlighted to the Young Parent Support Base at Smithycroft HS that we have a session ready to deliver when they have a cohort of expectant parents.

Actions to Improve Performance
The NW have agreement in place with 3D Drumchapel to extend the current baby beats session on offer to include an infant feeding volunteer within this session where mums attending the session can receive infant feeding input and advice. This will also be an open support to all parents within the Drumchapel area. There has been a delay in the start of this programme due to volunteer capacity within the BFN service. There is a view that the next Helpers course will increase NW capacity and allow us to progress this work.

In the NE, the Breastfeeding Early Intervention Pilot is commencing on the 6th of November, initially for families living in G21 only. Participants will receive an assigned Support Worker who will provide an antenatal visit as well as additional visits both in the 1st 10 days and after the HV first visit. Support workers have received extra training and mentoring to enable them to provide basic breastfeeding support. The aim is to roll this out across the North East; starting in areas with the lowest BF rates. The next area would be Easterhouse. |

South Glasgow is exploring the possibility of another support group/peer drop in for the Govan/Ibrox area. There are also plans for an Urdu speaking volunteer to attend the group in Home-Start in Pollokshaws.

Timescales for Improvement

The NE Early Intervention Pilot will be running for at least a year, until November 2024. During this time, we hope to increase breastfeeding rates in the G21 area by 10% compared with average rates over the previous year.

The face-to-face groups will continue to run until March 24 currently. Steps are being taken to explore opportunities for further funding to extend these beyond this time

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

AREA	17/18 Drop Off Rates	22/23 Target	21/22				22/23				23/24
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
HSCP	**32.3%**	**30.0%**	25.7 (G)	24 (G)	23.5 (G)	29.0 (G)	23.5 (G)	24.4 (G)	24.7 (G)	22.4 (G)	23.8 (G)
NE	39.9%	37.1%	31.8	30.8	30.7	37.7	28.0	29.2	28.5	26.9	27.0
NW	27.2%	25.2%	21.2	20.1	21.2	20.1	19.2	20.1	22.3	17.7	22.2
S	31.3%	29.1%	26.1	23.2	21.4	29.9	24.0	24.3	23.8	22.6	22.8

Performance Trend
Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Although drop-off rates increased slightly at HSCP level and in all localities between Q4 and Q1, performance remains below the trajectory target for 2022/23 and GREEN.
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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 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2021/22				2022/23				2023/24		
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Grand Total	4%	7.64 (R)	6.83 (R)	6.39 (R)	6.38 (R)	7.61 (R)	8.09 (R)	7.03 (R)	6.82 (R)	6.61 (R)	7.41 (R)	6.80 (R)
Adult Services		8.43 (R)	7.23 (R)	6.60 (R)	6.58 (R)	8.24 (R)	8.76 (R)	7.06 (R)	7.06 (R)	6.88 (R)	7.62 (R)	7.12 (R)
Children's Services		7.95 (R)	5.77 (R)	5.82 (R)	5.98 (R)	7.17 (R)	7.26 (R)	7.79 (R)	7.99 (R)	4.79 (R)	7.82 (R)	6.92 (R)
Clinical Director		0.90 (G)	4.15 (R)	2.82 (G)	0.38 (G)	5.05 (R)	2.57 (G)	3.67 (G)	2.02 (G)	0.44 (G)	1.17 (G)	2.19 (G)
Health Improvement		5.40 (R)	2.91 (G)	4.24 (R)	5.48 (R)	4.10 (R)	5.51 (R)	7.11 (R)	2.69 (G)	5.39 (R)	7.06 (R)	4.67 (R)
Older People		8.22 (R)	8.54 (R)	7.37 (R)	7.56 (R)	8.10 (R)	6.57 (R)	7.27 (R)	6.56 (R)	6.66 (R)	7.44 (R)	6.82 (R)
Resources		3.81 (G)	3.60 (G)	5.41 (R)	4.90 (R)	5.97 (R)	6.60 (R)	3.18 (G)	4.18 (R)	3.44 (G)	2.92 (G)	3.80 (G)
Public Protection and Complex Care		5.07 (R)	4.48 (R)	5.04 (R)	- (R)	6.25 (R)	7.44 (R)	6.38 (R)	8.64 (R)	8.31 (R)	9.92 (R)	8.97 (R)

Performance Trend
Variations across areas and over time but performance overall remains above target for the HSCP. Slight decrease in the last two quarters from 7.03% in March to 6.8% in September, lower than for September in 2021 (7.64%) and 2022 (7.61%).
Issues Affecting Performance
Long term absence remains at a higher level than short term absence, however this is still in keeping with established trend. In September 2023 Long Term absence accounted for 3.9% and short-term absence was 2.9%.
Absences recorded as 'Psychological' (which includes all stress related absence) remains the most used absence reason. In September, this accounted for 28.95% of sickness absence, down by 0.65% from March of the previous quarter.
'Other' and 'Unknown' absence accounted for 10.74% and 9.92% of total absence each. Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.

Actions to Improve Performance

1. Reviewing short term frequent absence cases where trigger has been reached to ensure appropriate management in place and identify any training needs.
2. HRSAU to proactively contact managers who have staff absent over 6 months+ or 8+ incidences of absence.
3. 3 priority areas have been identified to receive additional support for 6 month period including monthly review of progress with Heads of Service.
4. Managers to be reminded of key points in attendance management process when HR / OH should be engaged, including absence due to stress at work
5. Provide support to managers to ensure all relevant paperwork is completed from early stage of long term sickness absence to ensure rapid progress through Attendance Management Policy
6. HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff. Schedule HSCP communications regarding wellbeing resources and specific focus on stress management tools

Timescales for Improvement

Ongoing - subject to agreed review periods.

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Indicator	2.Social Work Sickness Absence Rate (Average Days Lost, ADL)
Purpose	To monitor the level of sickness absence across care groups in Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	2021/22				2022/23					2023/24	
	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2
Social Work	**4.5 (R)**	**5 (R)**	**5.7 (R)**	**19.7 (R)**	**4.6 (R)**	**5 (R)**	**4.7 (R)**	**5.9 (R)**	**20.2 (R)**	**5.0 (R)**	**4.5 (R)**
Resources	2.4	3	3	**10.8**	2.3	3.4	3.3	3.6	**12.6**	3.2	3
Adult	4.5	5.3	6	**19.5**	5.2	5.2	4.7	4.9	**20**	5.1	4.6
Public Protection	2.4	2.7	3.8	**11.3**	3.1	3.3	2.6	3.2	**12.2**	3.7	3.1
Children	3.1	4.3	5.1	**15.6**	4.4	4	3.6	4.6	**16.6**	4.4	4.4
Older People	4.5	4.2	4.2	**17.6**	3.4	3.7	3.3	4	**14.4**	3.2	2.5
Care Services	5.7	6	6.8	**21.1**	6.1	5.9	6	7.8	**25.8**	5.8	5.3

Target of 2.6 ADL per quarter/10.2 ADL per year

Performance Trend
Quarter 2 2023/24 covers Period 5 to 7 (1/7/23 to 22/9/23, 12 weeks) and shows a slight decrease in Average Days Lost (ADL), bringing the figure back to the same position of 4.5 ADL as 2 years ago in Quarter 2 2021/22. All Care Groups (with the exception of Children's Services) shows a reduction in comparison to Quarter 2 last year. *N.B. Social Work absence rates are reported as average days lost (ADL) per employee rather than a percentage figure.*
Issues Affecting Performance
The after effects of the Covid 19 pandemic and HR supporting managers in transitioning back to being the accountable manager for their staff's attendance, continues to be complex and challenging.
Actions to Improve Performance
Care Groups such as Home Care, Older People Residential and Children's Residential remains a priority to implement action plans that aim to address consistently high absence levels, especially where significant costs are incurred for staff cover due to sickness absence. Action Plans will incorporate, for example, early intervention, manager training, better promotion of wellbeing resources, improved management information reporting and more robust processes as well as regular HR Communications to managers and staff. Absence is a strategic HR priority and there is a need for change as ongoing absence performance trends do not demonstrate the desired impact of a consistent reduction in absence being achieved. This means reviewing the support service provided across the Partnership, challenging existing practices and looking at new robust actions and approaches.
Timescales for Improvement
Initially focussed on the next 6 months. Back to Summary

Indicator	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	Target	Mar 21	Mar 22	Jun 22	Sep 22	2022/23					
						Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Glasgow	**80%**	25.7 (R)	29.9 (R)	32.0 (R)	31 (R)	29.6 (R)	35.1 (R)	35.4 (R)	34.7 (R)	35.0 (R)	35.0 (R)
Adult				24.3 (R)	24 (R)	23.4 (R)	26.7 (R)	29.9 (R)	28.8 (R)	29.5 (R)	29.4 (R)
Children's Services				48.4 (R)	46 (R)	46 (R)	50.2 (R)	57.6 (R)	57.5 (R)	54.5 (R)	53.2 (R)
Health Improvement				52.1 (R)	49 (R)	38.7 (R)	38.1 (R)	43.2 (R)	41.0 (R)	45.5 (R)	45.1 (R)
Older People				31.3 (R)	27 (R)	25 (R)	28.4 (R)	32.8 (R)	32.4 (R)	33.4 (R)	34.2 (R)
Public Protection & Complex Care				20.9 (R)	19 (R)	23.9 (R)	24.4 (R)	21.2 (R)	24.2 (R)	25.1 (R)	28.3 (R)
Resources				33.1 (R)	32 (R)	38.6 (R)	50.6 (R)	50.5 (R)	48.5 (R)	47.1 (R)	42.9 (R)

Performance Trend
Performance has improved slightly in the last quarter at city wide level. There are wide variations across services, however, with all services requiring significant improvement to move towards target performance. Adult Services and Public Protection are the poorest performing areas. Performance reported by service area from April 2022 rather than locality which has been previously used, so no historical data available apart from at city level.
Issues Affecting Performance
Covid-19 has continued to have an impact and it is important that KSF processes recognise the difficulties faced in the last two years and is seen as an integral part of the support mechanisms in place for staff.
Actions to Improve Performance
- An annual trajectory (updated monthly) has been created for the HSCP   - Issued guidance to local managers on ensuring staff are aligned correctly to managers   - Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored monthly to encourage improvement   - Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation.
Timescales for Improvement
Improvements sought in future quarters.

Indicator	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Glasgow	100%	49% (R)	44% (R)	60% (R)	56% (R)	42% (R)	29% (R)	62% (R)	52% (R)	38% (R)	41% (R)	36% (R)

Performance Trend
Performance fluctuates but has declined between June and September and remains RED.

Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion also be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods. Managers receive notification of the induction due date and 2 further reminders.

Actions to Improve Performance
• Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement. • Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

Timescales for Improvement
Ongoing improvement will be sought through the above steps. Back to Summary

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

Locality	Target	2021/22			2022/23				2023/24			
		Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Jul 23	Aug 23	Sep 23
Glasgow	100%	69% (R)	59% (R)	52% (R)	83% (R)	68% (R)	60% (R)	58% (R)	44% (R)	67% (R)	47% (R)	33% (R)

Performance Trend
Performance fluctuates but has declined between June and September and remains RED.

Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.

Actions to Improve Performance
- Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.   - Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

Timescales for Improvement
Ongoing improvement will be sought through the above steps.

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BUSINESS PROCESSES

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

Locality	Target	2020/21				2022/23			2023/24	
		Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/3* % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.
City		95.8% (G) 263	92.2% (G) 256	95.1% (G) 162	89.1% (G) 174	88.6% (G) 318	80% (G) 230	82.8% (G) 314	93.4% (G) 336	92.6% (G) 340
North East		82.3 (G) 17	91.7 (G) 24	82.6 (G) 23	72.2 (G) 18	85 (G) 40	92.8 (G) 14	88.5 (G) 26	83.3 (G) 18	77.7 (G) 36
North West	70%	75 (G) 16	76.2 (G) 42	85.7 (G) 21	76.2 (G) 42	92.3 (G) 78	71.2 (G) 80	80.8 (G) 78	89 (G) 100	89.5 (G) 48
South		88.9 (G) 9	85.7 (G) 14	100 (G) 12	85.7 (G) 14	100 (G) 44	78.9 (G) 38	100 (G) 2	N/A 0	N/A 0
Prisons		98.6 (G) 221	96.6 (G) 176	99 (G) 106	98 (G) 100	84.6 (G) 156	85.7 (G) 98	82.7 (G) 208	97.2 (G) 218	95.3 (G) 256

*Figures for Q2 and 3 were combined for this report.

Performance Trend
HSCP at a city level remained GREEN though declined slightly. Variations across localities and over time. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.
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Indicator	2. Percentage of NHS Stage 2 Complaints responded to within timescale.
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 20 days for stage 2).
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Locality	Target	2020/21				2022/23			2023/24	
		Q1 % _of_ no.	Q2 % _of_ no.	Q3 % _of_ no.	Q4 % _of_ no.	Q1 % _of_ no.	Q2/3* % _of_ no.	Q4 % _of_ no.	Q1 % _of_ no.	Q2 % _of_ no.
City		64% (R) 145	78% (G) 145	43.2% (R) 155	58% (R) 151	49% (R) 147	69% (G) 124	80.5% (G) 77	65.3% (R) 95	76% (G) 92
North East		83 (G) 6	100 (G) 2	100 (G) 1	80 (G) 5	0 (R) 3	100 (G) 3	80 (G) 5	100 (G) 4	100 (G) 4
North West	70%	57 (R) 23	52 (R) 23	40 (R) 25	67 (A) 24	69 (G) 32	58 (R) 26	84.2 (G) 19	66.7 (A) 12	66.6 (A) 27
South		69 (G) 16	61 (R) 18	80 (G) 10	64 (R) 11	56 (R) 18	71 (G) 17	100 (G) 3	N/A 0	N/A 0
Prisons		64 (R) 100	86.3 (G) 102	37.8 (R) 119	54.1 (R) 111	42.5 (R) 94	70.5 (G) 78	68 (G) 50	63.3 (R) 79	78.7 (G) 61

*Figures for Q2 and 3 were combined for this report.

Performance Trend
HSCP as a whole moved from RED to GREEN as did Prisons in the last quarter, while the North West remained AMBER and the South GREEN. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.

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

Locality	Target	21/22				22/23				23/24
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% of no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.	*% of* no.
City		76% (G) 107	74% (G) 134	74% (G) 121	71% (G) 106	67% (A) 84	68% (A) 102	62% (R) 117	62% (R) 133	67% (A) 134
North East		94% (G) 16	83% (G) 18	71% (G) 17	60% (R) 10	73% (G) 11	43% (R) 7	81% (G) 16	75% (G) 8	71% (G) 14
North West		78% (G) 8	79% (G) 14	64% (R) 11	57% (R) 7	80% (G) 10	67% (A) 6	45% (R) 11	27% (R) 15	87% (G) 15
South	70%	63% (R) 16	58% (R) 24	45% (R) 22	55% (R) 11	63% (R) 8	29% (R) 7	26% (R) 23	29% (R) 21	14% (R) 14
Home-lessness		67% (A) 6	62% (R) 13	100% (G) 10	38% (R) 13	60% (R) 10	61% (R) 18	75% (G) 8	45% (R) 11	57% (R) 14
Home Care		81% (G) 53	77% (G) 61	51% (R) 55	87% (G) 60	64% (R) 44	76% (G) 58	75% (G) 53	82% (G) 67	77% (G) 62
Centre		75% (G) 8	100% (G) 4	100% (G) 6	75% (G) 5	100% (G) 1	56% (R) 6	67% (A) 6	64% (R) 11	60% (R) 15

Performance Trend

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

During Q1 performance at city level and North West improved with the RAG rating moving from RED to AMBER and RED to GREEN respectively. Performance in North East and the Home Care Team continued to exceed target (GREEN). South, the Homelessness Team and Centre continued to be below target (RED).

Issues Affecting Performance

Performance has improved slightly across the City as a whole, however performance within South has dropped further despite a decrease in volume. All stage 1 complaints continue to be passed to the appropriate areas in good time, and with advice to apply extensions where necessary, however extensions were not requested in good time in the majority of cases. Further clarity on the causes of delay is required, however there can be many reasons for delay and there is currently a lack of information available to identify any specific reasons for these failures. The consistently poor level of performance in South suggests a systemic or

staffing issue in terms of the administrative support for complaints handling in the area, rather than solely the Stage 1 complaints handling itself. The slight decrease in performance in Centre appears, in part, to relate to higher volumes of complaints.

Actions to Improve Performance

The review of processes with the aim of improving recording of reasons for delays is ongoing, with the ultimate aim of developing a tool that can identify the reasons for delays as a first step towards addressing these failures, however, there have been delays to this as a result of separate development work on a new council-wide complaints system. CFIT to continue to encourage use of 5 day extension where appropriate as this can often ensure first stage complaints can meet appropriate timescale for response. The consistently poor performance in South has been highlighted to locality staff to address, and a review of processing has suggested there may have been an issue with incorrect use of dates.

Timescales for Improvement

Further improvement is expected in Q3, 23/24.

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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	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	20/21			21/22				22/23				23/24
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
70%	76% (G) 58	84% (G) 68	89% (G) 70	87% (G) 52	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59

Performance Trend
This indicator is reported **one quarter in arrears**. Performance in relation to stage 2 complaints improved during Q1 but remained below target and RED.

Issues Affecting Performance
The ongoing high demand in relation to Subject Access Requests (SAR) (see **Indicator 6**) necessitates prioritisation of SAR workload, reducing capacity for complaints handling. In addition, the team remained one member of staff short during Q1, as one Senior Officer had been promoted to the Principal Officer post, leaving a vacant Senior Officer post.

Actions to Improve Performance
Recruitment of replacement member of staff required, this expected to complete during Q2. Also, necessary to prioritise SAR work on an ongoing basis, so it is not possible to devote additional resource to addressing this matter at this time.

Timescales for Improvement
Improvement not expected until recruitment of a further replacement member of staff sufficiently trained in complaints handling, estimated to be recruited during Q2 of 23/24, with full training to follow. Improvement, however, will continue to be impacted by requirements around SAR processing. Back to Summary

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

Target	20/21			21/22				22/23				23/24
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
100%	99% (G) 80	100% (G) 75	98% (G) 90	98% (G) 83	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103

Performance Trend
This indicator is reported **one quarter in arrears**. Performance in relation to FOIs improved further during Q1 but remained outwith the target range and RED.
Issues Affecting Performance
All SWS FOIs are handled by the Complaints, FOI and Investigations Team (CFIT) who have been subject to additional pressures relating to increasing demand for Subject Access Requests, which are handled by the same team. In that context, meeting demand for FOIs became more challenging over the past two years, however performance is still high and had improved fractionally in this quarter. Staff capacity in the team remains reduced at this time, so despite demand decreasing slightly in Q1, meeting the 100% target has not been possible for the period. Despite this, in this context of the general level of demand on the team, the performance has remained.
Actions to Improve Performance
CFIT are in the process of recruiting a replacement for the staff member who has been promoted, but once a full complement of staff is in place it is expected that performance will improve further provided other demands on the team do not increase significantly.
Timescales for Improvement
It is anticipated that as new/replacement staff are brought into the team and upskilled, the team should return to 100% compliance, or closer to it. This is likely to be around Q3. Back to Summary

Indicator	6. Percentage of Social Work Data Protection Subject Access Requests (SARs) completed within the required timescale
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	20/21		21/22				22/23				23/24
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.
100%	19% (R) 110	21% (R) 109	41% (R) 144	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217

Performance Trend
This indicator is reported **one quarter in arrears**. Performance in relation to Subject Access Requests improved further during Q1 but remained RED.

Issues Affecting Performance

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. Demand has increased again in Q1 and remains at a level far beyond the capacity of the team to address.

There is a rolling backlog resulting from initial Covid-related issues arising in 2020 and massive increase in demand resulting from the Redress Scotland scheme and Scottish Government advice to applicants to submit SARs to Local Authorities to support their applications. Cases are being cleared from it, but not at a higher rate than incoming demand. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of *new* cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog.

Despite these figures, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high.

Actions to Improve Performance

The team will continue to focus on clearing the backlog, the existence of which creates the most pressing issue both in terms of poor customer service and financial and reputational risk for the Council.

New staff have joined the team for a period of two years to assist to clear the backlog, and additional staff able to provide support on an overtime basis have begun to assist with addressing some of these requests.

Timescales for Improvement

It is not anticipated these issues will be fully resolved until late 24/25 at the earliest, as demand continues to outstrip the capacity of the team to address it.

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

Locality	Target	21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
City	80%	83% (G) 348	81% (G) 279	83% (G) 408	79% (G) 435	80% (G) 452	72% (R) 425	73% (R) 421	80% (G) 478	79% (G) 518
North East		88% (G) 66	92% (G) 48	86% (G) 78	93% (G) 91	93% (G) 116	89% (G) 92	89% (G) 81	97% (G) 87	97% (G) 98
North West		85% (G) 68	78% (A) 63	87% (G) 100	95% (G) 83	85% (G) 72	86% (G) 121	90% (G) 94	94% (G) 71	89% (G) 111
South		90% (G) 106	82% (G) 90	75% (R) 100	68% (R) 102	76% (R) 88	60% (R) 108	59% (R) 85	67% (R) 87	60% (R) 110
Centre		70% (R) 101	77% (A) 66	79% (G) 106	65% (R) 136	68% (R) 160	48% (R) 97	61% (R) 157	73% (R) 220	73% (R) 187
Care Services (prev. Cordia)		100% (G) 7	75% (R) 12	100% (G) 24	91% (G) 23	100% (G) 16	100% (G) 7	100% (G) 4	92% (G) 13	83% (G) 12

Performance Trend
During Q2 performance continued to meet target (GREEN) at city level and in North East, North West and for Care Services. Performance remained below target (RED) in South and Centre. The number of enquiries received (518) increased by over 8% in comparison to Q1 (478); demand has continued to remain high since Q4 21/22. Back to Summary

APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and 'Other Indicators'. The latter are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20	20/21	21/22	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87%	87.2%	87.4%	**89.3% (G)**	**89.3%* (G)**	**87.8%**
	Scotland	87.0%	87.3%	88.0%	88.0%	88.3%	90.2%	89.8%	**N/A**
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	95%	94.9%	94.9%	**95.2% (G)**		**95.4%**
	Scotland	95.7%	95.8%	96%	96%	96.1%	96.3%		**N/A**

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and 'Other Indicators'. The latter are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	15/16	16/17	17/18	18/19	19/20	20/21	21/22	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.0%	86.7%	87%	87.2%	87.4%	**89.3% (G)**	**89.1%* (G)**	**87.8%**
	Scotland	87.0%	87.3%	88.0%	88.0%	88.3%	90.2%	89.8%	**N/A**
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.5%	94.7%	95%	94.9%	94.9%	**95.2% (G)**	**95.3% (G)**	**95.4%**
	Scotland	95.7%	95.8%	96%	96%	96.1%	96.4%	96.5%	**N/A**

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Local HSCP Services								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	N/A	21/22	**57%**	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to able to see or speak to a doctor or nurse within two working days	NHS LDP Standard Outcome 9	N/A	21/22	**85%**	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22	**N/A**	**78.1% (G)**	**78.4% (G)**	**60.9% (G)**	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2022 were 100% (NE); 96.08% (NW); 98% (S). Next update due for Jan-Mar 2024 in June 2024.
Externally Delivered Services								
4. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks		90% within 4 weeks	Sep 23	**37% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 42% in June. Produced monthly.
5. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q2	**89.5% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Decreased from Q1 when was 91.1%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks -	Local HSCP indicator Outcome 9	100% within 12 weeks	Sep 23	**91.7% (R)**	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decreased from 97.6% in June. Produced monthly.
7. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Sep 23	**91.24% (R)**	89% (R)	84.62% (R)	100% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Jun 23 were 90.77% (City); 88.6% (NE); 90.6% (NW); 92.2% (S).
8. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	Local HSCP indicator Outcome 4	100%	Q2	**60% (R)** (Under 5s)				This service is hosted by East Dunbartonshire HSCP.
		100%	Q2	**71% (R)** Aged 5-18				
9. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr20 to Mar22	**56.3% (R)**	**55.9% (R)**	**57.1% (A)**	**56.1% (R)**	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Previous figures for 2019-21 were 54.7% (citywide); NE 54%; NW 55.2%; S 54.7%.
10. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr19 to Mar22	**65.3% (R)**	**62.5% (R)**	**63.7% (R)**	**68.5% (G)**	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Last report was for 19/20 and only Scotland information was available when was 72%.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
11. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2020/ 21	59.5% (R)	61.3% (R)	52.8% (R)	65.3% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Previous figures were 58.6% citywide; NE 61.1%; NW 52.1%; S 63.2%.
12. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2021-22	77.3% (G)	73.6% (G)	76.3% (G)	80.9% (G)	From Annual NHSGGC screening report last produced Dec 2022. Previous figures for 19/20 were 74.8% (City); 73.1% (NE); 76.4% (NW); 75% (S).
Population Statistics								
13.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 23	36.7% (R)	40.9% (R)	36% (R)	34% (R)	Provisional figures shown for Mar 23. Figures for Sep 22 (also still provisional) are 29.7% (City); and for localities 33.2% (NE); 29.2% (NW); 27.3% (S).
14. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 23	73.9% (R)	76.7% (R)	72.3% (R)	72.9% (R)	Provisional figures shown for Mar 23. Figures for Sep 22 (also still provisional) are 77% (City); and for localities 80% (NE); 76% (NW); 75.3% (S).
15. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	60.1% (G)				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a slight increase to 69.1%. Normally produced 2 yearly by Public Health Scotland but next one due late 2023.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
16. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2023	**77.9% (G)**				Performance has increased since 2017 when was 69.1%. Slightly below Health Board average of 78.6% which also rose from 73.1% in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 meant that the current 2023 figure is the first update since 2019.
17. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2022	**196**				Figures published annually by NRS. Last updated August 2023, next update Aug 2024. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); 291 (2020); 311 (2021).
18. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2022	**202**				Figures published annually by NRS. Last updated August 2023, next update due Aug 24. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018);143 (2019); 163 (2020); 188 (2021).
19. Deaths from suicide	Local HSCP indicator Outcome 7	N/A	2022	**84**				Figures published annually by NRS. Last updated Sep 2023, next update due Aug 24. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019); 104 (2020); 106 (2021).

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1   Prevention, early intervention, and well-being

Priority 2   Supporting greater self-determination and informed choice

Priority 3   Supporting people in their communities

Priority 4   Strengthening communities to reduce harm

Priority 5   A healthy, valued and supported workplace

Priority 6   Building a sustainable future

APPENDIX 4 – APR KPIs

The following core set of KPIs from this report are included in the HSCP's Annual Performance Report and are used to show trends over time, along with the National Integration Indicators.

1. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP

2. Number of Clustered Supported living tenancies offered

3. Percentage of service users who receive a reablement service following referral for a home care service

4. Number of Telecare referrals received by Reason for Referral

5. Total number of Adult Mental Health delays (Adults and Older People)

6. Intermediate Care: % Users Transferred Home

7. New Accident and Emergency Attendances (18+)

8. Number of Emergency Admissions (18+) (MSG Indicator)

9. Number of Unscheduled Hospital Bed Days (Acute and Mental Health) (MSG Indicator)

10. Total number of Acute Delays

11. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) (MSG Indicator)

12. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement

13. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks

14. % of young people currently receiving an aftercare service who are known to be in employment, education or training

15. Number of out of authority placements (children)

16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months + 5 years)

17. Psychological Therapies: % of people who started treatment within 18 weeks of referral

18. % of clients commencing alcohol or drug treatment within 3 weeks of referral

19. Number of households reassessed as homeless/ potentially homeless within 12 months

20. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence

21. Percentage with a Case Management Plan within 20 days (CPOs; DTTOs; Throughcare Licences)

22. Alcohol Brief Intervention Delivery

23. Smoking Quit Rates at 3 months from the 40% most deprived areas

24. Women smoking in pregnancy (general population + most deprived quintile)

25. Exclusive Breastfeeding at 6-8 weeks (general population + most deprived quintile)

26. NHS Sickness Absence rate (%)

27. Social Work Sickness Absence Rate (Average Days Lost)