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**Item No. 10**

**Meeting Date: Wednesday 19<sup>th</sup> April 2023**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

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

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**HSCP Performance Report Q3 2022/23**

<b>Purpose of Report:</b>	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2022/23.
<b>Background/Engagement:</b>	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.
<b>Governance Route:</b>	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
<b>Recommendations:</b>	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) note the attached performance report;</p> <p>b) consider the exceptions highlighted in section 4.3; and</p>

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	c) review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care.
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### Relevance to Integration Joint Board Strategic Plan:

The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

### Implications for Health and Social Care Partnership:

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
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<b>Personnel:</b>	There is a Human Resources (HR) section within the report which contains HR KPIs.
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<b>Carers:</b>	A KPI in relation to Carers is included within the Older People's section of the report (KPI 15).
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<b>Provider Organisations:</b>	None.
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<b>Equalities:</b>	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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<b>Fairer Scotland Compliance:</b>	N/A
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<b>Financial:</b>	None.
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None.
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<b>Sustainability:</b>	None.
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<b>Sustainable Procurement and Article 19:</b>	None.
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<b>Risk Implications:</b>	None.
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<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes social work performance indicators.
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<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes health performance indicators.
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### 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 3 2022/23.

### 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 and MSG 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.

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- 3.4 Service Leads are asked annually to review their KPIs and targets. Any changes for 2022/23 have been incorporated into the body of this report and are highlighted for each individual indicator affected.

## 4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction.

### ***Exceptions***

- 4.3 At Q3, 56 indicators were GREEN (57%); 39 RED (39%); and 4 AMBER (4%). 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.

<b><i>Older People &amp; Carers</i></b>	<b>Page</b>
<b>1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.</b>	<a href="#">24</a>
4. Day Care (provided) - Review Rates	<a href="#">27</a>
<b>9. Intermediate Care: Average Length of stay (Days)</b>	<a href="#">32</a>
<b>10. % of intermediate care users transferred home</b>	<a href="#">33</a>
<b>12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year</b>	<a href="#">35</a>
<b><i>Unscheduled Care</i></b>	
<b>2. A&amp;E Waits Less Than 4 Hours (%) (QEUH) (GRI)</b>	<a href="#">41</a>
<b>4. Number of Unscheduled Hospital Bed Days - Acute (18+)</b>	<a href="#">43</a>
<b>7. Total Number of Acute Delays</b>	<a href="#">46</a>
<b>8. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)</b>	<a href="#">48</a>
<b><i>Children's Services</i></b>	
<b>1. Uptake of the Ready to Learn Assessments - North West</b>	<a href="#">52</a>
<b>1. Uptake of the Ready to Learn Assessments - South</b>	<a href="#">52</a>
<b>4. Access to CAMHS services - % seen with 18 weeks</b>	<a href="#">55</a>
<b>5. % looked after &amp; accommodated children under 5 who have had a Permanency Review</b>	<a href="#">57</a>

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6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	<a href="#">59</a>
7. % of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	<a href="#">60</a>
<b>Adult Mental Health</b>	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (North East and South)	<a href="#">66</a>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale)	<a href="#">68</a>
4. Total number of Adult Mental Health delays	<a href="#">71</a>
<b>Sexual Health (Sandyford)</b>	
4-7. Number of individual young people attending all Sandyford services - Male aged 13-15.	<a href="#">77</a>
4-7. Number of individual young people attending all Sandyford services - aged 13-15 and 16-17 for females; and 16-17 for males.	<a href="#">77</a>
<b>Homelessness</b>	
2. % of live homeless applications over 6 months duration at the end of the quarter	<a href="#">80</a>
4. Average number of weeks from application to settled accommodation	<a href="#">83</a>
8. Number of Households in Bed & Breakfast Accommodation	<a href="#">88</a>
<b>Health Improvement</b>	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	<a href="#">98</a>
5. Exclusive Breastfeeding at 6-8 weeks (general population)	<a href="#">101</a>
<b>Human Resources</b>	
1. NHS Sickness absence rate	<a href="#">107</a>
2. Social Work Sickness Absence Rate	<a href="#">109</a>
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	<a href="#">111</a>
4. % of NHS staff who have completed the standard induction training within the agreed deadline	<a href="#">112</a>
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	<a href="#">113</a>
<b>Business Processes</b>	
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	<a href="#">118</a>
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	<a href="#">119</a>
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	<a href="#">120</a>
7. Percentage of elected member enquiries handled within 10 working days.	<a href="#">122</a>

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### ***Changes in RAG Status***

- 4.4 There has been a change in RAG status for **21** indicators since the last report. Of these, performance improved for **12** and declined for **9**.

#### ***i. Performance Improved***

<b>A) RED TO GREEN</b>
<b>Older People &amp; Carers</b>
8. Intermediate Care: Percentage Occupancy
14. Older People Mental Health (AWI): Average number of days delayed per patient
<b>Adult Mental Health</b>
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – North West
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Gartnavel
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill
<b>Business Processes</b>
2. Percentage of NHS Stage 2 Complaints responded to within timescale
<b>B) RED TO AMBER</b>
<b>Children's Services</b>
1. Uptake of the Ready to Learn Assessments (North East)
<b>Adult Mental Health</b>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Leverndale
<b>Health Improvement</b>
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
<b>C) AMBER TO GREEN</b>
<b>Older People &amp; Carers</b>
2. Percentage of service users who receive a reablement service following referral for a home care service – Hospital Discharge
<b>Health Improvement</b>
4. Women smoking in pregnancy (most deprived quintile)

#### ***ii. Performance Declined***

<b>A) GREEN TO RED</b>
<b>Older People &amp; Carers</b>
Day Care (provided) – Review Rates
<b>Children's Services</b>
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (<5s)
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days (5-18)
<b>Sandyford (Sexual Health)</b>
4 & 5. Number of individual young people attending all Sandyford services - Male aged 13-15
<b>Business Processes</b>
4. Percentage of Social Work Stage 2 Complaints responded to within timescale
7. Percentage of elected member enquiries handled within 10 working days.
<b>C) AMBER to RED</b>
<b>Children's Services</b>
1. Uptake of the Ready to Learn Assessments (South)

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7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
<b>Business Processes</b>
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days

**5. Recommendations**

- 5.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
- a) note the attached performance report;
  - b) consider the exceptions highlighted in section 4.3; and
  - c) review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care.

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# **CORPORATE PERFORMANCE REPORT**

**QUARTER 3  
2022/23**

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

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## 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	8 (42%)		11 (58%)		5 (27.8%)		13 (72.2%)	
Unscheduled Care	5 (50%)		5 (50%)		5 (50%)		5 (50%)	
Primary Care			2 (100%)				2 (100%)	
Children's Services	5 (31.2%)	2 (12.6%)	9 (56.2%)		7 (43.8%)	1 (6.2%)	8 (50%)	
Adult Mental Health	9 (90%)		1 (10%)		4 (40%)	1 (10%)	5 (50%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	3 (37.5%)		5 (62.5%)		4 (50%)		4 (50%)	
Homelessness	3 (33.3%)	1 (11.2%)	5 (55.5%)		3 (33.3%)		6 (66.7%)	
Criminal Justice			6 (100%)				6 (100%)	

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Health Improvement	3 (42.9%)	1 (14.2%)	3 (42.9%)		2 (28.6%)	1 (14.3%)	4 (57.1%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	2 (28.6%)	2 (28.6%)	3 (42.8%)		4 (57.1%)	1 (14.3%)	2 (28.6%)	
<b>TOTAL</b> No. and (%)	<b>43</b> <b>(43%)</b>	<b>6</b> <b>(6%)</b>	<b>51</b> <b>(51%)</b>		<b>39</b> <b>(39.4%)</b>	<b>4</b> <b>(4.0%)</b>	<b>56</b> <b>(56.6%)</b>	

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## 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
<b>Older People &amp; Carers</b>				
<b><i>Home Care, Day Care and Residential Services</i></b>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q3	67% 	▼
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Period 10 (Dec)	Hosp 75.6%  Community 77.2% 	Hosp ▲  to  Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Period 10 (Dec)	41.1% 	▲
4. Day Care (provided) – Review Rates (No data available between Q1 20/21 and Q3 21/22 as day centres were closed)	95%	Q3	86% 	▼  to 
5. Provided Residential Care – Occupancy Rates	95%	Q3	96% 	▶
6. Provided Residential Care – Review Rates	95%	Q3	93% 	▼
<b><i>ii. Commissioned Services</i></b>				








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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Cumulative Total Q1-3	60 	▼
8. Intermediate Care: Percentage Occupancy.	90%	Dec 22	97% 	▲ to
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Dec 22	35 days 	▲
10. Intermediate Care: Percentage of users transferred home.	>30%	Dec 22	28% 	▲
<b>iii. HSCP Community Services</b>				
11. Number of community service led Anticipatory Care Plans in Place	Conversations 200 p.a. Summaries 50 p.a.	Q3	Conversations 94 Summaries 91	Conversations ▲ Summaries ▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q3	11% 	▼
13.i Referrals to Telecare: Standard	2,000/p.a. 500/quarter	Q3	570 	▲
13.ii Referrals to Telecare: Enhanced	760/p.a. 190/quarter	Q3	253 	▲
14. Older People Mental Health (AWI): Average number of days delayed per patient	120 days	Q3	89.25 days 	▲ to














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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1900 per annum	Q3	566 	▼
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr to Oct 22	85,279 (12,182/month) 	▼
2. A&E Waits Less Than 4 Hours (%)	95%	Dec 22	GRI - 46.3%  QEUH - 47.9% 	GRI ▼ QEUH ▼
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr to Oct 22	32,940* (4705* per month) *provisional 	▲
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/month)	Apr to Oct 22	287,344* (41,049* per month) *provisional 	▼
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2,772 per month)	Apr to Sept 22	356* (59.3* per month) *provisional 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Apr to Sept 22	77,615* (12,936* per month) *provisional 	▼
7. Total number of Acute Delays	120	Dec 22	134 (Total) 66 (Non-AWI) 68 (AWI) 	Total ▲ Non-AWI ▲ AWI ▼
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3327)	Apr to Oct 22	6,366 	▼
9. Acute (AWI) (Older people 65+): Average number of days delayed per patient	155 days	Q3	103.13 days 	▲
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q2	76.54% 	▲
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Sep 22	£156.01 	▼
<b>Children's Services</b>				
1. Uptake of the Ready to Learn Assessments	95%	Dec 22	NE 91%  NW 88%  S 89% 	NE ▲  to  NW ▲ S ▼  to 

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Oct 22	NE 97% NW 95% S 98%	NE ▲ NW ▼ S ►
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q3	770	▼
4. Access to CAMHS services – percentage seen with 18 weeks	100%	Dec 22	92.48%	▲
5. % 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%	Q3	63%	▲
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q3	67%  (<5s) 88%  (5-18)	▼ (<5s)  to ▼ (5-18)  to
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q3	51%	▼  to
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q3	79%	▼
9. Number of out of authority placements – <i>Revised indicator from Q3 22/23</i>	30 by end of 22/23.	Q3	30	N/A revised indicator














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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q2	92.62 % 	▼
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q2	95.44 % 	▼
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 22	NE 47.4%  NW 91.7%  S 78.7% 	NE ▼ NW ▲  to  S ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Dec 22	Stob 26.4  Lev 39.8  Gart 26.3 	Stob ▲  to  Lev ▼ Gart ▲  to 
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Dec 22	Stob 85%  Lev 98%  Gart 89.2% 	Stob ▲  to  Lev ▲  to  Gart ▲
4. Total number of Adult Mental Health delays	0	Dec 22	14 Total 14 (Non-AWI)/ 0 (AWI) 	Total ▼ Non-AWI ▼/AWI ▲
<b>Alcohol and Drugs</b>				









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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q2	96% 	▲
<b>Sandyford (Sexual Health)</b>				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q3	1527 	▲
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q3	2210 	▲
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q3	2 days 	▶
4 & 5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q3	3  (13-15) 23  (16-17)	▼ (13-15)  to  ▲ (16-17)
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q3	70  (13-15) 165  (16-17)	▲ (13-15) ▼ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q3	4 	▶
<b>Homelessness</b>				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q3	99% 	▶
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q3	48% 	▲









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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Q3	1,043 	▲
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q3	43 weeks 	▲
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum (<120 per quarter)	Q3	93 	▲
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q3	100% 	▶
7. Number of new Housing First tenancies created	280 by year end 22/23	Q3	288 	▲
8. Number of Households in Bed & Breakfast Accommodation	395 or less by end of 22/23.	Q3	538 	▼
9. Number of Temporary Furnished Flats	2,400 or less by end of 22/23.	Q3	2,365 	▼
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q3	89% 	▲





















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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. i) Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days 2ii). % of Drug Treatment and Testing Orders (DTTO) with a Case Management Plan within 20 days (Drug Court) 2iii). % of Licences with a Case Management Plan within 20 days (Clyde Quay)	85%	Q3	85% 	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q3	81% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q3	84% 	▲
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q3	84% 	▲
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q3	95% 	▲
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Q3	6,759 	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 21/22	Q2	472 	▼
3. Women smoking in pregnancy (general population)	11%	Q3	8.3% 	▲
















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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q3	13.8% 	 to 
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 22/23	Q1	29.4% 	
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 22/23	Q1	23.3% 	 to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.0% for 22/23	Q1	23.5% 	
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Dec 22	8.09% 	
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/ 4-week period	Period 10 (Dec)	1.5 	
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Dec 22	29.6% 	
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Dec 22	29% 	
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Dec 22	60% 	
<b>Business Processes</b>				

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q2/3	80% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2/3	69% 	▲  to 
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q2	68% 	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	64% 	▼  to 
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q2	95% 	▼  to 
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q2	18% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q2	72% 	▼  to 

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# 1. OLDER PEOPLE & CARERS

## i. Home Care, Day Care and Residential Services

<b>Indicator</b>	1. Home Care: Percentage of older people (65+) reviewed in the last 12 months
<b>Purpose</b>	To monitor the extent to which home care packages are reviewed. This should be at least annually to ensure that service users are receiving the right level and type of service. The calculation is based on service users in receipt of a home care service for more than a year, and who have had a review activity completed within the last 12 months.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Locality	Target	20/21			21/22				22/23		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	85%	64% (R)	63% (R)	73% (R)	84% (G)	85% (G)	84% (G)	76% (R)	69% (R)	69% (R)	67% (R)
North East		66% (R)	65% (R)	80% (R)	88% (G)	90% (G)	89% (G)	83% (G)	81% (A)	81% (A)	76% (R)
North West		60% (R)	65% (R)	77% (R)	84% (G)	82% (A)	81% (A)	71% (R)	70% (R)	70% (R)	61% (R)
South		66% (R)	61% (R)	66% (R)	81% (A)	85% (G)	83% (G)	76% (R)	62% (R)	62% (R)	65% (R)
Performance Trend											
There was a further decline in performance during Q3 with the city, North West and South remaining RED while North East moved from AMBER to RED.											
Issues Affecting Performance											
The main issues affecting performance within this quarter remains as long term sickness absence and vacancies within the assessment team.											
The team were called in to support hospital discharges / hospital discharge teams which further impacted the capacity to perform reviews and meet the targets within this KPI. One further development included 3-week period reviews being suspended.											
Actions to Improve Performance											
The aim is to continue to recruit against vacant posts and cover long-term absences with additional hours or overtime, the previous recruitment has stabilised the service.											
The activity and review system is actively being evaluated and improved with the aim to increase the capacity of the Reablement team.											
Timescales for Improvement											
It is expected that performance will return to target by Q4 as the service deals with the backlog created.											
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<b>Indicator</b>	2. Percentage of service users who receive a reablement service following referral for a home care service
<b>Purpose</b>	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported by calendar monthly financial periods.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Referral Source	Target	20/21		21/22				22/23				
		Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sept) %	Quarter 3		
										Per 8 (Oct) %	Per 9 (Nov) %	Per 10 (Dec) %
Hospital Discharges	70%	70.3 (G)	70.9 (G)	75.0 (G)	76.0 (G)	67.9 (A)	71.7 (G)	66.3 (R)	67.6 (A)	65.2 (R)	71.7 (G)	75.6 (G)
Community Referrals	70%	78.5 (G)	81.5 (G)	70.4 (G)	75.3 (G)	66.0 (R)	72.5 (G)	72.3 (G)	76.7 (G)	74.1 (G)	78.8 (G)	77.2 (G)

### Performance Trend

Performance in relation to Hospital Discharges was below target (RED) in October, however there was improvement in November with the RAG status moving from RED to GREEN. Performance in respect of Community Referrals remained above target and GREEN during the 3 months of the quarter.

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<b>Indicator</b>	3. Percentage of service users leaving the service following Reablement period with no further home care support.
<b>Purpose</b>	The Reablement service provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The two key objectives of the service are to promote independence and reduce dependency. Greater independence can be measured by a reduction in future home care requirement. The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes. Information is reported by calendar monthly financial period.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

		20/21		21/22				22/23				
Locality	Target	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Quarter 3		
										Per 8 (Oct) %	Per 9 (Nov) %	Per 10 (Dec) %
City	>35%	43.0 (G)	37.2 (G)	37.3 (G)	38.3 (G)	42.3 (G)	39.4 (G)	36.5 (G)	36.3 (G)	27.3 (R)	35.7 (G)	41.1 (G)
North East		49.2 (G)	26.3 (R)	46.9 (G)	50.0 (G)	37.9 (G)	38.6 (G)	40.0 (G)	36.5 (G)	29.2 (R)	28.8 (R)	39.5 (G)
North West		40.5 (G)	52.4 (G)	38.3 (G)	39.6 (G)	46.4 (G)	45.5 (G)	38.6 (G)	46.4 (G)	31.3 (R)	46.3 (G)	47.3 (G)
South		41.2 (G)	28.9 (R)	31.4 (R)	31.6 (R)	40.5 (G)	34.3 (G)	33.0 (R)	29.4 (R)	22.3 (R)	30.4 (R)	37.8 (G)

### Performance Trend

Performance varies across locality and over time. At city level and in North West performance dipped to RED in October before moving back to GREEN in November and December. In North East and South performance was RED during both October and November before moving back to GREEN in December.

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

	19/20				20/21	21/22		22/23		
Target	Q1	Q2	Q3	Q4	Q1-Q4	Q1-Q3	Q4	Q1	Q2	Q3
95%	96% (G)	98% (G)	97% (G)	100% (G)	N/A*	N/A*	91% (A)	93% (G)	93% (G)	86% (R)
<b>Performance Trend</b>										
<p><i>*Day Care Centres were closed in March 2020 as a result of the Covid-19 outbreak; Q4 21/22 was the first reportable quarter.</i></p> <p>At Q3 performance for this indicator fell below target with the RAG status moving from GREEN to RED.</p>										
<b>Issues Affecting Performance</b>										
Day Care Review performance relating to reviews reflects the high focus of reviews being undertaken for all service users returning to the service following closures and lock down. Staff have been supporting a higher volume of new attendees and conducting their admission assessments which has led to slight delays in review activity for existing service users.										
<b>Actions to Improve Performance</b>										
Reviews have been scheduled for those in scope which will positively impact on this % in Quarter 4.										
<b>Timescales for Improvement</b>										
Q4 of 2022/23 and Q1 of 2023/24.										
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<b>Target/Ref</b>	5. Provided Residential Care Homes – Occupancy Rates
<b>Purpose</b>	To monitor occupancy rates within our own local authority run residential care homes (provided).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	2020/21				2021/22				2022/23		
Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	91% (A)	95% (G)	85% (R)	93% (G)	94% (G)	97% (G)	97% (G)	96% (G)	97% (G)	96% (G)	96% (G)
<b>Performance Trend</b>											
The residential occupancy rate continued to exceed target (GREEN) at the end of Q3.											
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<b>Target/Ref</b>	6. Provided Residential Care – Review Rates
<b>Purpose</b>	To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	19/20		20/21		21/22				22/23		
Target	Q3	Q4	Q1-Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	95% (G)	96% (G)	N/A*	100% (G)	24% (R)	96% (G)	97% (G)	99% (G)	95% (G)	95% (G)	93% (G)
<b>Performance Trend</b>											
<p>Performance remained within the target range and GREEN at Quarter 3 with 93% of residents having had a 6-monthly review.</p> <p>Currently care home residents have 2 reviews per annum; one an in-house review carried out by the care home management team while the other is a statutory review carried out by a social worker.</p> <p><i>*2020-21</i> No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.</p> <p><a href="#">Back to Summary</a></p>											

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### ii. Commissioned Services

<b>Indicator</b>	7. Number of Clustered Supported Living tenancies offered to Older People
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	21/22					22/23			
		Q1	Q2	Q3	Q4	21/22 Total	Q1	Q2	Q3	Year to date (Apr-Dec 22)
<b>City</b>	<b>75 per annum (19 per quarter)</b>	<b>25 (G)</b>	<b>21 (G)</b>	<b>18 (R)</b>	<b>20 (G)</b>	<b>84 (G)</b>	<b>19 (G)</b>	<b>25 (G)</b>	<b>16 (R)</b>	<b>60 (G)</b>
North East	25 per annum (6 per quarter)	<b>10 (G)</b>	<b>9 (G)</b>	<b>8 (G)</b>	<b>8 (G)</b>	<b>35 (G)</b>	<b>8 (G)</b>	<b>5 (R)</b>	<b>4 (R)</b>	<b>17 (R)</b>
North West		<b>5 (R)</b>	<b>3 (R)</b>	<b>6 (G)</b>	<b>9 (G)</b>	<b>23 (R)</b>	<b>5 (R)</b>	<b>7 (G)</b>	<b>6 (G)</b>	<b>18 (G)</b>
South		<b>10 (G)</b>	<b>9 (G)</b>	<b>4 (R)</b>	<b>3 (R)</b>	<b>26 (G)</b>	<b>6 (G)</b>	<b>13 (G)</b>	<b>6 (G)</b>	<b>25 (G)</b>

#### Performance Trend

#### New Supported Living indicator from 2021/22

Although the quarterly target was not met at city level or in North East (RED) during Q3 the cumulative Year to Date target was met for the city, North West and South (GREEN).

Currently there are 265 service users in receipt of care and support living in clustered supported living sites in the city.

#### Ongoing Developments within Clustered Supported Living

Discussions are ongoing with Queens Cross HA in relation to the creation of a new clustered site within their existing Cromwell Court building. This will increase the offer in **North West** by up to 37 tenancies over time, depending on throughput of existing tenants.

There are an additional 13 tenancies with Trust HA at Lochar Cres in **South** locality. There have been delays due to construction completion dates however it is anticipated that tenancies would be available from the end of January 2023. The pending offer during Q4 of 13 new (and vacant) tenancies in South should improve overall numbers citywide.

There will also be an additional 5 flats at Carntyne Gardens in the **North East** in 2023 further increasing the availability in this locality.

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

Locality	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
<b>City</b>	<b>90%</b>	<b>38</b> <b>(R)</b>	<b>52</b> <b>(R)</b>	<b>69</b> <b>(R)</b>	<b>61</b> <b>(R)</b>	<b>64</b> <b>(R)</b>	<b>58</b> <b>(R)</b>	<b>74</b> <b>(R)</b>	<b>70</b> <b>(R)</b>	<b>78</b> <b>(R)</b>	<b>91</b> <b>(G)</b>	<b>97</b> <b>(G)</b>
North East		<b>42</b> <b>(R)</b>	<b>61</b> <b>(R)</b>	<b>76</b> <b>(R)</b>	<b>73</b> <b>(R)</b>	<b>53</b> <b>(R)</b>	<b>44</b> <b>(R)</b>	<b>84</b> <b>(R)</b>	<b>89</b> <b>(G)</b>	<b>97</b> <b>(G)</b>	<b>99</b> <b>(G)</b>	<b>98</b> <b>(G)</b>
North West		<b>52</b> <b>(R)</b>	<b>46</b> <b>(R)</b>	<b>67</b> <b>(R)</b>	<b>57</b> <b>(R)</b>	<b>73</b> <b>(R)</b>	<b>66</b> <b>(R)</b>	<b>86</b> <b>(A)</b>	<b>66</b> <b>(R)</b>	<b>77</b> <b>(R)</b>	<b>80</b> <b>(R)</b>	<b>98</b> <b>(G)</b>
South		<b>16</b> <b>(R)</b>	<b>50</b> <b>(R)</b>	<b>64</b> <b>(R)</b>	<b>53</b> <b>(R)</b>	<b>67</b> <b>(R)</b>	<b>63</b> <b>(R)</b>	<b>51</b> <b>(R)</b>	<b>65</b> <b>(R)</b>	<b>72</b> <b>(R)</b>	<b>92</b> <b>(G)</b>	<b>95</b> <b>(G)</b>

## Performance Trend

Performance has improved in the last quarter and has moved from RED to GREEN at city level and is now GREEN in all localities.

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<b>Indicator</b>	9. Intermediate Care: Average length of stay (Days)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2020/21			2021/22				2022/23			
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
<b>City</b>	<b>&lt;28 days</b>	<b>48</b> <b>(R)</b>	<b>47</b> <b>(R)</b>	<b>46</b> <b>(R)</b>	<b>43</b> <b>(R)</b>	<b>50</b> <b>(R)</b>	<b>42</b> <b>(R)</b>	<b>56</b> <b>(R)</b>	<b>48</b> <b>(R)</b>	<b>47</b> <b>(R)</b>	<b>53</b> <b>(R)</b>	<b>35</b> <b>(R)</b>
North East		<b>45</b> <b>(R)</b>	<b>58</b> <b>(R)</b>	<b>54</b> <b>(R)</b>	<b>46</b> <b>(R)</b>	<b>60</b> <b>(R)</b>	<b>86</b> <b>(R)</b>	<b>76</b> <b>(R)</b>	<b>55</b> <b>(R)</b>	<b>72</b> <b>(R)</b>	<b>76</b> <b>(R)</b>	<b>32</b> <b>(R)</b>
North West		<b>65</b> <b>(R)</b>	<b>57</b> <b>(R)</b>	<b>50</b> <b>(R)</b>	<b>48</b> <b>(R)</b>	<b>43</b> <b>(R)</b>	<b>42</b> <b>(R)</b>	<b>60</b> <b>(R)</b>	<b>73</b> <b>(R)</b>	<b>41</b> <b>(R)</b>	<b>53</b> <b>(R)</b>	<b>68</b> <b>(R)</b>
South		<b>29</b> <b>(A)</b>	<b>35</b> <b>(R)</b>	<b>34</b> <b>(R)</b>	<b>36</b> <b>(R)</b>	<b>46</b> <b>(R)</b>	<b>32</b> <b>(R)</b>	<b>23</b> <b>(R)</b>	<b>44</b> <b>(R)</b>	<b>42</b> <b>(R)</b>	<b>45</b> <b>(R)</b>	<b>31</b> <b>(R)</b>

### Performance Trend

Performance has improved at a city level and in all localities in the last quarter but remains RED.

### Issues Affecting Performance

Ongoing Covid Outbreaks continue to impact on length of stay. An increasing element is however the level of AWI and wider mental capacity which is contributing to longer lengths of stay as assessment and progress through the appropriate legislation is required.

### Actions to Improve Performance

Targeted scrutiny on all cases, with particular focus on those greater than 28 days. Review of reasons for people staying longer than expected underway as part of ongoing improvement action plan noting themes and issues which may require additional action.

### Timescales for Improvement

Quarters 2 & 3 23/24

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<b>Indicator</b>	10. Percentage of intermediate care users transferred home 1
<b>Purpose</b>	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Destination	Target	2020/21			2021/22				2022/23			
			Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
Glasgow	<b>Home</b>	<b>30%</b>	15 (R)	25 (R)	26 (R)	13 (R)	19 (R)	15 (R)	26 (R)	24 (R)	17 (R)	13 (R)	28 (R)
	Res/Nursing	N/A	60	50	54	55	65	63	59	66	56	72	48
	Readmissions	N/A	18	22	18	13	11	22	11	10	19	9	20
	Deceased	N/A	8	3	2	19	5	0	4	0	8	6	4
NE	<b>Home</b>	<b>30%</b>	20 (R)	10 (R)	25 (R)	17 (R)	8 (R)	25 (R)	43 (G)	0 (R)	0 (R)	0 (R)	25 (R)
	Res/Nursing	N/A	47	50	50	75	83	75	43	75	83	100	50
	Readmissions	N/A	20	40	19	0	0	0	14	25	17	0	25
	Deceased	N/A	13	0	6	8	8	0	0	0	0	0	0
NW	<b>Home</b>	<b>30%</b>	14 (R)	25 (R)	18 (R)	11 (R)	15 (R)	8 (R)	25 (R)	0 (R)	25 (R)	0 (R)	0 (R)
	Res/Nursing	N/A	57	50	59	44	62	62	75	100	25	75	100
	Readmissions	N/A	29	25	23	33	15	31	0	0	50	13	0
	Deceased	N/A	0	0	0	11	8	0	0	0	0	13	0
South	<b>Home</b>	<b>30%</b>	9 (R)	36 (G)	37 (G)	10 (R)	33 (G)	20 (R)	17 (R)	32 (R)	18 (R)	22 (R)	33 (G)
	Res/Nursing	N/A	82	50	53	40%	50	60	58	59	59	61	39
	Readmissions	N/A	0	7	11	10	17	20	17	9	9	11	22
	Deceased	N/A	9	7	0	40	0	0	8	0	14	6	6

### Performance Trend

Performance has improved at a city level and in the North East and South while remaining the same in the South between September and December. South has moved to GREEN while the other localities and the city overall remain RED.

### Issues Affecting Performance

Occupancy increasing as part of newly commissioned tender to provide 60 beds in total. Two units currently being decommissioned and awaiting one further lot as part of tender to be confirmed. This will provide an opportunity to refocus on outcomes - particularly those going home or to a home setting. Smaller throughput for this period can skew percentage noted against home (some people staying longer and changes in tender).

### Actions to Improve Performance

Focus within Improvement programme to support the local Huddle process and rehabilitation to promote home as the preferred option.

### Timescales for Improvement

Quarters 2 & 3 23/24

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**iii. HSCP Community Services**

<b>Indicator</b>	11. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Target 22/23	19/20	20/21	21/22	22/23				
		Full year	Full Year	Full Year	Q1	Q2	Q3	Q4	Year to Date
No. ACP conversations held	200 p.a.	530 (R)	264 (R)	208 (R)	80 (G)	85 (G)	94 (G)		259 (G)
No. summaries completed and shared with GPs	50 p.a.	130 (R)	69 (R)	50 (R)	28 (G)	82 (G)	91 (G)		201 (G)

<b>Performance Trend</b>
<p><b>Targets have been adjusted from 800 (Conversations) and 200 (Summaries) for 2022/23.</b></p> <p>This indicator relates to teams across GCHSCP including District Nursing, Community Rehab and Social Work. Targets refer to the number of completed ACP Summaries that have been shared with GPs (via Clinical Portal), and the number of conversations that have been held with patients to raise awareness of the benefits of ACPs. Performance has exceeded target for Q3 22/23. Work still required to ensure that all teams are using Clinical Portal system to record any ACP interactions in order to report accurate data.</p> <p><a href="#">Back to Summary</a></p>

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<b>Target/Ref</b>	12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year
<b>Purpose</b>	To monitor the length of time that OT assessment activities have been outstanding. The aim is to ensure that there are no outstanding activities over 12 months.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	20/21				21/22				22/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	<b>0%</b>	2% (A)	6% (R)	5% (R)	8% (R)	1% (A)	2% (A)	1% (A)	3% (A)	9% (R)	10% (R)	11% (R)
North East		0% (G)	0% (G)	1% (A)	1% (A)	0% (G)	0% (G)	1% (A)	1% (A)	6% (R)	5% (R)	13% (R)
North West		0% (G)	5% (R)	4% (R)	3% (A)	0% (G)	0% (G)	0% (G)	1% (A)	5% (R)	1% (A)	3% (A)
South		4% (R)	10% (R)	7% (R)	11% (R)	2% (A)	4% (R)	1% (A)	6% (R)	14% (R)	18% (R)	14% (R)

### Performance Trend

During Q3 performance fell further at city level and in North East (RED) and North West (AMBER), while performance improved slightly in South which remained RED.

The number and percentage of activities older than 12 months increased further during the past 3 months; from 242 (10%) in Sept to 272 (11%) in Dec. At the end of the quarter there were 2,424 open OT assessment activities assigned to workers or teams: 272 (11%) of these had been open for more than 12 months. A breakdown of these by locality is shown below.

Locality	Number of Activities over 12 months
NE	118
NW	16
South	137
Other	1
<b>Total</b>	<b>272</b>

Of the 272 activities detailed above, 167 are assigned to Teams and 105 are assigned to Workers.

### Issues Affecting Performance

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

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

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

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

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

### **Actions to Improve Performance**

It is anticipated that the OT resource and application of a proportionate assessment will reduce the number of new OT referrals coming into the system and being passed to the localities. This improvement will allow for the locality staff to target the most critical cases and longest waiting.

In South 2 OTs from North West have been tasked with carrying out waiting list triaging and completing assessments for those service users with the longest waiting time. They are currently reviewing the waiting list and once this is complete, the focus will shift to addressing the cases over 12 months. Cases over a year (medium and moderate) to be allocated over the next 2-3 months.

### **Timescales for Improvement**

Improvements continue to be expected over the coming months.

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<b>Target/Ref</b>	13. Referrals to Telecare
<b>Purpose</b>	To monitor the number of Telecare referrals received on a quarterly basis for the Standard and Enhanced Telecare Services. Expanding the uptake of Telecare is a central aim of the national Technology Enabled Care (TEC) Programme.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Telecare Referrals	Year	Targets Annual (Quarterly)	19/20 Full Year Total	20/21 Full Year Total	2021/22				21/22 Full Year Total	2022/23			
					Q1	Q2	Q3	Q4		Q1	Q2	Q3	Year to Date
Standard	19/20 & 20/21	2,750	2,723 (G)	2,326 (R)	660 (G)	657 (G)	746 (G)	708 (G)	2,771 (G)	552 (G)	509 (G)	570 (G)	1,631 (G)
	21/22 & 22/23	2,000 (500 per quarter)											
Enhanced	19/20 & 20/21	1,500	1,565 (G)	444 (R)	158 (G)	151 (G)	161 (G)	202 (G)	672 (G)	250 (G)	237 (G)	253 (G)	740 (G)
	21/22	500 (125 per quarter)											
	22/23	760 (190 per quarter)											

**Performance Trend**

**The target for the Enhanced Telecare service was increased from 500 to 760 for 2022/23.**  
During Q3 the targets were met for both Standard and Enhanced Telecare referrals (GREEN); both are on track to meet the annual year end targets.

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<b>Indicator</b>	14. Older People Mental Health (AWI): Average number of days delayed per delayed patient
<b>Purpose</b>	To monitor the extent to which Older People Mental Health patients, who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000, are being delayed. This relates to patients coded to 'G4' - the psychiatry of old age – within OPMH beds.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (see Appendix 2)
<b>Strategic Priority</b>	Priority 3 (see Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	2022/23			
		Q1	Q2	Q3	Q4
City	120 days	151 (R)	135 (R)	89.25 (G)	
NE		0 (G)	0 (G)	37 (G)	
NW		132 (R)	0 (G)	0 (G)	
South		170 (R)	135 (R)	106.67 (G)	

<b>Performance Trend</b>
<p><b>This is a new indicator for 2022/23 and replaces the previous one which was related to the total number of patients delayed and had a zero target.</b></p> <p>Performance has moved from RED to GREEN at city level and in the South in the last quarter. North East and North West remain GREEN.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement.
<b>Purpose</b>	To monitor the number of carers being identified and supported and ensure that Glasgow HSCP is complying with Carers (Scotland) Act 2016 requirements.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 6 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Annual Target	19/20 Full Year Total	20/21 Full Year Total	21/22				21/22 Full Year Total	22/23			
				Q1	Q2	Q3	Q4		Q1	Q2	Q3	Year to Date
<b>Glasgow</b>	1,900 (475 per Q)	<b>1,932 (G)</b>	<b>1928 (G)</b>	<b>604 (G)</b>	<b>572 (G)</b>	<b>583 (G)</b>	<b>632 (G)</b>	<b>2,391 (G)</b>	<b>615 (G)</b>	<b>660 (G)</b>	<b>566 (G)</b>	<b>1,841 (G)</b>
North East	633 (158 per Q)	<b>740 (G)</b>	<b>604 (A)</b>	<b>180 (G)</b>	<b>188 (G)</b>	<b>200 (G)</b>	<b>233 (G)</b>	<b>801 (G)</b>	<b>233 (G)</b>	<b>204 (G)</b>	<b>188 (G)</b>	<b>625 (G)</b>
North West	633 (158 per Q)	<b>411 (R)</b>	<b>445 (R)</b>	<b>180 (G)</b>	<b>180 (G)</b>	<b>162 (G)</b>	<b>162 (G)</b>	<b>684 (G)</b>	<b>163 (G)</b>	<b>218 (G)</b>	<b>184 (G)</b>	<b>565 (G)</b>
South	633 (158 per Q)	<b>781 (G)</b>	<b>879 (G)</b>	<b>244 (G)</b>	<b>204 (G)</b>	<b>221 (G)</b>	<b>237 (G)</b>	<b>906 (G)</b>	<b>219 (G)</b>	<b>238 (G)</b>	<b>194 (G)</b>	<b>651 (G)</b>

### Performance Trend

During Quarter 3 the target was met by the city and each of the localities (GREEN); all localities are on track to meet the annual year end targets.

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## UNSCHEDULED CARE

<b>Indicator</b>	1. New Accident and Emergency (A&E) attendances (18+)
<b>Purpose</b>	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) <b>but excludes GP Assessment Unit attendances</b> . Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 3.
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To Oct)
Glasgow	Annual	153,791	162,600	159,916 (A)	113,513 (G)	139,920 (G)	153,791	85,279 (G)
	Monthly Average	12,816	13,542	13,326 (A)	9459 (G)	11,660 (G)	12,816	12,182 (G)

**Performance Trend**

The figures for 2022/23 (April to October) are below target and GREEN.

The numbers of attendances rose in 2021/22 having fallen in 2020/21 due to the pandemic and so far, average attendances look to be increasing again this year.

Please note that the target for 2021/22 has been rolled over into 2022/23.

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<b>Target/Ref</b>	2. A&E Waits Less Than 4 Hours (%)
<b>Purpose</b>	To monitor waiting times at the main A&E units in Glasgow City. This will relate to all patients who attend these units, irrespective of their home location. Source of data is monthly Health Board Unscheduled Care reports.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2020/21		2021/22				22/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
GRI	95%	88.5 (R)	91.8 (A)	87.5 (R)	68.5 (R)	71.4 (R)	61.7 (R)	63.4 (R)	58.8 (R)	61 (R)	56.5 (R)	46.3 (R)
QEUH		81 (R)	87.9 (R)	80.6 (R)	56.5 (R)	67 (R)	47.7 (R)	45.6 (R)	51.6 (R)	46 (R)	42 (R)	47.9 (R)

### Performance Trend

Performance declined at both hospitals since September with both remaining RED.

### Issues Affecting Performance

Nationally and UK wide, there have been significant challenges to maintain the target for four hours. This is impacted on by both the increased numbers attending and by the frailty / complexity of those attending. There is recognition that this is a system wide issue and links to wider improvement opportunities around delayed discharges, community service developments and work with primary care colleagues.

### Actions to Improve Performance

Specific initiatives under development will contribute to the improvement opportunities to meet the four hour target including creating capacity through reducing length of stay, reducing delays and supporting programmes to divert people away from attending including:

- Hospital at Home
- Home First Response Service
- Use of Intermediate Care
- Primary care programmes around Optician / Pharmacy & GPs

### Timescales for Improvement

Quarters 2 & 3 22/23

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<b>Indicator</b>	3. Number of Emergency Admissions (18+)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 1
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To Oct)
<b>Glasgow</b>	<b>Annual</b>	70,133	63,898	63,324 (G)	54,947 (G)	59,193 (G)	66,624	32,940* (G)
	<b>Monthly Average</b>	5844	5325	5277 (G)	4579 (G)	4933 (G)	5552	4705* (G)

\*Provisional

### Performance Trend

The figures for 2022/23 (April to October) are provisional at this stage but are below target and GREEN.

The numbers of admissions rose in 2021/22 having fallen in 2020/21 due to the pandemic.

Please note that the target for 2021/22 has been rolled over into 2022/23.

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<b>Indicator</b>	4. Number of Unscheduled Hospital Bed Days - Acute (18+)
<b>Purpose</b>	To monitor the extent to which people are occupying acute beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23* (To Oct)
<b>Glasgow</b>	<b>Annual</b>	493,371	496,071	497,641 (R)	438,871 (G)	514,657 (R)	453,866	287,344* (R)
	<b>Monthly Average</b>	41,114	41,339	41,470 (R)	36,572 (G)	42,888 (R)	37,822	41,049* (R)

\*Provisional

<b>Performance Trend</b>
<p>The figures for 2022/23 (April to Oct) are provisional at this stage and are above target and RED.</p> <p>The numbers of unscheduled bed days for 2021/22 were above target and RED, increasing since 2020/21 when the pandemic caused a reduction, and this upward trend is continuing this year.</p> <p>Please note that the target for 2021/22 has been rolled over into 2022/23.</p>
<b>Issues Affecting Performance</b>
A reduction in the number of bed days is related to the success in both reducing attendance and subsequent admission, as well as reducing length of stay where possible. Opportunities to maximise the benefits of this will impact significantly on reducing unscheduled bed days.
<b>Actions to Improve Performance</b>
There is targeted action underway to reduce bed days by preventing admission (through diversion opportunities), to reduce length of stay (reducing delays, diverting to Hospital at Home, diversion through Home First Response Service, use of discharge by lunchtime, changes to use of Planned Day of Discharge and other aspects of Discharge Without Delay).
<b>Timescales for Improvement</b>
<p>Quarters 2 &amp; 3 22/23.</p> <p><a href="#">Back to Summary</a></p>

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

		2015/16	2017/18	2018/19	2019/20	2020/21	2021/22*	2022/23 Target	2022/23* (To Sep)
<b>Glasgow</b>	<b>Annual</b>	36,956	21,377	19,324	14,192 (G)	2262 (G)	652* (G)	33,260	356*
	<b>Monthly Average</b>	3080	1781	1610	1183 (G)	188.5 (G)	54.3 (G)	2772	59.3* (G)

\*Provisional

<b>Performance Trend</b>
<p>Performance is classified as GREEN to date for 2022/23 with figures remaining very low compared to previous years since 2020/21.</p> <p>Please note the figures are provisional at this stage for 2021/22 and 2022/23 as there is a time lag associated with these figures which are produced nationally.</p> <p>Please note that the target for 2021/22 has been rolled over into 2022/23.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	6. Number of Unscheduled Hospital Bed Days – Mental Health (18+).
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Ministerial Strategic Group (MSG) Indicator 2
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23* (To Sep)
<b>Glasgow</b>	<b>Annual</b>	190,791	180,888	189,139 (A)	175,240 (G)	166,847* (G)	181,371	77,615* (G)
	<b>Monthly Average</b>	15,899	15,074	15,762 (A)	14,603 (G)	13,903* (G)	15,114	12,936* (G)

\*Provisional

<b>Performance Trend</b>
<p>Performance is classified as GREEN to date for 2022/23.</p> <p>Please note the figures are provisional at this stage for 2021/22 and 2022/23 as there is a time lag associated with these figures which are produced nationally.</p> <p>Please note that the target for 2021/22 has been rolled over into 2022/23.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	7. Total number of Acute Delays
<b>Purpose</b>	To monitor the extent to which people are being unnecessarily delayed in acute hospital beds, with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and are for all acute specialties (excluding Mental Health and Older People's Mental Health (OPMH) which are in the Mental Health & Older People's section of this report). Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services

Locality	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
North East	120 New target	9	19	25	17	8	23	21	32	34	20	26
North West		17	12	15	15	16	22	17	25	21	15	16
South		17	21	20	22	7	30	34	40	36	34	24
Sub-Total (Included Codes)		43	52	60	54	31	75	72	97	91	69	66
North East		22	28	27	29	20	21	21	22	22	19	20
North West		10	13	16	18	11	19	20	22	27	27	19
South		11	10	18	19	18	21	27	23	26	26	29
Sub-Total (Complex Codes)		43	51	61	66	49	61	68	67	75	72	68
Overall Total		86 (R)	103 (R)	121 (R)	120 (R)	80 (R)	136 (R)	140 (R)	164 (R)	166 (R)	141 (R)	134 (R)

<b>Performance Trend</b>
<b>Target has been adjusted from 0 to 120 delays for 2022/23.</b> Total numbers delayed have decreased in the last quarter but remain RED. This fall was in all localities and was largely in non-complex codes with complex codes remaining similar at a city level.
<b>Issues Affecting Performance</b>
Note: There has been an increase in complex referrals post-Covid currently averaging 75 per week, continuing to increase from September into December, reaching a new total of 85.
<ul style="list-style-type: none"> <li>• Closure of wards due to Covid – still ongoing 3/23</li> <li>• SW awaiting responses from Care Homes regarding accepting and arranging admissions into their units – ongoing 03/23, resolution work underway.</li> <li>• Recruitment and staffing pressures in Care Homes</li> <li>• The number of adults with very complex conditions have a limited number of beds available to support their needs at present.</li> </ul>

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- Access to wards by care homes for arranging admissions and transfers into their units. Admissions to Care Homes at weekends has been problematic.
- Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.
- Wards not arranging appropriate discharge arrangements ie. transport, medication, paperwork resulting in increased time taken to admit.
- Staffing pressures within the Hospital Social Work Team / (Recruitment and absence).

### Actions to Improve Performance

2 newly appointed Team Leaders started on the 14<sup>th</sup> November 22.

Daily management huddle with focus on delays/ actions/ follow up.

Support from community teams providing workers to support the work- 7 additional workers aligned.

Focus on reducing the number of early referrals.

Support of additional Service Manager with a background in SW and MHO, strong focus at looking at AWI's and the use of 13za / interim orders, support the chairing of case conferences reduce timelines – work initiated

Escalation policy in place regarding any failed or not taken place discharges due to lack of acute practice.

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

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

A significant focus on AWI's with the recruitment of two further solicitors, which allows the legal team to engage with and offer more support around AWI's / Delays and support private solicitors' AWI cases (which are often complex).

The use of discharge to assess pathway has improved outcomes for patients with them being assessed within a care home environment and not in a hospital bed.

Regular meetings with commissioning colleagues to find solutions and progress complex cases and improve the interface with Care Home communication across Glasgow City.

Chief Officer chaired meeting with the Executives Leads for major Care Home providers in the country, relating to the barriers to admission. There is an action plan for commissioning and a follow up discussion in February.

A webinar has taken place end of October with Care Homes, both private and provided with a focus on hospital acute delays and collaborative working / problem solving and new briefing papers / info-graphs developed to evidence best practice for admissions for Hospital to Care Homes, which were received positively across the sector.

The Chief Officer meetings weekly with lead ACOs (&lead service managers and commissioning). The HSCP continue to focus on delays giving a high level of scrutiny within the HSCP to identify opportunities to prevent delays or mitigate their impact.

### Timescales for Improvement

Agreed timescale up to March 2023 (winter funding monies).

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<b>Indicator</b>	8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+).
<b>Purpose</b>	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
<b>Type of Indicator</b>	MSG Indicator 4
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services

		2015/16	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To Oct)
<b>Glasgow</b>	<b>Annual</b>	41,582	38,656	45,318 (R)	49,902 (R)	64,853 (R)	39,919	44,566 (R)
	<b>Monthly Average</b>	3488	3238	3776 (R)	4159 (R)	5404 (R)	3327	6,366 (R)

<b>Performance Trend</b>
The figures for 22/23 are above target and RED. These have been increasing since 2019/20
Please note that the target for 2021/22 has been rolled over into 2022/23.
<b>Issues Affecting Performance</b>
<ul style="list-style-type: none"> <li>The patients are complex, frailer and have far more care and support needs post covid.</li> <li>Placements within adult (15% of our delays are adults) care homes are very limited across Glasgow and beyond.</li> <li>Closure of wards due to Covid</li> <li>Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.</li> <li>SW awaiting responses from Care Homes regarding accepting and arranging admissions to their units.</li> <li>Access to wards by care homes for arranging admissions and transfers into their units</li> <li>Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.</li> <li>Wards not arranging appropriate discharge arrangements ie transport, medication, paperwork resulting in increased time taken to admit</li> <li>70% of our AWIs are with private solicitors – taking approx. 50% longer than local authority applications.</li> </ul>
<b>Actions to Improve Performance</b>
<p>Collaboration with Commissioning and Care Homes as stated in Indicator 7 will improve performance across this indicator also. The focus on AWI improvement and legal services as noted in the above indicator will also have a positive impact on this target and the long delays within Glasgow.</p> <p>Furthermore, as with Indicator 7 (above):</p> <ul style="list-style-type: none"> <li>Development of a real time AWI tracker</li> <li>Implementing daily huddle calls &amp; utilising discharge to assess pathways</li> <li>A strategic review by commissioning around the pathways into care homes.</li> <li>Focus on long delays (very complex commissioning identify specialist placements).</li> <li>Two additional solicitors employed to allow senior solicitor to focus on complex AWI private cases. This has improved the AWI performance (down to 60s from 80s) and should be reflected in the next quarterly report with a continued downward trend and increase in performance / efficiency across the team.</li> </ul>
<b>Timescales for Improvement</b>
Ongoing and continuing to review / improve services to reduce numbers.
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<b>Indicator</b>	9. Acute (AWI) (Older people 65+): Average number of days delayed per delayed patient.
<b>Purpose</b>	To monitor the extent to which patients 65+, who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000, are being delayed. This relates to patients within Acute beds.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (see Appendix 2)
<b>Strategic Priority</b>	Priority 3 (see Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Target	2022/23			
		Q1	Q2	Q3	Q4
City	155 days	93.67 (G)	109.14 (G)	103.13 (G)	
NE		115.87 (G)	123.14 (G)	98.75 (G)	
NW		97.09 (G)	103.78 (G)	117.48 (G)	
South		75.91 (G)	102.04 (G)	93.41 (G)	

<b>Performance Trend</b>
<p>This is a new indicator for 2022/23 which replaces the previous one which was related to the total number of acute bed days lost for these patients and had an annual target of 1,910.</p> <p>Performance has improved in the North East and South and declined in the North West in the last quarter, but all localities remain below target and GREEN.</p> <p><a href="#">Back to Summary</a></p>

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PRIMARY CARE

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

Locality	Target	20/21		21/22				22/23	
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	78%	76.96% (G)	76.83% (G)	76.72% (G)	74.68% (A)	75.98% (A)	75.96% (A)	76.17% (G)	76.54% (G)
NE		77.75% (G)	77.63% (G)	77.51% (G)	75.57% (A)	76.94% (G)	76.67% (G)	77.01% (G)	77.24% (G)
NW		76.17% (G)	76.04% (A)	75.90% (A)	73.94% (R)	75.42% (A)	75.33% (A)	75.45% (A)	75.85% (A)
S		76.91% (G)	76.79% (G)	76.70% (G)	74.50% (A)	76.04% (A)	75.86% (A)	75.92% (A)	76.50% (G)
<b>NHSGGC</b>		76.98%	76.84%	76.73%	74.71%	76.17%	75.96%	76.87%	76.54%

**Performance Trend**

During Q2 there was a slight improvement in performance across all localities with performance at a city level and in the North East remaining GREEN. North West remained AMBER while the South moved from AMBER to GREEN. This is reported one quarter in arrears.

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<b>Indicator</b>	2. Prescribing Costs: Annualised cost per weighted list size
<b>Purpose</b>	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	20/21		21/22				22/23	
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
<b>City</b>	Cost below (or same) as Board average	£150.76 (G)	£147.61 (G)	£150.24 (G)	£151.24 (G)	£152.33 (G)	£154.20 (G)	£154.27 (G)	£156.01 (G)
NE		£147.45 (G)	£144.49 (G)	£147.00 (G)	£147.89 (G)	£149.49 (G)	£151.11 (G)	£151.32 (G)	£153.67 (G)
NW		£148.59 (G)	£145.63 (G)	£148.15 (G)	£149.45 (G)	£149.52 (G)	£150.93 (G)	£149.91 (G)	£150.50 (G)
S		£156.36 (G)	£152.85 (G)	£155.69 (G)	£156.55 (G)	£158.12 (G)	£160.74 (G)	£160.75 (G)	£162.95 (G)
<b>NHSGGC</b>		£168.73	£164.95	£167.94	£169.37	£170.75	£172.98	£172.97	£175.15

**Performance Trend**

Variations across sectors and over time but all localities and the city remain GREEN although they all increased in the last quarter.

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## CHILDREN'S SERVICES

<b>Indicator</b>	1. Uptake of the Ready to Learn Assessments
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
North East	95%	91% (A)	84% (R)	90% (A)	93% (G)	87% (R)	86% (R)	84% (R)	89% (R)	86% (R)	88% (R)	91% (A)
North West		85% (R)	80% (R)	87% (R)	87% (R)	90% (A)	81% (R)	80% (R)	87% (R)	87% (R)	88% (R)	88% (R)
South		90% (A)	88% (R)	89% (R)	90% (A)	91% (A)	84% (R)	89% (R)	90% (A)	90% (A)	90% (A)	89% (R)

<b>Performance Trend</b>
Performance RED in North West and South in December, and AMBER in North East, with a slight improvement in this area. South declined slightly and moved from AMBER to RED.
<b>Issues Affecting Performance</b>
The number of Ready to Learn Assessments carried out has been significantly affected by the ongoing impact of the COVID-19 pandemic, as initial guidance was that these visits should be cancelled unless families were considered vulnerable. As the pandemic progressed and the visits were re-instated some families declined these assessments to avoid risk of Covid transmission (as these assessments are completed in the family home). If families are seen after the 27-30 month timescale, while they still have an assessment, it is recorded as "unscheduled" rather than the 27-30 month assessment and is therefore not reflected in these figures. In the second lockdown and subsequently, there are still families who have returned to their countries of origin and therefore unable to be assessed, which is also impacting on this key performance indicator.
<b>Actions to Improve Performance</b>
Continue to carry out developmentally appropriate assessments for children who missed their 27–30 month Ready to Learn Assessment due to factors associated with the pandemic, and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage. Team leaders are continuing to review caseloads to ensure performance continues to improve as the impact of the pandemic reduces, and a review will be carried out to monitor progress in South due to the slight decrease in performance in the last quarter.
<b>Timescales for Improvement</b>
Ongoing work is progressing to assess children who missed their 27–30 month assessment.
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<b>Indicator</b>	2. % of HPis (Health Plan Indicator) allocated by Health Visitor by 24 weeks
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

		2020/21			2021/22				2022/23		
		Sep 20	Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22
North East	95%	97 (G)	98 (G)	96 (G)	96 (G)	98 (G)	97 (G)	97 (G)	96 (G)	97 (G)	97 (G)
North West		95 (G)	97 (G)	96 (G)	98 (G)	97 (G)	97 (G)	97 (G)	97 (G)	99 (G)	95 (G)
South		97 (G)	97 (G)	99 (G)	99 (G)	97 (G)	94 (G)	97 (G)	98 (G)	97 (G)	98 (G)

<b>Performance Trend</b>
There is a time lag in the availability of this data.
All localities remained above target and GREEN during the reporting period
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<b>Indicator</b>	3. Number of referrals being made to the Healthier, Wealthier Children Service.
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<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22					22/23		
					Q1	Q2	Q3	Q4	21/22 Total	Q1	Q2	Q3
<b>City</b>	<b>1,533</b>	<b>383</b>	<b>2,515 (G)</b>	<b>3,123 (G)</b>	<b>843 (G)</b>	<b>791 (G)</b>	<b>698 (G)</b>	<b>737 (G)</b>	<b>3,069 (G)</b>	<b>814 (G)</b>	<b>818 (G)</b>	<b>770 (G)</b>
NE	344	86	764 (G)	771 (G)	260 (G)	220 (G)	185 (G)	195 (G)	860 (G)	215 (G)	242 (G)	245 (G)
NW	576	144	918 (G)	812 (G)	217 (G)	185 (G)	191 (G)	170 (G)	763 (G)	216 (G)	209 (G)	219 (G)
S	613	153	833 (G)	1,540 (G)	366 (G)	386 (G)	322 (G)	372 (G)	1,446 (G)	383 (G)	367 (G)	306 (G)

**Performance Trend**

Targets continue to be met at city and locality level. Numbers of referrals at city level and in South fell by 6% and 17% respectively in the last quarter.

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<b>Indicator</b>	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks
<b>Purpose</b>	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
<b>City</b>	100%	54.64 (R)	60.81 (R)	53.27 (R)	53.01 (R)	49.58 (R)	59.37 (R)	63.20 (R)	83.28 (R)	81.9 (R)	87.5 (R)	92.48 (R)
North East		51.56 (R)	57.58 (R)	54.22 (R)	72.73 (R)	54.32 (R)	68.39 (R)	73.60 (R)	85.59 (R)	96.52 (A)	100 (G)	98.4% (G)
North West		62.79 (R)	62.24 (R)	49.83 (R)	78.72 (R)	47.69 (R)	56.48 (R)	50.67 (R)	73.91 (R)	58.33 (R)	73.5 (R)	79.22 (R)
South		52.87 (R)	61.47 (R)	55.95 (R)	24.69 (R)	46.67 (R)	50.0 (R)	60.58 (R)	91.26 (R)	94.51 (R)	89.66 (R)	100 (G)

<b>Performance Trend</b>
Performance improved significantly in all localities over the last quarter with the North East and South moving from RED to GREEN. Performance remained RED in the North West and at a city level although improved.
<b>Issues Affecting Performance</b>
<p>The number of face-to-face appointments offered has continued to increase following the pandemic to offer an increased level of flexibility to children, young people and their families regarding how they access appointments. Families are also being asked to contact the service to arrange an appointment and potential barriers to accessing appointments online are identified and face-to-face appointments provided as required. As a result, there has been a decrease in the number of appointments missed, which has helped with meeting the 18 week target in North East and South and has improved performance in North West.</p> <p>Most teams continue to experience particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Performance has continued to be reviewed in North West, with a focus on continuous improvement, taking into account the learning for the other two areas.</p>
<b>Actions to Improve Performance</b>
<p>Work is continuing to orient the system towards assessing and supporting children with presenting difficulties that require an urgent response as well as increasing the number of first treatment appointments offered whilst also developing plans to ensure a sustainable workforce in the longer term. Work is also ongoing to ensure effective analysis of the needs of children who are being accepted into the service to inform service development and delivery planning.</p> <p>Work is also being carried out to ensure CAMHS teams are embedded within Children's Services in localities by improving connections, alignment, and collaboration with other services within the</p>

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HSCP, in Education and across the third sector, with the aim of ensuring children, young people and their families are able to access the right kind of support, within their local area, at the point of need. The SG funded Tier 1&2 community mental health services continue to have an impact this year, and the Networking Team in particular is supporting families with children on the waiting list for CAMHS.

Work is being undertaken with referrers to improve the quality of information contained in referral forms to ensure the right children and young people are being referred at the right time. This work is also focusing on increasing practitioners' understanding of what CAMHS is able to offer, to facilitate thinking about how to best offer this, and to improve knowledge and understanding of what else is available within the wider locality that may better meet the needs of children and young people.

The CAMH service is now represented at Joint Support Team Meetings to aid discussions regarding the needs of children and young people and to identify the most appropriate supports and interventions, and colleagues are continuing to explore different means of service delivery given the learning from the service response over the course of the pandemic, which will contribute to ongoing efforts to make sustainable improvements to service delivery.

The West CAMHS pilot of a digital group for parents of young children with anxiety was successful. A complete set of guidance was signed off by the SCS Clinical Governance Committee, meaning that all parts of the service can now proceed with group work delivered remotely.

Brief Interventions work continues on a citywide basis.

All of these measures have made an impact, with significant improvement in all areas, and ongoing work to ensure comparable performance within North-West.

### **Timescales for Improvement**

Progress is being made across the city both in relation to the numbers of children waiting and in terms of the length of time children are waiting for a first appointment, with additional appointments available through overtime and/ or bank shifts continuing to have a positive impact.

Links across the wider system have now been established. The quality of these connections will continue to be developed and understanding regarding the wider network of supports available for children and young people in relation to their health and wellbeing continues to be developed and shared across the network. A networking team is now in place via the tier 1 and 2 community mental health funding, which is being jointly managed by Specialist Children's Services Managers and the Central Parenting Team and is initially focusing on providing support to the families of children and young people on the waiting list for CAMHS.

Service Managers have undertaken a programme of work for referrers and have continued to implement this.

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<b>Indicator</b>	5. 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.
<b>Purpose</b>	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 <i>not</i> had a permanency review has been added to the table below.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21		21/22				22/23			
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Quarter 3	
										% with review	Number <i>without</i> a Permanency Review
<b>City</b>	90%	59 (R)	55 (R)	58 (R)	65 (R)	57 (R)	62 (R)	59 (R)	61 (R)	63 (R)	27
North East		59 (R)	51 (R)	62 (R)	69 (R)	63 (R)	62 (R)	59 (R)	65 (R)	64 (R)	12
North West		52 (R)	53 (R)	42 (R)	47 (R)	38 (R)	57 (R)	56 (R)	56 (R)	67 (R)	5
South		62 (R)	59 (R)	62 (R)	74 (R)	65 (R)	62 (R)	58 (R)	58 (R)	57 (R)	10

**Performance Trend**

Performance at city and locality level remained below target and RED during Quarter 3. Although remaining RED was there an increase in performance in North West of 11 percentage points during the reporting period.

At the end of December, a total of 27 children (of 72 children under 5 looked after for 6 months or more) had not yet had a permanency review.

**Issues Affecting Performance**

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

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

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

Progressing this important work continues to be challenging in the present circumstances.

### **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 now been re-established. A full audit of all the children under 5 has been undertaken and the work required to progress their care plans has been quantified.

Permanence workshops and peer support opportunities have commenced to focus on this group of children and to ensure their plans are progressed appropriately. Two additional Independent Reviewing Officers have been appointed and they now have a role in overseeing this work and progressing the plans for young children.

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.

In South, the Head of Service is now meeting with Service Managers and lead Team Leaders to review performance on a monthly basis, which include a review of permanency.

It is hoped that more face-to-face meetings will be facilitated, whilst continuing to manage the risks of Covid, to ensure 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 additional capacity continues to be provided by the Independent Care and Review Team.

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<b>Indicator</b>	6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral
<b>Purpose</b>	To monitor the proportion of looked after children who are receiving health assessments timeously as part of our corporate parenting duty for care experienced children and young people. These relate to all Looked After Children residing within Glasgow city with the exception of those under 5s who are being Looked After at Home who are assessed by Health Visitors as part of the Health Visiting Universal Pathway. It also excludes children from other Council areas who may be receiving a service from the Glasgow Vulnerability Team.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Group	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Under 5s	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	67% (R)
Aged 5-18		100% (G)	96.2% (A)	85% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	88% (R)

<b>Performance Trend</b>
Percentages can fluctuate due to the small numbers involved. Performance has moved from GREEN to RED in the last quarter for both age groups.
<b>Issues Affecting Performance</b>
This has been investigated and performance has been affected by a small number of missed appointments, which has had a significant impact on performance when expressed as a percentage due to the small number of children and young people involved. For the under 5s, one appointment was cancelled by a carer, and there were 3 further missed appointments, one due to a young person having Covid.
<b>Actions to Improve Performance</b>
The percentages are significantly impacted by a small number of missed appointments, which are often out with the direct control of the service, however, alternative appointments are arranged as soon as practicably possible to avoid any impact on the health and wellbeing of children and young people.
<b>Timescales for Improvement</b>
Performance will be kept under review to ensure timeous reappointment, where necessary.  <a href="#">Back to Summary</a>

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<b>Indicator</b>	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date.
<b>Purpose</b>	To monitor the proportion of <u>new</u> (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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21			21/22				22/23		
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
<b>City</b>	60%	32 (R)	42 (R)	49 (R)	51 (R)	59 (G)	58 (A)	51 (R)	55 (R)	58 (A)	51 (R)
North East		52 (R)	41 (R)	49 (R)	55 (R)	76 (G)	1 (G)	45 (R)	58 (A)	55 (R)	39 (R)
North West		22 (R)	23 (hR)	41 (R)	50 (R)	63 (G)	64 (G)	70 (G)	53 (R)	53 (R)	64 (G)
South		24 (R)	53 (R)	58 (A)	45 (R)	50 (R)	51 (R)	40 (R)	52 (R)	62 (G)	48 (R)

### Performance Trend

Performance at city level fell during Q3 moving from AMBER to RED. Performance fell significantly in North East by 16 percentage points (RED) and in South where it dropped by 14 percentage points with the RAG rating moved from GREEN to RED.

In North West performance improved significantly with the RAG status moving from RED to GREEN during the reporting period.

### Issues Affecting Performance

In South, the Head of Service is now meeting with Service Managers and lead Team Leaders to review performance on a monthly basis. The process includes tracking reports due and reports overdue and looking at systems to remind TLs and workers of forthcoming due reports, so that reports are proactively reallocated in the event of staff absence in order to reduce the instances of missed deadlines. The team has undertaken an analysis of late reports and has identified that the majority of these are submitted within a relatively short timescale after the deadline, of less than 7 days, and a significant number are late by only 48 hours. The team has identified patterns, for example with staff who have had more than one report late and this is being addressed via supervision and team meetings. The team is also revisiting careFirst guidance and considering a mandatory briefing to all staff, as some staff are completing reports on time but are not recording this correctly on the system.

There is also a tightened allocation process and lead TLs have been appointed, as well as a lead SM to work on this with admin colleagues. This activity had generated success in taking us into the Green, in the previous quarter, but illness, absence and leave have impacted on attainment in the

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most recent quarter. The team is continuing to work hard to change practice and culture, as well as technical aspects such as recording reports on the system.

A combination of staffing issues – turnover, sickness and annual leave – have impacted on performance in North-East. This has led to delays in the completion of new report requests from SCRA, with the same issues as in South, including managing workload over periods of sick leave, as well as recording issues, which are being addressed at Team Meetings.

The extension of the North-West Service Manager meeting has been effective in facilitating a review of permanence work with the locality Social Work Service Managers.

### **Actions to Improve Performance**

There is increased management oversight of the requested reports and Service Managers are continuing to have regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines.

### **Timescales for Improvement**

It is anticipated there will be continuous improvement in the timescales for submitting new reports to SCRA but continuing staffing issues continue to impact on the rate of progress.

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<b>Indicator</b>	8. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
<b>Purpose</b>	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education, or training. The aim is to increase this percentage to enhance the life opportunities for care leavers.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21				21/22				22/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	75%	65% (R)	76% (G)	77% (G)	80% (G)	78% (G)	79% (G)	79% (G)	80% (G)	78% (G)	80% (G)	79% (G)
North East		62% (R)	82% (G)	80% (G)	84% (G)	82% (G)	81% (G)	78% (G)	83% (G)	83% (G)	84% (G)	82% (G)
North West		72% (A)	77% (G)	81% (G)	82% (G)	80% (G)	79% (G)	79% (G)	80% (G)	75% (G)	80% (G)	79% (G)
South		67% (R)	69% (R)	78% (G)	80% (G)	81% (G)	82% (G)	82% (G)	85% (G)	84% (G)	84% (G)	84% (G)

### Notes

-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.

-From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

### Performance Trend

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

The percentage of *non-recording* of Employability status increased from 1% to 3% between Quarters 2 and 3; an increase from 12 to 31 in the number of young people in the city who do not have their employability status recorded – 10 in North West and 5 in South. The other 16 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 had their status recorded.

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<b>Indicator</b>	9. Number of out of authority placements
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Target	22/23	
22/23	Q3	Q4
30	30 (G)	
<b>Performance Trend</b>		
<p>The scope of this indicator was revised at Q3 to include disability placements and exclude those in secure care therefore no historical data is shown.</p> <p>Placement numbers met the target of 30 and below at the end of Q3 (GREEN).</p> <p><a href="#">Back to Summary</a></p>		

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<b>Indicator</b>	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	95%	94.37 (G)	95.15 (G)	94.20 (G)	93.31 (G)	94.28 (G)	93.7 (G)	93.01 (G)	95.59 (G)	92.62 (G)
North East		94.98 (G)	94.56 (G)	93.15 (G)	94.94 (G)	94.24 (G)	94.59 (G)	91.87 (A)	96.04 (G)	90.15 (R)
North West		94.34 (G)	95.2 (G)	94.32 (G)	90.91 (A)	94.89 (G)	95.24 (G)	93.94 (G)	94.03 (G)	93.89 (G)
South		93.92 (G)	95.56 (G)	94.94 (G)	93.79 (G)	93.87 (G)	91.92 (A)	93.24 (G)	96.36 (G)	93.5 (G)

Performance Trend
<p>Performance decreased in the last quarter at a city level and in all localities, moving from GREEN to RED in the North East, but remaining GREEN in all others. This indicator is reported in arrears.</p> <p>The childhood immunisation team is clear about which neighbourhoods there have been recent challenges in uptake of MMR and are actively linking with Health Visiting/Family Nurse/Health Improvement teams to collate their knowledge on the local population. The immunisation team is already actively working with the equalities team to extend reach into cohorts of families with lower immunisation uptake.</p> <p><a href="#">Back to Summary</a></p>



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<b>Indicator</b>	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	95%	97.25 (G)	96.15 (G)	96.25 (G)	96.32 (G)	95.85 (G)	96.17 (G)	94.84 (G)	95.57 (G)	95.44 (G)
North East		98.07 (G)	96.97 (G)	97.03 (G)	96.44 (G)	95.59 (G)	97.14 (G)	94.77 (G)	95.74 (G)	94.86 (G)
North West		96.66 (G)	96.24 (G)	95.77 (G)	96.27 (G)	94.49 (G)	96.41 (G)	95.40 (G)	95.25 (G)	95.35 (G)
South		97.08 (G)	95.4 (G)	96.01 (G)	96.26 (G)	97.16 (G)	95.17 (G)	94.50 (G)	95.67 (G)	95.98 (G)

<b>Performance Trend</b>
<p>Performance remains GREEN across the city with a small decrease in the last quarter at a city level and in the North East with the South and North West increasing slightly. This indicator is reported in arrears.</p> <p><a href="#">Back to Summary</a></p>

## ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
<b>Purpose</b>	To monitor the waiting times for people who started a PT treatment. The NHS LDP Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This indicator relates to all adults and older people and to people who started a PT in that quarter.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2020/21			2021/22				2022/23			
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
NE	90%	75 (R)	56.6 (R)	82.3 (R)	76.5 (R)	56.6 (R)	46.3 (R)	56.5 (R)	49.4 (R)	69.7 (R)	57.7 (R)	47.4 (R)
NW		95.7 (G)	93.6 (G)	97.1 (G)	92.5 (G)	84 (R)	92.4 (G)	79.2 (R)	84.5 (R)	76.3 (R)	91.4 (G)	91.7 (G)
S		58.7 (R)	91.4 (G)	92.8 (G)	94.8 (G)	80.5 (R)	81.2 (R)	87.6 (A)	81.7 (R)	87.0 (A)	70.2 (R)	78.7 (R)

**Performance Trend**

In the last quarter, performance improved in the North West and moved back to GREEN while declining slightly in the North East and South and remaining RED.

**Issues Affecting Performance**

The longer term effects of the outbreak of Covid-19 continued to have multiple impacts on the overall performance of delivering PTs through Q1 to Q3 2022/23.

The initial service reaction to the Covid-19 outbreak created a large cohort of people waiting to start a PT. Waiting list initiatives for patients assessed as suitable and waiting to start their treatment continued to target the longest waits. Incoming referrals and initial assessments for suitability added to the numbers waiting.

There was a Board wide focus on addressing the longest waits of over 52 weeks.

Teams focused on long waits and started more people over 18 weeks relative to the total number starting. This can often result in a reduced percentage starting within the 18 week Standard.

Social distancing measures continued and resulted in reduced consulting space that is prioritised primarily for urgent clinical need.

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

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The capacity to deliver PTs was affected by vacancies, annual leave, sick leave and extended leave. Overutilisation of remaining capacity can compound these factors and contribute to longer waiting times. Recruitment to some posts resulted in no applicants and highlighted the growing national supply issue of clinically trained personnel

There was variation in the level of demand across the full range of assessment and treatment waiting times that required mitigations to prevent adverse impacts on the waiting time standard.

### **Actions to Improve Performance**

The Trauma service has been supported, to appoint people who are waiting over 52 weeks to start treatment, by capacity where it is available from across the MH services.

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

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

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

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

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

The Board wide PT Group team have co-facilitated digital-based group interventions with the CMHTs staff

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

Referrals to the Scottish Government Internet Enabled CBT initiative has been paused, to focus on in-house treatment options.

Heads of Service and Professional Leads routinely monitored team performance to assess the impact of actions.

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

### **Timescales for Improvement**

-Learning about the long-term impact of the continuing Covid-19 social distancing measures on the ability of services to deliver PTs is ongoing.

-Appointing people waiting over 52 weeks will continue through 2022-23.

-People waiting over 36 weeks will be reviewed in future quarters.

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<b>Target/Ref</b>	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	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
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
Stobhill	28 days	31.2 (R)	35.5 (R)	31.2 (R)	32.2 (R)	30.1 (R)	28.4 (G)	40.6 (R)	37.3 (R)	30.5 (R)	30.3 (R)	26.4 (G)
Leverndale		22.9 (G)	23.9 (G)	29.8 (R)	31.8 (R)	31.7 (R)	32.6 (R)	36.9 (R)	37.4 (R)	31.9 (R)	37.1 (R)	39.8 (R)
Gartnavel		28 (G)	31.7 (R)	29.8 (R)	37.7 (R)	31.3 (R)	32.8 (R)	33.4 (R)	33.0 (R)	32.8 (R)	32.2 (R)	26.3 (G)

### Performance Trend

Performance moved from RED to GREEN in Stobhill and Gartnavel between September and December. Leverndale remained RED with average length of stay slightly increasing.

### Issues Affecting Performance

The ongoing Covid-19 pandemic is continuing to have a lingering and substantial impact on the pattern of MH services responses. Wards closed to new admissions during December 2022 as a result of:

- COVID 19 and a range of
- Norovirus
- Gastroenteritis, and
- Respiratory Syncytial Virus (RSV).

Services continue to adapt and respond to variabilities in:

1. Wards being closed to new admissions due to COVID continues to reduce patient movement. This remains an impact on Glasgow City located acute admissions when capacity is reduced on a GC located site or in the wider acute admission system.
2. Numbers of COVID- positive and other viruses still temporarily reduce available bed days for the three main adult acute bed sites due to being closed to new admissions, whilst continuing to treat existing people admitted.
3. Inpatient ward skill mix and nurse per bed ratio is an enduring impact along with on-going staff absence rates.
4. The number of people staying 6 months has stabilised and the overall GG&C adult acute numbers remains at the higher end of the predictable range (24 and 39 people).
5. Occupied bed day use boarding into Glasgow City hospitals both internally and external to the Health Board area continues. Boarders remain comparatively low in number.

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6. The local position for Adult Acute MH mean length of stay at circa 36 days remains mirrored across the UK.

### Actions to Improve Performance

Operational responses prioritise maintaining safe care. Contingency responses remain applied day to day and site to site. Variance in lengths of stay for the remainder of 2022/2023 are expected. The impact of discharges for Christmas and new year may be a temporary improvement in average length of stay.

1. Consolidation of unscheduled assessments and admissions and single point of contact for access to mental health assessment for people in crisis throughout the 24 hour period 365 days per year to a wide range of partners.
2. Maintaining direct access to mental health assessment units.
3. Piloting in-reach practitioners across inpatients to identify those patients who require short term admissions and then safely continue their care and treatment in the community.
4. In-patient admissions and staffing guidelines continually reviewed, updated and applied.
5. Progress on-going development of Discharge Co-ordination Teams, including the numbers of people staying 6 months plus, on-going via bed management lead.
7. Staffing supply and the impact on skill mix and staff per bed ratios remains a chronic issue.
8. Inpatient workforce standards scoped, funding budget challenges to any implementation.

### Timescales for Improvement

The COVID-19 pandemic continues to impact on inpatient services along with other viruses. Operational contingency reviewed and applied daily to the moving situation and location of pressure. No agreement has been possible to date for temporary site service cessations across the GGC system at the point of implementation. System wide support mechanisms being maintained across sites and specialties with wider mental health services.

On-going pressures still remain with vacancies, non-Covid absences, leave and supporting staff. This position is likely to remain into 2023/2024. The overall pressure on adult acute admission beds is such that the initial phased movement towards the adult acute admission bed strategy endpoint will not be progressed before 2024. Each accumulation of incremental disadvantage of long stays, delays to peoples' discharge, wards temporarily closing to new admissions due to infections and staff absences still contribute to average lengths of stay. The tight margins still require delivery of a more steady state than is currently possible and continues to require 6-12 months in 2023 to progress and assess the impact of actions.

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<b>Target/Ref</b>	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	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%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
Stobhill	<95%	91.4 (G)	96.5 (G)	97 (G)	98.8 (A)	95.7 (G)	97.5 (A)	98.9 (A)	103 (R)	102.1 (R)	98.4 (A)	85 (G)
Leverndale		82.0 (G)	88.8 (G)	92.4 (G)	98.8 (A)	90.8 (G)	96.5 (G)	99.1 (A)	100 (R)	97.2 (G)	98 (A)	98 (A)
Gartnavel		89.2 (G)	93.4 (G)	93.2 (G)	97.5 (A)	97.2 (G)	95.1 (G)	98.8 (A)	96.2 (G)	93.8 (G)	95.2 (G)	89.2 (G)

<b>Performance Trend</b>
Performance moved from RED to GREEN in Stobhill and RED to AMBER in Leverndale in the last quarter while Gartnavel remained GREEN.
<b>Issues Affecting Performance</b>
All sites still affected by Covid and other virus' related control of infection closures to new admission affecting the flow of admissions, discharges, lengths of stay and therefore occupancy. Admissions and discharges are fluctuating but remaining generally high across the three main Glasgow City admission sites. Cross site support on a daily basis has maintained overall service ability to admit those who require inpatient care. Week to week service responses continue to be very fluid to meet need. This is anticipated to continue for the next 6 – 12 months. % occupancy for the way the system of care is working is anticipated to remain at close to 99%. The desire of people to be at home and maintained at home over Christmas and into the New Year eased occupancy in December, which is initially less likely to be maintained into 2023.
<b>Actions to Improve Performance</b>
Integrated discharge capacity and adult mental health social care options continue to be a focus of work looking at moving people to better locations within the overall system of inpatient care including movement to rehab and older adult MH services. A range of discharge work for people with stays of over 6 months continues as a focus of work anticipated to reduce the number of people with stays over 6 months during the remainder of this and into next year.
<b>Timescales for Improvement</b>
The discharge work and team service will require to continue into 2023/2024.
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<b>Indicator</b>	4. Total number of Adult Mental Health Delays
<b>Purpose</b>	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
North East		4	6	6	7	3	6	4	3	4	4	4
North West		4	5	8	6	3	8	4	5	9	7	6
South		1	4	2	4	4	6	6	3	6	6	4
City/LD		1	1	0	0	0	3	1	0	0	1	0
<b>Sub-Total (Included Codes)</b>		<b>10</b>	<b>16</b>	<b>16</b>	<b>17</b>	<b>10</b>	<b>23</b>	<b>15</b>	<b>11</b>	<b>19</b>	<b>18</b>	<b>14</b>
North East		1	2	2	1	1	0	1	1	1	1	0
North West		2	6	5	3	2	2	1	0	0	1	0
South		0	0	0	1	1	1	0	0	0	0	0
City/LD		1	1	0	0	0	0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>		<b>4</b>	<b>9</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>All Delays</b>	<b>0</b>	<b>14 (R)</b>	<b>25 (R)</b>	<b>23 (R)</b>	<b>22 (R)</b>	<b>14 (R)</b>	<b>26 (R)</b>	<b>17 (R)</b>	<b>12 (R)</b>	<b>20 (R)</b>	<b>20 (R)</b>	<b>14 (R)</b>

### Performance Trend

Numbers vary across localities and over time. Overall delays have increased at a city level since September and remain above target and RED. There were no complex delays in December.

### Issues Affecting Performance

Various issues including disruption due to COVID continue to affect both patients and staff and wards continue to be closed to admissions and patient movement as a result of infection prevention and control measures on an ongoing basis.

Staff vacancies and absence continue to disrupt the day to day running and planning of the wards

### Actions to Improve Performance

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As previously reported, wards continue to face significant pressures with increased admission rates and some ongoing ward closures.

Complexity of need continues to be a pressure but as below we are working across the city to review and improve our systems and processes.

### **Timescales for Improvement**

A number of discussions have taken place and actions to address delays and improve performance include:

- A new group has been set up to ensure co-ordination of care towards timely and effective discharge of patients
- This groups will review and agree all potential discharge placement opportunities and allocations for inpatients with a focus on delayed discharges and patients with length of stay greater than three months
- Work is ongoing to review the discharge teams and develop proposals for an integrated team covering both adults and older people

Regular reviews continue on progressing solutions for people to move out of hospital, as well as the demand from vulnerable people entering care from the community.

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## ALCOHOL AND DRUGS

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
<b>City</b>	<b>90%</b>	98% (G)	99% (G)	98% (G)	99% (G)	95% (G)	92% (G)	94% (G)	95% (G)	93% (G)	96% (G)
North East		94% (G)	100% (G)	99% (G)	99% (G)	Locality information is no longer available for this indicator					
North West		100% (G)	100% (G)	100% (G)	100% (G)						
South		96% (G)	99% (G)	99% (G)	97% (G)						

**Performance Trend**

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

The Glasgow City ADP figure continued to exceed the 90% target at Quarter 2 (GREEN). A breakdown by locality is no longer available from Public Health Scotland (PHS) for this indicator.

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SANDYFORD (SEXUAL HEALTH)

<b>Indicator</b>	1. Number of vLARC IUD appointments offered across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2020/21		2021/22				2022/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>		<b>1375</b>	<b>1497</b>	<b>1438</b>	<b>1106</b>	<b>877</b>	<b>1115</b>	<b>921</b>	<b>1019</b>	<b>1191</b>
NE		388	475	483	332	284	323	249	362	326
NW		987	1022	955	774	593	792	582	651	706
S		0	0	0	0	0	0	90	96	159
<b>NHSGGC</b>	<b>1354 per Quarter</b>	<b>1723 (R)</b>	<b>1839 (A)</b>	<b>1784 (R)</b>	<b>1400 (R)</b>	<b>1169 (R)</b>	<b>1465 (R)</b>	<b>1164 (R)</b>	<b>1427 (G)</b>	<b>1527 (G)</b>
<b>DNA rate</b>					<b>11%</b>	<b>6%</b>	<b>4%</b>	<b>6%</b>	<b>9.9%</b>	<b>9.61%</b>

<b>Performance Trend</b>
<p><b>Targets per quarter for IUD appointments have been adjusted from 1888 to 1354 for 2022/23 and the number of IUD insertions has been removed.</b></p> <p>The revised target for the number of IUD appointments was met at Q3 and remained GREEN with the numbers of appointments increasing. Please note that the DNA rate does not include TOP.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	2. Number of vLARC Implant appointments offered across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2020/21		2021/22				2022/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>		<b>1377</b>	<b>1550</b>	<b>1278</b>	<b>1019</b>	<b>745</b>	<b>1003</b>	<b>1128</b>	<b>1629</b>	<b>1611</b>
NE		571	654	513	382	311	414	383	413	279
NW		806	896	765	637	434	589	625	1044	1167
S		0	0	0	0	0	0	120	172	165
<b>NHSGGC</b>	<b>1166 per quarter</b>	<b>2028 (R)</b>	<b>2278 (R)</b>	<b>1966 (R)</b>	<b>1621 (R)</b>	<b>1217 (R)</b>	<b>1626 (R)</b>	<b>1587 (G)</b>	<b>2035 (G)</b>	<b>2210 (G)</b>
<b>DNA rate</b>					<b>14%</b>	<b>11%</b>	<b>11%</b>	<b>10%</b>	<b>13%</b>	<b>18.75%</b>

<b>Performance Trend</b>
<p><b>Targets per quarter for Implant appointments have been adjusted from 2431 to 1166 for 2022/23 and the number of Implant insertions has been removed.</b></p> <p>The revised target for the number of implant appointments continued to be met in Q3 and remained GREEN with the numbers of appointments increasing. Please note that the DNA rate does not include TOP.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	3. Median waiting times for access to Urgent Care appointments.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	National Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2020/21		2021/22				2022/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	2 working days	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)
NE		1 (G)	3 (R)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	2 (G)
NW		1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	2 (G)	1 (G)	2 (G)	2 (G)
S		NA	NA	NA	NA	NA	NA	2 (G)	2 (G)	2 (G)
NHSGGC		1	1	1	2	1	2	2	2	2

Performance Trend
<p>Performance remains GREEN in all localities and city and Board wide. Target has been adjusted to be based on median rather than average waiting times as small numbers of outliers were distorting the figures.</p> <p><a href="#">Back to Summary</a></p>

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

### Male

Area	Age	Target	2020/21		2021/22				2022/23		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	13-15	4	4 (R)	5 (R)	6 (R)	2 (R)	4 (G)	6 (G)	4 (G)	5 (G)	3 (R)
NHSGGC		13	14 (R)	11 (R)	14 (R)	8 (R)	11 (R)	9 (R)	14 (G)	15 (G)	13 (G)
City	16-17	27	16 (R)	27 (R)	23 (R)	29 (G)	18 (R)	14 (R)	20 (R)	20 (R)	23 (R)
NHSGGC		49	30 (R)	37 (R)	39 (R)	47 (G)	34 (R)	28 (R)	21 (R)	39 (R)	43 (R)

### Female

Area	Age	Target	2020/21		2021/22				2022/23		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	13-15	75	40 (R)	43 (R)	68 (R)	61 (R)	51 (R)	46 (R)	44 (R)	53 (R)	70 (R)
NHSGGC		143	95 (R)	87 (R)	129 (R)	118 (R)	109 (R)	107 (R)	104 (R)	113 (R)	127 (R)
City	16-17	195	149 (R)	137 (R)	180 (R)	172 (R)	143 (R)	146 (R)	127 (R)	178 (R)	165 (R)
NHSGGC		358	280 (R)	256 (R)	343 (R)	314 (R)	266 (R)	278 (R)	241 (R)	324 (R)	320 (R)

### Performance Trend

Performance varies between age groups and over time. No targets have been met for Glasgow this quarter. There was however an increase in the numbers of males aged 16-17 and females aged 13-15 seen in Glasgow City.

### Issues Affecting Performance

The service is currently seeing Young People across 7 sites but face to face care remains limited. Staff absences continue to have an impact on service. The service is still restricted to a reduced number of days open in the sites agreed in the service review. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved.

### Actions to Improve Performance

A number of actions are being implemented to improve performance including:

- YP consultation has been commissioned.
- A drop-in clinic is being trialled in Parkhead alongside the booked clinic.
- Variety of booking methods are available.
- Consideration of a 'live-chat' service for YP.

### Timescales for Improvement

With the implementation of the proposed new service model, the numbers of Young people attending are expected to rise during 2023. A Review of performance targets is required now the new service model in place.

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

Target	2020/21	2021/22				2022/23			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5 working days	0 (G)	0 (G)	1 (G)	1 (G)	2 (G)	3 (G)	4 (G)	4 (G)	

Performance Trend
<p>Performance remained GREEN during Quarter 3.</p> <p><a href="#">Back to Summary</a></p>

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## HOMELESSNESS

<b>Indicator</b>	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21			21/22				22/23		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)
North East		100% (G)	98% (G)	98% (G)	99% (G)	97% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)
North West		98% (G)	98% (G)	100% (G)	98% (G)	99% (G)	100% (G)	99% (G)	99% (G)	98% (G)	97% (G)
South		100% (G)	99% (G)	100% (G)	100% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)
Asylum & Refugee Team (ARST)		100% (G)	99% (G)	100% (G)	100% (G)	97% (G)	100% (G)	100% (G)	99% (G)	98% (G)	99% (G)
Performance Trend											
Performance was maintained during Q3 with all localities and teams remaining above target (GREEN). A total of 1,281 decisions were made during Q3; 16 (1%) were outwith timescale.											
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<b>Indicator</b>	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
<b>Purpose</b>	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21			21/22				22/23		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	<40%	55% (R)	51% (R)	44% (R)	39% (G)	43% (R)	48% (R)	48% (R)	50% (R)	50% (R)	48% (R)
North East		50% (R)	50% (R)	42% (R)	39% (G)	41% (G)	46% (R)	45% (R)	48% (R)	50% (R)	52% (R)
North West		49% (R)	42% (R)	43% (R)	40% (G)	43% (R)	50% (R)	51% (R)	49% (R)	49% (R)	47% (R)
South		51% (R)	48% (R)	45% (R)	37% (G)	40% (G)	43% (R)	44% (R)	46% (R)	47% (R)	47% (R)
Asylum & Refugee Team (ARST)		90% (R)	73% (R)	45% (R)	40% (G)	51% (R)	61% (R)	61% (R)	66% (R)	67% (R)	56% (R)

**Performance Trend**

During Q3 all Teams and localities continued to remain outwith the target range (<40%) and RED. Although remaining RED, there was significant improvement in the Asylum & Refugee Team which improved by 11 percentage points during the reporting period.

**Additional Information: Volume of Homeless Applications**

20/21				21/22				22/23		
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
1,376	1,540	1,582	1,922	1,979	1,781	1,641	1,609	1,485	1,615	1,635

**Issues Affecting Performance**

Although all localities remain outwith the target, the City-wide percentage has reduced from 50% in Q1 and Q2 to 48% in Q3. This indicator is underpinned by the supply of housing, and the number of lets to homeless households in Q3 was lower than in Q1 and Q2 this year. Given that offers of settled accommodation are made to households based on their length of homelessness, this means fewer cases over 6 months would have been resettled during this period hence this indicator, although reducing, is still outwith the target.

**Actions to Improve Performance**

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Work is on-going to ensure that the number of section 5 referrals being sent to RSL partners is optimised to increase the number of lets available to homeless households. Recent reporting shows that a significantly higher number of homeless households currently have an offer of settled accommodation which should transpire into lets over the coming weeks once offers are accepted and dates of entry are agreed.

Indicator 3 shows that the number of resettlement plans complete has increased in Q2 and Q3 which is ensuring there is sufficient demand within the system.

### **Timescales for Improvement**

The number of lets to homeless households should increase in Q4 which should reduce the number of cases over 6 months however the end-to-end journey of homeless households (indicator 4) is at 43 weeks and until this target indicator is met this figure may increase in Q4 and through into Q1 and Q2 of 2023/24.

Improved prevention work through HSCC will also reduce the number of 'newer' cases within the system which will increase (as a percentage) the number of cases over 6 months.

It is anticipated that this figure will reduce in Q3 of 2023/24.

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

Target		Total 19/20	Total 20/21	21/22				Total 21/22	22/23			
21/22	22/23			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Year to Date
5,000 per annum (1,250 per quarter)	3,750 per annum (938 per quarter)	3,774 (R)	3,961 (R)	1,332 (G)	1,136 (R)	1,051 (R)	1,156 (R)	4,675 (R)	897 (A)	1,039 (G)	1,043 (G)	2,979 (G)

<b>Performance Trend</b>
<p><b>The 21/22 annual target of 5,000 (1,250/quarter) has been revised to 3,750 per annum (938/quarter) for 2022/23.</b></p> <p>Performance was maintained at Q3 (GREEN). The year to date cumulative total (GREEN) indicates that we are on track to meet the annual target at year end.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	4. Average number of weeks from assessment decision to settled accommodation
<b>Purpose</b>	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	2020/21			21/22				22/23		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City-wide	26 weeks	42 wks (R)	41 wks (R)	45 wks (R)	39 wks (R)	35 wks (R)	41 wks (R)	45 wks (R)	52 wks (R)	47 wks (R)	43 wks (R)

### Performance Trend

Although performance did not meet target (RED) during Q3, the average number of weeks decreased by 4 between quarters 2 and 3.

### 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.

Given that this measure is taken at case closure, work to prioritise rehousing by date of case registration has significantly impacted upon the reporting of the average number of weeks from assessment decision to settled accommodation.

Whilst the length of time at Q3 is still outwith the target, the reduction of 9 weeks between Q1 and Q3 highlights the positive work that has been undertaken to rehouse longer term cases.

### 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.

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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.

Regular performance and monitoring frameworks are also embedded within the Community Homelessness Teams, with oversight from Service Managers, to ensure that homeless demand is directed and shaped towards housing supply in the city. Work is being undertaken with colleagues in the Housing Strategy Team within NRS to 'map' social housing within the city to allow a better understanding of the make-up of the RSL stock in the city.

### **Timescales for Improvement**

Significant reductions have been made between Q1 – Q3 and it is anticipated that the length of time will continue to reduce in Q4 of 2022/23 and into Q1 of 2023/24

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<b>Target/Ref</b>	5. Number of households reassessed as homeless or potentially homeless within 12 months.
<b>Purpose</b>	This indicator reports on the number of “ <u>Repeats</u> ” 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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	Full Year Total 19/20	Full Year Total 20/21	2021/22				Full Year Total 21/22	22/23		
				Q1	Q2	Q3	Q4		Q1	Q2	Q3
City	<480 per annum (<120 per Quarter)	437 (G)	420 (G)	154 (R)	127 (R)	124 (A)	121 (G)	526 (R)	96 (G)	107 (G)	93 (G)

### Performance Trend

During Q3 the number of Repeats remained below the upper threshold and was GREEN for the fourth consecutive quarter.

### **Additional Information: Breakdown of reassessment/repeat figures**

Analysis of the 93 households reassessed during Q3 shows:

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

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<b>Target/Ref</b>	6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
<b>Purpose</b>	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21				21/22				22/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	100%	99% (G)	99% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)

<b>Performance Trend</b>
<p>Performance remained on target (GREEN) during the third quarter of 22/23.</p> <p><a href="#">Back to Summary</a></p>

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

Loc-ality	Target		20/21				21/22				22/23		
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1*	Q2*	Q3
City	600 over 5 years from 2019/20.	Number created during quarter	0	19	25	32	22	17	12	10	9	13	10
	Q2 target is 240.  Target by end of 22/23 is 280	Cumu-lative Total	119 (Base -line)	138 (R)	163 (R)	195 (R)	217 (R)	234 (A)	246 (A)	256 (R)	265 (R)	278 (G)	288 (G)

**Performance Trend**

***\*Updated figures for Q1 & Q2 were provided by the service in January 2023***

The revised figures indicate that performance was within the target range at the end of Q2 moving from RED to GREEN against the year-end target of 280 and increased further during Q3.

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

Target	20/21				21/22				22/23		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Target for end of 22/23 is <b>395 units or less</b>	<b>496 (R)</b>	<b>573 (R)</b>	<b>439 (R)</b>	<b>344 (G)</b>	<b>286 (G)</b>	<b>389 (R)</b>	<b>369 (R)</b>	<b>414 (R)</b>	<b>461 (R)</b>	<b>504 (R)</b>	<b>538 (R)</b>

**Performance Trend**

**Target has been amended to 395 or less from 350 or less in 2021/22.**

During Q3 this indicator remained RED against the revised year-end target. Between Q2 and Q3 there was an increase of 6.7% (34) in the number of homeless households accommodated within B&B type accommodation.

**Additional Information: Average Length of Time people spend in B&B**

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

2021/2022				22/23		
Q1	Q2	Q3	Q4	Q1	Q2	Q3
22 days	21 days	25 days	25 days	30 days	32 days	34 days

**Issues Affecting Performance**

The service has seen a continued increase in demand for emergency accommodation through Q3. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty.

Whilst the number of settled lets provided to homeless households remains below the requested level (60% of social housing lets from RSLs), there will inevitably be increases in the lengths of stay within temporary accommodation, including Bed and Breakfast.

**Actions to Improve Performance**

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



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The number of Temporary Furnished Flats (TFFs) has increased (see indicator 9) which will begin to reduce the pressure on BnB. Furthermore, work is underway with Right There in order to increase the supply of private rented accommodation within the city for use as interim accommodation and to increase occupancy rates of existing private rented TFFs.

### **Timescales for Improvement**

The service will expect to see reductions in the use of bed and breakfast type accommodation at end of Q1 in 2023/24.

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

Target	20/21			21/22				22/23		
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Target for end of 2022/23 is 2,400 or less	2,569 (R)	2,612 (R)	2,384 (R)	2,368 (R)	2,359 (R)	2,348 (R)	2,350 (R)	2,338 (G)	2,348 (G)	2,365 (G)

**Performance Trend**

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 has therefore been adjusted to 2,400 or less (from 1,850 in 2021/22).**

There was a slight increase in the number of temporary furnished flats (TFFs) between Q2 and Q3 however performance remains below the revised year-end target of 2,400 or less (GREEN).

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**CRIMINAL JUSTICE**

<b>Indicator</b>	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
<b>Purpose</b>	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	80%	73% (R)	76% (R)	77% (A)	86% (G)	81% (G)	87% (G)	89% (G)	88% (G)	89% (G)
North East		73% (R)	81% (G)	72% (R)	76% (R)	80% (G)	94% (G)	94% (G)	93% (G)	88% (G)
North West		69% (R)	71% (R)	78% (A)	93% (G)	83% (G)	80% (G)	81% (G)	84% (G)	83% (G)
South		78% (A)	75% (R)	81% (G)	89% (G)	82% (G)	87% (G)	90% (G)	89% (G)	95% (G)
Performance Trend										
During Q3 performance exceeded target (GREEN) across all localities.										
A total of 461 CPOs (North East, North West and South) were made; a small decrease of just over 6% in comparison to Q2 (492). In addition, 37 CPOs were made by the Caledonian Team during the reporting period.										
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<b>Indicator</b>	2. Percentage with a Case Management Plan within 20 days. <b>i) Community Payback Orders (CPOs)</b> <b>ii) Drug Treatment and Testing Orders (DTTO) (Drug Court), and</b> <b>iii) Licences (Clyde Quay)</b>
<b>Purpose</b>	To monitor the extent to which CPOs, DTTOs and Licences have a case management plan within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	85%	86% (G)	85% (G)	83% (G)	85% (G)	83% (G)	93% (G)	87% (G)	98% (G)	85% (G)
North East		79% (R)	80% (R)	78% (R)	84% (G)	72% (R)	91% (G)	83% (G)	100% (G)	77% (R)
North West		91% (G)	87% (G)	85% (G)	88% (G)	86% (G)	92% (G)	90% (G)	97% (G)	94% (G)
South		86% (G)	88% (G)	88% (G)	83% (G)	89% (G)	93% (G)	88% (G)	99% (G)	80% (R)
Caledonian Team		n/a						85% (G)	93% (G)	86% (G)
DTTO		n/a						100% (G)	100% (G)	80% (R)
Clyde Quay		n/a						100% (G)	100% (G)	100% (G)

**Performance Trend**

**Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay and DTTO (Drug Treatment and Testing Orders).**

During Q3 performance fell in all localities and teams with the exception of Clyde Quay (GREEN). Despite falls in performance, the target continued to be met (GREEN) at city level, in North West and the Caledonian Team.

Performance fell significantly in North East, South and the DTTO team which all moved from GREEN to RED during the reporting period. North East dropped from 100% to 77%, it is believed that this is a direct result of two new TL's coming into post. It is not anticipated that there will be any further difficulties with this target being achieved for the next quarter.

Both South and the DTTO team have experienced significant absences within their teams, although many of these absences are continuing various supports are being put in place to support and improvement area.

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<b>Indicator</b>	3. Percentage of 3-month Reviews held within timescale.
<b>Purpose</b>	CPOs, DTTOs and Licenses should be reviewed at regular intervals and revised where necessary. This indicator monitors the proportion of reviews held within the 3-month standard.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	75%	84% (G)	87% (G)	83% (G)	85% (G)	86% (G)	86% (G)	90% (G)	87% (G)	81% (G)
North East		74% (G)	88% (G)	75% (G)	80% (G)	81% (G)	84% (G)	88% (G)	86% (G)	86% (G)
North West		97% (G)	92% (G)	91% (G)	97% (G)	91% (G)	89% (G)	97% (G)	95% (G)	89% (G)
South		83% (G)	82% (G)	81% (G)	81% (G)	86% (G)	85% (G)	91% (G)	83% (G)	71% (R)
Caledonian Team		n/a						78% (G)	78% (G)	81% (G)
Drug Court		n/a						100% (G)	89% (G)	100% (G)
Clyde Quay		n/a						100% (G)	100% (G)	100% (G)

**Performance Trend**

**Indicator extended in 22/23 to include Caledonian Team, Drug Court and Clyde Quay.**

During Q3 the city, North East, North West and settings (Caledonian Team, Drug Court, Clyde Quay) continued to exceed the target for reviews (GREEN). Performance in South fell below target moving from GREEN to RED during the reporting period.

It is acknowledged that there was a deterioration in the performance in the south as this thought to be due to there being a number of staff absent from work due for a number of reasons (sick / maternity leave etc) and there being a reshuffle in practice teams which has resulted in some reviews being missed. It is not anticipated that there will be an improvement moving forward.

It is noted that overall, the performance in the city meets the target set with a level of comfort.

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<b>Indicator</b>	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	70%	89% (G)	65% (R)	70% (G)	70% (G)	75% (G)	80% (G)	83% (G)	83% (G)	84% (G)
North East		73% (G)	50% (R)	68% (A)	74% (G)	82% (G)	84% (G)	85% (G)	85% (G)	92% (G)
North West		100% (G)	58% (R)	61% (R)	64% (R)	66% (R)	80% (G)	82% (G)	82% (G)	79% (G)
South		100% (G)	83% (G)	80% (G)	70% (G)	75% (G)	76% (G)	82% (G)	81% (G)	83% (G)
Performance Trend										
<p>Performance was maintained during Q3 with all localities continuing to exceed target (GREEN).</p> <p>Excluding breaches gives the following figures: NE 94%, NW 87% and South 90% (City 90%).</p> <p><a href="#">Back to Summary</a></p>										

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<b>Indicator</b>	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court.
<b>Purpose</b>	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted, thus reducing letters to court.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	80%	75% (R)	76% (R)	81% (G)	79% (G)	81% (G)	77% (A)	79% (G)	79% (G)	84% (G)
North East		75% (R)	78% (A)	84% (G)	82% (G)	81% (G)	77% (A)	78% (A)	79% (G)	87% (G)
North West		79% (G)	74% (R)	81% (G)	80% (G)	81% (G)	79% (G)	83% (G)	83% (G)	85% (G)
South		71% (R)	75% (R)	77% (A)	77% (A)	81% (G)	74% (R)	77% (A)	77% (A)	81% (G)
Caledonian Team		n/a						75% (R)	72% (R)	87% (G)
Drug Court (DTTO)		n/a						79% (G)	68% (R)	57% (R)

### Performance Trend

**Indicator extended from 22/23 to include the Caledonian Team and Drug Court.**

During Q3 performance improved in the city and all localities and teams with the exception of the Drug Court. The city overall, North East and North West continued to meet target (GREEN) while performance in South and the Caledonian Team moved from AMBER to GREEN and RED to GREEN respectively. Performance in the Drug Court fell further between Q2 and Q3 (RED).

It is noted that from Q2 to Q3 there has been a deterioration of 11% this is believed to be due to the significant sickness that has been experience within the team. Although the sickness has continued steps have been taken in attempt to develop this area of practice to support an improvement being able to be observed in the next Quarter.

The deterioration in the DTTO team is direct impact of there being a lack of capacity in the team. supports are now in place in attempt to provide a level of improvement.

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<b>Indicator</b>	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison
<b>Purpose</b>	It is important that post release interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release. The data shown below excludes Extended Sentence Licenses.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	21/22 90%  22/23 80%	81% (R)	81% (R)	88% (G)	94% (G)	96% (G)	90% (G)	88% (G)	94% (G)	95% (G)
North East		85% (R)	80% (R)	60% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	97% (G)
North West		78% (R)	83% (R)	80% (R)	92% (G)	90% (G)	88% (G)	75% (R)	83% (G)	88% (G)
South		75% (R)	80% (R)	100% (G)	89% (G)	100% (G)	82% (R)	88% (G)	95% (G)	94% (G)
Clyde Quay		n/a						100% (G)	100% (G)	100% (G)

**Performance Trend**

**Target revised from 90% to 80% for 22/23 and indicator extended to include Clyde Quay from Quarter 1.**

At Q3 all teams and localities continued to exceed target (GREEN).

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**HEALTH IMPROVEMENT**

<b>Indicator</b>	1. Alcohol brief intervention delivery (ABI)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	2022/23				
						Q1	Q2	Q3	Q4	Total
City	5066	1267	4394 (R)	4269 (R)	7749 (G)	1822 (G)	2586 (G)	2351 (G)		6759 (G)
NE	1636	409	1070 (R)	254 (R)	351 (R)	0	0	1		1
NW	1585	397	934 (R)	165 (R)	221 (R)	0	0	0		0
S	1845	461	651 (R)	72 (R)	93 (R)	0	0	0		0
City Wide (Non sector specific)			1739	3778	7084	1822	2586	2350		6758

**Performance Trend**

Performance remains GREEN.  
Note: City wide services are delivered in localities but are recorded at a city-wide level.

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

Locality	Annual Target	19/20 Total	20/21 Total	21/22 Total	22/23 Target Year to Date	2022/23 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1217	1389 (G)	1280 (G)	1260 (G)	598	248 (R)	472 (R)		
NE	478	516 (G)	459 (A)	452 (R)	235	70 (R)	156 (R)		
NW	385	422 (G)	442 (G)	411 (G)	189	61 (R)	127 (R)		
S	352	451 (G)	379 (G)	456 (G)	173	117 (G)	189 (G)		

<b>Performance Trend</b>
This indicator is reported in arrears. Performance is meeting target in the South but below target in the other localities and city wide at Q2, as it was at the end of Q1.
<b>Issues Affecting Performance</b>
This is lower than expected due to a number of reasons including issues with Pharmacy (capacity and stock mainly) and the long-term unavailability of varenicline, a popular product with many service users.
<b>Actions to Improve Performance</b>
Ongoing discussions with the Public Health Pharmacy team to address issues. Community staff will continue to work closely with Community Pharmacy staff.
<b>Timescales for Improvement</b>
Improvements will be monitored by the Tobacco PIG and City Tobacco Group on an ongoing basis.
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<b>Indicator</b>	3. Women smoking in pregnancy (general population).
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>Q3</b>	<b>11% New target</b>	<b>10.0% (G)</b>	<b>8.2% (G)</b>	<b>9.7% (G)</b>	<b>10.6% (G)</b>	<b>9.3% (G)</b>	<b>9.5% (G)</b>	<b>7.9% (G)</b>	<b>9.9% (G)</b>	<b>8.3% (G)</b>
North East		13.2	10.6	12.9	11.6	12.0	12.1	10.5	11.7	9.4
North West		8.4	6.3	7.0	9.4	8.5	8.3	6.4	9.7	7.3
South		9.1	7.9	9.5	10.7	8	8.6	6.8	8.8	8.4

<b>Performance Trend</b>
<b>Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030.</b>
Performance at both city and locality levels improved during Q3 and remained GREEN.
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<b>Indicator</b>	4. Women smoking in pregnancy (most deprived quintile)
<b>Purpose</b>	To monitor the extent to which women are smoking in pregnancy within the most deprived quintile of the population. This is recorded at their first ante-natal appointment with a midwife, who record smoking status. Information system changed from Pregnancy and Newborn Blood Screen (PNBS) Programme System to BADGER in 2018.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	<b>15.5% New target</b>	15.4% (G)	12.4% (G)	14.8% (G)	15.3% (G)	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)	13.8% (G)
North East		18.3	14.0	16.1	15.4	16.8	16.7	15.8	14.5	13.6
North West		13.5	10.9	12.9	14.3	14.5	15.3	8.2	17.4	14.6
South		14.2	11.9	14.9	15.9	12.1	15.5	11.3	16.5	13.2

### Performance Trend

**Target for 2022/23 reduced by 1.5% from 17% in line with aim to reduce the gap with general population.**

Performance at both city and locality levels improved during Q3 with the city-wide figure moving from AMBER to GREEN against the lower 22/23 target.

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<b>Indicator</b>	5. Exclusive Breast feeding at 6-8 weeks (general population)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2020/21				2021/22				22/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	<b>33% (end 22/23)</b>	<b>30.4 (R)</b>	<b>31.5 (G)</b>	<b>29.6 (R)</b>	<b>30.2 (A)</b>	<b>30 (R)</b>	<b>28.3 (R)</b>	<b>28.3 (R)</b>	<b>28 (R)</b>	<b>29.4 (R)</b>
North East		24.6	22.5	21.3	23.6	22.1	17.9	17.2	22	24.3
North West		35.8	37.7	38.3	37.1	34.3	33.5	33.8	30.9	33.9
South		31	33.4	29.5	29.7	32.5	31.9	32.2	30.4	29.9

### Performance Trend

Data is reported in arrears.

Performance remained RED at a city level although increasing in the last quarter at a city level and in North East and North West (while decreasing slightly in South).

### Issues Affecting Performance

The capacity within the board Infant Feeding Team continues to be reduced due long term staff sickness. In spite of staff shortages, the team continued to prioritize clinic appointments offering on average 10-12 appointments per week to mothers and babies experiencing feeding issues.

Three face-to-face breastfeeding groups are currently running on a weekly basis in North East Glasgow, with a further group starting in January 2023. Around 2 – 5 mums attend these groups every week. In South Glasgow there is one group with approx. 7-10 mums attending weekly. Remobilisation of the remaining breastfeeding groups has been delayed due to the staffing issues faced by Health Visiting (HV) teams in particular in South and North West Glasgow.

Online support groups as well as 1-1 and Attend Anywhere appointments continue to be offered, uptake continues to be variable via these platforms.

HV teams continue to support mothers and also contribute to UNICEF processes as far as capacity allows. Completion of planned audits have been challenging across the city due to staffing pressures and resulting staff capacity.

### Actions to Improve Performance

The blended approach for the Breastfeeding Problem-Solving Clinics continues. Appointments are offered at the West Maternity Care Centre a second face-to-face clinic has now resumed.

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Clinic appointments will continue to be delivered as part of a blended approach to care including use of Attend Anywhere. Joint call/contact with mums via Attend Anywhere whilst the Health Visitor is carrying out her home visit continues and shows greater satisfaction for the patient.

In spite of staffing shortages, the team managed to deliver a full programme of infant feeding training and updates to HV and Family Nurse teams across the last 12 months.

In order to ensure a consistent approach to post training mentoring, a session is planned in February 2023 in partnership with GCU for Practice Supervisors and Breastfeeding mentors in relation to their role mentoring the breastfeeding skills and knowledge of Post registration students and HV staff. This will also provide an overview of the new National Infant feeding workbook.

A review of the frenotomy pathway/service in GGC is underway to enable improved provision of access to the service/improved referral pathways to families in GGC

The telephone breastfeeding peer support pilot in Glasgow City continues to offer support to both Antenatal and Postnatal families. To increase staff engagement, Further awareness sessions were held for staff in June and October 2022. Improved links with third sector organisations and ethnic minority communities have also been established. This has resulted in increased recruitment of families to the service with 88 new referrals being received between 1<sup>st</sup> April and 30<sup>th</sup> September 22, with an increased proportion of these referrals being from minority backgrounds (from 14% last year to over 27% in Q1 & Q2 this year). Success has also been seen in the recruitment of volunteers from Black and minority ethnic communities with 50% of the trainees in the current Helpers course being from BAME communities.

An online Muslim Mum's Breastfeeding group which runs monthly is also being tested as part of the telephone support service.

Funding has been agreed by Health Improvement for ongoing provision of the telephone peer support service from April 2023- March 2024. In addition, a proposal has been drawn up for the provision of a citywide breastfeeding peer support service to be delivered alongside the telephone peer support service. This service would encompass volunteer recruitment and training courses to enable the provision of peer supporters for breastfeeding groups throughout the city. A decision on this will be made in the coming weeks.

Face-to-face antenatal classes via Midwifery Services have now recommenced.

Breastfeeding support on postnatal wards across GGC (QEUH, PRM, RAH), is ongoing. This is provided by NCT, with input from The Breastfeeding Network alongside them at the PRM from the end of August 22. Since this service was recommenced. Over 400 women have had contact from a peer supporter in the postnatal wards in Glasgow. Breastfeeding peer supporters have also now recommenced support within neonatal units in the city alongside the 2 paid neonatal peer staff. The work in maternity and neonatal as well as NCT BF group in South Glasgow is currently funded by Scottish Government and at present, this is only until March 2023.

Glasgow City are preparing for their first 3 yearly UNICEF Gold revalidation in March 2023, the first time that all three localities will be submitting as a city. Work is underway by the SLWG in preparation for this, gathering evidence for the portfolio as well as writing the report and preparing the presentation. WHO Code audits have recommenced across the city for the first time since pre-pandemic. There is work underway to redesign the availability of infant feeding information within GP practices. The system of a 'box' of information will be made more current for public use and exploring use of posters with link tree to localised information.

The ongoing transition of public acceptability work in GGC to the National Breastfeeding Friendly Scotland (BFS) scheme continues. The rollout of the BFS scheme to wider organisations and

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businesses to support normalising breastfeeding is ongoing. Training of C&F admin staff and health centre reception staff has been remobilised and training has been delivered to Social Work Admin Managers.

Glasgow City will also support the pilot roll out of the National Breastfeeding Early Years Pilot this year.

### **Timescales for Improvement**

Face-to-face groups restarted in some areas and further groups to follow in Q4. Telephone support pilot will continue until end March 2024. Peer support course to be completed in Q4.

UNICEF Gold Award revalidation 21<sup>st</sup> March 2023, portfolio of evidence deadline two weeks in advance (7<sup>th</sup> March 2023).

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<b>Indicator</b>	6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
<b>Purpose</b>	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).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2020/21				2021/22				2022/23
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
<b>City</b>	<b>24.4% (end 22/23)</b>	<b>22.4 (A)</b>	<b>21.8 (R)</b>	<b>21.9 (R)</b>	<b>21.2 (R)</b>	<b>20.7 (R)</b>	<b>20.9 (R)</b>	<b>20.1 (R)</b>	<b>20.6 (R)</b>	<b>23.3 (A)</b>
North East		21.6	19.6	18.5	20.1	19.0	17.2	17.1	21.2	25.7
North West		25.8	20.8	24.6	25.3	22.2	19.5	20.9	23.3	21.5
South		20.5	25.3	23.4	19.1	21.5	25.6	22.9	17.7	22.3

### Performance Trend

Data is reported in arrears.

Performance at City level moved from RED to AMBER in the last quarter with a significant increase at City level; the result of significant increases in North East and South. In North West there was a decrease in performance.

### Issues Affecting Performance

As per KPI 5 above.

### Actions to Improve Performance

See KPI 5 above.

A pilot programme with young parents will commence in February 2023. FNP clients will be invited to 2x antenatal "Feeding your Baby" workshops to test whether this has any effect on breastfeeding rates among young mums. This will be supported by FNP and HI staff.

The 4 face-to-face breastfeeding groups currently running in Glasgow city are all in SIMD 1 areas in order to increase ease of access for families from these areas which have lower breastfeeding rates. If funding for breastfeeding peer support (as described above) is received, more groups targeting SIMD 1 & 2 areas and young parents will be able to be supported.

48.9% of families supported by our citywide telephone support service live in SIMD 1 and 2 areas. In addition, almost a quarter of Breastfeeding Network volunteers in Glasgow live in areas in the most 20% deprived datazones (SIMD 1). For the coming year, as well as increasing uptake and volunteer training by BME families, which we have focussed on over the past year, we have also specified that we would like to increase uptake/training by young parents and those living in SIMD 1 & 2.

### Timescales for Improvement

FNP antenatal pilot programme in NE Glasgow will run until end March 2024.  
Telephone peer support service is funded until end March 2024.

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Face-to-face groups restarted in some areas and further groups to follow in Q4. Further funding will allow more groups in targeted areas to be supported in 23/24.

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<b>Indicator</b>	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
<b>Purpose</b>	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.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	2017/18 Drop Off Rates	2022/23 Target	20/21			21/22				22/23
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
HSCP	32.3%	30.0%	24.0 (G)	25.5 (G)	26.7 (G)	25.7 (G)	24 (G)	23.5 (G)	29.0 (G)	23.5 (G)
NE	39.9%	37.1%	29.3	27.0	31.8	31.8	30.8	30.7	37.7	28.0
NW	27.2%	25.2%	20.2	24.6	21.3	21.2	20.1	21.2	20.1	19.2
S	31.3%	29.1%	23.5	25.3	27.7	26.1	23.2	21.4	29.9	24.0

**Performance Trend**

Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2022/23 and is GREEN with drop-off rates decreasing in all localities between Q4 21/22 and Q1 22/23.

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**HUMAN RESOURCES**

<b>Indicator</b>	1. NHS Sickness absence rate (%)
<b>Purpose</b>	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2020/21				2021/22				2022/23		
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
<b>Grand Total</b>	<b>4%</b>	<b>5.79</b> <b>(R)</b>	<b>5.1</b> <b>(R)</b>	<b>6.41</b> <b>(R)</b>	<b>7.64</b> <b>(R)</b>	<b>6.83</b> <b>(R)</b>	<b>6.39</b> <b>(R)</b>	<b>6.38</b> <b>(R)</b>	<b>7.61</b> <b>(R)</b>	<b>7.21</b> <b>(R)</b>	<b>7.91</b> <b>(R)</b>	<b>8.09</b> <b>(R)</b>
Adult Services		6.5 (R)	5.16 (R)	6.21 (R)	8.43 (R)	7.23 (R)	6.60 (R)	6.58 (R)	8.24 (R)	7.93 (R)	8.26 (R)	8.76 (R)
Children's Services		4.9 (R)	4.58 (R)	6.76 (R)	7.95 (R)	5.77 (R)	5.82 (R)	5.98 (R)	7.17 (R)	6.51 (R)	7.29 (R)	7.26 (R)
Clinical Director		2.5 (G)	0 (G)	0.38 (G)	0.90 (G)	4.15 (R)	2.82 (G)	0.38 (G)	5.05 (R)	6.64 (R)	4.92 (R)	2.57 (G)
Health Improvement		3.3 (G)	5.06 (R)	5.21 (R)	5.40 (R)	2.91 (G)	4.24 (R)	5.48 (R)	4.10 (A)	2.82 (R)	4.13 (A)	4.58 (R)
Older People		6.0 (R)	6.14 (R)	6.94 (R)	8.22 (R)	8.54 (R)	7.37 (R)	7.56 (R)	8.10 (R)	7.2 (R)	8.88 (R)	8.87 (R)
Resources		4.6 (R)	4.34 (R)	5.2 (R)	3.81 (G)	3.6 (G)	5.42 (R)	4.90 (R)	5.97 (R)	6.75 (R)	7.19 (R)	6.54 (R)
Public Protection and Complex Care		7.9 (R)	5.37 (R)	8.38 (R)	5.07 (R)	4.48 (R)	5.04 (R)	-	6.25 (R)	8.86 (R)	8.11 (R)	7.44 (R)

**Performance Trend**

Variations across areas and over time but performance overall remains above target for the HSCP. Slight increase since September at a city wide level (+0.3%).

**Issues Affecting Performance**

This quarter shows increase in sickness absence levels across most areas of the HSCP. There was a significant increase in short term absence, although long term remained at a slightly higher level. For December 2022, short term absence was 3.5% and long term absence was 4.5%. This is the highest level of short term absence in the past 12 months. With the exception of Adult Services, which had a similar result, all other areas had a lower rate of long term absence in December 22 compared to the area's average for the previous quarter.

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Absences recorded as 'Psychological' (which includes all stress related absence) remains the most commonly used absence reason. In December, this accounted for 26% of sickness absence, down by 3% from the previous month and below the 12 month average of 34%.

'Unknown' and 'Other' absence accounted for 8% and 10% of total absence each. Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.

For Sickness Absence reporting purposes, all COVID related absence, with the exception of positive cases, is now aligned to the 'Viral' category. This month, 'Viral' accounted for 19% of all absence, up 4% from the previous month.

### **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.
2. Ensure 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. Support management teams to access and analyse available attendance data and identify trends and areas of concern.
4. The health HR team and Social Work HR Team are working in partnership to consistent reporting on Attendance Management across the HSCP.
5. The HR Team are identifying areas where additional input is required to ensure long term sickness absence and long Covid cases are supported by line managers and with support from HR where required.
6. Managers to continue to promote uptake of COVID vaccinations and flu jab for staff.

### **Timescales for Improvement**

Ongoing - subject to agreed review periods

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

	2022/23				2021/22			
	P8	Q3 P9	P10	Year to Date	P8	Q3 P9	P10	Annual Total
<b>ADL Target (10.2 per year/0.2 per week)</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>7.6</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>10.2</b>
<b>Glasgow</b>	<b>1.6</b> <b>(R)</b>	<b>1.6</b> <b>(R)</b>	<b>1.5</b> <b>(R)</b>	<b>14.2</b> <b>(R)</b>	<b>1.7</b> <b>(R)</b>	<b>1.7</b> <b>(R)</b>	<b>1.6</b> <b>(R)</b>	<b>19.6</b> <b>(R)</b>
<b>Resources</b>	<b>1.1</b> <b>(R)</b>	<b>1.1</b> <b>(R)</b>	<b>1.1</b> <b>(R)</b>	<b>9</b> <b>(R)</b>	<b>1.0</b> <b>(R)</b>	<b>1.0</b> <b>(R)</b>	<b>1.0</b> <b>(R)</b>	<b>10.7</b> <b>(A)</b>
<b>Adult Services</b>	<b>2</b> <b>(R)</b>	<b>1.4</b> <b>(R)</b>	<b>1.3</b> <b>(R)</b>	<b>14.9</b> <b>(R)</b>	<b>1.6</b> <b>(R)</b>	<b>1.7</b> <b>(R)</b>	<b>2.0</b> <b>(R)</b>	<b>19.6</b> <b>(R)</b>
<b>Public Protection &amp; Complex Care</b>	<b>0.9</b> <b>(R)</b>	<b>0.9</b> <b>(R)</b>	<b>0.8</b> <b>(G)</b>	<b>9</b> <b>(R)</b>	<b>0.8</b> <b>(G)</b>	<b>0.9</b> <b>(R)</b>	<b>1</b> <b>(R)</b>	<b>11.3</b> <b>(R)</b>
<b>Children's Services</b>	<b>1.2</b> <b>(R)</b>	<b>1.3</b> <b>(R)</b>	<b>1.1</b> <b>(R)</b>	<b>12</b> <b>(R)</b>	<b>1.4</b> <b>(R)</b>	<b>1.4</b> <b>(R)</b>	<b>1.5</b> <b>(R)</b>	<b>15.7</b> <b>(R)</b>
<b>Older People's Services</b>	<b>1.3</b> <b>(R)</b>	<b>0.9</b> <b>(R)</b>	<b>1.1</b> <b>(R)</b>	<b>10.3</b> <b>(R)</b>	<b>1.3</b> <b>(R)</b>	<b>1.5</b> <b>(R)</b>	<b>1.4</b> <b>(R)</b>	<b>17.6</b> <b>(R)</b>
<b>Care Services</b>	<b>2</b> <b>(R)</b>	<b>2</b> <b>(R)</b>	<b>2</b> <b>(R)</b>	<b>18.1</b> <b>(R)</b>	<b>2.1</b> <b>(R)</b>	<b>2</b> <b>(R)</b>	<b>1.9</b> <b>(R)</b>	<b>24.4</b> <b>(R)</b>

<b>Performance Trend</b>
Overall absence performance covering Quarter 3 (Periods 8-10) shows a reduction in Average Days Lost (ADL) compared to the same quarter last year.
<i>N.B. Social Work absence rates are reported as average days lost (ADL) per employee rather than a percentage figure.</i>
<b>Issues Affecting Performance</b>
The impact of the pandemic on the workforce has been quite significant, in particular on staff mental health and wellbeing.
<b>Actions to Improve Performance</b>
1) Continue roll out of Manager Training Programme 2) Regular HR Communications sent out to managers and staff 3) Encouraging wellbeing conversations and the use of MIND Action Planning Tools that managers can incorporate into Supervision / 1-1 Meetings 4) Increase the Wellbeing Champions network to improve local engagement around health and wellbeing promotions

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- 5) Review of HR processes and support, which includes interventions for Psychological and Musculoskeletal absences, including enhancing the availability of management information for managers on absence performance and trends.

### **Timescales for Improvement**

The aim is to see a steady improvement in absence levels in the coming months and demonstrate that actions to improve performance are starting to make a positive impact across all staff groups.

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<b>Indicator</b>	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)).
<b>Purpose</b>	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%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Tracy Keenan, Assistant Chief Officer, HR

Area	Target	Mar 20	Mar 21	Mar 22	2022/23					
					Jun 22	Sep 22	Oct 22	Nov 22	Dec 22	
<b>Glasgow</b>	<b>80%</b>	<b>41 (R)</b>	<b>25.7 (R)</b>	<b>29.9 (R)</b>	<b>32.0 (R)</b>	<b>31 (R)</b>	<b>29.1 (R)</b>	<b>29.1 (R)</b>	<b>29.6 (R)</b>	
Adult					24.3 (R)	24 (R)	23.1 (R)	23.1 (R)	23.4 (R)	
Children's Services					48.4 (R)	46 (R)	43.7 (R)	45.1 (R)	46 (R)	
Health Improvement					52.1 (R)	49 (R)	37.7 (R)	38.1 (R)	38.7 (R)	
Older People					31.3 (R)	27 (R)	25 (R)	23.7 (R)	25 (R)	
Public Protection & Complex Care					20.9 (R)	19 (R)	21.2 (R)	23 (R)	23.9 (R)	
Resources					33.1 (R)	32 (R)	35.5 (R)	35.6 (R)	38.6 (R)	

<b>Performance Trend</b>
Performance reported by service area from April 2022 rather than locality which has been previously used, so no historical data available apart from at city level. Performance has decreased slightly since September at city level and remains RED with variations across services.
<b>Issues Affecting Performance</b>
Covid19 has continued to have an impact and it is important that KSF processes recognise the difficulties faced in the last two years and is seen as an integral part of the support mechanisms in place for staff.
<b>Actions to Improve Performance</b>
<ul style="list-style-type: none"> <li>HR and L&amp;E are working towards an updated trajectory to establish a manageable pattern of review meetings throughout the year. Guidance will be re-circulated to support meeting arrangements; and advice for staff and managers on preparing for review meetings.</li> <li>Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored on a monthly basis to encourage improvement. Support Reviewers 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 about the last 24mths and to look at opportunities and supports going forward.</li> </ul>
<b>Timescales for Improvement</b>
Improvements sought in future quarters. <a href="#">Back to Summary</a>

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

Locality	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
Glasgow	100%	44% (R)	58% (R)	44% (R)	49% (R)	44% (R)	60% (R)	56% (R)	42% (R)	42% (R)	48% (R)	29% (R)

<b>Performance Trend</b>
Performance fluctuates but has declined in the last quarter with a notable decrease in December. Performance remains RED.
<b>Issues Affecting Performance</b>
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.
<b>Actions to Improve Performance</b>
<ul style="list-style-type: none"> <li>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.</li> <li>Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.</li> </ul>
<b>Timescales for Improvement</b>
Ongoing improvement will be sought through the above steps.
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<b>Indicator</b>	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2020/21		2021/22				2022/23				
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Oct 22	Nov 22	Dec 22
Glasgow	100%	29% (R)	62% (R)	43% (R)	69% (R)	59% (R)	52% (R)	83% (R)	68% (R)	64% (R)	70% (R)	60% (R)

### Performance Trend

Performance fluctuates but has declined in the last quarter and remains RED.

### Issues Affecting Performance

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

### Actions to Improve Performance

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

### Timescales for Improvement

Ongoing improvement will be sought through the above steps.

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## BUSINESS PROCESSES

<b>Indicator</b>	1. Percentage of NHS Stage 1 complaints responded to within timescale
<b>Purpose</b>	To monitor performance in relation to the agreed NHS target time for responding to complaints (target is 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 1 <sup>st</sup> of April 2017.
<b>Type of Indicator</b>	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	2019/20		2020/21				22/23		
		Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/3* % of no.	Q4 % of no.
City	70%	95.2% (G) 292	94.2% (G) 224	95.8% (G) 263	92.2% (G) 256	95.1% (G) 162	89.1% (G) 174	88.6% (G) 318	80% (G) 230	
North East		84.2 (G) 19	68.7i (G) 16	82.3 (G) 17	91.7 (G) 24	82.6 (G) 23	72.2 (G) 18	85 (G) 40	92.8 (G) 14	
North West		63.7 (R) 22	65 (R) 20	75 (G) 16	76.2 (G) 42	85.7 (G) 21	76.2 (G) 42	92.3 (G) 78	71.2 (G) 80	
South		85.7 (G) 20	100 (G) 7	88.9 (G) 9	85.7 (G) 14	100 (G) 12	85.7 (G) 14	100 (G) 44	78.9 (G) 38	
Prisons		100 (G) 231	99.4 (G) 181	98.6 (G) 221	96.6 (G) 176	99 (G) 106	98 (G) 100	84.6 (G) 156	85.7 (G) 98	

**Performance Trend**

\*Figures for Q2 and 3 have been combined for this report.

HSCP at a city level remained GREEN while declining slightly. Variations across localities although all also remained GREEN. The majority of complaints relate to prisons so these largely determine overall HSCP performance.

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

Locality	Target	2020/21		2021/22				22/23		
		Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/Q3* % of no.	Q4 % of no.
City	70%	75% (G) 191	79% (G) 110	64% (R) 145	78% (G) 145	43.2% (R) 155	58% (R) 151	49% (R) 147	69% (G) 124	
North East		100 (G) 3	100 (G) 2	83 (G) 6	100 (G) 2	100 (G) 1	80 (G) 5	0 (R) 3	100 (G) 3	
North West		56 (R) 25	47 (R) 17	57 (R) 23	52 (R) 23	40 (R) 25	67 (A) 24	69 (G) 32	58 (R) 26	
South		78 (G) 18	76 (G) 17	69 (G) 16	61 (R) 18	80 (G) 10	64 (R) 11	56 (R) 18	71 (G) 17	
Prisons		77.9 (G) 145	86.5 (G) 74	64 (R) 100	86.3 (G) 102	37.8 (R) 119	54.1 (R) 111	42.5 (R) 94	70.5 (G) 78	

### Performance Trend

\*Figures for Q2 and 3 have been combined for this report.

HSCP as a whole moved from RED to GREEN as did the North East, South and Prisons, while the North West moved in the opposite direction.

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

Locality	Target	20/21			21/22				22/23	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	70%	70% (G) 50	74% (G) 39	50% (R) 34	76% (G) 107	74% (G) 134	74% (G) 121	71% (G) 106	67% (A) 84	68% (A) 102
North East		75% (G) 8	100% (G) 8	62% (R) 8	94% (G) 16	83% (G) 18	71% (G) 17	60% (R) 10	73% (G) 11	43% (R) 7
North West		50% (R) 14	43% (R) 7	25% (R) 4	78% (G) 8	79% (G) 14	64% (R) 11	57% (R) 7	80% (G) 10	67% (A) 6
South		73% (G) 15	91% (G) 11	40% (R) 10	63% (R) 16	58% (R) 24	45% (R) 22	55% (R) 11	63% (R) 8	29% (R) 7
Homelessness		90% (G) 10	58% (R) 12	67% (A) 6	67% (A) 6	62% (R) 13	100% (G) 10	38% (R) 13	60% (R) 10	61% (R) 18
Home Care		N/A	N/A	N/A	81% (G) 53	77% (G) 61	51% (R) 55	87% (G) 60	64% (R) 44	76% (G) 58
Centre		67% (A) 3	100% (G) 1	50% (R) 6	75% (G) 8	100% (G) 4	100% (G) 6	75% (G) 5	100% (G) 1	56% (R) 6

**Performance Trend**

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

During Q2 overall performance at city level remained AMBER. Performance fell in every locality/team except Homelessness which remained RED and Home Care which moved from RED to GREEN. North East and Centre moved from GREEN to RED and North West moved from GREEN to AMBER. South remained RED.

**Issues Affecting Performance**

While there was some absence within the CFIT during this period, which will have impacted on 'chase up' activity from the central team and 'Centre' complaints performance, there has been a significant decrease in performance across localities despite lower complaints volumes, and this would not appear to relate solely to the resources within the central team.

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Despite resource issues, all stage 1 complaints were passed to localities in good time, and with advice to apply extensions where necessary, however extensions were not requested in good time in the majority of cases. Further clarity on the causes of delay is required, due to a lack of available information.

The notable increase in performance in Homecare has also been a result of Homecare undertaking review of complaints processes within service area.

### **Actions to Improve Performance**

CFIT to bring in additional staff on temporary basis to assist with increased volumes of work and to consider processes in relation to Stage 1 administration, 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. Business Admin to review processes with aim to improve recording of reasons for delays.

### **Timescales for Improvement**

Improvement expected by Q3, however process changes ensuring more detailed analysis not expected to impact until Q1, 23/24 at earliest.

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	70%	59% (R) 39	76% (G) 58	84% (G) 68	89% (G) 70	87% (G) 52	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84

<b>Performance Trend</b>
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>Performance in relation to stage 2 complaints fell during Q2 with the RAG status moving from GREEN to RED.</p>
<b>Issues Affecting Performance</b>
<p>The drop in performance in Q2 is directly attributable to three factors. Firstly, an experienced Senior Officer leaving the team at the beginning of the quarter to take up a promoted post, reducing complaints handling capacity of the team by 20%. In addition, a 50% rise in S2 complaints from the previous quarter, a significant rise in demand despite the reduction in resource. Finally, the increasing demand in relation to Subject Access Requests (see 6.) necessitates prioritisation of SAR workload, reducing capacity for complaints handling.</p>
<b>Actions to Improve Performance</b>
<p>Recruitment of a replacement member of staff required.</p>
<b>Timescales for Improvement</b>
<p>Improvement not expected until recruitment of a replacement complete and sufficiently trained in complaints handling, estimated to be during Q4.</p> <p><a href="#">Back to Summary</a></p>

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

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	100%	95% (R) 61	99% (G) 80	100% (G) 75	98% (G) 90	98% (G) 83	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99

<b>Performance Trend</b>
<p>This indicator is reported <b>one quarter in arrears</b>.</p> <p>Performance in relation to FOIs slipped from AMBER to RED during Q2.</p>
<b>Issues Affecting Performance</b>
<p>All SWS FOIs are handled by the Complaints, FOI and Investigations Team (CFIT) who have been subject to additional pressures relating to increasing demand for Subject Access Requests, which are handled by the same team. In that context, meeting demand for FOIs became more challenging in Q1, however performance is still high. In addition, an experienced Senior Officer left the team at the beginning of the quarter to take up a promoted post, reducing FOI handling capacity of the team by 20%.</p>
<b>Actions to Improve Performance</b>
<p>CFIT seeking additional resources to assist with addressing the increased demand on the team, as detailed at indicator (6.), and seeking replacement of the staff member who has left.</p>
<b>Timescales for Improvement</b>
<p>As performance is consistently between 95% and 100%, it is expected that this will continue into the next quarter, with return to 100% compliance expected by Q4, provided new/replacement staff can be brought into the team and upskilled within that period.</p> <p><a href="#">Back to Summary</a></p>

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<b>Indicator</b>	6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale
<b>Purpose</b>	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
<b>Type of Indicator</b>	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	20/21				21/22				22/23	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	100%	18% (R) 50	34% (R) 95	19% (R) 110	21% (R) 109	41% (R) 144	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256

**Performance Trend**

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

Performance in relation to Subject Access Requests increased slightly but remained RED during Quarter 2. There was a further increase in the number of requests received during Q2 in line with the ongoing increase in demand.

**Issues Affecting Performance**

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. This can be seen from the steep rise in requests in Q4, and the further rise in Q1.

Covid-19 led to closure of the public archives from early 2020. Restrictions on access to archived files continued into late 2021 / early 2022. Covid-19 did not however lead to a cessation of incoming requests beyond the first few months of the pandemic. These combined pressures led to a backlog in requests well above 200 cases during 2021-22. Those pressures continue in 2022-23 with the backlog exceeding 400 in Q2 2022-23.

This is a rolling backlog and cases are being cleared from it, but not at a higher rate than incoming demand. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of *new* cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog.



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Despite these figures, it is the view of team management that the team is functioning at an appropriate and more than adequate performance level, given the scale of the challenge and resources currently available.

### **Actions to Improve Performance**

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

Agreement has recently been reached to appoint new staff into the team for the period of time required to clear the backlog. Once these new staff are in post the backlog should begin to reduce again and gradually be eliminated, but this may not immediately impact performance as measured in this table, for the reasons explained above. Further options to increase resource available to address backlog will also be considered.

### **Timescales for Improvement**

It is not anticipated these issues will be fully resolved until 2023/24 at the earliest, as demand continues to increase.

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<b>Indicator</b>	7. Percentage of elected member enquiries handled within 10 working days.
<b>Purpose</b>	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	80%	76% (R) 279	73% (R) 315	85% (G) 249	83% (G) 348	81% (G) 279	83% (G) 408	79% (G) 435	80% (G) 452	72% (R) 425
North East		91% (G) 54	93% (G) 56	91% (G) 56	88% (G) 66	92% (G) 48	86% (G) 78	93% (G) 91	93% (G) 116	89% (G) 92
North West		84% (G) 61	63% (R) 63	92% (G) 50	85% (G) 68	78% (A) 63	87% (G) 100	95% (G) 83	85% (G) 72	86% (G) 121
South		75% (R) 56	77% (A) 57	79% (G) 57	90% (G) 106	82% (G) 90	75% (R) 100	68% (R) 102	76% (R) 88	60% (R) 108
Centre		52% (R) 75	64% (R) 119	79% (G) 75	70% (R) 101	77% (A) 66	79% (G) 106	65% (R) 136	68% (R) 160	48% (R) 97
Care Services (prev. Cordia)		97% (G) 33	90% (G) 20	100% (G) 11	100% (G) 7	75% (R) 12	100% (G) 24	91% (G) 23	100% (G) 16	100% (G) 7

**Performance Trend**

During Q3 performance dropped significantly at city level, in South and Centre with the city RAG rating moving from GREEN to RED. Performance remained GREEN in North East, North West and for Care Services during the reporting period.

There was a slight fall in the number of enquiries received in comparison with the previous quarter however demand has continued to remain high since Q4 21/22.

**Issues Affecting Performance**

There were no known staffing issues in the MLU – responsible for processing these requests – in the time period in question, and EMEs were passed to SWS in good time. Further clarity on the causes of delay is required, however there is currently a lack of available information around causes for delay. These requests are recorded in line with locality, but may relate to various services, and so more granular detail is required to identify whether there is any pattern or commonality around delays.

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<b>Actions to Improve Performance</b>
Business Admin to review processes with aim to improve recording of reasons for delays, to inform more detailed analysis of the cause of any delays.
<b>Timescales for Improvement</b>
As performance is generally above target, performance improvement is expected by Q4, however process changes ensuring more detailed analysis not expected to impact until Q1, 23/24 at earliest.  <a href="#">Back to Summary</a>

## APPENDIX 1 – OTHER INDICATORS

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

### 1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

\*Provisional

### 2. NATIONAL INTEGRATION INDICATORS

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

Details of performance in relation to these indicators for 2020/21 can be accessed in Chapter 7 of the [Annual Performance Report \(2020/21\)](#) where comparisons are made over time and with the Scottish average. These will be updated for the 2022 Report.

## 3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Local HSCP Services</b>								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	N/A	21/22	57%	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to see or speak to a doctor or nurse within two working days	NHS LDP Standard Outcome 9	N/A	21/22	85%	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22		100% (G)	96.08% (G)	98% (G)	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2021 were 100% (NE); 98.4% (NW); 100% (S). Next update due for Jan-Mar 2023 in June 2023.
4. Flu Immunisation rates	Local HSCP indicator Outcome 1	N/A	N/A	N/A	N/A	N/A	N/A	Flu vaccination period runs between October and March each year. New indicator/target to be defined. HSCP will only be responsible for some flu immunisations going forward.
<b>Externally Delivered Services</b>								
5. Shingles Immunisation Rates (aged 71-79)	Local HSCP indicator Outcome 1	60% (over Sep-Aug)	Sep-Feb 22	52% (R)				Figures are cumulative with target applying to the period between Sep and August each year. This will be delivered by the Health Board going forward.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Dec 22	<b>30% (R)</b>	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Reduced from 35% in September
7. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Dec 22	<b>93.1% (G)</b>	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Improved since September when was 62.9%.
8. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% seen within 12 weeks	Dec 22	<b>93.3% (R)</b>	N/A	N/A	N/A	This service is hosted by the Acute Sector. Reduced from 93.7% at end of Q2.
9. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	2019/21	<b>54.7% (R)</b>	<b>54% (R)</b>	<b>55.2% (R)</b>	<b>54.7% (R)</b>	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 18/20 when was 53.4% and in all localities (NE 52.8%; NW 54.2%; S 53.4%).
10. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	19/20	<b>72% (G) (Scotland)</b>				HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. Only Scotland information available in new Annual NHSGGC screening report (Feb 2022).
11. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2020/21	<b>58.6% (R)</b>	<b>61.1% (R)</b>	<b>52.1% (R)</b>	<b>63.2% (R)</b>	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. Annual NHSGGC screening report last produced Feb 2022. Increase at city level since 19/20 when

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
								was 57.4% and in NE (58.9%) and S (60.6%). NW declined (53.1%).
12. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	70%	19/20	74.8% (G)	73.1% (G)	76.4% (G)	75% (G)	All areas meeting 'essential' target of 70%. (Desirable target of 85%). From annual national screening report last produced April 2022. Previous figures were 75.7 (City); 75.1 (NE); 74.8 (NW); 76.8 (S).
<b>Population Statistics</b>								
13.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 22	22.98% (R)	24.1% (R)	23.45% (R)	21.75% (R)	Provisional figures shown for Mar 22. Updated figures for Sep 21 (also provisional) are 25.32% (City); and for localities 28.1% (NE); 24.51% (NW); 23.73% (S).
14. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 22	77.16% (R)	79.4% (R)	77.78% (R)	74.96% (R)	Provisional figures shown for Mar 22. Updated figures for Sep 21 (also provisional) are 81.48% (City); and for localities 83.9% (NE); 81.55% (NW); 79.52% (S).
15. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2020	60.1% (G)				Performance has declined from 62.8% in 2018. Below the Health Board average of 68.7% which increased from 67.1%. Produced 2 yearly by Public Health Scotland (last one Oct 20).
16. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	72.8% (G)				Performance has increased since 2017 when was 69.1. Below Health Board average of 76.4% which also rose from 73.1 in 2017. Produced 2 yearly by Public

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
								Health Scotland but Covid-19 has delayed latest update which was due Oct 21.
17. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2021	<b>311</b>				Figures published annually by NRS. Last updated July 2022. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); and 291 (2020).
18. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2021	<b>188</b>				Figures published annually by ISD. Last updated August 2022. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018); 143 (2019); 163 (2020).
19. Deaths from suicide	Local HSCP indicator Outcome 7	N/A	2021	<b>106</b>				Figures published annually by ISD. Last updated July 2022. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018); 106 (2019); 104 (2020).

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## APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

<b>Outcome 1</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer
<b>Outcome 2</b>	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
<b>Outcome 3</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected
<b>Outcome 4</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
<b>Outcome 5</b>	Health and social care services contribute to reducing health inequalities
<b>Outcome 6</b>	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
<b>Outcome 7</b>	People using health and social care services are safe from harm
<b>Outcome 8</b>	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
<b>Outcome 9</b>	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 harm reduction
- Priority 2 Providing greater self-determination and choice
- Priority 3 Shifting the balance of care
- Priority 4 Enabling independent living for longer
- Priority 5 Public Protection

#### **APPENDIX 4 – APR LOCAL KPIs**

In addition to the National Integration and MSG Indicators, the following core set of strategic local indicators are included in the HSCP's Annual Performance Report and are used to show trends over time.

1. Number of Anticipatory Care Plan (ACP) conversations and summaries completed and shared with the patient's GP
2. Number of people in supported living services
3. Percentage of service users who receive a reablement service following referral for a home care service
4. Total number of Older People Mental Health patients delayed (Excluding AWI)
5. Intermediate Care: % users transferred home
6. Prescribing Costs: Compliance with Formulary Preferred List
7. New Accident and Emergency attendances (18+)
8. Total number of Acute Delays
9. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)
10. Total number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (65+)
11. Number of New Carers identified during the year that have gone on to receive Carers Support Plan or Young Carer Statement
12. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks
13. Percent Access to specialist Child and Adolescent Mental Health Services (CAMHS): % seen within 18 weeks

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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
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months)
17. Mumps, Measles and Rubella (MMR) Vaccinations: (% Uptake at 5 yrs)
18. Psychological Therapies: % of people who started treatment within 18 weeks of referral
19. Total number of Adult Mental Health delays
20. % of clients commencing alcohol or drug treatment within 3 wks of referral
21. Number of households reassessed as homeless/ potentially homeless within 12 months
22. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence
23. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days
24. Alcohol Brief Intervention Delivery
25. Smoking Quit Rates at 3 months from the 40% most deprived areas
26. Women smoking in pregnancy (general population)
27. Women smoking in pregnancy (most deprived quintile)
28. Exclusive Breastfeeding at 6-8 weeks (general population)
29. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)

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- 30. NHS Sickness Absence rate (%)
- 31. Social Work Sickness Absence Rate (Average Days Lost)
- 32. Percentage of NHS Stage 1 complaints responded to within timescale
- 33. Percentage of NHS Stage 2 complaints responded to within timescale
- 34. Percentage of Social Work Stage 1 Complaints responded to within timescale
- 35. Percentage of Social Work Stage 2 Complaints responded to within timescale
- 36. Percentage of elected member enquiries handled within 10 working days