Item No.   9

Meeting Date: Wednesday 11th December 2024

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

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HSCP Performance Report Q2 2024/25

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2024/25 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 (Sexual Health).

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 4.4; 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 15).

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 framework includes health performance indicators.

1. Purpose

1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 2024/25. 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.

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 over the last two years. 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.

4.3   Longer term trend graphs have also been included for this quarter's Presentation Topic - Sexual Health. This Sexual Health section has been located at the front of the report for ease of reference.

Exceptions

4.4   At Q2, 49 indicators were GREEN (53.8%); 35 RED (38.5%) and 6 AMBER (6.6%). 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. Day Care (provided) – Review Rates	31
4. Provided Residential Care – Occupancy Rates	32
5. Provided Residential Care – Review Rates	33
8. Intermediate Care: Average Length of stay (Days)	**36**
9. Intermediate Care: Percentage of users transferred home	**37**
Unscheduled Care	
5. Total Number of Acute Delays	49
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	51
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	52

Changes in RAG Status

4.5 There has been a change in RAG status for **14** indicators since the last report. Of these, performance improved for **7** and declined for **7**.

i. Performance Improved

A) RED TO GREEN
Unscheduled Care
3. Number of Unscheduled Hospital Bed Days - Acute (18+)
Health Improvement
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)
5. Exclusive Breastfeeding at 6-8 weeks (general population)
B) RED to AMBER
Children's Services
1. Uptake of the Ready to Learn Assessments - South
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - South
C) AMBER to GREEN
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill

ii. Performance Declined

A) GREEN TO RED
Older People & Carers
5. Provided Residential Care – Review Rates
Homelessness
3. Average number of weeks from assessment decision to settled accommodation – 1 apt and 4 apt
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale
B) AMBER to RED
Older People & Carers
3. Day Care (provided) – Review Rates
4. Provided Residential Care – Occupancy Rates
C) GREEN to AMBER
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.

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 4.4; and
c) Review and discuss performance with the Strategic Lead for Adult Services.

CORPORATE PERFORMANCE REPORT

QUARTER 2
2024/25

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	2 (11.1%)	2 (11.1%)	14 (77.8%)		5 (27.8%)		13 (72.2%)	
Unscheduled Care	3 (50%)		3 (50%)		2 (33.3%)		4 (66.7%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	7 (53.8%)		6 (46.2%)		5 (38.4%)	2 (15.4%)	6 (46.2%)	
Adult Mental Health	6 (60%)	2 (20%)	2 (20%)		5 (50%)	2 (20%)	3 (30%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	2 (25%)		6 (75%)				4 (80%)	1 (20%)
Homelessness	5 (45.5%)	1 (9%)	5 (45.5%)		7 (63.6%)	1 (9.1%)	3 (27.3)	
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%)				7 (100%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	4 (57.1%)		3 (42.9%)		5 (71.4%)	1 (14.3%)	1 (14.3%)	
TOTAL No. and (%)	**37 (39.4%)**	**5 (5.3%)**	**52 (55.3%)**	**0 (0%)**	**35 (38.5%)**	**6 (6.6%)**	**49 (53.8%)**	**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
Sexual Health				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	1,354 per quarter	Q2	1,479 ✅	▼
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	1,166 per quarter	Q2	2,203 ✅	▲
3. Median waiting times for access to first Urgent Care appointments.	2 Working Days	Q2	1 day ✅	►
4. Number of YP appointments offered across all Sandyford locations	TBC	Q2	486 ⬜	▲
5. Median waiting times for access to first TOPAR appointments.	5 working days	Q2	3 ✅	►
Older People & Carers				
Home Care, Day Care and Residential Services				
1. Percentage of service users who receive a reablement service following referral for a home care service	**75%**	Q2	Hosp. discharges 80.2% ✅ Community Referrals	Hosp ▲ Comm ▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
			87.3% ✅	
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q2	42.8% ✅	▲
3. Day Care (provided) – Review Rates	95%	Q2	89% 🔴	▼ 🔺 to 🔴
4. Provided Residential Care – Occupancy Rates	95%	Q2	88% 🔴	▼ 🔺 to 🔴
5. Provided Residential Care – Review Rates	95%	Q2	85% 🔴	▼ ✅ to 🔴
ii. Commissioned Services				
6. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Mid-year Total (Q1 and Q2)	40 ✅	▼
7. Intermediate Care: Percentage Occupancy	90%	Sept 24	97% ✅	▲
8. Intermediate Care: Average Length of stay (Days)	< 42 days	Sept 24	47 days 🔴	▼
9. Intermediate Care: Percentage of users transferred home	>30%	Sept 24	23% 🔴	▲
iii. HSCP Community Services				
10. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP.	360 summaries per annum	Q2	115 (year to date 231) ✅	▼

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
11. Occupational Therapy (OT) Assessments: % completed within 12 months of request		98%	Q2	99% ✅	▲
12. Number of Telecare referrals received by Reason for Referral	**(i) Outcome 1** Reducing the risk of admission to acute, residential and nursing care settings	560 per annum	Q2	575 ✅	▼
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum	Q2	170 ✅	▲
	(iii) Outcome 3 Supporting Carers	100 per annum	Q2	26 ✅	▼
13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q2	99.0% ✅	▲
14. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q2	96.4% ✅	▲
15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement		1,900 per annum	Q2	632 ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	161,155 (13,430 /month)	Apr - Jun 2024/25	38,008 (12,669 per month) ✅	▼
2. Number of Emergency Admissions (18+) (reported in arrears)	63,855 (5,321/month)	Apr - Jun 2024/25	12,819* (4,273* per month) *provisional ✅	▲
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	507,633 (42,303/ month)	Apr - Jun 2024/25	89,209* (29,736* per month) *provisional ✅	▲ 🔴 to ✅
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	Apr - Jun 2024/25	34,504* (11,501* per month) *provisional ✅	▲
5. Total number of Acute Delays	120	Sep 24	174 (Total) 105 (Non-AWI) 69 (AWI) 🔴	Total ▼ Non-AWI ▼ AWI ▲
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	Apr - Jun 2024/25	20,693 (6,898 per month) 🔴	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q1	73.46% 🔴	▼
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Jun 24	£178.3 ✅	▲
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Sep 24	NE 85% 🔴 NW 87% 🔴 S 90% 🔺	NE ▼ NW ▲ S ▲ 🔴 to 🔺
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jun 24	NE 96% ✅ NW 95% ✅ S 95% ✅	NE ▲ NW ▼ S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 annually/ 383 per quarter across city	Q2	690 (year to date 1,490) ✅	▼
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	55% 🔴	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q2	46% 🛑	▼
6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q2	75% ✅	▼
7. Number of out of authority placements	25 or fewer	Q2	27 🛑	▲
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	90.9% 🔺	▲ 🛑 to 🔺
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	94.6% ✅	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sep 24	NE 84.9% 🛑 NW 93.8% ✅ S 87.5% 🔺	NE ▲ NW ▼ S ▲ 🛑 to 🔺
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Sep 24	Stob 22.1 ✅ Lev 39.2 🛑 Gart 34.9 🛑	Stob ▲ Lev ▼ Gart ▲

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)		<95%	Sep 24	Stob 95% ✅ Lev 99.9% 🛑 Gart 99% 🔺	Stob ▲ 🔺 to ✅ Lev ▲ Gart ►
4. Total number of Adult and Older People Mental Health Delays		20	Sep 24	47 Total 40 (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	92% ✅	▼
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q1	91% 🔺	►
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q2	1,368 ✅	▼
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q2	26 🛑	▼ ✅ to 🛑
	2 apt	36 weeks		50 🛑	▼
	3 apt	31 weeks		34	▲

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
				🔴	
	4 apt	81 weeks		90 🔴	▼ ✅ to 🔴
	5 apt	225 weeks		277 🔴	▲
4. Number of households reassessed as homeless or threatened with homelessness within 12 months.		<480 per annum (<120 per quarter)	Q2	121 ✅	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q2	53% 🔴	▲
6. Number of new Housing First tenancies created		20 per quarter	Q2	4 🔴	▲
7. Number of Temporary Furnished Flats		2,400 or less	Q2	2,392 ✅	▼
Criminal Justice					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence		80%	Q2	84% ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
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	90% ✅	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q2	78% ✅	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q2	83% ✅	▼
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q2	80% ✅	▼
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)	5,066 (annual)	mid-year total (Q1 & Q2)	3,009 (Q2) 5,763 (mid-year total) ✅	▲
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	1,178	Q1	299 ✅	▲ 🛑 to ✅
3. Women smoking in pregnancy (general population)	10%	Q2	7.7% ✅	▼
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q2	12.3% ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q2	33.9% ✅	▲ 🛑 to ✅
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q2	24.1% ✅	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q2	19.9% ✅	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Q2	7.78% 🛑	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q2	10.5% 🛑	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Q2	39.54% 🛑	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q2	61.67% 🛑	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q2	43% 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q2	92% ✅	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	36% 🛑	▼ ✅ 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	53% 🛑	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q1	90% 🛑	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q1	42% 🛑	▲
7. Percentage of elected member enquiries handled within 10 working days	80%	Q2	70% 🛑	▼

SEXUAL HEALTH SERVICES

Indicator	1. Number of **vLARC** (Voluntary Long Acting Reversible Contraception) **IUD** (Intrauterine) appointments offered across all Sandyford locations
Purpose	We aim to maximise our clinic capacity to ensure extensive provision of vLARC throughout NHSGGC. This indicator monitors clinical capacity against targets agreed following the Sandyford Service Review and is dependent on available resources.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2022/23			2023/24				2024/25	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
City		**1019**	**1191**	**1202**	**1110**	**1189**	**1118**	**1322**	**1361**	**1319**
NE		362	326	294	210	182	190	266	275	312
NW		651	706	758	750	817	786	883	892	801
S		96	159	150	150	190	142	173	194	206
NHSGGC	**1354 per Quarter**	**1427 (G)**	**1527 (G)**	**1509 (G)**	**1393 (G)**	**1471 (G)**	**1304 (A)**	**1524 (G)**	**1562 (G)**	**1479 (G)**
DNA rate (%)		**9.9**	**9.61**	**8.21**	**11.25**	**11.09**	**8.69**	**10.03**	**11.2**	**11.76**

Performance Trend
Performance has reduced slightly in Q2 but remains GREEN.   Back to Summary

Longer Term Trend

No. vLARC IUD Appointments Offered (All Locations in NHSGGC)
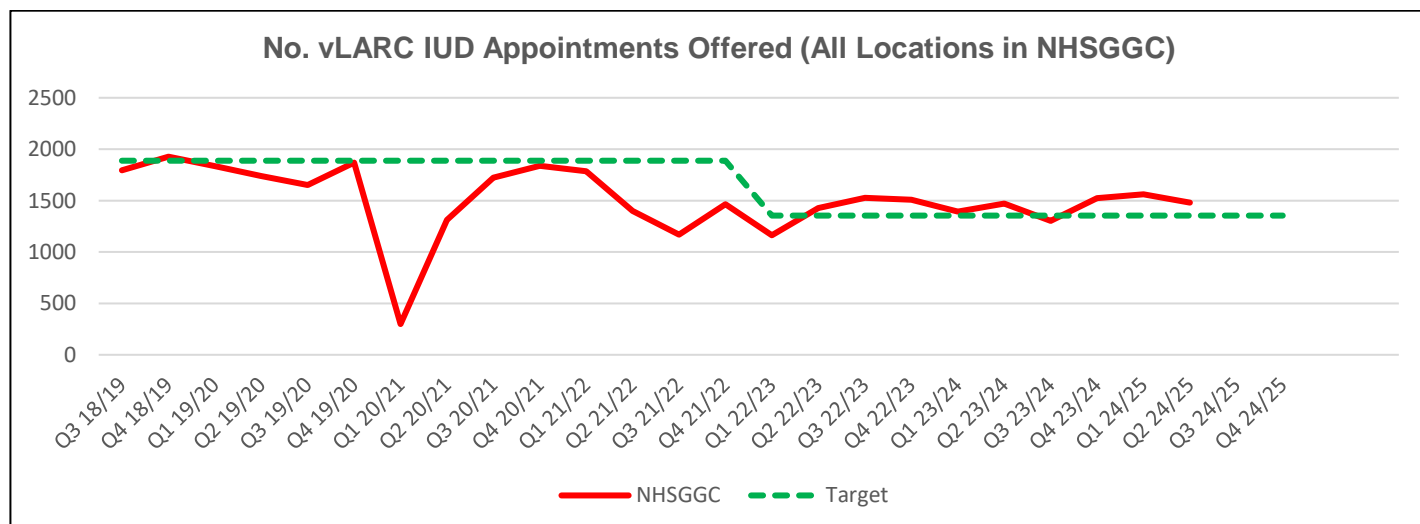
Indicator	2. Number of **vLARC** (Voluntary Long Acting Reversible Contraception) **Implant** appointments offered across all Sandyford locations
Purpose	We aim to maximise our clinic capacity to ensure extensive provision of vLARC throughout NHSGGC. This indicator monitors clinical capacity against targets agreed following the Sandyford Service Review and is dependent on available resources.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		**1629**	**1611**	**1169**	**1069**	**1168**	**1011**	**1167**	**1243**	**1533**
NE		413	279	323	253	200	209	300	333	451
NW		1044	1167	667	552	650	546	541	580	736
S		172	165	179	264	318	256	326	330	346
NHSGGC	1166 per quarter	**2035 (G)**	**2210 (G)**	**1776 (G)**	**1859 (G)**	**2090 (G)**	**2004 (G)**	**1916 (G)**	**2190 (G)**	**2203 (G)**
DNA rate (%)		**13**	**18.75**	**15.54**	**19.47**	**18.92**	**19.5**	**14.68**	**15**	**16.8**

Performance Trend
Performance has improved slightly in Q2 and remains GREEN. Back to Summary

Longer Term Trend

No. vLARC Implant Appointments Offered (All Locations in NHSGGC)
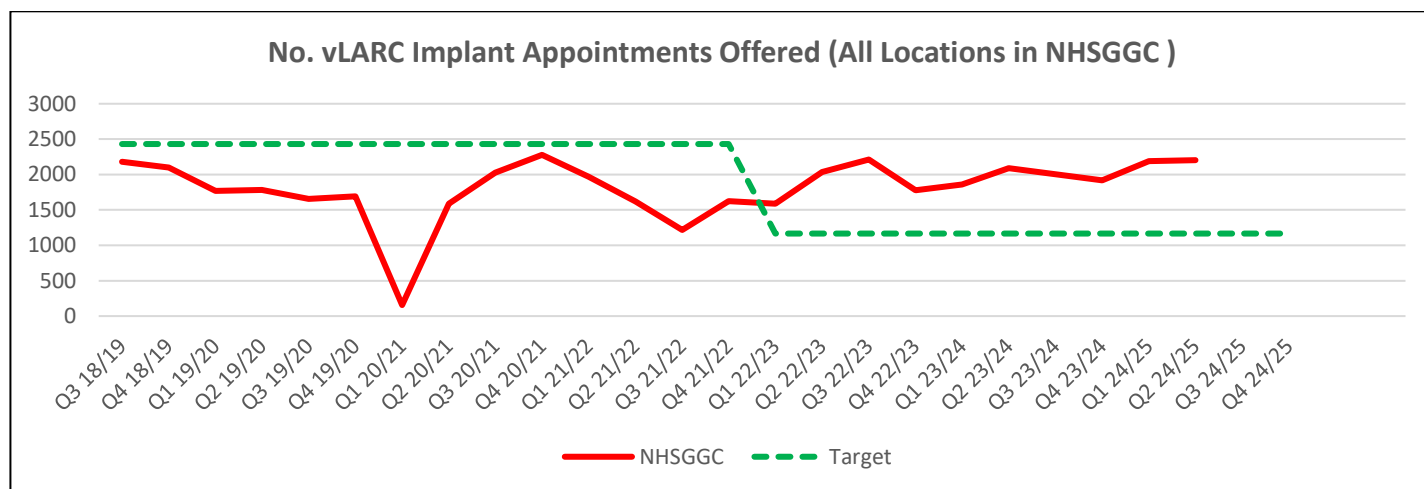
Indicator	3. Median waiting times for access to first Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely 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	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	2 working days	2 (G)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NE		2 (G)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NW		2 (G)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
S		2 (G)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NHSGGC		2	2	1	1	1	1	1	1	1

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

Longer Term Trend

Median Waiting Times for Access to Urgent Care Appointments (Days)
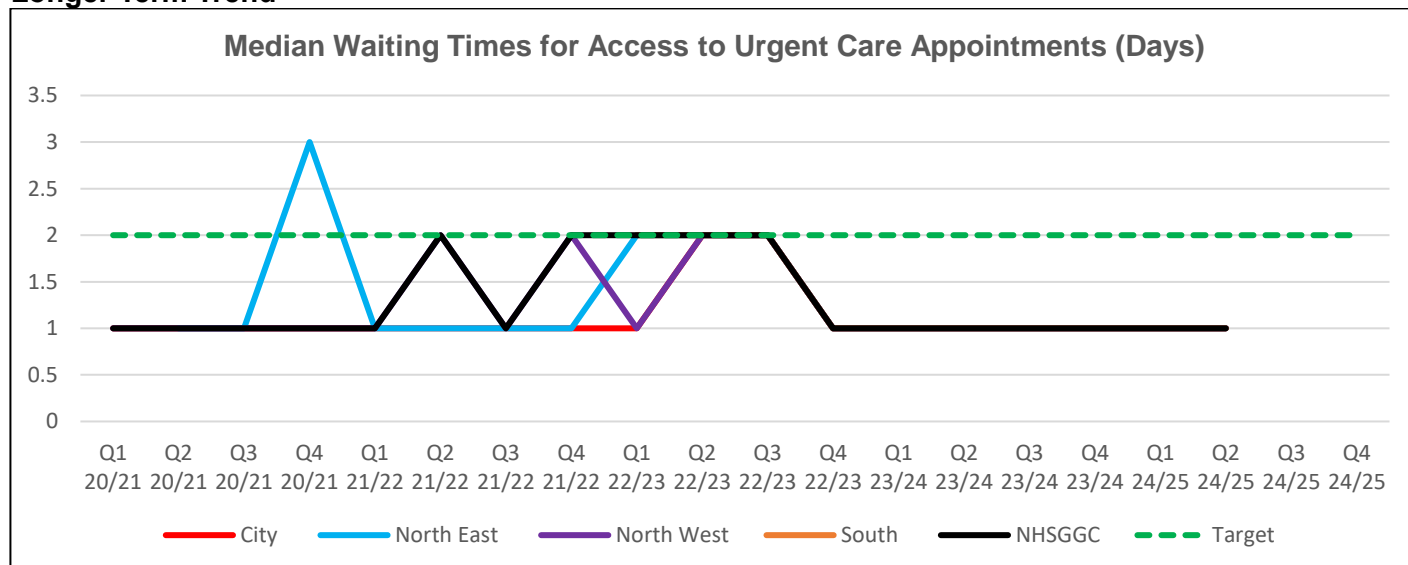
Indicator	4. Number of Young Person's appointments offered across all Sandyford locations
Purpose	We aim to maximise attendance by young people at our clinics across NHSGGC. This indicator monitors clinical capacity against targets agreed following the Service Review and is dependent on available resources.
National/Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1(See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		516	522	478	474	385	385	404	470	486
NE		75	111	91	67	56	53	62	119	118
NW		419	375	339	353	253	258	279	284	294
S		22	36	48	54	76	74	63	67	74
NHSGGC	TBC	664	677	640	676	601	575	560	617	622
DNA rate (%)		29.67	27.62	26.09	31.66	24.29	26.26	26.96	28.2	30.55

Performance Trend
The service has reviewed this indicator and it now relates to the number of appointments offered to Young People in the specialist clinics. Work is nearing completion on finalising the revised clinical model, and this will determine the target to be set for this indicator.

Issues Affecting Performance
Sandyford has seen continuing decreases in the numbers of young people attending for sexual health care over the last decade, and this is the pattern across Scotland. As the service and staffing in the service has recovered since the pandemic, young people clinics have been established in most locations proposed in the 2019 service review model. The service has adjusted clinic times, locations, appointment types and expanded outreach activity. However, despite strong efforts to try novel modes of engagement, these clinics in most cases remain under-utilised by young people.

Actions to Improve Performance
The following measures are underway: - Work on establishing a live chat function is well underway with an IT system identified for this and plans for an initial deployment underway.   - National work to improve the online booking experience is underway and due to be implemented during 2025.   - Consideration is being given to commissioning a comprehensive social marketing advertising campaign for young people to raise awareness of the service offer and to address some of the barriers to access that young people have told us about. In the current period of financial restraint, this may not be viable in the short term   - Work to increase awareness of Sandyford services through secondary schools is also underway with the development of a dedicated lesson plan with sign posting information to be provided across the area, however it is unlikely to be widely used in denominational schools.

Timescales for Improvement
Throughout 2025

Longer Term Trend

Number of Young People's Appointments Offered Across Sandyford Locations (Target TBC)
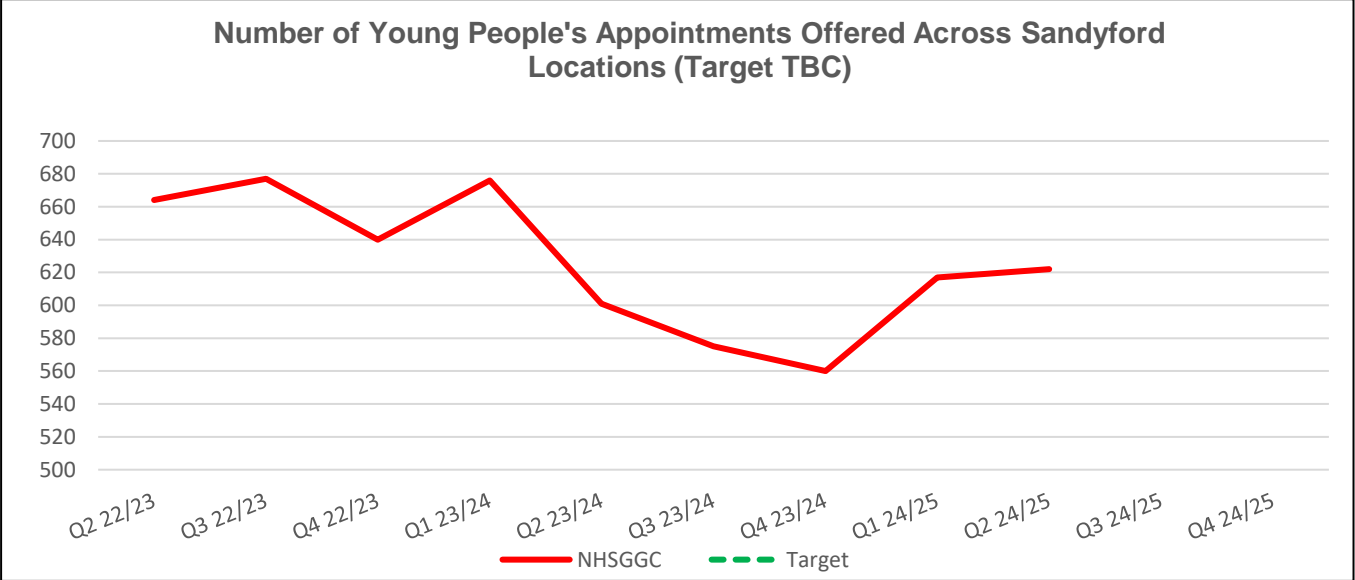
Indicator	5. Median waiting times for access to first **TOPAR** (Termination of Pregnancy and Referral) Appointments
Purpose	To monitor waiting times for access to first appointment at the TOPAR service. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Target	2022/23			2023/24				2024/25	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
5 working days	4 (G)	4 (G)	6 (R)	7 (R)	6 (R)	3 (G)	4 (G)	3 (G)	3 (G)

Performance Trend
Performance remained on target during Q2 (GREEN).
Back to Summary

Longer Term Trend

Waiting Times for Access to TOPAR Appointments (Days)
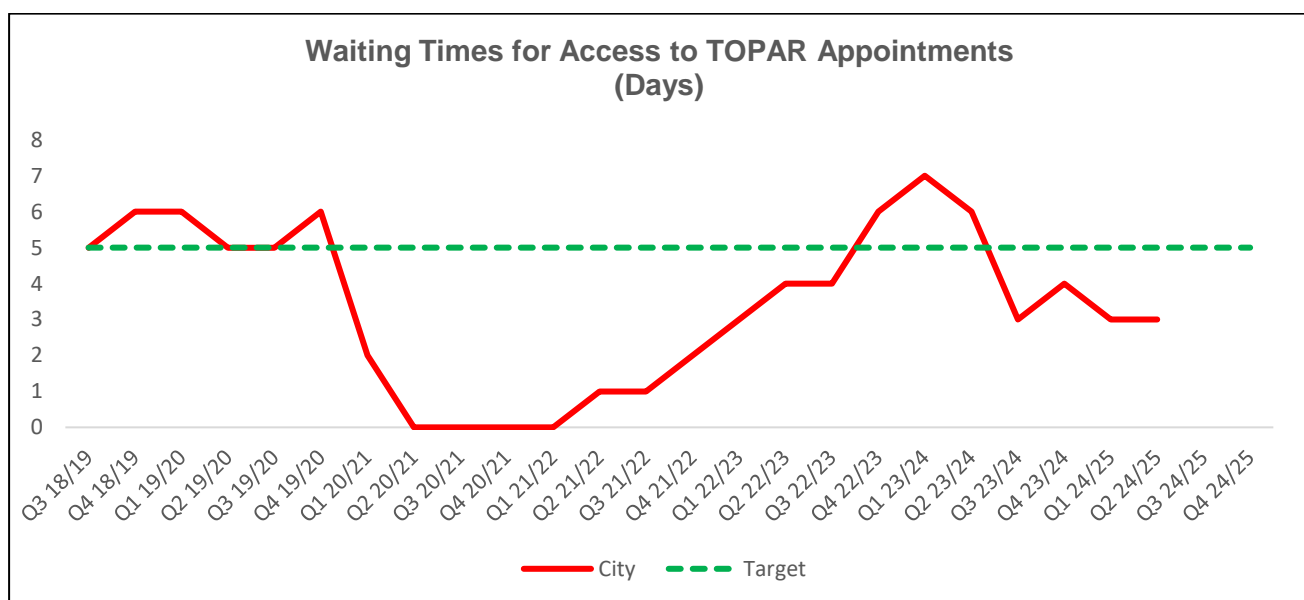
OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

Indicator	1. Percentage of service users who receive a reablement service following referral for a home care service
Purpose	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 and thus we aim to maximise the number of people receiving this service. 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.
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	22/23			23/24*				24/25	
		Q2 Per 7 (Sept) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1* %	Q2* %	Q3* %	Q4 %	Q1 %	Q2 %
Hospital Discharges	75% (23/24)	67.6 (A)	75.6 (G)	70.1 (G)	76.6 (G)	77.8 (G)	79.0 (G)	73.9 (G)	73.9 (G)	80.2 (G)
Community Referrals	(70% prior to 23/24)	76.7 (G)	77.2 (G)	79.6 (G)	86.2 (G)	83.8 (G)	87.9 (G)	88.4 (G)	86.2 (G)	87.3 (G)
*Reporting for these KPIs was revised at Q3: The performance figures for 23/24 and going forward will be reported by quarter rather than by period/month.										
Performance Trend										
Performance in relation to both Hospital Discharges and Community Referrals improved and remained GREEN during Quarter 2. Back to Summary										

Indicator	2. 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.
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	22/23			23/24*				24/25	
		Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1* %	Q2* %	Q3* %	Q4 %	Q1 %	Q2 %
City	>35%	36.3 (G)	41.1 (G)	36.2 (G)	34.5 (G)	34.6 (G)	34.4 (G)	37.5 (G)	36.4 (G)	42.8% (G)
North East		36.5 (G)	39.5 (G)	44.4 (G)	38.7 (G)	32.1 (R)	32.5 (R)	43.5 (G)	39.2 (G)	43.1% (G)
North West		46.4 (G)	47.3 (G)	38.1 (G)	37.6 (G)	34.9 (G)	36.9 (G)	38.2 (G)	39.9 (G)	43.4% (G)
South		29.4 (R)	37.8 (G)	31.3 (R)	30.7 (R)	35.6 (G)	33.5 (A)	33.4 (A)	32.8 (R)	43.9% (G)

*Reporting for this KPI was revised at Q3: The performance figures for 23/24 and going forward will be reported by quarter rather than by period/month.

Performance Trend

At city level and in the localities, performance was significantly above target and GREEN. Performance in South improved between Q1 and Q2 with the RAG rating moving from RED to GREEN during the reporting period.

Back to Summary

Target/Ref	3. Day Care (provided) - Review Rates
Purpose	This indicator monitors 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. Regular reviews ensure that service users receive the right level and type of service. The aim is to maximise the proportion reviewed within timescale.
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

Target	22/23				23/24				24/25		
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
95%	93% (G)	93% (G)	86% (R)	92% (A)	92% (A)	89% (R)	84% (R)	94% (G)	92% (A)	89% (R)	

Performance Trend

During Q2 performance in relation to this indicator fell with the RAG rating moving from AMBER to RED.

Issues Affecting Performance

There has been a further reduction in review rates for day care service users since Q1. This has been due to challenges in setting review dates with appropriate key workers because of absence/leave.

Actions to Improve Performance

Managers of day centres monitor levels of review activity in all centres on a weekly basis. Managers and supervisors will conduct reviews in the absence of staff/keyworkers.

Timescales for Improvement

Q3 of 2024/25.

Back to Summary

Target/Ref	4. Provided Residential Care Homes – Occupancy Rate
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

	21/22	22/23				23/24				24/25	
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	96% (G)	97% (G)	96% (G)	96% (G)	95% (G)	94% (G)	90.5% (A)	96% (G)	92% (A)	90.4% (A)	88% (R)

Performance Trend

Performance in relation to residential occupancy fell during Q2 with the RAG rating moving from AMBER to RED during the reporting period.

Issues Affecting Performance

There have been fewer referrals of potential residents living with advanced dementia, while most beds identified as vacant are within specialist residential dementia placements. This has continued as a pattern of referrals received despite raised awareness of vacancies across the assessment and hospital social work teams.

Actions to Improve Performance

Revision of admission processes to ensure that these are as streamlined as possible to avoid any delays in admission. This is an on-going action from Q1 of 24/25.

There is a review of bed based services currently ongoing – the outcomes of this will aim to improve this.

Timescales for Improvement

Q3 of 2024/25.

Back to Summary

Target/Ref	5. Provided Residential Care Homes for Older People - Review Rates
Purpose	This indicator monitors the extent to which reviews for residents within our own local authority run care homes are being undertaken within the target 6 month period. These reviews are carried out by care home staff. Regular reviews ensure that residents receive the right level and type of service. The aim is to maximise the proportion reviewed.
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

	21/22	22/23				23/24				24/25		
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	99% (G)	95% (G)	95% (G)	93% (G)	89% (R)	84% (R)	92% (A)	91% (A)	91% (A)	93% (G)	85% (R)	

Performance Trend

Performance in relation to this KPI dropped during Q2 with the RAG-rating moving from GREEN to RED.

Issues Affecting Performance

Staff vacancies and sickness absence have had an impact on being able to plan review activity for this Quarter. Additionally, a small number of residents are awaiting a statutory review involving a qualified social worker and there have been delays in finding a suitable date and time with them and the relevant family members/Power of Attorney.

Actions to Improve Performance

Recovery actions have already been put in place including re-arranged reviews led by Senior Social Care Workers and reviews which have already taken place. This has already had an impact which should be reflected in Q3.

Timescales for Improvement

Improved position should be in place in advance of Q3 reporting.

Back to Summary

ii. Commissioned Services

Indicator	6. 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 Total	23/24				23/24 Total	24/25		
				Q1	Q2	Q3	Q4		Q1	Q2	Mid-Year Total
City	75 per annum (19 per quarter)	84 (G)	83 (G)	32 (G)	11 (R)	29 (G)	16 (R)	88 (G)	25 (G)	15 (R)	40 (G)
North East	25 per annum (6 per quarter)	35 (G)	21 (R)	7 (G)	2 (R)	12 (G)	5 (R)	26 (G)	6 (G)	5 (R)	11 (R)
North West		23 (R)	25 (G)	8 (G)	4 (R)	9 (G)	2 (R)	23 (R)	9 (G)	8 (G)	17 (G)
South		26 (G)	37 (G)	17 (G)	5 (R)	8 (G)	9 (G)	(39) (G)	10 (G)	2 (R)	12 (G)

Performance Trend

At the end of Quarter 2 while the overall City figure and the numbers for North East and South were below target (RED) the Mid-Year figures either met or exceeded the target (GREEN) in the city overall and in North West and South. North East remained slightly below target (RED) at the mid-year point.

In the South during Q2 there was a drop in the number of properties that HOOP (Housing Options for Older People) were asked to provide nominations for. It is expected that there will be some turnover in voids during Q3 leading to an improvement in these figures. In the NE, HOOP are meeting with the Localities and HSCP Connect to encourage an increase in referrals to fill existing voids in service provision across some of the Clustered sites. Some tenancies are in progress, and it is anticipated these will be complete in Quarter 3.

Currently there are 267 service users in receipt of care and support in clustered supported living sites in the City.

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Indicator	7. 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	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	July 24	Aug 24	Sep 24
City	90%	70 (R)	97 (G)	69 (R)	94 (G)	83 (R)	91 (G)	81 (R)	92 (G)	91 (G)	97 (G)	97 (G)
North East		89 (G)	98 (G)	57 (R)	90 (G)	86 (A)	N/A	100 (G)	94 (G)	86 (A)	91 (G)	93 (G)
North West		66 (R)	98 (G)	92 (G)	97 (G)	80 (R)	94 (G)	83 (R)	90 (G)	88 (G)	94 (G)	94 (G)
South		65 (R)	95 (G)	70 (R)	94 (G)	84 (R)	89 (G)	72 (R)	91 (G)	96 (G)	96 (G)	96 (G)

Performance Trend
Performance has improved in the last quarter at a city level and has remained GREEN in all localities.

Note: The Burlington unit in the North East was closed during November and December 2023.

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Indicator	8. 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	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	July 24	Aug 24	Sep 24
City	<42 days	48 (R)	35 (R)	74 (R)	53 (R)	46 (R)	53 (R)	44 (R)	45 (R)	49 (R)	51 (R)	47 (R)
North East		55 (R)	32 (R)	101 (R)	66 (R)	44 (R)	N/A	13 (G)	47 (R)	54 (R)	44 (R)	36 (G)
North West		73 (R)	68 (R)	57 (R)	62 (R)	80 (R)	69 (R)	74 (R)	56 (R)	67 (R)	59 (R)	56 (R)
South		44 (R)	31 (R)	69 (R)	45 (R)	33 (R)	45 (R)	41 (R)	40 (G)	40 (R)	50 (R)	47 (R)

Performance Trend
Target has moved from <28 to <42 days for 2024/25.   Performance has remained RED at a city level in the last quarter and remains RED. North East moved from RED to GREEN while the South moved in the opposite direction. North West remained similar.   The Burlington unit in the North East was closed during November and December 2023. Burlington re-opened February 2024 for admissions into IC following LSI case conference on 24th January 24.

Issues Affecting Performance
Complexity remains a feature for those admitted into IMC – age profile more under 65's being admitted into IC, service users have higher needs requiring more time for arrangements to be in place to get to final destination. Housing and AWI remain themes impacting on length of stay. The hospital team are also seeing an increase in demand for discharge to assess option for those who are likely to require long term care, with care home of choice being the preferred option.

Actions to Improve Performance
Ongoing actions to target length of stay including level of scrutiny through weekly huddles, actions through the IMC Improvement Group and identifying opportunities to improve decision making processes and opportunities to progress discharge. Recent implementation of digital booking system for transport to support increased level of assessments and to prevent delays in supporting discharge.

Timescales for Improvement
Ongoing throughout 25/26.

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Indicator	9. 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)

Area	Destination	Target	21/22			2022/23				2023/24			
			Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	July 24	Aug 24	Sep 24
Glasgow	Home	30%	24 (R)	28 (R)	29 (R)	29 (A)	32 (G)	22 (R)	14 (R)	22 (R)	18 (R)	43 (G)	23 (R)
	Res/Nursing	N/A	66	48	65	43	48	52	68	59	53	43	64
	Readmissions	N/A	10	20	60	14	19	17	14	19	26	14	9
	Deceased	N/A	0	4	0	14	0	9	5	0	3	0	5
NE	Home	30%	0 (R)	25 (R)	8 (R)	57 (G)	67 (G)	N/A	0 (R)	13 (R)	22 (R)	29 (G)	25 (R)
	Res/Nursing	N/A	75	50	83	43	17	N/A	33	75	56	57	75
	Readmissions	N/A	25	25	8	0	17	N/A	33	13	22	14	0
	Deceased	N/A	0	0	0	0	0	N/A	33	0	0	0	0
NW	Home	30%	0 (R)	0 (R)	18 (R)	33 (G)	14 (R)	29 (G)	0 (R)	20 (R)	29 (G)	71 (G)	25 (R)
	Res/Nursing	N/A	100	100	73	33	71	57	100	40	43	29	75
	Readmissions	N/A	0	0	9	33	14	0	0	40	29	0	0
	Deceased	N/A	0	0	0	0	0	14	0	0	0	0	0
South	Home	30%	32 (R)	33 (G)	44 (G)	17 (R)	28 (A)	19 (R)	21 (R)	29 (A)	11 (R)	42 (G)	21 (R)
	Res/Nursing	N/A	59	39	52	44	50	50	64	57	56	47	57
	Readmissions	N/A	9	22	4	17	22	25	14	14	28	11	14
	Deceased	N/A	0	6	0	22	0	6	0	0	6	0	7

Performance Trend

City wide performance improved slightly in the last quarter but remains RED. This was the same in the North East and North West but South moved from AMBER to RED.

Issues Affecting Performance

Level of discharges reduced due to extended length of stay of clients and lower numbers discharged through this period, so therefore percentage outcome of home skewed by lower numbers.

Actions to Improve Performance

Revised focus on rehabilitation group for IC under discussion. Recent improvement event with all IC staff engaged and further sessions with care providers and support partners to identify opportunities for home as outcome for increased number of residents. Action plan focussing on maximising discharge home where possible.

Ongoing actions to promote discharge home, rehabilitation opportunities as part of action planning – this remains core practice of IC and also open to discharge to assess for those individuals we identify as relevant.

Timescales for Improvement
Ongoing 25/26. [Back to Summary](#)

iii. HSCP Community Services

Indicator	10. 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 24/25	21/22	22/23	23/24	2024/25				Year to Date
					Q1	Q2	Q3	Q4	
No. summaries completed and shared with GPs	360 p.a./ 90 per quarter	50 (R)	276 (G)	399 (G)	116 (G)	115 (G)			231

Performance Trend
Target has been increased from 260 to 360 for 2024/25.
Performance for Q2 continues to be above target and GREEN. This relates to the number of completed ACP Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work.
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Target/Ref	11. Occupational Therapy (OT) Assessments: % completed within 12 months of request
Purpose	This KPI measures the percentage of OT activities which were completed within 12 months of the request date.
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	23/24		24/25		
		\% completed within 12 months of request (Number of completed Activities)				
		Q3	Q4	Q1	Q2	Q3
City		95% (A) 1,752	96% (G) 2,129	98% (G) 2,107	99% (G) 1,907	
Centre (Health and Social Care Connect)		100% (G) 1,044	100% (G) 1,369	100% (G) 1,403	100% (G) 1,289	
North East	**98%**	91% (R) 243	81% (R) 217	99% (G) 226	100% (G) 203	
North West		98% (G) 214	98% (G) 256	100% (G) 248	100% (G) 177	
South		76% (R) 233	86% (R) 256	87% (R) 209	94% (A) 227	
Other (Learning Disability)		83% (R) 18	71% (R) 31	100% (G) 21	100% (G) 11	
Performance Trend						

New OT KPI for 24/25 which replaces the previous OT Waiting List KPI.

At Q2 the target was met at city level and in all localities and teams (GREEN) with the exception of South which although the RAG rating improved from RED to AMBER remained slightly below the target range.

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Target/Ref	12. 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. The aim is to maximise the number of people using technology and associated services in conjunction with other formal and informal care and support to maintain greater numbers of people at home rather than in a care home setting. This also can relieve pressure in the acute sector by facilitating early and safe discharge.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Reason for Referral/ Intended Outcome	Targets Annual (*Quarterly*)	2023/24 Totals	2024/25				24/25 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**	2722 (G)	654 (G)	575 (G)			1,229 (G)
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	653 (G)	165 (G)	170 (G)			335 (G)
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	100 (G)	30 (G)	26 (G)			56 (G)
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	3475 (G)	849 (G)	771 (G)			1,620 (G)

Performance Trend
All quarterly targets for Telecare referrals were comfortably met during the second quarter of 24/25 (GREEN).

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Indicator	13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)
Purpose	To monitor the timeliness of the response of the Telecare Direct Response Team in situations which have been assessed as emergencies and requiring their intervention. This can include situations when service users have fallen; when they are not verbally responding; or when sensors installed by the service indicate a potential problem.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Indicator	Target	2024/25 Performance (%)			
		Q1	**Q2**	**Q3**	**Q4**
Response Time: % Arrived within 45 Minutes	90%	**98.8% (G)**	**99.0% (G)**		

Performance Trend
New indicator for 24/25.

Performance above target and GREEN in the second quarter of 24/25.

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Indicator	14. Telecare Call Handling – % Answered Within 60 Seconds
Purpose	This is a nationally recognised industry standard and is reported to the TEC Services Association (TSA). The KPI monitors the timeliness of the Telecare Service Call Handling Reponses. The intention is to ensure that people are not unnecessarily delayed when making contact with the Telecare Service.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Indicator	Target	2024/25 Performance (%)			
		Q1	**Q2**	**Q3**	**Q4**
Call Handling -% within 60 Seconds	97.5%	**96.0% (G)**	**96.4% (G)**		

Performance Trend
New indicator for 24/25. Performance was within the target range and GREEN in the second quarter of 24/25. Back to Summary

Indicator	15. Number of Carers identified during the quarter that have requested or accepted the offer of 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 Full Year Total	23/24				23/24 Full Year Total	24/25	
					Q1	Q2	Q3	Q4		Q1	Q2
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	2,533 (G)	783 (G)	853 (G)	725 (G)	868 (G)	3,229 (G)	592 (G)	632 (G)
North East	633 (158 per Q)	604 (A)	801 (G)	866 (G)	217 (G)	290 (G)	231 (G)	278 (G)	1,016 (G)	178 (G)	217 (G)
North West	633 (158 per Q)	445 (R)	684 (G)	777 (G)	257 (G)	241 (G)	220 (G)	280 (G)	998 (G)	186 (G)	180 (G)
South	633 (158 per Q)	879 (G)	906 (G)	890 (G)	309 (G)	322 (G)	274 (G)	310 (G)	1,215 (G)	228 (G)	235 (G)

Performance Trend
Both the city-wide and locality targets for this indicator were exceeded during the second quarter of 24/25 (GREEN).

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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	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Jun 2024/25
Annual Total	161,155	161,155 (A)	113,633 (G)	139,967 (G)	141,753 (G)	147,080 (G)	38,008 (G)
Monthly Average	13,430	13,430 (A)	9469 (G)	11,664 (G)	11,813 (G)	12,257 (G)	12,669 (G)

Performance Trend
Performance for Q1 remains GREEN although monthly averages have increased. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.

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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	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Jun 2024/25
Annual Total	63,855	63,855 (G)	54,947 (G)	59,197 (G)	56,574 (G)	58,866* (G)	12,819* (G)
Monthly Average	5,321	5,321 (G)	4,579 (G)	4,933 (G)	4,715 (G)	4,906* (G)	4,273* (G)

*Provisional

Performance Trend
Performance is below target and GREEN for 2024/25 although these figures are provisional at this stage, as are the 2023/24 figures. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance. 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 this 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	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Jun 2024/25
Annual Total	507,633	507,633 (R)	450,954 (G)	522,420 (R)	546,937 (R)	526,739* (R)	89,209* (G)
Monthly Average	42,303	42,303 (R)	37,580 (G)	43,535 (R)	45,578 (R)	43,895* (R)	29,736* (G)

*Provisional

Performance Trend
Performance is GREEN and below target, although the figures are provisional at this stage, as they are for 2023/24. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance. Back to Summary

Indicator	4. 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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Jun 2024/25
Annual Total	198,258	198,258 (R)	181,881 (G)	180,102 (G)	181,660 (G)	168,924* (G)	34,504*
Monthly Average	16,522	16,522 (R)	15,157 (G)	15,009 (G)	15,138 (G)	14,077* (G)	11,501* (G)

*Provisional

Performance Trend
Performance is GREEN and below target, although the figures are provisional at this stage, as they are for 2023/24. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance. Back to Summary

Indicator	5. 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 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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Jul 24	Aug 24	Sep 24
North East	120	32	26	24	21	25	30	20	21	28	28	45
North West		25	16	21	20	26	21	30	24	22	30	27
South		40	24	48	24	38	33	33	31	25	23	33
Other												
Sub-Total (Included Codes)		**97**	**66**	**93**	**65**	**89**	**84**	**83**	**76**	**75**	**81**	**105**
North East		22	20	15	25	31	24	24	26	25	25	22
North West		22	19	23	22	16	15	11	22	23	27	24
South		23	29	11	14	20	25	22	22	25	27	23
Other												
Sub-Total (Complex Codes)		**67**	**68**	**49**	**61**	**67**	**64**	**57**	**70**	**73**	**79**	**69**
Overall Total		**164 (R)**	**134 (R)**	**142 (R)**	**126 (R)**	**156 (R)**	**148 (R)**	**140 (R)**	**146 (R)**	**148 (R)**	**160 (R)**	**174 (R)**

Performance Trend
Total numbers delayed have increased in the last quarter and remain RED. This rise occurred within included codes delays with complex codes remaining similar.

Issues Affecting Performance
• The HSWT are seeing a significant increase in the number of daily activations on Trak – of which they have no control over.   • Awaiting care home places – Lack of availability, impact of patient & family choice, engagement required to liaise and progress discharge.   • Increase in Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process.   • Delays linked to issues which may not have an HSCP locus such as house cleans, equipment, housing factors etc.   • Increase in homelessness linked cases, reflecting the wider housing crisis in the city.

- Increased complexity of referrals with a significant increase in under 65 referrals and co-morbidities, individuals presenting from other authorities (and out-with Scotland), and housing.
- Ongoing staffing issues – general sickness/absence and planned retirements.
  These trends continue for this quarter.

Actions to Improve Performance

- Aim for a shift from patients being delayed towards a planned discharge date, with actions being progressed to support this.
- Continuing input to local planning and implementation of PDD agenda.
- Liaise with and utilise support from the discharge team on issues at ward level such as medications and transport required on discharge.
- Improve access to care home places through ad hoc Commissioning inputs, linking with care homes to progress pre-admission assessments and mitigate discharge delays, and attending care home webinars to liaise with the homes on an ongoing basis.
- Regular links with legal department to support AWI issues and using a tracker to progress cases. Using interim powers to support progress and aiming for additional court dates.
- Maximising use of Intermediate Care & Discharge to Assess using the daily Intermediate Care Huddle and liaising with HSCP residential units to improve pathways.
- Supporting the Homelessness Liaison team via a weekly multi-disciplinary meeting involving a range of HSCP functions and teams including addictions, homelessness services, commissioning, and the complex needs team – and ad hoc service manager link, homelessness services.
- Management of complex cases through a focused joint approach with multi-disciplinary teams, including NHS Acute and a range of HSCP services including community health, home care, commissioning, occupational therapy, and social work.
- Management of staffing issues through targeted action around short and long term absence and the use of some temporary capacity. Ongoing active recruitment.
- Implementing a service improvement programme working across a range of areas including demand, activity, capacity, and queueing.
- Involved in ongoing programme with Scot Gov and Health Improvement Scotland.

Performance continues to be managed using parameters above.

Timescales for Improvement

Agreed timescale up to Q3/Q4 2024/25. Ongoing.

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Indicator	6. 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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Jun 2024/25
Annual Total	45,318	45,318 (R)	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)	20,693 (R)
Monthly Average	3,776	3,776 (R)	4,159 (R)	5,404 (R)	6,240 (R)	6,398 (R)	6,898 (R)

Performance Trend

Bed Days lost increased over the last four years after falling in 2019/20 due to the pandemic and this has continued into the first quarter of 2024/25. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance

Issues Affecting Performance

See issues set out in KPI 5 above.

Actions to Improve Performance

- Significant improvement on targeting long term delays – with statistical shift in the level of long-term bed days.
- Focussed work on complex cases.
- Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues.
- Reporting directly to ACO and strategic performance planning is ongoing.
- Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions.
- Targeted input to spinal unit in relation to Delayed Discharges within said unit.

Performance continues to be monitored in line with above parameters.

Timescales for Improvement

Agreed timescale up to Q3/Q4 2024/25. Ongoing.

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PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The formulary preferred list are those medicines that are considered most appropriate as the initial choices for the majority of illnesses that are managed in the primary care setting, and it is an important medicines management tool. While some of the variation in this indicator between GP practices and localities is expected due to differences in the patients that they treat, some will be due to differences in medicines management with higher compliance with the formulary preferred list expected in practices where medicines management practices are fully implemented.
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	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)	73.46 (R)
NE		77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)	73.98 (R)
NW	78%	75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)	72.87 (R)
S		75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)	73.48 (R)
NHSGGC		76.87	76.54	76.85	76.45	75.77	72.03	73.75	73.9	73.91

Performance Trend
During Q1, there was a slight decrease in performance at a city level and in the North West and South, with the North East remaining the same. All remained RED. This indicator is reported one quarter in arrears.

Issues Affecting Performance
New (anticipated) Issue: • As identified in the Q4 report, significant formulary changes were required to facilitate the 2024/2025 prescribing efficiencies programme. To facilitate the core programme, we have changed our first line anti-coagulant (Apixaban), first line COPD preventer inhaler (Tiogiva) and second line asthma preventer inhaler (Luforbec) on the formulary. The overall programme requires tens of thousands of patients to have their medicines safely switched alongside delivery of all existing work streams. Without these significant changes, formulary compliance would have improved overall. Ongoing issues: • In line with the board sustainability commitments, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during 2023/2024. Early data suggests that appropriate review, engagement and counselling with patients is resulting in a reduction in salbutamol use following a switch to a DPI, which offsets additional costs per unit. We

continue to proceed with a gradual transition with salbutamol MDI accounting for approximately 9% of non-preferred list prescribing.

- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and CKD (Chronic Kidney Disease) and their use is increasing. These are non-preferred list and so will be contributing to the trend in compliance. At Q1 2024/25, these now account for approximately 3% of non-preferred list prescribing.

Improving/Ongoing

- The past shortages of carbomer eye products have required prescribers to switch between brands or prescribe hypromellose or hyaluronate products instead. There has been a significant improvement in preferred list prescribing for eye products (24% to 36%) but ongoing work is required.

Actions to Improve Performance

Ongoing actions/considerations:
- Pharmacy teams are working tirelessly to deliver the 2024/2025 prescribing efficiencies, and this will be the focus of improvement through Q2 and Q3.
- The gradual transition from salbutamol MDI to dry powder (DPI) continues in a structured way.
- 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

Luforbec, Tiogiva and Apixaban switches (alongside alogliptin switches and lidocaine deprescribing) will largely be delivered within the 2024/2025 financial year. At the time of writing, the majority of inhaler switches have been completed and should show progress in Q2 data.

Salbutamol will take a number of years to fully convert to DPIs. This work is being led by the Primary Care Sustainability (Climate) Group. Pilot work is being undertaken at several practice sites across the city however genuine culture change among clinicians and patients will take a number of years to embed.

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Indicator	2. Prescribing Costs: Annualised cost per weighted registered patient
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The Annualised cost per weighted registered patient is an indicator which monitors medicines management. While some of the variation between GP practices and localities in this indicator is expected due to differences in the patients treated, some is due to differences in medicines management with a lower cost per treated patient expected in practices where medicines management practices are fully implemented.
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	2022/23				2023/24				2024/25
		Jun	Sep	Q1	Mar	Jun	Sep	Dec	Mar	Jun
City	Cost below (or same) as Board average	£156.8 (G)	£159.7 (G)	£155.3 (G)	£160.2 (G)	£164.4 (G)	£175.4 (G)	£176.2 (G)	£179.8 (G)	£178.3 (G)
NE		£158.3 (G)	£163.1 (G)	£162.1 (G)	£169.3 (G)	£173.7 (G)	£177.9 (G)	£179.1 (G)	£179.9 (G)	£181.7 (G)
NW		£149.9 (G)	£150.5 (G)	£154.2 (G)	£157.8 (G)	£162.2 (G)	£164.9 (G)	£164.3 (G)	£172.9 (G)	£165.1 (G)
S		£161.4 (G)	£165.0 (G)	£169.1 (G)	£174.1 (G)	£178.8 (G)	£182.6 (G)	£184.5 (G)	£185.6 (G)	£187.1 (G)
NHSGGC		£174.7	£178.0	£181.7	£187.7	£193.4	£197.5	£198.3	£199.4	£200.6

Performance Trend
Costs at city level and in the North West decreased in the last quarter, with the North East and South increasing. All remained GREEN and are considerably below the Health Board average, which increased slightly. This indicator is reported one quarter in arrears. Back to Summary

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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Jul 24	Aug 24	Sep 24
North East	95%	89 (R)	91 (A)	78 (R)	82 (R)	88 (R)	90 (A)	88 (R)	87 (R)	87 (R)	91 (A)	85 (R)
North West		87 (R)	88 (R)	87 (R)	85 (R)	87 (R)	87 (R)	91 (A)	84 (R)	89 (R)	84 (R)	87 (R)
South		90 (A)	89 (R)	85 (R)	85 (R)	83 (R)	92 (A)	88 (R)	89 (R)	90 (A)	88 (R)	90 (A)

Performance Trend
Performance in the North East declined slightly, while it improved in the North West and South, moving to AMBER in the South while remaining RED in the other two localities.

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 outwith the board area and had not had assessment prior to transfer; a small number of declined assessments; and a 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 with potential to improve recording.

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. These are recorded as 'unscheduled' checks for children older than 30 months – which ensures that the assessment is appropriate for the child's developmental stage – however, the recording of an 'unscheduled' assessment is not counted in the current performance indicator. Discussions are ongoing to review this. 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 those 27-30 month assessments that are due and those that are not completed; this allows team leads to explore the reasons in caseload management discussions.

This data is being enhanced and will allow us to update records 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 then discuss this in monthly 1:1s with team leaders. In addition, there are some children on caseloads who are known not to be in country (GANA) – a 7 minute briefing has been developed to improve how this is managed in caseloads to ensure accuracy of data.

Timescales for Improvement

Ongoing work is progressing to assess children who have missed their 27–30 month assessment, and to carry out developmentally appropriate assessments though these are not captured as part of the current KPI due to issues with extracting this information from the system.

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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	2021/22	2022/23				2023/24				2024/25	
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24
North East		97 (G)	96 (G)	97 (G)	97 (G)	94 (G)	96 (G)	98 (G)	96 (G)	95 (G)	96 (G)	
North West	95%	97 (G)	97 (G)	99 (G)	96 (G)	93 (G)	97 (G)	96 (G)	98 (G)	98 (G)	95 (G)	
South		97 (G)	98 G)	97 (G)	96 (G)	95 (G)	97 (G)	98 (G)	97 (G)	97 (G)	95 (G)	

Performance Trend
All areas remained GREEN during the last quarter. There is a time lag in the availability of this data so is reported a quarter behind. Back to Summary

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	21/22 Total	22/23 Total	23/24 Total	2024/25				
						Q1	Q2	Q3	Q4	Year to Date
City	1,533	383	3,069 (G)	3,227 (G)	3,081 (G)	800 (G)	690 (G)			1,490 (G)
NE	344	86	860 (G)	919 (G)	916 (G)	245 (G)	259 (G)			504 (G)
NW	576	144	763 (G)	852 (G)	828 (G)	212 (G)	140 (A)			352 (G)
S	613	153	1,446 (G)	1,456 (G)	1,337 (G)	343 (G)	291 (G)			634 (G)

Performance Trend

At Q2 the quarterly target continued to be exceeded at city level and in North East and South. North West fell slightly below target during the reporting period with the RAG rating moving from GREEN to AMBER between Q1 and Q2.

Both the city and all localities exceeded target at the cumulative mid-year point (GREEN).

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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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	22/23			23/24				24/25		
										Quarter 2	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	% with review	Number *without* a Permanency Review
City		61 (R)	63 (R)	61 (R)	54 (R)	61 (R)	59 (R)	59 (R)	56 (R)	55 (R)	30
North East	90%	65 (R)	64 (R)	63 (R)	61 (R)	68 (R)	69 (R)	60 (R)	58 (R)	61 (R)	9
North West		56 (R)	67 (R)	64 (R)	60 (R)	56 (R)	56 (R)	59 (R)	53 (R)	61 (R)	7
South		58 (R)	57 (R)	56 (R)	38 (R)	50 (R)	45 (R)	53 (R)	53 (R)	40 (R)	12

*2 of these children are currently allocated to a hospital teams.

Performance Trend

Performance at city and locality level remained below target and RED during Quarter 2.

At the end of September, a total of 30 children (of 66 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 and significant level of vacancies in the service continues to mean that deployment of staff resource has had to be prioritised to respond to crises and destitution, often on an emergency basis. 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, has been adding some delay as staff familiarise themselves with the new process.

There has been significant staff turnover in the past 2 years with a high number of newly qualified social workers joining the service, and ongoing vacancies due to turnover and the length of time to recruit new staff. 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 currently running with 34 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, identified the work required to progress children's care plans.

Permanence workshops and peer support opportunities have been focusing on this group of children 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 was relaunched in September/ October 2023. Work is underway to explore coaching and group supervision models to support social workers 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, with additional support from the Independent Reviewing Officers.

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 stabilisation of performance in this area, given the need to balance competing priorities and demand generated by the current cost-of-living crisis.

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 continues to be 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, with work ongoing to align the work of Assistant Service Managers and Independent Reviewing Officers and develop a citywide approach to supporting families. In addition, a new KPI is being developed to report on the number of children under 5 who have achieved permanence.

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Indicator	5. Percentage of New 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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	22/23				23/24				24/25	
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City		55 (R)	58 (A)	51 (R)	56 (R)	61 (G)	59 (G)	60 (G)	48 (R)	51 (R)	46 (R)
North East	60%	58 (A)	55 (R)	39 (R)	48 (R)	44 (R)	60 (G)	63 (G)	76 (G)	52 (R)	58 (A)
North West		53 (R)	53 (R)	64 (G)	42 (R)	58 (A)	47 (R)	57 (R)	31 (R)	45 (R)	38 (R)
South		52 (R)	62 (G)	48 (R)	68 (G)	72 (G)	68 (G)	63 (G)	39 (R)	53 (R)	44 (R)

Performance Trend

During Q2 performance at city level, North West and South fell further remaining RED. Performance improved in North East with the RAG-rating moving from RED to AMBER during the reporting period.

The total number of new SCRA reports requested during Q2 was 186 (45 North East, 45 North West and 96 South).

Issues Affecting Performance

This performance indicator is impacted by the relatively low number of reports requested, which means the percentage can swing significantly from quarter to quarter. The service is still running with over 30 vacancies, which impacts performance across all areas as staff are required to prioritise crisis work. In addition, the report deadline is a SCRA timescale to accommodate internal processes and does not impact families directly. Given that late reports do not jeopardise Hearing dates, practitioners sometimes have to make the difficult decision to respond to other requests, particularly related to emergency situations. Practitioners are also keen to ensure meaningful engagement of families, and therefore will sometimes be prioritising time for this, which will impact the overall timescales for producing the report.

Actions to Improve Performance

There is continued management oversight of the requested reports and Service Managers are having regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines, with hybrid arrangements in place to accommodate report writing when required.

Timescales for Improvement

The timescales for submitting new reports to SCRA will be kept under review, but the impact of vacancies and prioritisation of emergency work is continuing 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 (EET). 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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	22/23				23/24				24/25	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	75%	78% (G)	80% (G)	79% (G)	80% (G)	78% (G)	80% (G)	78% (G)	77% (G)	77% (G)	75% (G)
North East		83% (G)	84% (G)	82% (G)	81% (G)	79% (G)	79% (G)	78% (G)	81% (G)	81% (G)	75% (G)
North West		75% (G)	80% (G)	79% (G)	80% (G)	79% (G)	80% (G)	73% (A)	74% (G)	72% (A)	69% (R)
South		84% (G)	84% (G)	84% (G)	84% (G)	82% (G)	83% (G)	82% (G)	80% (G)	81% (G)	79% (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

The target was met (GREEN) in the city overall and in the North East and South localities during Q2. Performance in North West fell further moving from AMBER to RED during the reporting period.

The recording of Employability status fell slightly during Q2 with the number of young people who do not have their employability status recorded increasing from 12 to 23 between Q1 and Q2. Of these 23 young people, 14 are allocated to North East, 1 to South while the other 8 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team. All young people in North West have their status recorded.

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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	Karen Dyball, Assistant Chief Officer (Children's Services)

Target	22/23		23/24				24/25	
	Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
25 or fewer	30 (G)	30 (G)	30 (G)	26 (G)	27 (A)	26 (A)	29 (R)	27 (R)

Performance Trend

Out of authority placement numbers continued to remain above the 25 or less target at the end of the reporting period (RED).

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.

Issues Affecting Performance

At Quarter 2, there were 27 young people in Out of Authority Placements, which is a decrease of 2, reflecting the work to source appropriate support for children and young people, meeting their needs, whilst maintaining as many young people as possible within the City and within our provided estate. In spite of the level of staff absence within children's houses, residential practitioners have been flexibly responding to children and young people's needs to maintain support and connections within the City. Work is ongoing to review the model of staffing within children's houses to maintain this flexible support.

Actions to Improve Performance

The staffing situation in children's houses has improved due to close joint working between HR and residential colleagues to manage a significant recruitment process and address absence. This is helping to create some capacity in children's houses in order to support children within the City as opposed to utilising out of authority placements, where appropriate. As the complexity of children and young people's needs increases, there is a need to balance this with additional staff, and therefore a review is currently being undertaken to develop the model within the children's residential estate in order to meet the full range of young people's needs and reduce the need for external placements, and to meet the range of children and young people's neurodiversity needs.

The rate of admissions into Out of Authority placements will be counterbalanced by the number of young people moving on from Out of Authority placements given the age profile of young people accommodated.

Timescales for Improvement
The trajectory of young people in Out of Authority placements over the last few quarters reflects the complexity of need within children's houses, and the capacity to meet needs in the context of recent staffing challenges. This situation has significantly improved, with recent examples of a young person being supported in a children's house following a period of care in Skye House, with residential practitioners having developed a significant level of expertise to meet children and young people's neurodiversity needs. The greatest risk to meeting this target is the pressure in relation to meeting the needs of children with complex disabilities with the lack of available community resources, which increases the risk of family breakdown. Health and disability development work is ongoing, following a scoping session with key stakeholders to explore solutions to meeting families' needs. Back to Summary

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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	2022/23				2023/24				24/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	95.59 (G)	92.62 (G)	92.43 (A)	92.27 (A)	92.14 (A)	91.47 (A)	91.55 (A)	90.24 (R)	90.9 (A)
North East		96.04 (G)	90.15 (R)	94.21 (G)	92.72 (G)	91.03 (A)	92.27 (A)	90.91 (A)	88.21 (R)	88.5 (R)
North West		94.03 (G)	93.89 (G)	92.36 (G)	91.00 (A)	92.84 (A)	90.25 (A)	91.37 (A)	88.97 (R)	94.5 (G)
South		96.36 (G)	93.5 (G)	91.23 (A)	92.84 (G)	92.45 (A)	91.72 (A)	92.15 (A)	92.83 (G)	90.1 (R)

Performance Trend
Performance improved slightly at city level in the last quarter and moved to AMBER. The North West moved from RED to GREEN while the South moved in the opposite direction. The North East remained RED.

Issues Affecting Performance
The World Health Organisation has raised concerns that vaccine uptake has declined internationally. 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.' In this context, the rates being achieved in Glasgow City are regarded as good, in comparison to national trends.

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 continue to support these discussions.

Timescales for Improvement
Activity is ongoing throughout the year to provide dedicated planning for the vaccination programme. In response to the Measles outbreaks in England, Public Health Scotland has developed an awareness campaign which aligns with local messaging, and Health Visitors' discussions with families.

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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	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	2022/23				2023/24				24/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		95.57 (G)	95.44 (G)	96.02 (G)	94.86 (G)	95.73 (G)	95.55 (G)	95.68 (G)	94.97 (G)	94.6 (G)
North East	95%	95.74 (G)	94.86 (G)	96.69 (G)	93.26 (G)	96.12 (G)	94.56 (G)	95.12 (G)	95.75 (G)	94.6 (G)
North West		95.25 (G)	95.35 (G)	94.91 (G)	95.42 (G)	96.3 (G)	95.74 (G)	96.21 (G)	94.17 (G)	93.1 (G)
South		95.67 (G)	95.98 (G)	96.25 (G)	95.76 (G)	95.01 (G)	96.25 (G)	95.73 (G)	94.93 (G)	95.7 (G)

Performance Trend
Performance remains GREEN across the city. There was a small decrease in the last quarter at a city level and in the North East and North West. South improved 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 within the reporting period. The NHS Psychological Therapies 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 figure is an aggregate of all PTs delivered across all NHS services (i.e. Adult, Older People and Child & Adolescent in both inpatient and community settings for Mental Health Teams, Learning Disabilities Teams, Addiction Teams, Physical Health Services, Forensic Services and Prison Healthcare).
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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Jul 24	Aug 24	Sep 24
North East		49.4 (R)	60 (R)	58 (R)	45.5 (R)	49 (R)	74.1 (R)	78.7 (R)	77.3 (R)	93.4 (G)	90 (G)	84.9 (R)
North West	90%	84.5 (R)	91.7 (G)	91.7 (G)	96.7 (G)	96.7 (G)	100 (G)	93.7 (G)	94.4 (G)	89 (G)	85.1 (R)	93.8 (G)
South		81.7 (R)	85.5 (R)	82.9 (R)	89.1 (G)	93 (G)	78.4 (R)	81.6 (R)	82.3 (R)	80.6 (R)	77.1 (R)	87.5 (A)

Performance Trend
Performance has remained RED in the North East but improved in the last quarter. The South moved from RED to AMBER over this period, while the North West declined slightly but remained GREEN.
Issues Affecting Performance
There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering PT within the national 90% PT within 18 weeks LDP Standard addressing and eliminating long waits, especially those of 53+ weeks.

The capacity to deliver PTs is hugely influenced by staff turnover, internal moves, vacancies, arranged and unexpected leave. The pressure on the available capacity to continue to meet demand can compound these factors, further contributing to lengthening the waiting times. Recruitment has at times resulted in no applicants, or no appropriate applicants, reflecting the national supply issue of clinically trained professionals.

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

There are waiting list initiatives focusing on starting PT treatment for patients assessed as suitable for a PT treatment and are waiting the longest. |

These initiatives, with positive actions, such as group-based interventions to start a cohort of people who have waited for more than 18 weeks, rather than individual appointments, can result in a short-term reduction of the proportion of people starting a PT treatment within the Standard.

In most cases, whilst all PTs commencing will stop the "waiting time" clock, PT treatment protocols outline a series of appointments, over a period of time, to complete the full course of a PT treatment.

NHSGGC PT activity is typically between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments. Some PT treatments require an appointment every week for a year or more. Some PT protocols have specific criteria in order to commence the intervention (i.e. cohort size)

The care process is dynamic. There are continual incoming referrals requiring assessment. Anyone assessed as suitable for a PT is added to the numbers still waiting to start.
Some people wait longer due to clinical, social, or personal reasons that prevent remote engagement and require an in-person face-to-face approach.

Actions to Improve Performance

The Trauma service appoint people who are waiting 53+ weeks to start treatment, using any pooled resources available from across the MH services. The Trauma service continue to source appropriate venues with space for face-to-face interventions between clinicians & patients with translators in attendance.

Services have continued to pool any available capacity between teams, across HSCP locality & care group boundaries.

Peripatetic psychology team are utilised by pooling this additional resource to teams with very long waits or a higher number of waits that are not able to be managed by existing capacity.

Digital alternatives to face-to-face approaches (i.e., Anytime Anywhere or Near Me) are used.

Telephone contact is maintained with patients who are waiting to start their treatment. In addition, information is provided on coping strategies and a contact should their condition deteriorate.

The Board wide PT Group team co-facilitate digital-based group PTs with CMHT colleagues.

The digital platform (SilverCloud) offers a wider range of interventions with additional clinical supervision and has provided access to cCBT for people with Long Term Conditions.

Heads of Service and Professional Leads routinely monitor team's performance to assess the impact of their 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 are being generated where required.

Timescales for Improvement

- Achieving the 90% national Psychological Therapies 18 weeks waiting time Standard
- Appointing people waiting 53+ weeks will continue through 2024-25.
- Appointing people waiting 36+ weeks through 2024-25.

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Jul 24	Aug 24	Sep 24
Stobhill		37.3 (R)	26.4 (G)	32.6 (R)	28.9 (A)	25.5 (G)	34.2 (R)	27.5 (G)	24.3 (G)	28.4 (G)	31.6 (R)	22.1 (G)
Leverndale	28 days	37.4 (R)	39.8 (R)	33.2 (R)	33.5 (R)	43.2 (R)	35.4 (R)	39.9 (R)	32.3 (R)	35.5 (R)	29.3 (A)	39.2 (R)
Gartnavel		33.0 (R)	26.3 (G)	28.9 (A)	35.1 (R)	27.8 (G)	40.7 (R)	34.8 (R)	41 (R)	32.3 (R)	44.1 (R)	34.9 (R)

Performance Trend

Performance in Stobhill remained GREEN at the end of the quarter (September). Performance remained RED in Leverndale and Gartnavel at the end of the quarter.

Issues Affecting Performance

In Q2 Inpatient wards pauses and closures to admissions across the system of inpatient mental health provision remains an impact. Staffing remains an on-going key pressure on the delivery of care plans to optimise treatment and discharge. The average number of people with stays of over 6 months continues at just below the average for the year to date, not statistically significant and to maintain high pressure on inpatient ward daily operation. The current variation around the average length of stay is also not statistically significant. Elsewhere across the system of adult short-stay inpatient care across GGC has maintain the reduction in the number of people with stays of over 6 months, although this remains as anticipated to be due to a temporary revised bed complement on a site outwith Glasgow City. Despite this pressure and fluctuations in the numbers of discharges on each of the three Glasgow City sites, discharges overall in the quarter are within the recent norms for the same three sites overall.

Actions to Improve Performance

Operational responses prioritise maintaining safe care. Clinical leadership continues to be more operationally applied to support reducing the variance including for observations being used across wards and hospital sites. Ongoing review of boarders and options to further improve bed management and discharge co-ordination continue. These lengths of stay anticipated to continue into 2024-25.

Timescales for Improvement

Daily operational contingency is reviewed and applied to the fluid situation and location of pressure. This position is expected to continue during 2024-25. Pressures continue to be on-going with elongated vacancies replacement appointment processes expected to remain in place. Phased movement towards the adult acute admission bed strategy endpoint is not planned to progress until much later steps for strategy implementation.

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2022/23			2023/24				2024/25			
		Sep 22	**Dec 22**	**Mar 23**	**Jun 23**	**Sep 23**	**Dec 23**	**Mar 24**	**Jun 24**	**Jul 24**	**Aug 24**	**Sep 24**
Stobhill	<95%	103 (R)	85 (G)	98.2 (A)	101.3 (R)	99.6 (A)	100.1 (R)	101 (R)	98 (A)	104.7 (R)	102 (R)	95 (G)
Leverndale		100 (R)	98 (A)	101 (R)	99.4 (A)	99.9 (R)	96.9 (G)	101.2 (R)	101.8 (R)	97.1 (G)	101.2 (R)	99.9 (R)
Gartnavel		96.2 (G)	89.2 (G)	98.9 (A)	99.4 (A)	96.1 (G)	98.5 (A)	99.6 (A)	99 (A)	99.1 (A)	99.5 (A)	99 (A)

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

Issues Affecting Performance
No boarders to an external Health Board occurred during the quarter. Significant ward movement to support anti-ligature work is impacting on the sites. Wards outwith Glasgow City have been reduced in bed numbers and moved to Glasgow located sites. Taking this into account and the overall temporary reduction in adult acute beds occupancy for the quarter remains too high. Overall service ability to admit those who require inpatient care has been maintained whilst still under constant pressure. People whose condition is stable also continue to be transferred to other sites/types of mental health bed wards, as a last resort to facilitate a new admission. The continuation of this practice is anticipated for 2024 2025. Despite the decrease of 6 beds (2.11% reduction) occupancy for the way the system of care is working is anticipated to remain at close to 99% across the wider system of adult acute psychiatric beds. Community vacancy improvement is yet to provide assistance in reducing pressure on inpatient admissions.

Actions to Improve Performance
The range of discharge work for people with prolonged lengths of stay has seen a reduction across the wider system in August, albeit it is unknown if this can be sustained. Over-reliance on the use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care remains. Reducing vacancies during 24/25 in community and inpatient services remains an on-going operational challenge. Integrated discharge capacity options continue to be pursued during 2024/2025, although this and attempts to shorten the time for approval to replace vacancies remain contingent on decisions to deliver financial planning requirements.

Timescales for Improvement
The discharge work and team service and reducing prolonged lengths of stay remain requirements throughout 2024-25.

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 and it excludes Forensic Mental Health and Learning Disability. 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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Adults and Older People

Locality	Target	2022/23			2023/24				2024/25			
		Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Jul 24	Aug 24	Sep 24
N. East		11	6	10	5	5	9	9	20	14	16	14
N. West		9	10	10	4	4	3	11	7	10	13	11
South		9	12	13	10	12	13	11	16	14	12	15
City		1	0	0	0	0	0	2	0	0	0	0
Sub-Total (Included Codes)		30	28	33	19	21	25	33	43	38	41	40
N. East		1	1	3	0	2	3	4	3	3	4	3
N. West		0	0	2	2	1	4	5	2	1	2	2
South		1	1	4	4	4	2	3	1	1	0	2
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		2	2	9	6	7	9	12	6	5	6	7
All Delays	20	32 (R)	30 (R)	42 (R)	25 (R)	28 (R)	34 (R)	45 (R)	49 (R)	43 (R)	47 (R)	47 (R)

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

Adults

Locality	2022/23			2023/24				2024/25			
	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Jul 24	Aug 24	Sep 24
North East	3	4	6	2	2	4	4	7	4	4	1
North West	5	6	8	3	2	2	7	6	8	8	7
South	3	4	8	5	3	7	3	6	5	5	7
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	11	14	22	10	7	13	14	19	17	17	15
North East	1	0	1	0	1	2	2	1	1	2	2
North West	0	0	1	1	0	3	4	2	1	2	2
South	0	0	0	0	0	0	3	1	1	0	0

City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	**1**	**0**	**2**	**1**	**1**	**5**	**9**	**4**	**3**	**4**	**4**
All Delays	**12**	**14**	**24**	**11**	**8**	**18**	**23**	**23**	**20**	**21**	**19**

Older People

Locality	2022/23			2023/24				2024/25			
	Sep 22	**Dec 22**	**Mar 23**	**Jun 23**	**Sep 23**	**Dec 23**	**Mar 24**	**Jun 24**	**Jul 24**	**Aug 24**	**Sep 24**
North East	8	2	4	3	3	5	5	13	10	12	13
North West	4	4	2	1	2	1	4	1	2	5	4
South	6	8	5	5	9	6	8	10	9	7	8
City	1	0	0	0	0	0	2	0	0	0	0
Sub-Total (Included Codes)	**19**	**14**	**11**	**9**	**14**	**12**	**19**	**24**	**21**	**24**	**25**
North East	0	1	2	0	1	1	2	2	2	2	1
North West	0	0	1	1	1	1	1	0	0	0	0
South	1	1	4	4	4	2	0	0	0	0	2
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	**1**	**2**	**7**	**5**	**6**	**4**	**3**	**2**	**2**	**2**	**3**
All Delays	**20**	**16**	**18**	**14**	**20**	**16**	**22**	**26**	**23**	**26**	**28**

Performance Trend
Performance remains RED although there has been a small decrease overall since June (-2). Within this, adult delays reduced (-4) while older people delays increased (+2).

Issues Affecting Performance
As previous reporting period, there continues to be a delay in accessing particular types of community placements for more complex patients as well as delays for some patients who have legal/AWI issues. 12 beds and all have been filled successfully with patients transitioning from Complex Long Stay hospital beds to a commissioned service in the east end of Glasgow city.

Actions to Improve Performance
Staffing and management of the discharge teams is currently under discussion to ensure that the teams have appropriate skills mix and community links to facilitate discharges as soon as appropriate. Regular meetings continue with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital.
Timescales for Improvement
Performance improvement will be sought in 2024/25 financial year factoring the financial challenges being forecast.

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ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	In 2011, the Scottish Government set a National Standard that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug and/or alcohol treatment that supports their recovery. This KPI monitors performance in relation to this standard. 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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	21/22	22/23				23/24				24/25
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		95% (G)	93% (G)	96% (G)	94% (G)	96% (G)	98% (G)	96% (G)	96% (G)	93% (G)	92% (G)
North East ADRS	**90%**	Locality information was unavailable for this indicator during these quarters.			100% (G)	98% (G)	99% (G)	98% (G)	100% (G)	98% (G)	99% (G)
North West ADRS					80% (R)	76% (R)	95% (G)	92% (G)	82% (R)	88% (G)	89% (G)
South ADRS					99% (G)	100% (G)	100% (G)	98% (G)	97% (G)	96% (G)	99% (G)
Performance Trend											

This indicator is reported one quarter in arrears.

All localities exceeded target or were within the target range during Q1 (GREEN).

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HOMELESSNESS

Indicator	1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) 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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	22/23				23/24				24/25	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	98% (G)	99% (G)	84% (R)	91% (A)	91% (A)
North East		100% (G)	100% (G)	100% (G)	99% (G)	100% (G)	99% (G)	97% (G)	51% (R)	87% (R)	99% (G)
North West	**95%**	99% (G)	98% (G)	97% (G)	97% (G)	98% (G)	98% (G)	99% (G)	94% (G)	98% (G)	94% (G)
South		99% (G)	99% (G)	99% (G)	99% (G)	100% (G)	95% (G)	100% (G)	96% (G)	86% (R)	78% (R)
Asylum & Refugee Team (ARST)		99% (G)	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)	100% (G)	95% (G)	95% (G)	95% (G)

Performance Trend
During Q2 City level performance remained slightly below target and AMBER. North West and the Asylum & Refugee Team continued to meet target while performance in North East improved with the RAG rating moving from RED to GREEN during the reporting period. There was a fall in performance in South which remained RED. A total of 1,453 decisions were made during Q2.

Issues Affecting Performance
The citywide percentage of decisions made within 28 days has remained at 91%. There has been a significant improvement within the North East over the last quarter with 99% of decisions now being made within 28 days which is a notable increase on Q1's performance. Unfortunately, due to staffing issues within the South Homelessness Service, their performance has reduced to 78% which has caused the citywide performance to remain at 'amber'.

Actions to Improve Performance
The issues identified in terms of resource have now been rectified and assessment decisions are currently being made within statutory timescales.

Timescales for Improvement
It is anticipated that this indicator will return to target in Q3 of 2024/25. Back to Summary

Target/Ref	2. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	Registered Social Landlords (RSL) have an obligation under Section 5 of the Housing (Scotland) Act 1987 to help provide offers of settled accommodation for households assessed as unintentionally homeless. A Resettlement Plan is the agreed mechanism through which the HSCP can refer a household to an RSL. The indicator is intended to ensure that teams maximise plan numbers to achieve the city-wide target of 1,000 per quarter (2024/25).
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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	Total 20/21	Total 21/22	Total 22/23	23/24				Total 23/24	24/25	
24/25 4,000 per annum (1,000 per quarter)										
22/23 & 23/24 3,750 p a (938 p q)				Q1	Q2	Q3	Q4		Q1	Q2
21/22 5,000 p a (1,250 p q)	3,961 (R)	4,675 (R)	4,016 (G)	1,007 (G)	1,027 (G)	1,212 (G)	1,293 (G)	4,539 (G)	1,411 (G)	1,368 (G)

Performance Trend

Target increased from 3,750 to 4,000 new resettlement plans per annum for 24/25.

The quarterly target for the number of completed resettlement plans continued to be exceeded during the second quarter of 24/25 (GREEN).

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Indicator	3. Average number of weeks from assessment decision to settled accommodation
Purpose	A core element of the Council's Rapid Rehousing Transition Plan (RRTP) 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. The measure reported changed at the start of 2024/25 from an overall figure for all sizes of apartment to being reported by apartment size.
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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Apartment Size	Target	24/25			
		Q1	Q2	Q3	Q4
1 apt	21 weeks	21 (G)	26 (R)		
2 apt	36 weeks	41 (R)	50 (R)		
3 apt	31 weeks	36 (R)	34 (R)		
4 apt	81 weeks	82 (G)	90 (R)		
5 apt	225 weeks	296 (R)	277 (R)		

Performance Trend
Revised KPI: From 24/25 the reporting is broken down by apartment size. No historical data is therefore shown for this KPI.

Performance in relation to 1 and 4 apartment accommodation moved from GREEN to RED during the reporting period. Performance in relation to both 3apt and 5apt improved however remained RED.

The average continues to be high for larger family homes. Within the reporting period there were 2 families settled which were both over 5 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.

The number of lets secured in Q2 (2024/25) was lower than in the previous quarter which will increase the average length of time from assessment decision to settled accommodation. |

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.

The HSCP has an increased ask of 67% of RSLs in 2024/25 which takes into consideration both the increase in demand as well as a reduction in turnover within the social housing sector and the current percentage of lets to homeless households is approximately 51%. Although this is lower than the current request, it is the highest ever percentage achieved by the HSCP and is 10% above the national average of lets to homelessness households provided by RSLs. Work is on-going in relation to engagement with identified RSLs to increase this percentage of the total number of lets to homeless households.

Timescales for Improvement

It is anticipated that the number of lets in Q3 will increase which will reduce the number of weeks from assessment decision to settled accommodation.

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Target/Ref	4. Number of households reassessed as homeless or threatened with homelessness 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). This indicator is intended to help ensure that teams are working to minimise the number of repeat homeless applications.
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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	Full Year Total 20/21	Full Year Total 21/22	Full Year Total 22/23	23/24				Full Year Total 23/24	24/25	
				Q1	Q2	Q3	Q4		Q1	Q2
<480 per annum (<120 per Quarter)	420 (G)	526 (R)	406 (G)	75 (G)	65 (G)	97 (G)	75 (G)	312 (G)	99 (G)	121 (G)

Performance Trend
During Q2 the number of Repeats was higher than the Q1 figure (99) however the number remained within the upper target range and GREEN. ***Additional Information: Breakdown of reassessment/repeat figures*** Analysis of the 121 households reassessed during Q2 shows: • 43 Households received temporary accommodation. • 9 of these households were accommodated in Emergency Accommodation (B&B/Private Hotel) on the day they presented to us. Back to Summary

Target/Ref	5. 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 interim (i.e. emergency or temporary) accommodation where there is reason to believe a household is homeless and an application has been received.
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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	22/23				23/24				24/25	
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	70% (R)	60% (R)	58% (R)	52% (R)	53% (R)

Performance Trend
Performance in relation to emergency accommodation remained RED during Q2. This indicator relates to a statutory requirement.
Issues Affecting Performance
Given the increased demand, which is currently affecting Homelessness Services, particularly stemming from a significant increase in positive leave to remain decisions for asylum seekers, the service has not been in a position to offer emergency accommodation to all households on their first request. The above measure of 53% relates to the number of instances where temporary accommodation is not provided, not the number of households.
Actions to Improve Performance
There remain significant financial and capacity pressures on the HSCP's Homelessness Services, and it is likely both these pressures will continue throughout the remainder of 2024/25. 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 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 into Q3 in 2024/25. Back to Summary

Indicator	6. Number of new Housing First tenancies created
Purpose	The Rapid Rehousing Transition Plan (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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		Baseline	20/21	21/22	22/23	23/24	24/25		
		Start of 20/21	Annual Total	Annual Total	Annual Total	Annual Total	Q1	Q2	Q3
24/25 20 per quarter	Number created during quarter	0	76	61	34	22	3	4	
23/24 350 at year-end 15 per quarter	Cumu-lative Total	119	195 (R)	256 (R)	290 (G)	312 (R)	315 (R)	319 (R)	
22/23 year-end 280									

Performance Trend

Target revised for 24/25 to 20 new Housing First tenancies per quarter.

Performance during Q2 was below the new quarterly target of 20 Housing First tenancies per quarter (RED).

Issues Affecting Performance

The conclusion of the Glasgow Alliance to End Homeless has impacted on the multi-disciplinary work which is essential to the Housing First service delivery model.

Revised arrangements with key stakeholders are currently being finalised for the Housing First service moving forward aligned to the All in For Glasgow recommissioning workstream.

Actions to Improve Performance

The service continues to work with key partners both within the wider HSCP, as well as housing providers, to increase the number of settled lets for households with complex case histories. Development work is underway with the Complex Needs Service, Alcohol & Drug Recovery Services, Community Justice and Community Homelessness Services to improve the number and appropriateness of referrals.

Senior managers within the Housing First service have attended the 10 Local Letting Community forums to highlight the positive work being undertaken by the service with an aim of increasing the number of settled lets secured for homeless households aligned to a Housing First pathway.

Timescales for Improvement

Given the input from Housing First managers at the Local Letting Communities and to HSCP Service areas, it is anticipated that the number of referrals and lets secured for Housing First will increase in Q3 2024/25.

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Indicator	7. Number of Temporary Furnished Flats (TFFs)
Purpose	The Rapid Rehousing Transition Plan (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, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	22/23			23/24				24/25	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
22/23 & 23/24 2,400 or less	2,348 (G)	2,365 (G)	2,413 (G)	2,415 (G)	2,413 (G)	2,407 (G)	2,342 (G)	2,344 (G)	2,392 (G)

Performance Trend
Performance remained on target and GREEN during Quarter 2. 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 circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24. A revised target for 24/25 will be agreed once the Revised Temporary Accommodation Strategy is complete. This is anticipated to be completed by the end Q3 2024/25. 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 reflects the need for speed of response in respect of CPOs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	22/23			23/24				24/25	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City		88 (G)	89 (G)	89 (G)	85 (G)	83 (G)	87 (G)	90 (G)	85 (G)	84 (G)
North East	80%	93 (G)	88 (G)	91 (G)	90 (G)	90 (G)	86 (G)	93 (G)	83 (G)	84 (G)
North West		84 (G)	83 (G)	87 (G)	81 (G)	81 (G)	88 (G)	87 (G)	86 (G)	87 (G)
South		89 (G)	95 (G)	89 (G)	86 (G)	81 (G)	87 (G)	90 (G)	87 (G)	82 (G)

Performance Trend
During Q2 performance continued to exceed target (GREEN) at city level and in all localities. City-wide a total of 637 CPOs (North East, North West, South, Caledonian Team) were made during Q2; a 12% decrease in comparison with Q1 (727). [Back to Summary](#)

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	This KPI monitors the extent to which CPOs, DTTOs and Throughcare Licenses have a case management plan within 20 working days of the requirement being imposed as per national standards. 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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	22/23			23/24				24/25	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City (All)		98 (G)	85 (G)	97 (G)	99 (G)	91 (G)	90 (G)	93 (G)	91 (G)	90 (G)
North East (CPOs)		100 (G)	77 (R)	93 (G)	100 (G)	86 (G)	87 (G)	91 (G)	90 (G)	93 (G)
North West (CPOs)		97 (G)	94 (G)	100 (G)	100 (G)	94 (G)	94 (G)	97 (G)	90 (G)	90 (G)
South (CPOs)	85%	99 (G)	80 (R)	99 (G)	97 (G)	91 (G)	88 (G)	91 (G)	95 (G)	88 (G)
Caledonian Team (CPOs)		93 (G)	86 (G)	97 (G)	100 (G)	94 (G)	96 (G)	100 (G)	75 (R)	75 (R)
Drug Court Team (DTTOs)		100 (G)	80 (R)	100 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	80 (R)	100 (G)	100 (G)	100 (G)

Performance Trend

During Q2 performance exceeded target in all teams and localities (GREEN) with the exception of the Caledonian Team which remained below target and RED during the reporting period.

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Indicator	3. Percentage of 3-month Reviews held within timescale (CPOs, DTTOs and Clyde Quay Licenses).
Purpose	CPOs, DTTOs and Clyde Quay 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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	22/23			23/24				24/25	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City (All)	75%	87 (G)	81 (G)	83 (G)	85 (G)	81 (G)	78 (G)	84 (G)	83 (G)	78 (G)
North East (CPOs)		86 (G)	86 (G)	84 (G)	88 (G)	83 (G)	76 (G)	77 (G)	83 (G)	79 (G)
North West (CPOs)		95 (G)	89 (G)	84 (G)	93 (G)	88 (G)	85 (G)	86 (G)	82 (G)	81 (G)
South (CPOs)		83 (G)	71 (R)	82 (G)	83 (G)	77 (G)	74 (G)	88 (G)	85 (G)	83 (G)
Caledonian Team (CPOs)		78 (G)	81 (G)	84 (G)	65 (R)	77 (G)	82 (G)	100 (G)	82 (G)	78 (G)
Drug Court Team (DTTOs)		89 (G)	100 (G)	100 (G)	71 (R)	71 (R)	88 (G)	75 (G)	80 (G)	89 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	91 (G)	100 (G)	100 (G)

Performance Trend

During Q2 the target for reviews continued to be exceeded at city level and in all localities and teams (GREEN).

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

Locality	Target	22/23			23/24				24/25	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	70%	83 (G)	84 (G)	85 (G)	85 (G)	85 (G)	82 (G)	82 (G)	84 (G)	83 (G)
North East		85 (G)	92 (G)	90 (G)	87 (G)	85 (G)	81 (G)	83 (G)	82 (G)	87 (G)
North West		82 (G)	79 (G)	84 (G)	87 (G)	79 (G)	80 (G)	85 (G)	84 (G)	82 (G)
South		81 (G)	83 (G)	83 (G)	81 (G)	89 (G)	82 (G)	77 (G)	85 (G)	80 (G)

Performance Trend

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

Excluding breaches gives the following figures: NE 90%, NW 87% and South 84% (City 87%).

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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 during the quarter, 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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/Team	Target	22/23			23/24				24/25	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	80%	79 (G)	84 (G)	80 (G)	79 (G)	79 (G)	79 (G)	79 (G)	81 (G)	80 (G)
North East		79 (G)	87 (G)	78 (A)	78 (A)	80 (G)	77 (A)	80 (G)	82 (G)	79 (G)
North West		83 (G)	85 (G)	83 (G)	85 (G)	82 (G)	82 (G)	81 (G)	80 (G)	81 (G)
South		77 (A)	81 (G)	80 (G)	77 (A)	79 (G)	78 (A)	78 (A)	82 (G)	82 (G)
Caledonian Team		72 (R)	87 (G)	77 (A)	71 (R)	70 (R)	84 (G)	84 (G)	80 (G)	81 (G)
Drug Court Team		68 (R)	57 (R)	82 (G)	36 (R)	52 (R)	74 (R)	70 (R)	72 (R)	67 (R)

Performance Trend
During Q2 performance was maintained in the city, the 3 localities and in the Caledonian Team all of which remained GREEN. Performance in the Drug Court Team fell further remaining outwith the target range (RED).   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 and transient lifestyle. It often takes several attempts to meet with someone, which results in letters being sent to Court. We have seen some improvements in this area, but this remains a challenging performance target for the team to maintain.   Back to Summary

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 as per national standards. 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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality /Team	Target	22/23			23/24				24/25	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City		98 (G)	98 (G)	98 (G)	100 (G)	97 (G)	98 (G)	100 (G)	100 (G)	97 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
North West	80%	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	83 (G)
South		91 (G)	93 (G)	100 (G)	100 (G)	86 (G)	83 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay		100 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend
During Q2 all localities and Teams continued to exceed target in relation to post release interviews (GREEN).   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	22/23 Total	23/24 Total	2024/25				
					Q1	Q2	Q3	Q4	Year to Date
City	5066	1267	8,966 (G)	10,479 (G)	2,754 (G)	3,009 (G)			5,763 (G)

Performance Trend
Performance for Q2 remains GREEN and significantly exceeds the quarterly target. 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 quintiles and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	Target to Q1	22/23 Total	23/24 Total	2024/25				
					Q1	Q2	Q3	Q4	Year to Date
City	1178	286	1050 (R)	1,097 (R)	299 (G)				
NE	515	125	358 (R)	407 (R)	119 (A)				
NW	314	76	303 (R)	338 (R)	91 (G)				
S	349	85	389 (G)	352 (G)	89 (G)				

Performance Trend

This indicator is reported in arrears. Performance is above target and GREEN at a city level and in the North West and South, while AMBER in the North East.

Targets have been adjusted slightly at Health Board level which has reduced annual target at city level from 1224 to 1178. Targets are phased throughout the year to reflect historical trends with Q4 targets higher than those for Q1.

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Indicator	3. Women smoking in pregnancy (general population).
Purpose	To monitor the extent to which women in the general population are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status on the BADGER Information system.
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	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	10%	9.9% (G)	8.3% (G)	8.4% (G)	9.5% (G)	6.1% (G)	7.2% (G)	7.3% (G)	6.4% (G)	7.7% (G)
North East		11.7	9.4	10.6	12.2	6.1	7.9	8.8	8.5	8.3
North West		9.7	7.3	6.4	8.8	6.6	5.8	7.2	6.5	8.2
South		8.8	8.4	8.2	8.1	5.7	7.9	6.4	4.7	6.8

Performance Trend
Performance at city level declined between Q1 and Q2 but remained GREEN. Variations between localities and over time. Back to Summary

Indicator	4. Women smoking in pregnancy (from the 20% most deprived areas)
Purpose	To monitor the extent to which women in the most deprived areas of the population are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status on the BADGER Information system.
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	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	14%	16% (A)	13.8% (G)	13.9% (G)	14% (G)	15.6% (R)	11.4% (G)	10.8% (G)	10% (G)	12.3% (G)
North East		14.5	13.6	14.9	14.6	17.4	11.2	11.0	11.5	10.8
North West		17.4	14.6	11.2	12.3	13.8	8.1	11.4	10.7	13.4
South		16.5	13.2	15.2	14.9	15.2	14.6	10.3	8.1	12.8

Performance Trend
Performance at city level declined between Q1 and Q2 but remained GREEN. Variations between localities and over time. Back to Summary

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	22/23			23/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	33%	28.0 (R)	28.7 (R)	31.1 (R)	30.3 (R)	32.1 (G)	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)
North East		20.3	21.0	23.3	22.6	24	21.7	24.5	22.1	27.6
North West		32.6	34.9	36	34.4	37.4	34.4	34.9	37.9	37.9
South		31.2	30.3	34	33.4	34.7	34.7	32.2	33.3	36.4

Performance Trend

Performance moved from RED to GREEN at a city level in the last quarter, with performance improving in the North East and South, while remaining the same in the North West.

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Indicator	6. Exclusive Breastfeeding at 6-8 weeks (from the 15% most deprived areas)
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	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
City	**24.4%**	**20.8 (R)**	**18.8 (R)**	**25.0 (G)**	**21.6 (R)**	**24.1 (G)**	**22.7 (R)**	**24.2 (G)**	**24.3 (G)**	**24.1 (G)**
North East		16.8	17.2	21.8	20.8	21.4	21.7	21.9	20.7	21.9
North West		25.5	18.9	26.3	20.5	26.7	23.9	26.9	26.2	31.4
South		22.6	20.4	28.0	23.7	25.3	22.7	24.6	27.3	22.2

Performance Trend
Performance at city level moved remained GREEN in the last quarter, with a slight decline in the city wide total, while the North East and North West improved and South declined. Back to Summary

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	24/25 Target	22/23			23/24				24/25	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
HSCP	32.3%	29.1%	24.4 (G)	24.7 (G)	22.4 (G)	23.8 (G)	21.6 (G)	24.6 (G)	21.4 (G)	22 (G)	19.9 (G)
NE	39.9%	35.9%	29.2	28.5	26.9	27.0	23.9	31.9	21.6	25.6	26.2
NW	27.2%	24.5%	20.1	22.3	17.7	22.2	20.8	20.1	17.2	18.8	13.8
S	31.3%	28.2%	24.3	23.8	22.6	22.8	20.8	23.5	24.2	21.9	19.1

Performance Trend
Performance remains below the trajectory target and GREEN at city and locality levels in Q4. Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to the end of 24/25. Back to Summary

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

Area	2022/23			2023/24				2024/25	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Grand Total	6.90% (R)	7.74% (R)	7.01% (R)	6.54% (R)	6.94% (R)	7.21% (R)	7.66% (R)	7.80% (R)	7.78% (R)
Adult Services	7.68% (R)	8.32% (R)	7.26% (R)	6.51% (R)	7.21% (R)	7.30% (R)	7.86% (R)	7.73% (R)	7.73% (R)
Children's Services	6.01% (R)	7.02% (R)	7.65% (R)	7.05% (R)	6.51% (R)	7.84% (R)	9.03% (R)	8.63% (R)	8.24% (R)
Clinical Director	2.72% (G)	4.71% (R)	1.76% (G)	2.37% (G)	1.27% (G)	2.85% (G)	1.65% (G)	3.89% (G)	10.07% (R)
Health Improvement	3.80% (G)	3.84% (G)	5.66% (R)	4.44% (R)	5.71% (R)	5.23% (R)	4.00% (R)	4.39% (R)	5.14% (R)
Older People	7.60% (R)	8.32% (R)	7.04% (R)	6.88% (R)	6.97% (R)	7.23% (R)	7.70% (R)	8.67% (R)	8.51% (R)
Resources	5.61% (R)	6.83% (R)	3.69% (G)	2.87% (G)	3.39% (G)	4.15% (R)	4.11% (R)	5.36% (R)	4.56% (R)
Public Protection and Complex Care	5.24% (R)	7.47% (R)	6.15% (R)	9.21% (R)	9.07% (R)	10.21% (R)	8.79% (R)	8.57% (R)	8.92% (R)

Performance Trend
In Q2 2024/25, the overall sickness absence for the HSCP decreased slightly to 7.78%, down from 7.80% in Q1 2024/25. Despite this small reduction, the absence rate remains well above the nationally set 4% target. Several key service areas continue to report high levels of absence, notably Public Protection and Complex Care, which recorded a high of 10.07% this quarter, and Children's Services at 9.03%. These figures are consistent with the general trend of higher sickness absence across the Board.

Issues Affecting Performance
Absences due to long-term sickness remain the dominant factor, accounting for 4.24% of the total absence, while short-term sickness contributed 3.09%. Psychological reasons, which include stress-related absences, remain the most common cause, accounting for 24.4% of

total sickness absence in Q2 2024/25. This is consistent with previous quarters but has seen a marked reduction from last quarter when this accounted for 31.87%.

Absence due Gastro-intestinal problems decreased from last quarter's 7.46% (second highest known cause of sickness) down to 6.92%, although cold, cough, and flu is now the second highest know cause of sickness up this quarter from 7.07% to 8.05%.

Actions to Improve Performance

1.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. Ensuring that appropriate early interventions and adjustments are made as well as fostering a culture that promotes employee wellbeing and attendance.

2. Robust links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available to HSCP staff and managers.

3. The HR Team are progressing and supporting /feeding into NHSGGC initiatives including delivery of further Attendance Management awareness sessions and additional opportunities for managers to join the People Management Programme.

5. Support management teams to access and analyse available attendance data to identify trends and areas of concern.

6. The HR Team have identified areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR Support and Advice Unit where required.

Timescales for Improvement

Ongoing - subject to agreed review periods.

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Indicator	2.Social Work Sickness Absence Rate (%)
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.
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	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Social Work		**11.10 (R)**	**10.60 (R)**	**10.30 (R)**	**10.30 (R)**	**10.38 (R)**	**11.2 (R)**	**11.5 (R)**	**11 (R)**	**10.5 (R)**
Resources		7.0	6.6	5.8	6	6.50	6.9	6.3	5.7	7.0
Adult		11.30	9	7.9	10.3	10.00	9.9	8.6	11	10.8
Public Protection	**5%**	8.10	5.8	5.9	7.8	7.30	7.7	7.4	9.4	7.3
Children		9.30	7.7	7.9	9.1	9.80	10.4	11.3	11	10.3
Older People		8.50	6.9	7	6.3	5.70	6.1	6.7	5.8	5.2
Care Services		13.95	14.2	14.4	13.3	13.35	14.5	15.3	13.8	12.5

Performance Trend

- All Care Groups continue to report absence above the 5% target.

- Overall Quarter 2 is 0.12% higher than the same quarter last year, however, has reduced by 0.5% compared to the previous Quarter 1.

- Care Services is the largest Care Group (inc. Home Care and Older People Residential and Day Care Services) and has been the most improved Service in comparison to Quarter 2 last year (0.7% reduction). It is also the most improved since Q1 this year (1.3% reduction).

Issues Affecting Performance

There are a range of complex factors that impact on absence performance, with over 50% of the workforce being over the age of 50 and in roles predominately frontline.
Long-term absence continues to be the largest contributor to overall absence levels and delays in treatment for staff with long term conditions, can significantly delay return to work plans being implemented.

Actions to Improve Performance

There are 6 Priority Action Themes within the Attendance Management Action Plan for 2024/25 as follows:
1) HR Support and Action

2) Occupational Health and Long-Term Absence

3) Redeployment – Capability

4) Governance and Reporting

5) Training for Managers

6) Staff Wellbeing

The Action Plan brings a focus to priority hot spot areas and the main contributors to sickness absence, such as Psychological, Stress and Musculoskeletal absences. The Action Plan incorporates a refreshed approach to HR support available to managers, including a rolling programme of training, guidance and improved local processes, including regular HR Communications promoted to both managers and staff across GCHSCP.

Timescales for Improvement

The 2024/25 Action Plan sets ambitious targets but it is anticipated that GCHSCP will start to see some improvements within 2024/25 and be reflected in future quarterly absence reporting.

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

Area	2022/23		2023/24				2024/25	
	Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
Glasgow	29.00%	32.00%	35.48%	34.68%	35.39%	36.37%	38.09%	39.54%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult	23.00%	26.00%	29.89%	28.84%	29.75%	29.45%	30.56%	31.18%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children's Services	44.00%	49.00%	52.02%	57.50%	52.87%	51.78%	54.44%	58.58%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Health Improvement	38.00%	39.00%	36.67%	40.97%	48.30%	61.47%	61.03%	66.97%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People	25.00%	26.00%	31.61%	32.35%	35.34%	39.21%	41.62%	42.59%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Public Protection & Complex Care	21.00%	26.00%	24.77%	24.19%	26.73%	29.49%	34.05%	34.58%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Resources	35.00%	41.00%	52.13%	48.51%	41.75%	30.29%	30.47%	38.83%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Performance has been reported by service area from June 2022 rather than locality which has been previously used, so no historical data is available apart from at a city level. Performance has improved in the last quarter. There are wide variations across services however all services require significant improvement to move towards target performance.

Issues Affecting Performance
Completion of KSF reviews across the HSCP had stalled since Covid 19 pandemic. There are reported issues around the use of the TURAS system and service pressures that impact on compliance.

Actions to Improve Performance
1. An annual trajectory (updated monthly) has been created for the HSCP 2. Guidance issued to managers on ensuring staff are aligned correctly to reviewers on TURAS system 3. Monthly communications are issued to line managers advising of KSF review status for all employees 4. 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.

5. Regular training provided by L&E colleagues communicated to all staff.

Timescales for Improvement

Improvements sought in future quarters.

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Indicator	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline. The aim is to increase uptake and to achieve a **target of 100%.**
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	2022/23		2023/24				2024/25	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Glasgow	35.50 (R)	50.00 (R)	44.33 (R)	38.33 (R)	37.33 (R)	50.00 (R)	55.33 (R)	61.67 (R)

Performance Trend

Performance has seen a steady rise each quarter from this quarter last year (28.33% for Q2 2023/24) with a +23.34% improvement to 61.67% in Q2 24/25.

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.

Managers receive notification of the induction due date and 2 further reminders.

Actions to Improve Performance

1. 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.
2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.
3. HR providing compliance updates to Core Leadership Groups

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

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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. The aim is to increase uptake and to achieve a target of 100%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	2022/23		2023/24				2024/25	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Glasgow	62.00 (R)	52.67 (R)	43.00 (R)	49.00 (R)	63.00 (R)	46.33 (R)	57.67 (R)	43.00 (R)

Performance Trend
Performance fluctuates but has decreased between Q1 24/25 and this, Q2 24/25. The level of induction compliance was 29% on July 2024 but has improved and risen to 50% in September 2024. This remains in RED below target, and below last quarter's 57.67% (-14.67%).

Issues Affecting Performance
While some Health Care Support Worker 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
1. Work continues 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.
2. 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	Craig Cowan, Head of Business Development

Locality	Target	2022/23		2023/24				2024/25	
		Q2/3* % _of_ no.	Q4 % _of_ no.	Q1 % _of_ no.	Q2 % _of_ no.	Q3 % _of_ no.	Q4 % _of_ no.	Q1 % _of_ no.	Q2 % _of_ no.
City		86 (G) 115	85.2 (G) 196	97.6 (G) 168	97.1 (G) 170	90 (G) 120	94.6 (G) 148	90 (G) 175	92 (G) 88
North East		100 (G) 7	100 (G) 13	100 (G) 9	100 (G) 18	100 (G) 6	100 (G) 11	70 (G) 20	80 (G) 20
North West	70%	78 (G) 40	92.3 (G) 39	98 (G) 50	95.8 (G) 24	89.6 (G) 29	84.8 (G) 33	83 (G) 36	88 (G) 26
South		84 (G) 19	100 (G) 1	N/A 0	N/A 0	N/A 0	100 (G) 1	N/A 0	N/A 0
Prisons		91.8 (G) 49	81.8 (G) 143	97.2 (G) 109	96.9 (G) 128	89.4 (G) 85	98 (G) 103	95.8 (G) 119	100 (G) 42

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

Performance Trend
HSCP at a city level remained GREEN. The majority of complaints relate to prisons, so these largely determine overall HSCP performance. Back to Summary

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	Craig Cowan, Head of Business Development

Locality	Target	2022/23		2023/24				2024/25	
		Q2/3* % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.
City		69 (G) 124	80.5 (G) 77	65.3 (R) 95	76 (G) 92	80 (G) 140	78.4 (G) 102	85 (G) 95	36 (R) 85
North East		100 (G) 3	80 (G) 5	100 (G) 4	100 (G) 4	100 (G) 1	88.9 (G) 9	100 (G) 5	100 (G) 3
North West	70%	58 (R) 26	84.2 (G) 19	66.7 (A) 12	66.6 (A) 27	75 (G) 24	60.9 (R) 23	72 (G) 25	46 (R) 13
South		71 (G) 17	100 (G) 3	N/A 0	N/A 0	N/A 0	100 (G) 4	100 (G) 2	N/A 0
Prisons		70.5 (G) 78	68 (G) 50	63.3 (R) 79	78.7 (G) 61	80.9 (G) 115	81.2 (G) 66	88.9 (G) 63	29 (R) 69

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

Performance Trend
HSCP as a whole declined across the city in the last quarter and moved from RED to AMBER. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.

Issues Affecting Performance
Performance affected by a variety of issues including long term staff absences, annual leave, and delays in the completion of responses by investigating officers.

Actions to Improve Performance
The Corporate Services Manager has discussed performance with relevant sectors and team leads and has highlighted the importance of this KPI.

Timescales for Improvement
Improvement sought for next quarter.

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Indicator	3. Percentage of Social Work Stage 1 Complaints responded to within timescale.
Purpose	Social Work complaints are required to be handled in compliance with the Glasgow City Council Complaints Handling Procedure, which divides complaints into Stage 1 (early resolution and extended early resolution) and Stage 2 where the complaint requires a formal investigation. This indicator monitors performance in relation to the agreed SWS target time for responding to complaints at Stage 1 (target is 5 days or 10 days if extension applied) of the complaints process.
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	Craig Cowan, Head of Business Development

Locality	Target	22/23				23/24				24/25
		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		67% (A) 84	68% (A) 102	62% (R) 117	62% (R) 133	67% (A) 134	73% (G) 191	77% (G) 237	71% (G) 199	67% (A) 186
North East		73% (G) 11	43% (R) 7	81% (G) 16	75% (G) 8	71% (G) 14	62% (R) 13	73% (G) 11	47% (R) 15	82% (G) 11
North West		80% (G) 10	67% (A) 6	45% (R) 11	27% (R) 15	87% (G) 15	64% (R) 11	35% (R) 17	67% (A) 12	36% (R) 11
South	70%	63% (R) 8	29% (R) 7	26% (R) 23	29% (R) 21	14% (R) 14	35% (R) 17	50% (R) 14	47% (R) 19	35% (R) 23
Home-lessness		60% (R) 10	61% (R) 18	75% (G) 8	45% (R) 11	57% (R) 14	60% (R) 25	65% (R) 23	57% (R) 28	50% (R) 24
Home Care		64% (R) 44	76% (G) 58	75% (G) 53	82% (G) 67	77% (G) 62	88% (G) 96	90% (G) 155	83% (G) 109	89% (G) 90
Centre		100% (G) 1	56% (R) 6	67% (A) 6	64% (R) 11	60% (R) 15	66% (R) 29	71% (G) 17	69% (G) 16	48% (R) 27

Performance Trend

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

During Q1 performance at city level fell slightly with the RAG rating moving from GREEN to AMBER. Performance also fell in North West which moved from AMBER to RED and in Centre which moved from GREEN to RED during the reporting period. South and the Homelessness Team continued to remain below target and RED.

Performance improved in North East with the RAG rating moving from RED to GREEN. The Home Care Team remained above target and GREEN.

Issues Affecting Performance
Performance has dropped across many areas, leaving the City as a whole dropping below target. All stage 1 complaints continue to be passed to the appropriate areas in good time, despite central pressures, and with advice to apply extensions where necessary, however extensions are not always requested in good time. Further clarity on the causes of delay is required, however known staffing challenges in some areas impact on ability to respond within the short timescale of five working days, and service issues leading to high numbers of incoming complaints increase the challenge for services.
Actions to Improve Performance
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. Locality staff are required to be familiar with complaints timescales, and extensions, and apply these appropriately. CFIT will begin work on additional guidance resource for Stage 1 processing.
Timescales for Improvement
As a reactive process, improvement is partially predicated on operational issues and resource availability however some improvement is expected by Q3 2023/24. Back to Summary

Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	Social Work complaints are required to be handled in compliance with the Glasgow City Council Complaints Handling Procedure, which divides complaints into Stage 1 (early resolution and extended early resolution) and Stage 2 where the complaint requires a formal investigation. A Stage 2 complaint may follow a stage 1 or be initiated immediately. This indicator monitors quarterly performance in relation to the agreed SWS target time for responding to complaints at Stage 2 (target is 20 days) of the complaints process.
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	Craig Cowan, Head of Business Development

Target	21/22			22/23				23/24				24/25
	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%	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90	73% (G) 62	52% (R) 109	53% (R) 91

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to stage 2 complaints continued to remain below target and RED during Q1.
Issues Affecting Performance
The ongoing issue affecting performance in Q1 is the high volume of Stage 2 complaints received - likely related, in part, to the high number of Stage 1 complaints in the previous quarter. In addition, the team responsible for the investigation of these complaints remains in a position whereby priority is given to Subject Access Request (SAR) processing, and during this period faced a staff issue whereby a member of staff responsible for complaints investigation was absent long term sick.
Actions to Improve Performance
At present, the focus of the team is on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which are time-consuming. Due to ongoing enforcement action by the ICO and staff absence, resource to improve performance is strictly limited.
Timescales for Improvement
Due to resource limitations, and some expectation of a general increase in complaint volumes, it is not currently viable to provide a specific timescale for improvement – this is dependent on progress addressing the SAR backlog and on demand. It is hoped staff return in Q2 or Q3 will assist in improving performance. Back to Summary

Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days
Purpose	This indicator is intended to show that systems in place to respond to applications under section 10 of The Freedom Of Information (Scotland) Act 2002 within a mandatory 20 working days are operating within acceptable parameters for social work services.
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	Craig Cowan, Head of Business Development

Target	21/22			22/23				23/24				24/25
	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%	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126	90% (R) 126

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to FOIs remained outwith the target range during Q1 (RED).

Issues Affecting Performance
The central Complaints, FOI and Investigations Team (CFIT) are continuing to process an extremely large volume of Subject Access Requests (SARs), and so this is having a direct impact on performance across all workstreams. Demand remains high in comparison to average demand over the past three years. As above, a member of staff with responsibility for FOI processing is unavailable long-term.

Actions to Improve Performance
Staff are unable to prioritise FOI requests at this time due to ICO intervention with regards SAR performance, as the priority of the team is now and will remain addressing the significant backlog of SAR casework. No further resource is available to address FOI demand, and as such the current performance is considered above expectations at this time.

Timescales for Improvement
No clear timescale for improvement can currently be estimated due to ongoing high demand in relation to SAR workstream and increasing demand in relation to Complaints workstream. It is hoped staff return in Q2 or Q3 will assist in improving performance.

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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests (SARs) completed within the required timescale
Purpose	This indicator is intended to show that systems in place to respond to applications under Article 15 of the UK General Data Protection Regulation within a mandatory one month (or three months where maximum extension applied) are operating within acceptable parameters in Social Work Services.
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	Craig Cowan, Head of Business Development

Target	21/22		22/23				23/24				24/25
	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%	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185	38% (R) 175	42% (R) 175

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to Subject Access Requests continued to remain RED during the reporting period.

Issues Affecting Performance

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand driven primarily by demand for records to support applications for redress via Redress Scotland. Demand has remained at the same level as in Q4, a level far beyond the capacity of the team to address, particularly in the context of a large backlog of cases numbering in the hundreds.

This large rolling backlog is a direct consequence of Scottish Government advice to Redress Scotland applicants to submit SARs to Local Authorities to support their applications. 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.

Staff absence, as noted above, has also had an impact on performance in this quarter.

Actions to Improve Performance
The focus of the team will continue to be SAR processing, and in particular processing requests that have been awaiting response for the longest period of time. The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing.
The Information Commissioner's Office (ICO) are currently liaising directly with GCC's Data Protection Officer (DPO), and CFIT management are engaging with the DPO with regards a formal improvement plan.
Timescales for Improvement
It is not anticipated these issues will be fully resolved until 25/26 at the earliest, as demand continues to outstrip the capacity of the team to address it. Back to Summary

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	Craig Cowan, Head of Business Development

Locality	Target	22/23			23/24				24/25	
		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% (G) 452	72% (R) 425	73% (R) 421	80% (G) 478	79% (G) 518	74% (R) 455	70% (R) 451	75% (R) 433	70% (R) 280
North East		93% (G) 116	89% (G) 92	89% (G) 81	97% (G) 87	97% (G) 98	92% (G) 103	87% (G) 102	92% (G) 73	79% (G) 67
North West		85% (G) 72	86% (G) 121	90% (G) 94	94% (G) 71	89% (G) 111	67% (R) 89	80% (G) 56	75% (R) 73	73% (R) 51
South	80%	76% (R) 88	60% (R) 108	59% (R) 85	67% (R) 87	60% (R) 110	65% (R) 77	63% (R) 84	56% (R) 95	63% (R) 52
Centre		68% (R) 160	48% (R) 97	61% (R) 157	73% (R) 220	73% (R) 187	66% (R) 167	58% (R) 186	77% (A) 172	65% (R) 103
Care Services (prev. Cordia)		100% (G) 16	100% (G) 7	100% (G) 4	92% (G) 13	83% (G) 12	100% (G) 19	96% (G) 23	90% (G) 20	86% (G) 7

Performance Trend
During Q2 performance at city level, North West and South continued to remain below target and RED. Care Services and North East continued to exceed target (GREEN). Performance fell in Centre which moved from AMBER to RED during the reporting period. The number of enquiries received during Q2 (280) was significantly fewer than the number received during Q4 (433).

Issues Affecting Performance
Assumed that level of demand, limited resource/staffing issues and short timescale for response has led to challenges for staff to respond in time. Further information required.

Actions to Improve Performance
Development of a tool that can identify the reasons for delays as a first step towards addressing this failure has been delayed as a result of separate development work on a new council-wide complaints system and SAR improvement plan.

Timescales for Improvement
Q3 24/25.   [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', which we may try to influence, but are delivered by external organisations and we do not have managerial control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	16/17	17/18	18/19	19/20	20/21	21/22	22/23	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.7%	87%	87.2%	87.4%	**89.3% (G)**	**89.1% (G)**	**88%* (G)**	**87.8%**
	Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.1%	**N/A**
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.7%	95%	94.9%	94.9%	**95.2% (G)**	**95.3% (G)**	**95% (G)**	**95.4%**
	Scotland	95.8%	96%	96%	96.1%	96.4%	96.5%	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.

3. OTHER INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Sep 24	**37% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 38% in June. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q2	**92.1% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased slightly from Q1 when was 91.2%. Produced quarterly.
3. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Sep 24	**89.2% (R)**	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decreased from 99.5% in March. Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q2	**99.8% (G)**	**99.3% (G)**	**100% (G)**	**100% (G)**	This service is hosted by East Dunbartonshire HSCP. Figures for Q1 were 97.3% (City); 98.3% (NE); 98.6% (NW); 95.7% (S). Produced quarterly.
5. % 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	**77% (R)** (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 88% (under 5s) and 88% (over 5s). Produced quarterly.
		100%	Q2	**80% (A)** Aged 5-18				

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr21 to Mar23	55.6% (R)	55.2% (R)	56.2% (R)	55.3% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 2020-22 were 56.3% (citywide); NE 55.9%; NW 57.1%; S 56.1%. Next report due Dec 24.
7. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr 20 to Mar 23	64.1% (R)	61.2% (R)	62.7% (R)	67.9% (A)	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 2023. Last report was for Apr 19 to Mar 22 when was 65.3% (citywide); NE 62.5%: NW 63.7%; S 68.5%. Next report due Dec 24.
8. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2022/ 23	59.2% (R)	61% (R)	51.5% (R)	65.9% (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 2023. Previous figures for 20/21 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Dec 24.
9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2022-23	76.2% (G)	75.3% (G)	76.4% (G)	76.6% (G)	From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 21/22 were 77.3% (citywide); NE 73.6%; NW 76.3%; S 80.9%. Next report due Dec 24.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 24	61.66 (G)	65.17 (G)	59.38 (G)	60.62 (G)	Provisional figures shown for Mar 24. Figures for Sep 23 are 40.94% (City); and for localities 45.23% (NE); 39.82% (NW); 38.51% (S).
11. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 24	57.96 (R)	61.09 (R)	55.77 (R)	57.11 (R)	Provisional figures shown for Mar 24. Figures for Sep 23 are 72.75% (City); and for localities 75.14% (NE); 71% (NW); 72.14% (S).

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 workforce

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 Carers identified during the quarter that have requested or accepted the offer of a 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 or threatened with homelessness 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)