Glasgow City IJB
Integration Joint Board

Item No.   10

Meeting Date: Wednesday 17ᵗʰ April 2024

Glasgow City
Integration Joint Board
Finance, Audit and Scrutiny Committee

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HSCP Performance Report Q3 2023/24

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2023/24 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Older People & Carers and Unscheduled Care.

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

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

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

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.

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

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

Provider Organisations:	None.

Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.

Fairer Scotland Compliance:	N/A

Financial:	None.

Legal:	None.

Economic Impact:	None.

Sustainability:	None.

Sustainable Procurement and Article 19:	None.

Risk Implications:	None.

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.

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

1.   **Purpose**

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2023/24 for noting. The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Older People & Carers and Unscheduled Care.

2.   **Background**

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

3.   **Reporting Format**

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

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

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

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

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

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

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

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

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

4.   Summary

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

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

Exceptions

4.3   At Q3, 50 indicators were GREEN (54.4%); 35 RED (38.0%); 6 AMBER (6.5%) and 1 GREY (1.1%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	Page
4. Day Care (provided) - Review Rates	27
9. Intermediate Care: Average Length of stay (Days)	32
10. Intermediate Care: Percentage of users transferred home	33
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year	36
13. Number of Telecare referrals received – Outcome 3 *Supporting Carers*	38
Unscheduled Care	
6. Total Number of Acute Delays	45

Changes in RAG Status

4.4   There has been a change in RAG status for **22** indicators since the last report. Of these, performance improved for **10** and declined for **12**.

i. Performance Improved

A) RED TO GREEN
Older People & Carers
8. Intermediate Care: Percentage Occupancy
13. Number of Telecare referrals received by Reason for Referral - **Outcome 2** Avoiding hospital discharge delays
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Leverndale
Sandyford (Sexual Health)
8. Waiting times for access to TOPAR appointments
Health Improvement
4. Women smoking in pregnancy (most deprived quintile)
5. Exclusive Breastfeeding at 6-8 weeks (general population)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Business Processes
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days
C) AMBER to GREEN
Older People & Carers
5. Provided Residential Care – Occupancy Rates
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.

ii. Performance Declined

A) GREEN TO RED
Older People & Carers
10. Intermediate Care: Percentage of users transferred home
13. Number of Telecare referrals received by Reason for Referral - Outcome 3 - Supporting Carers
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - South
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – Stobhill and Gartnavel
Sandyford (Sexual Health)
6. Number of individual young people attending all Sandyford services aged 13-15 (Female)
Business Processes
7. Percentage of elected member enquiries handled within 10 working days
B) AMBER to RED
Primary Care
1. Prescribing Costs: Compliance with Formulary Preferred List
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill
C) GREEN to AMBER

Children's Services
7. Number of out of authority placements
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
Sandyford (Sexual Health)
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered

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.

CORPORATE PERFORMANCE REPORT

QUARTER 3
2023/24

CONTENTS

1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
	🛑	⚠️	✅	⬜	🛑	⚠️	✅	⬜
Older People & Carers	6 (35.3%)	2 (11.8%)	8 (47.1%)	1 (5.8%)	5 (29.4%)	1 (5.9%)	10 (58.8%)	1 (5.9%)
Unscheduled Care	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
Primary Care		1 (50%)	1 (50%)		1 (50%)		1 (50%)	
Children's Services	4 (30.8%)	1 (7.7%)	8 (61.5%)		3 (23.1%)	3 (23.1%)	7 (53.8%)	
Adult Mental Health	4 (40%)	1 (10%)	5 (50%)		7 (70%)	1 (10%)	2 (20%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	3 (37.5%)		5 (62.5%)		3 (37.5%)	1 (12.5%)	4 (50%)	
Homelessness	5 (55.6%)		4 (44.4%)		5 (55.6%)		4 (44.4%)	
Criminal Justice			6 (100%)				6 (100%)	

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
	🛑	⚠️	✅	⬜	🛑	⚠️	✅	⬜
Health Improvement	4 (57.1%)		3 (42.9%)		1 (14.3%)		6 (85.7%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	3 (42.9%)	1 (14.2%)	3 (42.9%)		3 (42.9%)		4 (57.1%)	
TOTAL No. and (%)	**36 (39.1%)**	**6 (6.5%)**	**49 (53.3%)**	**1 (1.1%)**	**35 (38.0%)**	**6 (6.5%)**	**50 (54.4%)**	**1 (1.1%)**

2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
Home Care, Day Care and Residential Services				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months	reduced from 85% to **80%** for 23/24	Q1	⬜	
2. Percentage of service users who receive a reablement service following referral for a home care service	increased from 70% to **75%** for 23/24	Q3	Hosp. discharges 79.0% ✅ Community Referrals 87.9% ✅	Hosp ▲ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q3	34.4% ✅	▼
4. Day Care (provided) – Review Rates	95%	Q3	84% 🛑	▼
5. Provided Residential Care – Occupancy Rates	95%	Q3	96% ✅	▲ 🔺 to ✅
6. Provided Residential Care – Review Rates	95%	Q3	91% 🔺	▼
ii. Commissioned Services				

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)	Year to Date Total (Apr-Dec)	72 ✅	▲
8. Intermediate Care: Percentage Occupancy		90%	Dec 23	91% ✅	▲ 🛑 to ✅
9. Intermediate Care: Average Length of stay (Days)		< 28 days	Dec 23	53 days 🛑	▼
10. Intermediate Care: Percentage of users transferred home		>30%	Dec 23	22% 🛑	▼ ✅ to 🛑
iii. HSCP Community Services					
11. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP. For 23/24 the *Number of Conversations* part of this indicator has been removed.		Target has increased for 23/24 from 50 to 260 summaries per annum	Q3	78 ✅	▼
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year		0%	Q3	8% 🛑	▼
13. **New KPI from 23/24** – Number of Telecare referrals received by Reason for Referral	**(i) Outcome 1** Reducing the risk of admission to acute, residential and nursing care settings	560 per annum	Q3	717 ✅	▲
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum	Q3	176 ✅	▼ 🛑 to ✅

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
	(iii) Outcome 3 Supporting Carers	100 per annum	Q3	22 🔴	▼ ✅ to 🔴
14. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement		1,900 per annum	Q3	725 ✅	▼
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		153,791 (12,816/ month)	2023/24 Apr - Sep	76,125 (12,688 per month) ✅	▼
2. Number of Emergency Admissions (18+) (reported in arrears)		66,624 (5552/month)	2023/24 Apr - Sep	30,015* (5002* per month) *provisional ✅	▼
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)		507,633 (42,302/ month)	2023/24 Apr - Sep	259,150* (43,192* per month) *provisional ✅	▼
4. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)		33,260 (2,772 per month)	2023/24 Apr - Sep	15* (2.5* per month) *provisional ✅	▲
5. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)		181,371 (15,114 per month)	2023/24 Apr - Sep	83,062* (13,844* per month) *provisional ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Total number of Acute Delays	120	Dec 23	148 (Total) 84 (Non-AWI) 64 (AWI) 🔴	Total ▲ Non-AWI ▲ AWI ▲
7. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3,327)	2023/24 Apr - Sep	36,220 (6,037 per month) 🔴	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q2	71.88% 🔴	▼ 🔺 to 🔴
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Sep 23	£175.4 ✅	▼
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Dec 23	NE 90% 🔴 NW 87% 🔴 S 92% 🔺	NE ▲ NW ▶ S ▲
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Oct 23	NE 96% ✅ NW 96% ✅ S 96% ✅	NE ▶ NW ▶ S ▶
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Q3	763 ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review	90%	Q3	59% 🛑	▼
5. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q3	60% ✅	▲
6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q3	78% ✅	▼
7. Number of out of authority placements – *Revised indicator from Q3 22/23*	25 or fewer by end March 2024	Q3	27 ⚠️	▼ ✅ to ⚠️
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q2	91.47% ⚠️	▼
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q2	95.55% ✅	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 23	NE 74.1% 🛑 NW 100% ✅ S 78.4% 🛑	NE ▲ NW ▲ S ▼ ✅ to 🛑
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Dec 23	Stob 34.2 🛑 Lev 43.2 🛑	Stob ▼ ✅ to 🛑 Lev ▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
			Gart 40.7 🔴	Gart ▼ ✅ to 🔴
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Dec 23	Stob 100.1% 🔴 Lev 96.9% ✅ Gart 98.5% 🔺	Stob ▼ 🔺 to 🔴 Lev ▲ 🔴 to ✅ Gart ▼ ✅ to 🔺
4. Total number of Adult and Older People Mental Health Delays **Revised Indicator from 23/24**	20	Dec 23	34 Total 25 (Non-AWI)/ 9 (AWI) 🔴	▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q2	96% ✅	▼
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q3	1,304 🔺	▼ ✅ to 🔺
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q3	2,004 ✅	▼
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q3	1 day ✅	►
4 & 5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q3	4 ✅ (13-15) 16 🔴 (16-17)	▼ (13-15) ▼ (16-17)

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
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	62 🛑 (13-15) 151 🛑 (16-17)	▼ (13-15) ✅ to 🛑 ▼ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q3	3 ✅	▲ 🛑 to ✅
Homelessness				
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	44% 🛑	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Q3	1,212 ✅	▲
4. Average number of weeks from assessment decision to settled accommodation	26 weeks	Q3	46 weeks 🛑	▶
5. Number of households reassessed as homeless or potentially homeless within 12 months (reported in arrears)	<480 per annum (<120 per quarter)	Q3	97 ✅	▼
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q3	60% 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Number of new Housing First tenancies created	350 by year end 23/24	Q3	1 (297 cumulative total) 🛑	▼
8. Number of Households in Bed & Breakfast Accommodation	350 or less by end of 23/24	Q3	1,112 🛑	▼
9. Number of Temporary Furnished Flats	2,400 or less by end of 23/24	Q3	2,407 ✅	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q3	87% ✅	▲
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)	85%	Q3	90% ✅	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q3	78% ✅	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q3	82% ✅	▼
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q3	79% ✅	►
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q3	98% ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5066 (annual)	Q3	2,354 ✅	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 22/23	Q2	280 🛑	▲
3. Women smoking in pregnancy (general population)	11%	Q3	7.2% ✅	▼
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q3	11.4% ✅	▲ 🛑 to ✅
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 22/23	Q2	32.2% ✅	▲ 🛑 to ✅
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 22/23	Q2	24.1% ✅	▲ 🛑 to ✅
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.0% for 22/23	Q2	19.3% ✅	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Dec 23	7.17% 🛑	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q3	11.2% 🛑	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Dec 23	36.6% 🛑	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Dec 23	30% 🔴	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Dec 23	64% 🔴	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q3	84.6% ✅	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	80.0% ✅	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q2	73% ✅	▲ 🔺 to ✅
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	53% 🔴	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q2	97% ✅	▲ 🔴 to ✅
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q2	42% 🔴	▼
7. Percentage of elected member enquiries handled within 10 working days	80%	Q3	74% 🔴	▼ ✅ to 🔴

1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2-Q3
City	**80% from 23/24** **(85% prior to 23/24)**	84% (G)	85% (G)	84% (G)	76% (R)	69% (R)	69% (R)	67% (R)	66% (R)	64% (R)	N/A
North East		88% (G)	90% (G)	89% (G)	83% (G)	81% (A)	81% (A)	76% (R)	74% (R)	72% (R)	N/A
North West		84% (G)	82% (A)	81% (A)	71% (R)	70% (R)	70% (R)	61% (R)	57% (R)	59% (R)	N/A
South		81% (A)	85% (G)	83% (G)	76% (R)	62% (R)	62% (R)	65% (R)	67% (R)	63% (R)	N/A

Performance Trend
Target reduced from 85% to 80% for 23/24. Work is ongoing to investigate whether changes in recording practice has had an impact on the data for this indicator. Meetings have taken place and the outcome of these will be followed up independently with the hope that we will be able to include data in the Q4 report. Back to Summary

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

Referral Source	Target	21/22	22/23				23/24*		
		Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sept) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1* %	Q2* %	Q3* %
Hospital Discharges	75% (23/24)	71.7 (G)	66.3 (R)	67.6 (A)	75.6 (G)	70.1 (G)	76.6 (G)	77.8 (G)	79.0 (G)
Community Referrals	(70% prior to 23/24)	72.5 (G)	72.3 (G)	76.7 (G)	77.2 (G)	79.6 (G)	86.2 (G)	83.8 (G)	87.9 (G)

*Reporting for these KPIs has been revised at Q3: The performance figures for 23/24 and going forward will be reported by quarter rather than by period/month.

Performance Trend

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

Performance in relation to both Hospital Discharges and Community Referrals continued to exceed target during Quarter 3.

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

		21/22	22/23				23/24*		
Locality	**Target**	**Q4 Per 13 (Mar) %**	**Q1 Per 4 (Jun) %**	**Q2 Per 7 (Sep) %**	**Q3 Per 10 (Dec) %**	**Q4 Per 13 (Mar) %**	**Q1* %**	**Q2* %**	**Q3* %**
City	**>35%**	39.4 (G)	36.5 (G)	36.3 (G)	41.1 (G)	36.2 (G)	34.5 (G)	34.6 (G)	34.4 (G)
North East		38.6 (G)	40.0 (G)	36.5 (G)	39.5 (G)	44.4 (G)	38.7 (G)	32.1 (R)	32.5 (R)
North West		45.5 (G)	38.6 (G)	46.4 (G)	47.3 (G)	38.1 (G)	37.6 (G)	34.9 (G)	36.9 (G)
South		34.3 (G)	33.0 (R)	29.4 (R)	37.8 (G)	31.3 (R)	30.7 (R)	35.6 (G)	33.5 (A)

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

Performance Trend

At city level and in North West performance remained GREEN at Quarter 3. Performance remained below target and RED in North East while performance fell between from GREEN to AMBER in South between Quarters 2 and 3.

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

		19/20		20/21	21/22		22/23				23/24		
Target		**Q3**	**Q4**	**Q1-4**	**Q1-3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
95%		97% (G)	100% (G)	N/A*	N/A*	91% (A)	93% (G)	93% (G)	86% (R)	92% (A)	92% (A)	89% (R)	84% (R)

Performance Trend

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

During Q3 performance in relation to this indicator fell further remaining RED.

Issues Affecting Performance

This is a reduced position from the previous quarter. There is a continued focus on conducting 6 monthly reviews of service users within the service, but these have been impacted by staffing realignment following a workforce review. This issue has been raised with day centre managers to prioritise review activity for Q4.

Actions to Improve Performance

Reviews continue to be scheduled for those in scope with the intention of positively impacting on this percentage in future quarters. New support planning documentation has been introduced which focuses on what matters to service users and has been prioritised for completion – this will make reviews more meaningful.

Timescales for Improvement

Q4 of 2023/24.

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

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

The residential occupancy rate improved during Q3 with the RAG-rating moving from AMBER to GREEN.

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

Target	21/22				22/23				23/24		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	24% (R)	96% (G)	97% (G)	99% (G)	95% (G)	95% (G)	93% (G)	89% (R)	84% (R)	92% (A)	91% (A)

Performance Trend

Performance dropped slightly during Quarter 3 although the RAG rating remained AMBER.

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

Issues Affecting Performance

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

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

Actions to Improve Performance

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

Timescales for Improvement

Q4 of 23/24.

ii. Commissioned Services

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

Locality	Target	21/22 Total	22/23				22/23 Total	23/24			
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q1-3 Total
City	75 per annum (19 per quarter)	84 (G)	19 (G)	25 (G)	16 (R)	23 (G)	83 (G)	32 (G)	11 (R)	29 (G)	72 (G)
North East	25 per annum (6 per quarter)	35 (G)	8 (G)	5 (R)	4 (R)	4 (R)	21 (R)	7 (G)	2 (R)	12 (G)	21 (G)
North West		23 (R)	5 (R)	7 (G)	6 (G)	7 (G)	25 (G)	8 (G)	4 (R)	9 (G)	21 (G)
South		26 (G)	6 (G)	13 (G)	6 (G)	12 (G)	37 (G)	17 (G)	5 (R)	8 (G)	30 (G)

Performance Trend

All targets were met during Quarter 3, with South locality already exceeding their annual target.

Developments within Clustered Supported Living

It is anticipated that there will be an additional 5 flats at Carntyne Gardens in the **North East** during 2024 further increasing availability in this locality. In addition to this Bield Housing have advised it is their intention to further increase tenancies with an additional 8 new one-bedroom flats and 6 new 2-bedroom flats. Planning and dates still to be confirmed.

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

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
City		64 (R)	58 (R)	74 (R)	70 (R)	97 (G)	69 (R)	94 (G)	83 (R)	80 (R)	95 (G)	91 (G)
North East	90%	53 (R)	44 (R)	84 (R)	89 (G)	98 (G)	57 (R)	90 (G)	86 (A)	49 (R)	N/A	N/A
North West		73 (R)	66 (R)	86 (A)	66 (R)	98 (G)	92 (G)	97 (G)	80 (R)	82 (R)	98 (G)	94 (G)
South		67 (R)	63 (R)	51 (R)	65 (R)	95 (G)	70 (R)	94 (G)	84 (R)	94 (G)	94 (G)	89 (G)

Performance Trend

Performance exceeded target during November and December at a city level and in the North West and South. The Burlington unit in the North East was closed during November and December.

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

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
City	<28 days	50 (R)	42 (R)	56 (R)	48 (R)	35 (R)	74 (R)	53 (R)	46 (R)	48 (R)	66 (R)	53 (R)
North East		60 (R)	86 (R)	76 (R)	55 (R)	32 (R)	101 (R)	66 (R)	44 (R)	35 (R)	N/A	N/A
North West		43 (R)	42 (R)	60 (R)	73 (R)	68 (R)	57 (R)	62 (R)	80 (R)	51 (R)	50 (R)	69 (R)
South		46 (R)	32 (R)	23 (R)	44 (R)	31 (R)	69 (R)	45 (R)	33 (R)	48 (R)	60 (R)	45 (R)

Performance Trend
Performance remains RED across all areas and citywide. The Burlington unit in the North East was closed during November and December.

Issues Affecting Performance
Intermediate Care (IC) Re-Tender successfully completed end January 2023. Reduction from 5 IC Units to 4 effective February 2023. All 4 units now accepting service users under 65 years of age. Daily IC Huddle established October 2022 discussing all IC referrals from Hospital Team, includes Rehab team and IC Units staff.

Number of aged 65 and under referrals have increased and overall frailty / complexity of service users being admitted to IC has increased.

We continue to have a high number of individuals wishing and successfully returning home. This requires new tenancies to be found and furnished and this takes time, as often there are no relatives to support with the transition.

Earlier in the year NE IC had 3 AWI service users which affected length of stay performance. Any service user requiring an assessment for a Local Authority Residential bed from acute care is required to be assessed via IC. They are currently waiting lists for these beds, and it can take time to access / confirm an available bed via the LA pathway.

TL IC vacancy in NW, currently being supported by TL in NE who is covering. Job has been recently advertised. |

Actions to Improve Performance
• There remains strong focus at IC Improvement Group to review and support move on of all over 28 days delayed in Intermediate Care utilising Dashboard. There has been a significant

increase in the number of individuals going home particularly in NE which has affected the over 28 days figures. All of these scenarios have been complex in nature.
- Longer term re look at KPI's associated with IC particularly for those who are going home and / or new tenancy is required. Staff session planned for next quarter focusing on KPI resolution.
- As of the 1 October 23 Discharge to Assess no longer requires a full SNA to be completed. The IC team delivers on this agenda, and it has been anticipated the reduction in work associated with Discharge to Assess should have a positive impact on IC, early days to understand the full impact of this change in practice on IC. Will monitor via the IC Improvement Group.
- The use of under 65's within IC is being monitored and figures remains low. There were a couple of situations whereby the admission did not go well and there was noted learning from this experience.
- Burlington Care Home re-opened for admissions at beginning of February. Now accepting admissions on a phased basis.

Timescales for Improvement

- New IC TL in post October 23.
- Huddle remains in place Mon-Friday.
- 1st October implementation date of removing SNA from Discharge to Assess process.
- IC Improvement Group meets 4 weekly and strong focus on performance.
- Burlington IC Voluntary Moratorium ended 31st January.

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

	Destination	**Target**	**2021/22**		**2022/23**				**2023/24**				
			Dec 21	**Mar 22**	**Jun 22**	**Sep 22**	**Dec 22**	**Mar 23**	**Jun 23**	**Sep 23**	**Oct 23**	**Nov 23**	**Dec 23**
Glasgow	**Home**	**30%**	19 (R)	15 (R)	26 (R)	24 (R)	28 (R)	29 (R)	29 (A)	32 (G)	22 (R)	37 (G)	22 (R)
	Res/Nursing	N/A	65	63	59	66	48	65	43	48	52	58	52
	Readmissions	N/A	11	22	11	10	20	60	14	19	22	5	17
	Deceased	N/A	5	0	4	0	4	0	14	0	4	0	9
NE	**Home**	**30%**	8 (R)	25 (R)	43 (G)	0 (R)	25 (R)	8 (R)	57 (G)	67 (G)	50 (G)	N/A	N/A
	Res/Nursing	N/A	83	75	43	75	50	83	43	17	50	N/A	N/A
	Readmissions	N/A	0	0	14	25	25	8	0	17	0	N/A	N/A
	Deceased	N/A	8	0	0	0	0	0	0	0	0	N/A	N/A
NW	**Home**	**30%**	15 (R)	8 (R)	25 (R)	0 (R)	0 (R)	18 (R)	33 (G)	14 (R)	0 (R)	50 (G)	29 (G)
	Res/Nursing	N/A	62	62	75	100	100	73	33	71	60	50	57
	Readmissions	N/A	15	31	0	0	0	9	33	14	20	0	0
	Deceased	N/A	8	0	0	0	0	0	0	0	20	0	14
South	**Home**	**30%**	33 (G)	20 (R)	17 (R)	32 (R)	33 (G)	44 (G)	17 (R)	28 (A)	25 (R)	31 (G)	19 (R)
	Res/Nursing	N/A	50	60	58	59	39	52	44	50	50	62	50
	Readmissions	N/A	17	20	17	9	22	4	17	22	25	8	25
	Deceased	N/A	0	0	8	0	6	0	22	0	0	0	6

Performance Trend

City wide performance has declined in the last quarter and is now RED as is the South. North West has moved from RED to GREEN while South moved from AMBER to RED. The Burlington unit in the North East was closed during November, December (Q3) and January (Q4).

Issues Affecting Performance

Significant change in profile of service users being admitted to Intermediate Care. Less opportunity for rehabilitation and more utilising the experience for thorough assessment.

Impact of Discharge to Assess pathway. Some service user's and their legal representatives opting for a particular care home, often based on location and personal preferences.

Actions to Improve Performance

Burlington accepting admissions to Intermediate Care on a phased basis from February 2024.

KPI discussion and proposals has been drawn up and will be discussed for implementation at OP Core Leadership in April 2024. Main KPI change proposal is increasing length of stay increasing from 28 days to 42 days for those individuals returning home.

Default within Hospital SW is still Intermediate Care pathway when considering discharge and individuals will be discussed at the daily IC Huddle.

Timescales for Improvement

Q4 Staff Event to be held.
February 24 onwards increasing admissions to Burlington.

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iii. HSCP Community Services

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

Indicator	Target 23/24	20/21 Full Year	21/22 Full Year	22/23 Full Year	23/24				
					Q1	Q2	Q3	Q4	Year to Date
No. summaries completed and shared with GPs	**260 p.a.**	**69 (R)**	**50 (R)**	**276 (G)**	**113 (G)**	**88 (G)**	**78 (G)**		**279 (G)**

Performance Trend
Performance for Q1-Q3 in excess of the annual target already. This relates to the number of completed ACP Summaries that have been shared with GPs via the Clinical Portal and relates to teams across GCHSCP including District Nursing, Community Rehab and Social Work. Target adjusted from 50 Summaries for 2022/23 to 260 for 2023/24. Back to Summary

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

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

Performance Trend

There was a decrease in performance across all localities during Q3. There was a sharp increase in the proportion of activities over 12 months in North East where performance moved from AMBER to RED and in South (RED) where the percentage rose to 24%. Performance in North West remained AMBER during the reporting period.

The number and percentage of activities older than 12 months increased slightly over the past 3 months from 114 (6%) at the end of September to 161 (8%) at the end of December. At the end of the quarter there was a fall of 4.5% in the overall number of open OT assessment activities (from 2,018 in September to 1,928 in December; a drop of 90 activities). Of these 1,928 activities 161 (8%) of these had been open for more than 12 months. A breakdown of these by locality in September and December is shown below.

Locality	Number of Activities over 12 months	
	End of September	End of December
NE	12	51
NW	4	6
South	97	100
Other	1	4
Total	**114**	**161**

Of the 161 activities detailed above, 123 are assigned to Teams and 38 are assigned to Workers.

Issues Affecting Performance

Work continues to be carried out to review all the current OT waiting lists through data cleansing and allocations to OT staff.

Staffing has played a key part in work throughput and localities ability to target those cases open more than 12 months.

In addition to the realignment of one OT staff member from each locality to HSC Connect there have been a further 2 OTs (1 from NW and 1 from South) moved to temp TL posts within HSC connect and 1 OT from NE on 12 month secondment to Equipu. NE are currently recruiting as OT secondment has been made permanent. NW expect OT to return in March and South OT has had post extended for further 6 months.

South are currently experiencing high sickness absences with 2 OTs on long term absence. NW and South both have imminent retirals of a further OT each and will require to recruit.

As HSC Connect now deal with all non-complex short term work, all work coming to localities is now complex and long term with the majority being critical in nature. This is impacting on the time it takes staff to complete more complex assessments, therefore the ability to allocate substantial and moderate cases that have been waiting longer is limited. Localities are finding it difficult to predict volume of cases coming over from Connect due to unpredictable and substantial backlogs affecting all areas.

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

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

Actions to Improve Performance

Within NE there is a Social Care Worker vacancy following staff retirement and the OT post from Equipu secondment has now been filled. Two new social care workers came into post in November 2023 and are now being allocated independent work which is starting to increase throughput of assessments.

Within South and NW there are requests to fill the OT posts following retirements. It remains unclear whether sickness absence will improve in South over the next few months.

In addition to the ongoing pressures within the localities there continues to be a backlog trend from HSCC which continues to impact on waiting list demand. As of 14/02/2024 the backlog was 768 referrals pending screening/input with 297 waiting more than 4 weeks. The delays in moving these over to locality or actioning them impact longest wait times.

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

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

Timescales for Improvement

Improvements continue to be expected over the coming months.

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

Reason for Referral/ Intended Outcome	Targets Annual (*Quarterly*)	2023/24				23/24 Year to Date Total
		Q1	Q2	Q3	Q4	
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual **560** (*Quarterly*) **140**	**652 (G)**	**607 (G)**	**717 (G)**		**1,976 (G)**
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	**170 (G)**	**129 (R)**	**176 (G)**		**475 (A)**
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	**25 (G)**	**25 (G)**	**22 (R)**		**72 (A)**
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	**847 (G)**	**761 (G)**	**915 (G)**		**2,523 (G)**

Performance Trend
New Telecare KPI from Q2 2023/24.   The overall target for Telecare referrals was comfortably met during the 3rd quarter of 23/24 (GREEN), referrals made to avoid hospital discharge delays increased from the previous quarter and came back on target during the quarter. The number categorised by referrers as supporting carers was marginally below the predefined target during the quarter.   Back to Summary

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

Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23				22/23 Full Year Total	23/24		
				Q1	Q2	Q3	Q4		Q1	Q2	Q3
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	615 (G)	660 (G)	566 (G)	692 (G)	2,533 (G)	783 (G)	853 (G)	725 (G)
North East	633 (158 per Q)	604 (A)	801 (G)	233 (G)	204 (G)	188 (G)	241 (G)	866 (G)	217 (G)	290 (G)	231 (G)
North West	633 (158 per Q)	445 (R)	684 (G)	163 (G)	218 (G)	184 (G)	212 (G)	777 (G)	257 (G)	241 (G)	220 (G)
South	633 (158 per Q)	879 (G)	906 (G)	219 (G)	238 (G)	194 (G)	239 (G)	890 (G)	309 (G)	322 (G)	274 (G)

Performance Trend
Both the city and locality targets were exceeded (GREEN) during Quarter 3.
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UNSCHEDULED CARE

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

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Sep)
Annual Total	153,791	161,155 (A)	113,633 (G)	139,966 (G)	141,729 (G)	76,125 (G)
Monthly Average	12,816	13,430 (A)	9469 (G)	11,664 (G)	11,811 (G)	12,688 (G)
Performance Trend						

Performance for 2022/23 was GREEN and remains so for the first 6 months of 2023/24.

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

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

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Sep)
Annual Total	66,624	63,854 (G)	54,946 (G)	59,193 (G)	56,574 (G)	30,015* (G)
Monthly Average	5552	5321 (G)	4579 (G)	4933 (G)	4715 (G)	5002* (G)

*Provisional

Performance Trend
Performance is below target and GREEN for the first half of 2023/24. These figures are provisional at this stage. Back to Summary

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

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Sep)
Annual Total	507,633	507,633 (R)	450,764 (G)	521,169 (R)	543,577 (R)	259,150* (G)
Monthly Average	42,303	42,303 (R)	37,564 (G)	43,431 (R)	45,298 (R)	43,192* (G)

*Provisional

Performance Trend
Performance is within the performance range and GREEN for the first half of 2023/24 although these figures are provisional at this stage. The 23/24 target has been amended to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures; RAG ratings prior to 2023/24 are based on the old target (453,866). 2019/20 data is being established as baseline data across Unscheduled Care metrics in order to demonstrate progress towards pre-pandemic performance. Back to Summary

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

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Sep)
Annual Total	33,260	15,394 (G)	2262 (G)	876* (G)	722* (G)	15* (G)
Monthly Average	2772	1283 (G)	189 (G)	73* (G)	60* (G)	2.5* (G)

*Provisional

Performance Trend
The figures for this year are provisional and continue to remain very low, which they have been since 2020/21 compared to previous years with all figures since then also provisional. Back to Summary

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

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Sep)
Annual Total	181,371	196,689 (R)	179,235 (G)	176,049 (G)	175,900* (G)	83,062* (G)
Monthly Average	15,114	16,391 (R)	14,936 (G)	14,671 (G)	14,658* (G)	13,844* (G)

*Provisional

Performance Trend
The figures for 2022/23 and 2023/24 are provisional at this stage. Performance for both years is below target and GREEN.

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

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
North East		8	23	21	32	26	24	21	25	30	23	30
North West	120	16	22	17	25	16	21	20	26	30	33	21
South		7	30	34	40	24	48	24	38	43	33	33
Other										1		
Sub-Total (Included Codes)		31	75	72	97	66	93	65	89	104	89	84
North East		20	21	21	22	20	15	25	31	22	20	24
North West		11	19	20	22	19	23	22	16	18	15	15
South		18	21	27	23	29	11	14	20	17	23	25
Other												
Sub-Total (Complex Codes)		49	61	68	67	68	49	61	67	57	58	64
Overall Total		80 (R)	136 (R)	140 (R)	164 (R)	134 (R)	142 (R)	126 (R)	156 (R)	161 (R)	147 (R)	148 (R)

Performance Trend
Total numbers delayed have decreased in the last quarter but remain RED.

Issues Affecting Performance
Note: Referral rates are averaging 75 p/w currently. • SW awaiting responses from Care Homes regarding accepting and arranging admissions into their units. • Access to wards by care homes for arranging admissions and transfers into their units. • Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex. • Wards not arranging appropriate discharge arrangements i.e., transport, medication, paperwork resulting in increased time taken to admit. • Closures of care homes, particularly intermediate care units, by public health to admissions continue due to Covid and other risks to public health outbreaks.

- Limited availability of private care providers via SDS for discharge into the community.
- Staffing pressures within the Hospital Social Work Team / Recruitment and LTA absence – 3 new TL's have been recruited and 3x QSW posts have been filled however start dates for those are end January '24 – we have also had ongoing and new LT staff absence.

Actions to Improve Performance

Service manager vacancy has been filled; after additional changes in the TL group, 3 new TL's have started in the team and are bedding into the team and being supported to orient themselves to critical service demands and needs – this is ongoing as new TLs are new to TL role, all having come from QSW roles.

3x QSW vacancies were recruited to and have start dates in Jan 24; 1 staff member remains on long term absence; 1 additional staff member is now a LT absence – a workforce plan is in place. Additional staffing support was arranged through the Quality Assurance Care Home team for a limited period of time in December 23 (3 F/T staff provided support).

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

Focus on incomplete or poor-quality referrals are being sent back to referrers; this has reduced workload by 5% since inception mid-April. Referral tracker continues to be used (daily tracking/ monthly tracking including ASP) - this is ongoing with new data analysis around early SW referral and SMAT data, as well as analysing trends in new patients added to delays.

Participation in Test of Change at QEUH – weekly long-admission huddles on wards 5/6/7/8 feeding into the PDD/ DwD agenda.

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

Close working relationship with discharge service lead continues with escalation of any discharges that did not occur due to ward issues daily. Ongoing daily work with discharge team to improve communication around patients being fit for discharge and "queries".

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

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

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

Weekly meeting chaired by Head of Service to focus on delays within community teams and Commissioning – MDT approach.

Strong performance reporting on resolving / progressing discharges – Commissioning colleagues attend to support the agenda and progress barriers with care homes.

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

The use of Discharge to Assess pathway has improved outcomes for patients with them being assessed within a care home environment and not in a hospital bed. (144 discharges into D2A this period).

Regular meetings with commissioning colleagues to find solutions and progress complex cases and improve the interface with Care Home communication across Glasgow City.
SM attending 4 weekly webinar programme with all care homes across the city and delayed discharges are a standing item. Reciprocal Feedback to/ from care homes around themes impacting on assessments and admissions.

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

Timescales for Improvement
Agreed timescale up to Q3 / Q4 2023/24.

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

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Sep)
Annual Total	39,919	45,318 (R)	49,902 (R)	64,853 (R)	74,875 (R)	36,220 (R)
Monthly Average	3327	3776 (R)	4159 (R)	5404 (R)	6240 (R)	6037 (R)

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

Issues Affecting Performance

- The patients are complex, frailer and have far more care and support needs post-Covid.
- The numbers of adults (18-64) on our delays has increased from the last quarter at 15% to now 20%.
- Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex and at weekends.
- SW awaiting responses from Care Homes regarding accepting and arranging admissions to their units.
- Wards not arranging appropriate discharge arrangements i.e., transport, medication, paperwork resulting in increased time taken to admit.
- Our AWI's continue to be split between LA and Private applications, with private applications representing a higher number on average.
- There continues to be a 2 month wait for AWI cases to be heard in Court.
- Under 65 placements are challenging due to the complexity of need and the lack of suitable Care Home placements.
- House cleaning and Hoarding are a significant demand, post-covid. The Health and Social Care Partnership are addressing capacity issues with a new provider being identified and work is underway to test this out in practice. This provider test was positive, and we are awaiting arrangements to roll them out across hospital services.
- Participation in the workstream addressing the topic of housecleans and complex dynamics at play across RSL's, across locality teams and finance and Maximising Independence.
- Homelessness is increasing across the city, with a lack of temporary housing and wheelchair adapted tenancies – we are now participating in a weekly MDT approach alongside complex needs, homelessness colleagues and homelessness Commissioning as well as Acute Homelessness Liaison Team to problem-solve and make decisions quicker for any adult in hospital who is noted as homeless; a number of those noted as homeless have additional needs and require a fuller SW assessment which the team then undertake.
- We have a number of highly complex cases with significant care needs requiring complex discharge planning - early and robust links with community health and social work colleagues to inform realistic discharge planning.

Actions to Improve Performance
Collaboration with Commissioning and Care Homes as stated in **Indicator 6** will also improve performance across this indicator. The focus on AWI improvement and legal services as noted in the above indicator will also have a positive impact on this target and the long delays within Glasgow. Furthermore, as with Indicator 6 (above): • Continued use of the real time AWI tracker. • A strategic review by commissioning around the pathways into care homes. • Focus on long delays (very complex commissioning identify specialist placements).   Continued review of the HSCP houseclean strategy.   Planning for a joint development session between Hospital SW Team and HSCP Commissioning.   Strengthening the links between Social Work homelessness leads NHS Acute Homelessness Liaison Team) – trial of weekly MDT across AHLT, Homelessness, Complex Needs, Commissioning and SW to prevent delayed discharge for adults who are homeless, as well as problem-solving around complex delays where homelessness is a joint presenting need. This was successful and continues to date.
Timescales for Improvement
Ongoing and continuing to review / improve services to reduce numbers.   Back to Summary

PRIMARY CARE

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

		21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		74.68 (A)	75.98 (A)	75.96 (A)	76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)	71.88 (R)
NE		75.57 (A)	76.94 (G)	76.67 (G)	77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)	72.53 (R)
NW	78%	73.94 (R)	75.42 (A)	75.33 (A)	75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)	71.48 (R)
S		74.50 (A)	76.04 (A)	75.86 (A)	75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)	71.63 (R)
NHSGGC		74.71	76.17	75.96	76.87	76.54	76.85	76.45	75.77	72.03

Performance Trend
During Q2, there was a decrease in performance across all parts of the city and at Health Board level, with all areas moving to RED. This indicator is reported one quarter in arrears.

Issues Affecting Performance

New/Emerging 'issues':
In line with the board sustainability commitments, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler to a dry powder inhaler. This currently relates to circa 60,000 items per quarter and represents the majority reduction in formulary compliance. Respirator compliance is now ~52%. Salbutamol MDIs remain on total formulary. Total formulary adherence remains ~98%.

Ongoing issues:
- Epimax products were previously formulary first choice emollients, however, were removed and replaced.
- Shortages of carbomer eye products have required prescribers to switch between brands or prescribe hypromellose or hyaluronate products instead.
- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and CKD and their use is increasing. These are non-preferred list and so will be contributing to the trend in compliance.

Actions to Improve Performance

New actions:

It should be noted first and foremost that dry powder salbutamol costs a little more than an equivalent MDI. This switch is driven largely by the need to meet our environmental goals and need be undertaken in a controlled manner to balance prescriber workload, financial impact and ensure patients are appropriately supported. This is contrary to the general impact of reduced formulary compliance. We expect to see a gradual improvement in formulary compliance while this switch progresses, though this is subject to new issues.

Ongoing actions/considerations:
- Prescribers have been issued guidance on managing the carbomer shortage and this is supported by ScriptSwitch based on product availability.
- New preferred formulary items have been set for Epimax. Largely there is no clinical or cost benefit to changing to the formulary choices so this change will be gradual.
- Blood Glucose Switch activity was largely completed in Q3 and will support performance in Q4.
- SGLT2 inhibitors are subject to preferred list adoption processes. No single SGLT2 inhibitor medication has a clear cost or clinical benefit at this time and so there is no preferred option.

Timescales for Improvement

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

Carbomer shortages have not resolved during the timeframe expected. Work will continue in Q3 and Q4 to revert patients to their original prescription where possible.

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

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

Locality	Target	21/22			22/23				23/24	
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
City	Cost below (or same) as Board average	£151.2 (G)	£152.3 (G)	£154.2 (G)	£156.8 (G)	£159.7 (G)	£155.3 (G)	£160.2 (G)	£164.4 (G)	£175.4 (G)
NE		£147.9 (G)	£149.5 (G)	£151.1 (G)	£158.3 (G)	£163.1 (G)	£162.1 (G)	£169.3 (G)	£173.7 (G)	£177.9 (G)
NW		£149.4 (G)	£149.5 (G)	£150.9 (G)	£149.9 (G)	£150.5 (G)	£154.2 (G)	£157.8 (G)	£162.2 (G)	£164.9 (G)
S		£156.5 (G)	£158.1 (G)	£160.7 (G)	£161.4 (G)	£165.0 (G)	£169.1 (G)	£174.1 (G)	£178.8 (G)	£182.6 (G)
NHSGGC		£169.4	£170.7	£173.0	£174.7	£178.0	£181.7	£187.7	£193.4	£197.5

Performance Trend
Costs in all localities increased again between June and September but all localities and the city remain GREEN, considerably below the Health Board average. This indicator is reported one quarter in arrears. Back to Summary

CHILDREN'S SERVICES

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

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

Performance Trend
In South performance improved between September and December moving from RED to AMBER. Performance also improved in North East which remained RED; performance remained the same in the North West between September and December.

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

Actions to Improve Performance
The plan is to continue to carry out developmentally appropriate assessments for children who missed their 27–30 month Ready to Learn Assessment. These are recorded as 'unscheduled' checks for children older than 30 months – which ensures that the assessment is appropriate for the child's developmental stage – however, the recording of an 'unscheduled' assessment is not counted in the current performance indicator.

Team leaders are continuing to review caseloads to ensure performance continues to improve, where the factors are within the control of the service. Monthly population reports are provided to |

team leads which identifies which 27-30 month assessments are due and those that are not completed; this allows team leads to explore the reasons in caseload management discussions. This data is about to be enhanced and will allow us to update this data at the time of the review. The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can then discuss this in monthly 1:1s with team leaders.

Timescales for Improvement

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

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

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

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

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

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	22/23					23/24			
						Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Year to Date
City	1,533	383	2,515 (G)	3,123 (G)	3,069 (G)	814 (G)	818 (G)	770 (G)	825 (G)	3227 (G)	704 (G)	777 (G)	763 (G)	2244 (G)
NE	344	86	764 (G)	771 (G)	860 (G)	215 (G)	242 (G)	245 (G)	217 (G)	919 (G)	211 (G)	227 (G)	228 (G)	666 (G)
NW	576	144	918 (G)	812 (G)	763 (G)	216 (G)	209 (G)	219 (G)	208 (G)	852 (G)	201 (G)	213 (G)	209 (G)	623 (G)
S	613	153	833 (G)	1,540 (G)	1,446 (G)	383 (G)	367 (G)	306 (G)	400 (G)	1456 (G)	292 (G)	337 (G)	326 (R)	955 (G)

Performance Trend
Targets continue to be met at city and locality level. Back to Summary

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

Locality	Target	21/22		22/23				23/24		Quarter 3	
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	% with review	Number *without* a Permanency Review
City		57 (R)	62 (R)	59 (R)	61 (R)	63 (R)	61 (R)	54 (R)	61 (R)	59 (R)	**28**
North East	**90%**	63 (R)	62 (R)	59 (R)	65 (R)	64 (R)	63 (R)	61 (R)	68 (R)	69 (R)	8
North West		38 (R)	57 (R)	56 (R)	56 (R)	67 (R)	64 (R)	60 (R)	56 (R)	56 (R)	8
South		65 (R)	62 (R)	58 (R)	58 (R)	57 (R)	56 (R)	38 (R)	50 (R)	45 (R)	12

Performance Trend

Performance at city and locality level remained below target and RED during Quarter 3.

At the end of December, a total of 28 children (of 69 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

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

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

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

Actions to Improve Performance

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

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

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

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

The permanence forum has been re-established and updated systems and processes have been put in place to track and support action planning for children using this forum. It appears that this work has led to stabilisation of performance in this area, given the need to balance competing priorities and demand generated by the current cost-of-living crisis.

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

Timescales for Improvement

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

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

Locality	Target	21/22			22/23				23/24		
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City		59 (G)	58 (A)	51 (R)	55 (R)	58 (A)	51 (R)	56 (R)	61 (G)	59 (G)	60 (G)
North East	60%	76 (G)	61 (G)	45 (R)	58 (A)	55 (R)	39 (R)	48 (R)	44 (R)	60 (G)	63 (G)
North West		63 (G)	64 (G)	70 (G)	53 (R)	53 (R)	64 (G)	42 (R)	58 (A)	47 (R)	57 (R)
South		50 (R)	51 (R)	40 (R)	52 (R)	62 (G)	48 (R)	68 (G)	72 (G)	68 (G)	63 (G)

Performance Trend

During Q3, performance met target at city level and in North East and South (GREEN). Performance improved in North West by 10 percentage points during the reporting period although remaining slightly below the target range (RED).

Staffing issues – turnover, sickness, and annual leave – have previously impacted on performance, though the situation is improving across all areas. Increased management oversight of the requested reports and Service Managers continuing to have regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines, has had an impact, and will continue in order to stabilise progress.

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

Locality	Target	21/22			22/23				23/24		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	75%	79% (G)	79% (G)	80% (G)	78% (G)	80% (G)	79% (G)	80% (G)	78% (G)	80% (G)	78% (G)
North East		81% (G)	78% (G)	83% (G)	83% (G)	84% (G)	82% (G)	81% (G)	79% (G)	79% (G)	78% (G)
North West		79% (G)	79% (G)	80% (G)	75% (G)	80% (G)	79% (G)	80% (G)	79% (G)	80% (G)	73% (A)
South		82% (G)	82% (G)	85% (G)	84% (G)	84% (G)	84% (G)	84% (G)	82% (G)	83% (G)	82% (G)

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

Performance Trend

The city wide figure and North East and South remained above target and GREEN during Q3. Performance in North West slipped from GREEN to AMBER during the reporting period.

The percentage of *non-recording* of Employability status remained at 2% during Q3. The numbers decreased from 21 to 15 in the number of young people in the city who do not have their employability status recorded. Of these 15 young people, 10 are allocated to North East, 1 each to North West and South while the other 3 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team.

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

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

Performance Trend

Placement numbers were higher than the end of Q3 target of 26 or fewer at the end of December; the RAG rating moved from GREEN to AMBER.

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

Issues Affecting Performance

At quarter 3 there were 27 young people in Out of Authority Placements. The numbers have increased by one which includes a period over November/December where there were 3 admissions into Out Of Authority care largely caused by critical staffing issues within provided Children's Houses in the same period.

Actions to Improve Performance

The staffing situation is much improved due to close joint working between HR and residential colleagues to manage a significant recruitment process and address absence. The rate of admissions to Out of Authority placements have been counterbalanced by the number of young people moving on from Out of Authority placements.

Timescales for Improvement

The trajectory of young people in Out of Authority placements is currently downwards and should be within target next quarter if this pattern continues. The greatest risk to meeting this target is the pressure in relation to children with complex disabilities. The lack of current available community resources has resulted in increased risk of family breakdown.

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

Locality	Target	21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	94.28 (G)	93.7 (G)	93.01 (G)	95.59 (G)	92.62 (G)	92.43 (A)	92.27 (A)	92.14 (A)	91.47 (A)
North East		94.24 (G)	94.59 (G)	91.87 (A)	96.04 (G)	90.15 (R)	94.21 (G)	92.72 (G)	91.03 (A)	92.27 (A)
North West		94.89 (G)	95.24 (G)	93.94 (G)	94.03 (G)	93.89 (G)	92.36 (G)	91.00 (A)	92.84 (G)	90.25 (A)
South		93.87 (G)	91.92 (A)	93.24 (G)	96.36 (G)	93.5 (G)	91.23 (A)	92.84 (G)	92.45 (A)	91.72 (A)

Performance Trend
Performance decreased slightly in the last quarter at a city level remaining AMBER. Performance in the North East and South remained AMBER while performance in the North West moved from GREEN to AMBER. This indicator is reported in arrears.
Issues Affecting Performance
The World Health Organisation has raised concerns that vaccine uptake across all areas has declined. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.'
Actions to Improve Performance
The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake. The vaccine bus has been used in some circumstances. Specific videos have been produced for use with some marginalised communities. The team continue to recall and chase up families who have not attended for vaccines and Health Visitors support with these discussions.
Timescales for Improvement
Activity is ongoing throughout the year, to provide dedicated planning for the vaccination programme. In addition, in response to the Measles outbreaks in England, Public Health Scotland is focussing on this to try to prevent the same situation in Scotland, and this awareness campaign may increase uptake rates.

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

Locality	Target	21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	95.85 (G)	96.17 (G)	94.84 (G)	95.57 (G)	95.44 (G)	96.02 (G)	94.86 (G)	95.73 (G)	95.55 (G)
North East		95.59 (G)	97.14 (G)	94.77 (G)	95.74 (G)	94.86 (G)	96.69 (G)	93.26 (G)	96.12 (G)	94.56 (G)
North West		94.49 (G)	96.41 (G)	95.40 (G)	95.25 (G)	95.35 (G)	94.91 (G)	95.42 (G)	96.3 (G)	95.74 (G)
South		97.16 (G)	95.17 (G)	94.50 (G)	95.67 (G)	95.98 (G)	96.25 (G)	95.76 (G)	95.01 (G)	96.25 (G)

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

ADULT MENTAL HEALTH

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

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
NE		56.6 (R)	46.3 (R)	56.5 (R)	49.4 (R)	60 (R)	58 (R)	45.5 (R)	49 (R)	62 (R)	76.7 (R)	74.1 (R)
NW	90%	84 (R)	92.4 (G)	79.2 (R)	84.5 (R)	91.7 (G)	91.7 (G)	96.7 (G)	96.7 (G)	93.3 (G)	96.8 (G)	100 (G)
S		80.5 (R)	81.2 (R)	87.6 (A)	81.7 (R)	85.5 (R)	82.9 (R)	89.1 (G)	93 (G)	88.7 (G)	78.3 (R)	78.4 (R)

Performance Trend
Since September, performance against the 90% Standard improved in the North East though remained RED. Performance remained GREEN and improved in the North West while declining and moving from GREEN to RED in the South.

Issues Affecting Performance
There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering Psychological Therapies within the 90% PT LDP Standard addressing and also eliminating waits of 53+ weeks.
There are continuing waiting list initiatives aimed at targeting patients who were assessed as suitable for a PT and were the longest waits to start their treatment.
The care process is dynamic. There are continual incoming referrals requiring assessment, and initial assessments for suitability are constantly adding to the numbers waiting to start a PT.
Whilst starting a PT stops the waiting time clock, the starting of a PT is not a one-off event. PT protocols outline a series of appointments, over a period of time, to complete the full course of PT treatment. NHSGGC activity indicates the majority of people have between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments, some require a treatment appointment every week for a year.
As teams focus on reducing the number of long waits more people start a PT after waiting over 18 weeks relative to the total number starting. Thus, some initiatives, with positive actions, can often result in a reduced percentage of people starting within the 18 week Standard.

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

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

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

Actions to Improve Performance

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

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

New additional peripatetic psychology capacity was utilised to work with the NE PCMHT staff to enable those waiting longest to start treatment. Pooling this additional resource & also from other HSCPs, with a managed approach, has assisted in a significant reduction in the total number waiting (from circa 400 down to circa 100) and reducing the number of people waiting over 18 weeks to single figures (from over 200).

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

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

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

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

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

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

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

Timescales for Improvement

- Appointing people waiting 53+ weeks will continue through 2024.
- Appointing people waiting 36+ weeks through 2024.

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

Hospital	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
Stobhill	28 days	30.1 (R)	28.4 (G)	40.6 (R)	37.3 (R)	26.4 (G)	32.6 (R)	28.9 (A)	25.5 (G)	25.6 (G)	28 (G)	34.2 (R)
Leverndale		31.7 (R)	32.6 (R)	36.9 (R)	37.4 (R)	39.8 (R)	33.2 (R)	33.5 (R)	43.2 (R)	57 (R)	36.5 (R)	35.4 (R)
Gartnavel		31.3 (R)	32.8 (R)	33.4 (R)	33.0 (R)	26.3 (G)	28.9 (A)	35.1 (R)	27.8 (G)	32.4 (R)	35.8 (R)	40.7 (R)

Performance Trend

Since September, performance moved from GREEN to RED in Gartnavel and Stobhill and remained RED in Leverndale.

Issues Affecting Performance

In Q3 there remained, albeit reduced, an impact on the range of inpatient services by the SARS-CoV-2 and other viral diseases. Inpatient wards have continued to be affected by pauses and closures to admissions across the system of inpatient mental health provision. Staffing still continues to be a key pressure point impacting on the delivery of care plans to optimise treatment and discharge. The expected variation around the average length of stay continues to give a representative guideline as to what to expect from the way services currently operate. Statistical variance for each site continues between 22 days and 45 days for Gartnavel; 21 days and 48 days for Leverndale and 21 days and 40 days for Stobhill.

There remains pressure on the level and frequency of requests for inpatient observations which is also causing pressure on staffing requirements. The number of people staying 6 months still remains above desired levels. The overall GG&C adult acute numbers during 2023 (from Jan to date) indicate increased numbers overall. Boarders whilst comparatively low in number remain disruptive to care and impact on overall length of stay. Length of stay remains a pressure.

Actions to Improve Performance

Operational responses prioritise maintaining safe care. These higher lengths of stay are anticipated to continue into 2024 / 2025. Clinical leadership is being more operationally applied to support reducing the variance with which observations are used across wards and hospital sites.

There is continuing review of boarders and options to further improve bed management and discharge co-ordination. Staffing and the impact on skill mix and staff per bed ratios still remains a protracted issue. The lead in time to put in place community developments that moderate the need for admission and maintain people's mental health point to an enduring pressure.

Timescales for Improvement

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

On-going pressures still continue with vacancies, leave and supporting staff both Covid and non-Covid related absences. This position is expected to continue in 2024-25. Initial phased movement towards the adult acute admission bed strategy endpoint will not be progressed during early consideration of steps for strategy implementation. The tight margins still require delivery of a steadier state than is currently possible and will require work into 2024-25 to progress and assess the impact of actions.

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

Hospital	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
Stobhill	<95%	95.7 (G)	97.5 (A)	98.9 (A)	103 (R)	85 (G)	98.2 (A)	101.3 (R)	99.6 (A)	97.8 (A)	100.6 (R)	100.1 (R)
Leverndale		90.8 (G)	96.5 (G)	99.1 (A)	100 (R)	98 (A)	101 (R)	99.4 (A)	99.9 (R)	102.2 (R)	103 (R)	96.9 (G)
Gartnavel		97.2 (G)	95.1 (G)	98.8 (A)	96.2 (G)	89.2 (G)	98.9 (A)	99.4 (A)	96.1 (G)	94.1 (G)	98.4 (A)	98.5 (A)

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

Issues Affecting Performance

One boarder to an external Health Board occurred during the quarter. The number of days used boarded to an external health board total 6 days for the quarter. This remains very good performance.   Boarders into Glasgow for the quarter was one and the total bed days used totalled 41 days. Internal boarding for people admitted outwith the usual or primary hospital for their catchment community team totalled 33. This impacts on usual links between community teams and inpatient teams and on bed occupancy. Boarding usually occurs as an outcome of the primary ward and hospital for their community service catchment not having an empty bed to which a person can be admitted.

Occupancy for the quarter on average was 99%. This is partly impacted by the temporary reduction in two beds at non-Glasgow City sites which affects the rest of the wider system of service provision. Additionally, the average number of people with lengths of stay over 6 months was also high for the quarter (at 47 people) which also affects % occupancy. The high % occupancy as an indicative index of business means services can run for short periods of time, however the optimum "mechanical service" efficiency should ideally be lower.

Admissions for the quarter remained relatively high, in December admission fell although an increased length of stay is a factor. Adult acute admissions still remain generally too high across the three main Glasgow City admission sites. Overall service ability to admit those who require inpatient care has been maintained whilst under constant pressure. People whose condition and progress/response to treatment is more stable also still continue, where absolutely required, to be transferred to vacant space on other sites and to other types of mental health bed wards, as a last resort to facilitate a new admission. The previously anticipated practice continuing well into 2024 remains. Percentage occupancy for the way the system of care is working is anticipated to remain

at close to 99%. Community vacancy improvement is yet to deliver anticipated assistance in reducing pressure on inpatient admissions.

Actions to Improve Performance

The range of discharge work for people with prolonged lengths of stay impacting on % occupancy continues as a focus of work to reduce the number of people with stays over 6 months during the remainder of 23/24 and during 24/25. Integrated discharge capacity and adult mental health social care options still continue. This includes reducing the use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care. Reducing vacancies during 23/24 in community and inpatient services remains an operational challenge. The impact and maximising integrated discharge capacity and adult mental health social care options continue to be pursued so as to significantly contribute to reducing adult mental health delayed discharges.

Timescales for Improvement

The discharge work and team service will require to continue into 2024/2025.

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

Adults and Older People

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
North East		8	12	11	11	6	10	5	5	6	8	9
North West		8	17	10	9	10	10	4	4	3	7	3
South		7	10	14	9	12	13	10	12	14	15	13
City		0	3	2	1	0	0	0	0	0	0	0
Sub-Total (Included Codes)		23	42	37	30	28	33	19	21	23	30	25
North East		1	0	1	1	1	3	0	2	1	2	3
North West		3	3	1	0	0	2	2	1	3	2	4
South		1	2	1	1	1	4	4	4	4	4	2
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		5	5	3	2	2	9	6	7	8	8	9
All Delays	20	28 (R)	47 (R)	40 (R)	32 (R)	30 (R)	42 (R)	25 (R)	28 (R)	31 (R)	38 (R)	34 (R)

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

Adults

Locality	2021/22		2022/23				2023/24				
	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
North East	3	6	4	3	4	6	2	2	2	5	4
North West	3	8	4	5	6	8	3	2	1	3	2
South	4	6	6	3	4	8	5	3	4	8	7
City	0	3	1	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	10	23	15	11	14	22	10	7	7	16	13
North East	1	0	1	1	0	1	0	1	0	0	2
North West	2	2	1	0	0	1	1	0	0	0	3
South	1	1	0	0	0	0	0	0	0	0	0
City	0	0	0	0	0	0	0	0	0	0	0

Sub-Total (Complex Codes)	4	3	2	1	0	2	1	1	0	0	5
All Delays	14	26	17	12	14	24	11	8	7	16	18

Older People

Locality	2021/22		2022/23				2023/24				
	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
North East	5	6	7	8	2	4	3	3	4	3	5
North West	5	9	6	4	4	2	1	2	2	4	1
South	3	4	8	6	8	5	5	9	10	7	6
City	0	0	1	1	0	0	0	0	0	0	0
Sub-Total (Included Codes)	13	19	22	19	14	11	9	14	16	14	12
North East	0	0	0	0	1	2	0	1	1	2	1
North West	1	1	0	0	0	1	1	1	3	2	1
South	0	1	1	1	1	4	4	4	4	4	2
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	1	2	1	1	2	7	5	6	8	8	4
All Delays	14	21	23	20	16	18	14	20	24	22	16

Performance Trend
Performance remains RED during the reporting period and there has been an increase since September, following reductions over the previous 6 months. This has been as a result of a rise in Adult Delays, with Older people delays falling over this period.

This indicator has been revised and no longer includes data for Forensic Mental Health or Learning Disability. Previous indicators relating to Older People Mental Health have been removed from the framework to make this consistent with wider Health Board reporting. A target of 20 has been confirmed for this revised indicator. |
| **Issues Affecting Performance** |
| There continues to be a focus across the city to reduce the number of delays for OPMH and AMH. The recent rise in adult delays is related to some of the more complex patients who require a particular type of community placement. |
| **Actions to Improve Performance** |
| The review of the discharge teams is almost completed, and a report will be submitted to senior management with recommendations for approval. Regular meetings continue with commissioning and service managers to ensure that we progress as quickly as possible with patients who are deemed fit for discharge. |
| **Timescales for Improvement** |
| Performance improvement sought over the remainder of the financial year.

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ALCOHOL AND DRUGS

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

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

Performance Trend
This indicator is reported one quarter in arrears. Both the city and localities continued to exceed the 90% target at Quarter 2 (GREEN). Back to Summary

SEXUAL HEALTH SERVICES

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

Locality	Target	2021/22		2022/23				2023/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		877	1115	921	1019	1191	1202	1110	1189	1118
NE		284	323	249	362	326	294	210	182	190
NW		593	792	582	651	706	758	750	817	786
S		0	0	90	96	159	150	150	190	142
NHSGGC	1354 per Quarter	1169 (R)	1465 (R)	1164 (R)	1427 (G)	1527 (G)	1509 (G)	1393 (G)	1471 (G)	1304 (A)
DNA rate (%)		6	4	6	9.9	9.61	8.21	11.25	11.09	8.69

Performance Trend
Performance dipped slightly in Q3 and moved from GREEN to AMBER. Please note that the DNA rate does not include TOP. Please also note that the quarterly targets were adjusted from 1888 to 1354 for 2022/23.

Issues Affecting Performance
Almost all routine appointments are cancelled during periods of heavy staff leave i.e., the October school week and this period also covers the Christmas and New Year holiday period. NB. Implants are less affected by this now due to an increased number of trained band 5 nurses carrying these out.

Actions to Improve Performance
Routine appointments will run as normal in Quarter 4 (Jan-March).

Timescales for Improvement
Improvement should be seen during Quarter 4.

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

Locality	Target	2021/22		2022/23				2023/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		**745**	**1003**	**1128**	**1629**	**1611**	**1169**	**1069**	**1168**	**1011**
NE		311	414	383	413	279	323	253	200	209
NW		434	589	625	1044	1167	667	552	650	546
S		0	0	120	172	165	179	264	318	256
NHSGGC	1166 per quarter	**1217 (R)**	**1626 (R)**	**1587 (G)**	**2035 (G)**	**2210 (G)**	**1776 (G)**	**1859 (G)**	**2090 (G)**	**2004 (G)**
DNA rate		**11%**	**11%**	**10%**	**13%**	**18.75%**	**15.54%**	**19.47%**	**18.92%**	**19.5%**

Performance Trend
Performance continuing to meet the target and is GREEN. Please note that the DNA rate does not include TOP. Please also note that the quarterly targets were adjusted from 2431 to 1166 for 2022/23.   Back to Summary

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

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

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

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

Male

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

Female

Area	Age	Target	2021/22		2022/23				2023/24		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	13-15	75	51 (R)	46 (R)	44 (R)	53 (R)	70 (R)	59 (R)	71 (R)	78 (G)	62 (R)
NHSGGC		143	109 (R)	107 (R)	104 (R)	113 (R)	127 (R)	122 (R)	143 (G)	128 (R)	119 (R)
City	16-17	195	143 (R)	146 (R)	127 (R)	178 (R)	165 (R)	147 (R)	150 (R)	173 (R)	151 (R)
NHSGGC		358	266 (R)	278 (R)	241 (R)	324 (R)	320 (R)	296 (R)	297 (R)	324 (R)	307 (R)

Performance Trend
Performance varies between age groups and over time.
During Q3, targets were met and GREEN for younger age males (13-15) (City and NHSGGC). All other categories were RED (City and NHSGGC).

Issues Affecting Performance
Decreasing numbers of young people attending sexual health services is not just an issue local to GGC. Nationally, the numbers of young people attending sexual health services are declining and have been for some years. Local Health and Wellbeing surveys tend to suggest that young people are not as sexually active and/or are delaying sex until they are older.
Walk in clinics have been trialled in both Parkhead and Paisley, and impact of attendance is being monitored. To date this has not shown any significant improvement.
Digital promotion campaign to raise awareness has concluded. Despite over 10,000 click-throughs to the YP website at Sandyford, there has been no increase in the number of YP people attending clinics.

Actions to Improve Performance

Improved promotion of sexual health issues and clinics through social media and schools. This includes cultivating relationships with organisations that young people are more likely to follow on social media in order to promote services through them.

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

These and other developments will be considered as the service finalises its Service Plan for 2024-2026.

Timescales for Improvement

Throughout 2024.

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

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

Performance Trend
Performance moved from RED to GREEN between Q2 and Q3. Back to Summary

HOMELESSNESS

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

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

Performance was maintained during Q3 with all localities and teams remaining above target (GREEN). A total of 1,649 decisions were made during Q3; 21 (1%) were outwith timescale.

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

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

Performance Trend

During Q3 all Teams and localities remained outwith the target range (<40%) and RED.

The volume of new Homeless Applications received during Q3 (2,038) was just under 6% greater than Q2 (1,924). See table below for trend information.

Additional Information: Volume of Homeless Applications

20/21		21/22				22/23				23/24		
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
1,582	1,922	1,979	1,781	1,641	1,609	1,485	1,615	1,635	2,006	1,546	1,924	2,038

Issues Affecting Performance

All Homelessness Services have witnessed reductions in the percentage of cases over 6 months with significant reductions noted in the ARST.

This indicator is affected by both the supply of housing as well as new demand which reduces the percentage of cases over 6 months. As evidenced in the additional information above, the number of homelessness applications in Q3 is higher than at any point within the past 3 years (with significant demand on the ARST) which has increased the percentage of cases under six months thus reducing the percentage of cases over 6 months.

Data collected from Registered Social Landlords (RSLs) in the city evidences a reduction in turnover of social housing across the sector. Whilst the HSCP continues to enjoy positive relationships with RSLs and is achieving a higher percentage of lets from RSLs (47%), this is a

higher percentage of a lower number of available properties and is not keeping pace with the increase in demand for accommodation. The service is still projecting an increase in the number of settled lets provided to homeless households.

Actions to Improve Performance

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

Work is also on-going to ensure that the number of section 5 referrals being sent to RSL partners is optimised to increase the number of lets available to homeless households. Q3 figures show that there has been a circa.11.6% increase in the number of lets provided to homeless households and new monitoring and tracking frameworks are now in place in order to improve the monitoring of RSL and Homelessness Service performance across the city.

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

Timescales for Improvement

It is likely that this indicator will reduce further due to the increased demand which is anticipated to remain high throughout Q4 in 2023/24 and into Q1 in 2024/25.

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

Target		Total 19/20	Total 20/21	Total 21/22	22/23				Total 22/23	23/24		
21/22	From 22/23				Q1	Q2	Q3	Q4		Q1	Q2	Q3
5,000 per annum (1,250 per quarter)	3,750 per annum (938 per quarter)	3,774 (R)	3,961 (R)	4,675 (R)	897 (A)	1,039 (G)	1,043 (G)	1,037 (G)	4,016 (G)	1,007 (G)	1,027 (G)	1,212 (G)

Performance Trend
The quarterly target for the number of resettlement plans continued to be exceeded during Quarter 3 (GREEN). Back to Summary

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

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

Performance Trend
Performance did not meet target (RED) during Q3; there was no change in the average number of weeks in comparison with Q2.   The average continues to be high as a result of the number of older cases being rehoused during quarter 3; 41 applications were over 2 years and 10 of these were over 4 years.

Issues Affecting Performance
Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process.   When older cases, particularly those over 2 years and larger family households, are closed, this has a significant impact upon the average number of weeks from a homelessness decision to settled accommodation being provided. As noted within the 'performance trend' narrative, a high number of cases over 2 years were closed during this quarter and 10 cases over 4 years were also closed. This will have a significant impact upon an average case duration.   As noted in **Indicator 2**, it is important to highlight that the turnover of housing within the social housing sector has reduced this year meaning that the HSCP has access to fewer properties for homeless households.

Actions to Improve Performance

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

The HSCP continues to engage with RSL partners to request a continued increase in the number of lets to homelessness households to speed up the resettlement process and relieve pressure on temporary accommodation.

At this time, Homelessness Services are securing around 47% of social housing lets for homeless households and are working with RSLs in the city to increase this further.

Timescales for Improvement

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

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

However, as the number of longer-term cases reduce, this will have a positive impact on this indicator. It is expected that performance will improve in Q2 of 2024/25.

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

Target	Full Year Total 20/21	Full Year Total 21/22	22/23				Full Year Total 22/23	23/24			
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Year to Date
<480 per annum (<120 per Quarter)	420 (G)	526 (R)	96 (G)	107 (G)	93 (G)	110 (G)	406 (G)	75 (G)	65 (G)	97 (G)	237 (G)

Performance Trend

During Q3 the number of Repeats remained below the upper threshold (120) and GREEN for the 8th consecutive quarter.

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 97 households reassessed during Q3 shows:

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

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

Target	21/22				22/23				23/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	70% (R)	60% (R)	

Performance Trend

Performance in relation to emergency accommodation fell further during Q3 (RED).

From July 2023 there is a requirement to reduce our use of B&B and this this is having an impact on the number of accommodation units available resulting in some Households not being offered accommodation.

Issues Affecting Performance

Given the increased demand, which is currently affecting Homelessness Services, particularly stemming from positive leave to remain decisions for asylum seekers, the service has not been in a position to offer emergency accommodation to all households on their first request.

Despite the fact that accommodation is not always provided at first request, the HSCP has had to significantly increase its use of B&B accommodation from 697 units at the end of Q2 to 1,112 units at the end of Q3.

Actions to Improve Performance

There remains significant capacity and financial pressure on the HSCP's Homelessness Services, and it is likely both these pressures will continue into Q1 of 2024/25.

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

As noted above, work is also underway to increase the number of lets for homeless households to ensure that the end-to-end journey is as short as possible thus increasing the turnover and availability of temporary accommodation.

Timescales for Improvement
Given the current demands on Homelessness Services at this time, and the anticipated increase in demand as a result of the streamlined asylum process, it is likely that the HSCP will be unable to offer temporary accommodation on first request for all households. It is likely that this will continue into Q1 in 2024/25. Back to Summary

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

Target		20/21		21/22				22/23				23/24		
		Q1	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
23/24 year-end 350	Number created during quarter	0	32	22	17	12	10	9	13	9	3	3	3	1
22/23 year-end 280	Cumu-lative Total	119 (Base-line)	195 (R)	217 (R)	234 (A)	246 (A)	256 (R)	265 (R)	278 (G)	287 (G)	290 (G)	293 (G)	296 (R)	297 (R)

Performance Trend

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

Performance was outwith the target of 332 Housing First tenancies by the end of Q3 (RED).

Issues Affecting Performance

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

Revised arrangements with key stakeholders are currently being finalised for the Housing First service moving forward.

Actions to Improve Performance

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

Senior managers within the Housing First service will be attending the 10 Local Letting Community forums to improve joint working arrangements with RSL partners and increase the number of settled lets secured for homeless households aligned to a Housing First pathway.

Timescales for Improvement

It is anticipated that we will see an increase in the number of settled lets secured for Housing First households from Q4 of 2023/24 onwards.

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

Target	21/22				22/23				23/24		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
23/24 Year End 350 or less Quarterly targets: **Q2** 610 **Q3** 480 **Q4** 350 *(22/23 395 or less 21/22 350 or less)*	286 (G)	389 (R)	369 (R)	414 (R)	461 (R)	504 (R)	538 (R)	623 (R)	725 (R)	697 (R)	1,112 (R)

Performance Trend

During Q3 this indicator remained RED against the 23/24 Q3 target of 480 units or less. Between Q2 and Q3 there was a significant increase of 59% (415) in the number of homeless households accommodated within B&B type accommodation.

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

21/22			22/23				23/24		
Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
21 days	25 days	25 days	30 days	32 days	34 days	26 days	24 days	30 days	40 days

Issues Affecting Performance

The service has seen continued demand for emergency accommodation through Q3 and a significant increase in the number of homelessness applications. Whilst the number of settled lets provided to homeless households remains below the requested level (60% of social housing lets from RSLs), there will inevitably be increases in the lengths of stay within temporary accommodation, including Bed and Breakfast. However, positively there has been an 11.6% increase in the number of settled lets secured for homeless households compared the same period in 2022/23.

Actions to Improve Performance

The HSCP continues to have a clear focus on homelessness prevention activities in order to reduce the demand for temporary and settled accommodation. However, it is worth noting that, given that much of this increased pressure stems from households granted leave to remain, the number of prevention options available are limited due to the fact that these households are often given less than 28 days' notice within their Home Office accommodation or are presenting from cities outwith Glasgow and are in need of immediate accommodation.

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

Timescales for Improvement

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

It is anticipated that this level of demand will continue at least through Q4 of 2023/24 and potentially into Q1 of 2024/25.

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

Target	21/22				22/23				23/24		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Target 22/23 & 23/24 is 2,400 or less	2,368 (R)	2,359 (R)	2,348 (R)	2,350 (R)	2,338 (G)	2,348 (G)	2,365 (G)	2,413 (G)	2,415 (G)	2,413 (G)	2,407 (G)

Performance Trend

There was a further small decrease in the number of temporary furnished flats (TFFs) between Q2 and Q3; performance remains within the target range of 2,400 or less (GREEN).

In order to reduce the number of households in B&B, the HSCP is looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to 2,400 or less (from 1,850 in 2021/22) and has been kept at this number for the current year (23/24).

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CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator remains relevant to reflect the need for speed in response.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

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

Performance Trend

During Q3 performance continued to exceed target (GREEN) at city level and in all localities.

A total of 533 CPOs (North East, North West and South) were made during Q3; a slight increase in comparison to Q2 (524). In addition, 21 CPOs were made by the Caledonian Team during the reporting period.

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Indicator	2. Percentage of Orders with a Case Management Plan within 20 days: **i) Community Payback Orders** (CPOs) (By locality and for the Caledonian Domestic Abuse Programme) **ii) Drug Treatment and Testing Orders** (DTTO) (Drug Court) **iii) Throughcare Licences** (Clyde Quay, Sex Offender Criminal Justice Services)
Purpose	To monitor the extent to which CPOs, DTTOs and Throughcare Licenses have a case management plan within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	21/22		22/23				23/24		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City (All)		83 (G)	93 (G)	87 (G)	98 (G)	85 (G)	97 (G)	99 (G)	91 (G)	90 (G)
North East (CPOs)		72 (R)	91 (G)	83 (G)	100 (G)	77 (R)	93 (G)	100 (G)	86 (G)	87 (G)
North West (CPOs)		86 (G)	92 (G)	90 (G)	97 (G)	94 (G)	100 (G)	100 (G)	94 (G)	94 (G)
South (CPOs)	85%	89 (G)	93 (G)	88 (G)	99 (G)	80 (R)	99 (G)	97 (G)	91 (G)	88 (G)
Caledonian Team (CPOs)		n/a		85 (G)	93 (G)	86 (G)	97 (G)	100 (G)	94 (G)	96 (G)
Drug Court Team (DTTOs)		n/a		100 (G)	100 (G)	80 (R)	100 (G)	100 (G)	93 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		n/a		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	80 (R)

Performance Trend

During Q3 performance in the 3 localities, and the Caledonian and Drug Court teams continued to exceed target (GREEN). Performance for Clyde Quay fell below the target range with the RAG rating moving from GREEN to RED during the reporting period.

Indicator extended in 22/23 to include the Caledonian Team, Clyde Quay and Drug Court Team so no historical figures are provided prior to this date.

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

Locality/ Team	Target	21/22		22/23				23/24		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City (All)	75%	86 (G)	86 (G)	90 (G)	87 (G)	81 (G)	83 (G)	85 (G)	81 (G)	78 (G)
North East (CPOs)		81 (G)	84 (G)	88 (G)	86 (G)	86 (G)	84 (G)	88 (G)	83 (G)	76 (G)
North West (CPOs)		91 (G)	89 (G)	97 (G)	95 (G)	89 (G)	84 (G)	93 (G)	88 (G)	85 (G)
South (CPOs)		86 (G)	85 (G)	91 (G)	83 (G)	71 (R)	82 (G)	83 (G)	77 (G)	74 (G)
Caledonian Team (CPOs)		n/a		78 (G)	78 (G)	81 (G)	84 (G)	65 (R)	77 (G)	82 (G)
Drug Court Team (DTTOs)		n/a		100 (G)	89 (G)	100 (G)	100 (G)	71 (R)	71 (R)	88 (G)
Clyde Quay (Throughcare Licenses)		n/a		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend

During Q3 the target for reviews was exceeded at city level and in all localities and teams (GREEN). Performance in the Drug Court Team increased significantly during the reporting period with the RAG rating moving from RED to GREEN.

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

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

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

Performance Trend

Performance was maintained during Q3 with all localities continuing to exceed target (GREEN).

Excluding breaches gives the following figures: NE 86%, NW 87% and South 89% (City 89%).

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

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

Performance Trend
During Q3 performance was maintained in the city and North West which remained GREEN. Performance in North East and South fell slightly with the RAG rating moving from GREEN to AMBER during the reporting period.

Performance improved significantly in the Caledonian Team which moved from RED to GREEN and the Drug Court which although remaining RED increased by 22 percentage points during the reporting period.

The drug court continues to face a number of challenges in getting service users to attend for court report interviews due to the nature of their chaotic drug use.

Letters are often sent to court by the Caledonian team requesting an extension in time to carry out an assessment due the complex nature of domestic abuse and the need to engage the victim in the process. This shows as the report not being submitted despite work being underway to complete a full report.

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

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Indicator	6. Throughcare Order Licences: Percentage of post release interviews held within one day of release from prison
Purpose	It is important that post release interviews are held as soon as possible after release from prison. This indicator monitors the proportion of interviews held within one day of release. The data shown below excludes Extended Sentence Licenses.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Head of Adult Services (Justice Services)

Locality /Team	Target	21/22		22/23				23/24		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	21/22 90% From 22/23 80%	96 (G)	90 (G)	88 (G)	98 (G)	98 (G)	98 (G)	100 (G)	97 (G)	98 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
North West		90 (G)	88 (G)	75 (R)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
South		100 (G)	82 (R)	88 (G)	91 (G)	93 (G)	100 (G)	100 (G)	86 (G)	83 (G)
Clyde Quay		n/a		100 (G)	100 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)

Performance Trend
All teams and localities continued to exceed target (GREEN) during Quarter 3. Target revised from 90% to 80% from 22/23 and indicator extended to include Clyde Quay from Quarter 1 22/23, so no historical data for it prior to this date. Back to Summary

HEALTH IMPROVEMENT

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

Locality	Annual Target	Quarterly Target	21/22 Total	22/23 Total	2023/24 Q1	Q2	Q3	Q4	Year to Date
City	5066	1266	7749 (G)	8966 (G)	3017 (G)	2669 (G)	2354 (G)		8040 (G)

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

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

Locality	20/21 Total	21/22 Total	22/23 Total	Annual Target	23/24 Target Year to Date	2023/24 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1280 (G)	1260 (G)	1050 (R)	1217	612	231 (R)	511 (R)		
NE	459 (A)	452 (R)	358 (R)	478	240	82 (R)	183 (R)		
NW	442 (G)	411 (G)	303 (R)	385	194	76 (R)	159 (R)		
S	379 (G)	456 (G)	389 (G)	352	178	73 (R)	169 (A)		

Performance Trend
This indicator is reported in arrears. Performance is below target and RED city wide and in the North East and North West. South has moved from RED to AMBER in Q2.

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

Actions to Improve Performance
Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. Face-to-face community clinics now operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, a face-to-face clinic has been set up in a local Pharmacy to test out if this alternative venue helps to improve links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription. The

teams have started to pilot the use of a Smoke Free App to provide a digital support option for clients which is engaging and accessible. Initial uptake by clients across the City is positive.

Timescales for Improvement

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

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Q3	11% 22/23 10% 23/24	9.3% (G)	9.5% (G)	7.9% (G)	9.9% (G)	8.3% (G)	8.4% (G)	9.5% (G)	6.1% (G)	7.2% (G)
North East		12.0	12.1	10.5	11.7	9.4	10.6	12.2	6.1	7.9
North West		8.5	8.3	6.4	9.7	7.3	6.4	8.8	6.6	5.8
South		8	8.6	6.8	8.8	8.4	8.2	8.1	5.7	7.9

Performance Trend
Performance at city level declined between Q2 and Q3 but remained GREEN. Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030. This has been further reduced to 10% for 2023/24. Back to Summary

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	15.5% 22/23 14% 23/24	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)	13.8% (G)	13.9% (G)	14% (G)	15.6% (R)	11.4 (G)
North East		16.8	16.7	15.8	14.5	13.6	14.9	14.6	17.4	11.2
North West		14.5	15.3	8.2	17.4	14.6	11.2	12.3	13.8	8.1
South		12.1	15.5	11.3	16.5	13.2	15.2	14.9	15.2	14.6

Performance Trend

Performance at city level improved between Q2 and Q3 and moved from RED to GREEN.

Target for 2022/23 reduced by 1.5% from 17% (2021/22) in line with aim to reduce the gap with general population. This has been further reduced to 14% for 2023/24.

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

Locality	Target	21/22			22/23				23/24	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	**33% (end 22/23)**	**28.3 (R)**	**28.3 (R)**	**28 (R)**	**29.4 (R)**	**28.0 (R)**	**28.7 (R)**	**31.1 (R)**	**30.3 (R)**	**32.2 (G)**
North East		17.9	17.2	22	24.3	20.3	21.0	23.3	22.6	23.8
North West		33.5	33.8	30.9	33.9	32.6	34.9	36	34.4	37.7
South		31.9	32.2	30.4	29.9	31.2	30.3	34	33.4	34.9

Performance Trend
Performance moved from RED to GREEN at a city level, with performance improving across all localities.
Data is reported in arrears.
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OFFICIAL

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

Locality	Target	21/22			22/23				23/24	
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**
City	**24.4% (end 22/23)**	**20.9 (R)**	**20.1 (R)**	**20.6 (R)**	**23.3 (A)**	**20.8 (R)**	**18.8 (R)**	**25.0 (G)**	**21.6 (R)**	**24.1 (G)**
North East		17.2	17.1	21.2	25.7	16.8	17.2	21.8	20.8	20.5
North West		19.5	20.9	23.3	21.5	25.5	18.9	26.3	20.5	27.3
South		25.6	22.9	17.7	22.3	22.6	20.4	28.0	23.7	26.1

Performance Trend
Performance at city level moved from RED to GREEN between quarter 1 and 2. Data is reported in arrears. Back to Summary

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

AREA	17/18 Drop Off Rates	23/24 Target	21/22			22/23				23/24	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
HSCP	**32.3%**	**29.5%**	**24 (G)**	**23.5 (G)**	**29.0 (G)**	**23.5 (G)**	**24.4 (G)**	**24.7 (G)**	**22.4 (G)**	**23.8 (G)**	**19.3 (G)**
NE	39.9%	36.5%	30.8	30.7	37.7	28.0	29.2	28.5	26.9	27.0	22.3
NW	27.2%	24.9%	20.1	21.2	20.1	19.2	20.1	22.3	17.7	22.2	18.4
S	31.3%	28.6%	23.2	21.4	29.9	24.0	24.3	23.8	22.6	22.8	18.1

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 remains below the trajectory target for 2023/24 and GREEN. Back to Summary

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate (%)
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
Grand Total		6.83 (R)	6.39 (R)	6.38 (R)	7.61 (R)	8.09 (R)	7.03 (R)	6.82 (R)	6.80 (R)	6.70 (R)	7.77 (R)	7.17 (R)
Adult Services		7.23 (R)	6.60 (R)	6.58 (R)	8.24 (R)	8.76 (R)	7.06 (R)	7.06 (R)	7.12 (R)	6.55 (R)	7.83 (R)	7.52 (R)
Children's Services		5.77 (R)	5.82 (R)	5.98 (R)	7.17 (R)	7.26 (R)	7.79 (R)	7.99 (R)	6.92 (R)	6.81 (R)	8.96 (R)	7.75 (R)
Health Improvement	4%	2.91 (G)	4.24 (R)	5.48 (R)	4.10 (R)	5.51 (R)	7.11 (R)	2.69 (G)	4.67 (R)	4.15 (R)	6.31 (R)	5.24 (R)
Older People		8.54 (R)	7.37 (R)	7.56 (R)	8.10 (R)	6.57 (R)	7.27 (R)	6.56 (R)	6.82 (R)	7.23 (R)	7.79 (R)	6.67 (R)
Resources		3.60 (G)	5.41 (R)	4.90 (R)	5.97 (R)	6.60 (R)	3.18 (G)	4.18 (R)	3.80 (G)	4.60 (R)	4.31 (R)	3.54 (G)
Public Protection and Complex Care		4.48 (R)	5.04 (R)	- (R)	6.25 (R)	7.44 (R)	6.38 (R)	8.64 (R)	8.97 (R)	10.67 (R)	9.64 (R)	10.32 (R)

Performance Trend
Variations across areas and over time but performance overall remains above target for the HSCP. The average level for this quarter is 7.21% which is an increase from the previous 2 quarters of 2023. However, this is a lower level than the same quarter last year. The level of absence at the end of the quarter was a slight decrease, altering the trend.

Issues Affecting Performance
This quarter shows an increase in sickness absence levels across most areas of the HSCP. There was a slight decrease in absence in December and this trend is replicated over the largest service areas. Public Protection has increased significantly throughout the year and also in comparison to the same quarter in previous years. Long term absence which remains at a higher level than short term absence, however this is still in keeping with established trend. In December 2023 Long Term absence accounted for 4.3% and short-term absence was 2.3%.

Absences recorded as 'Psychological' (which includes all stress related absence) remains the most used absence reason. In December this accounted for 31% of sickness absence, in line with the 12 month average of 30%.

'Viral' absence accounted for 11% up 1% from previous month and 'Other' accounted for 11% of total absence.

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

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

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

5. The HR Support and Advice Unit will deliver further Attendance Management awareness sessions this year with the first sessions to be delivered in March 2024.

Timescales for Improvement

Ongoing - subject to agreed review periods.

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

Area	Target	2022/23			2023/24			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4
Social Work		**11.10 (R)**	**10.60 (R)**	**10.30 (R)**	**10.30 (R)**	**10.38 (R)**	**11.2 (R)**	
Resources		7.0	6.6	5.8	6	6.50	6.9	
Adult		11.30	9	7.9	10.3	10.00	9.9	
Public Protection	**5%**	8.10	5.8	5.9	7.8	7.30	7.7	
Children		9.30	7.7	7.9	9.1	9.80	10.4	
Older People		8.50	6.9	7	6.3	5.70	6.1	
Care Services		13.95	14.2	14.4	13.3	13.35	14.5	

Performance Trend

Absence Performance data has been converted to show percentage absence figures instead of average days lost, to be consistent with quarterly IJB reporting. Quarter 3 reports an increase of 0.6% compared to the same quarter the previous year.

All Care Groups are reporting absence above the 5% target. Care Services which is our largest Care Group making up 49% of the workforce, is reporting the highest absence figure of 14.5%. However, in comparison to Q3 last year, there has been an increase of 0.3%.

Issues Affecting Performance

There are a range of complex factors that are impacting on absence performance. Post Covid pandemic has been significant for all Care Groups and the requirement for managers to prioritise staff absence, in particularly demanding services, continues to be challenging.

Actions to Improve Performance

A short term Absence Strategy has been created, with specific HR focus of support for Children's Residential, Older People Residential and Home Care Services. Psychological absences in particular stress absences is being reviewed and a range of interventions and preventative measures being explored, to support employees back to work earlier and sustain good attendance.

The strategy will involve promoting more widely and regularly wellbeing supports to staff, ensuring information and events are easily accessible, reviewing the support service provided across the Partnership, challenging existing practices and looking at new robust actions, processes and approaches to be taken, to try and achieve a reduction in absence.

Timescales for Improvement

Initially focussed on the next 6 months.

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

Area	Target	21/22	2022/23				2023/24				
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
Glasgow		**29.9 (R)**	**32.0 (R)**	**31 (R)**	**29.6 (R)**	**35.1 (R)**	**35.4 (R)**	**35.0 (R)**	**35.4 (R)**	**36.5 (R)**	**36.6 (R)**
Adult			24.3 (R)	24 (R)	23.4 (R)	26.7 (R)	29.9 (R)	29.4 (R)	29.8 (R)	31.3 (R)	31.1 (R)
Children's Services			48.4 (R)	46 (R)	46 (R)	50.2 (R)	57.6 (R)	53.2 (R)	52.9 (R)	51.3 (R)	52.4 (R)
Health Improvement	**80%**		52.1 (R)	49 (R)	38.7 (R)	38.1 (R)	43.2 (R)	45.1 (R)	48.3 (R)	55.9 (R)	58.7 (R)
Older People			31.3 (R)	27 (R)	25 (R)	28.4 (R)	32.8 (R)	34.2 (R)	35.3 (R)	36.8 (R)	37.3 (R)
Public Protection & Complex Care			20.9 (R)	19 (R)	23.9 (R)	24.4 (R)	21.2 (R)	28.3 (R)	26.7 (R)	27.1 (R)	27.2 (R)
Resources			33.1 (R)	32 (R)	38.6 (R)	50.6 (R)	50.5 (R)	42.9 (R)	41.8 (R)	41.5 (R)	33.9 (R)

Performance Trend

Performance reported by service area from June 2022 rather than locality which has been previously used, so no historical data available apart from at city level.

Performance has improved in the last quarter. There are wide variations across services however all services require significant improvement to move towards target performance.

Issues Affecting Performance

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

Actions to Improve Performance

- An annual trajectory (updated monthly) has been created for the HSCP.
- Guidance issued to managers on ensuring staff are aligned correctly to reviewers on TURAS system.
- Monthly communications are issued to line managers advising of KSF review status for all employees.
- Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation.
- Regular training provided by L&E colleagues communicated to all staff.

Timescales for Improvement

Improvements sought in future quarters.

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

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
Glasgow	100%	44% (R)	60% (R)	56% (R)	42% (R)	29% (R)	62% (R)	52% (R)	36% (R)	50% (R)	32% (R)	30% (R)

Performance Trend
Performance fluctuates but has declined between September and December remaining 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. Managers receive notification of the induction due date and 2 further reminders.

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

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

Locality	Target	2021/22		2022/23				2023/24				
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Oct 23	Nov 23	Dec 23
Glasgow	100%	59% (R)	52% (R)	83% (R)	68% (R)	60% (R)	58% (R)	44% (R)	33% (R)	80% (R)	38% (R)	64% (R)

Performance Trend

A significant improvement in compliance was reported between September and December though remains RED. Performance is in line with December 22 though it is noted that performance throughout the year has been lower than at the same periods last year.

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

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BUSINESS PROCESSES

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

Locality	Target	2020/21				2022/23			2023/24	
		Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/3* % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.
City		92.2% (G) 256	95.1% (G) 162	89.1% (G) 174	88.6% (G) 318	80% (G) 230	82.8% (G) 314	93.4% (G) 336	92.6% (G) 340	84.6% (G) 260
North East		91.7 (G) 24	82.6 (G) 23	72.2 (G) 18	85 (G) 40	92.8 (G) 14	88.5 (G) 26	83.3 (G) 18	77.7 (G) 36	100 (G) 7
North West	70%	76.2 (G) 42	85.7 (G) 21	76.2 (G) 42	92.3 (G) 78	71.2 (G) 80	80.8 (G) 78	89 (G) 100	89.5 (G) 48	83% (G) 53
South		85.7 (G) 14	100 (G) 12	85.7 (G) 14	100 (G) 44	78.9 (G) 38	100 (G) 2	N/A 0	N/A 0	N/A 0
Prisons		96.6 (G) 176	99 (G) 106	98 (G) 100	84.6 (G) 156	85.7 (G) 98	82.7 (G) 208	97.2 (G) 218	95.3 (G) 256	84.5 (G) 200

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

Performance Trend
HSCP at a city level remained GREEN though declined slightly. Variations across localities and over time. The majority of complaints relate to prisons, so these largely determine overall HSCP performance. Back to Summary

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

Locality	Target	2020/21			2022/23			2023/24		
		Q2 % *of* no.	Q3 % *of* no.	Q4 % *of* no.	Q1 % *of* no.	Q2/3* % *of* no.	Q4 % *of* no.	Q1 % *of* no.	Q2 % *of* no.	Q3 % *of* no.
City		78% (G) 145	43.2% (R) 155	58% (R) 151	49% (R) 147	69% (G) 124	80.5% (G) 77	65.3% (R) 95	76% (G) 92	80% (G) 140
North East		100 (G) 2	100 (G) 1	80 (G) 5	0 (R) 3	100 (G) 3	80 (G) 5	100 (G) 4	100 (G) 4	100 (G) 1
North West	70%	52 (R) 23	40 (R) 25	67 (A) 24	69 (G) 32	58 (R) 26	84.2 (G) 19	66.7 (A) 12	66.6 (A) 27	75 (G) 24
South		61 (R) 18	80 (G) 10	64 (R) 11	56 (R) 18	71 (G) 17	100 (G) 3	N/A 0	N/A 0	N/A 0
Prisons		86.3 (G) 102	37.8 (R) 119	54.1 (R) 111	42.5 (R) 94	70.5 (G) 78	68 (G) 50	63.3 (R) 79	78.7 (G) 61	80.9 (G) 115

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

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

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

Locality	Target	21/22				22/23				23/24
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
City		74% (G) 134	74% (G) 121	71% (G) 106	67% (A) 84	68% (A) 102	62% (R) 117	62% (R) 133	67% (A) 134	73% (G) 191
North East		83% (G) 18	71% (G) 17	60% (R) 10	73% (G) 11	43% (R) 7	81% (G) 16	75% (G) 8	71% (G) 14	62% (R) 13
North West		79% (G) 14	64% (R) 11	57% (R) 7	80% (G) 10	67% (A) 6	45% (R) 11	27% (R) 15	87% (G) 15	64% (R) 11
South	70%	58% (R) 24	45% (R) 22	55% (R) 11	63% (R) 8	29% (R) 7	26% (R) 23	29% (R) 21	14% (R) 14	35% (R) 17
Home-lessness		62% (R) 13	100% (G) 10	38% (R) 13	60% (R) 10	61% (R) 18	75% (G) 8	45% (R) 11	57% (R) 14	60% (R) 25
Home Care		77% (G) 61	51% (R) 55	87% (G) 60	64% (R) 44	76% (G) 58	75% (G) 53	82% (G) 67	77% (G) 62	88% (G) 96
Centre		100% (G) 4	100% (G) 6	75% (G) 5	100% (G) 1	56% (R) 6	67% (A) 6	64% (R) 11	60% (R) 15	66% (R) 29

Performance Trend

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

During Q2 performance at city level improved with the RAG rating moving from AMBER to GREEN. There was a significant improvement in performance in the Home Care Team which continued to exceed target (GREEN). Performance in both North East and North West decreased, dropping below target and moving from GREEN to RED. Performance continued to remain below target in the Centre and Homelessness Teams, and in South (RED).

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

	20/21		21/22				22/23				23/24	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Target	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.
70%	84% (G) 68	89% (G) 70	87% (G) 52	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90

Performance Trend

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

Performance in relation to stage 2 complaints decreased during Q2 remaining below target and RED.

Issues Affecting Performance

The ongoing high demand in relation to Subject Access Requests (SAR) (see **Indicator 6**) necessitates prioritisation of SAR workload, reducing capacity for complaints handling. In addition, the team remained one member of staff short during Q2, as one Senior Officer had been promoted to the Principal Officer post, leaving a vacant Senior Officer post. An increase of approximately 50% in volumes of incoming Stage 2 complaints has also impacted on performance.

Actions to Improve Performance

Recruitment of replacement member of staff took place during Q2; however training is required. Also remains necessary to prioritise SAR work on an ongoing basis, so it is not possible to devote additional resource to addressing this matter at this time.

Timescales for Improvement

Improvement not expected until replacement member of staff is sufficiently trained in complaints handling, however, will continue to be impacted by requirements around SAR processing.

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

Target	20/21		21/22				22/23				23/24	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
100%	100% (G) 75	98% (G) 90	98% (G) 83	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130

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

Performance in relation to FOIs improved further during Q2 with the RAG rating moving from RED to GREEN during the reporting period.

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

	20/21	21/22				22/23				23/24	
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.	% of no.
100%	21% (R) 109	41% (R) 144	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243

Performance Trend
This indicator is reported **one quarter in arrears**. Performance in relation to Subject Access Requests fell slightly during Q2 (RED).

Issues Affecting Performance
As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. Demand has increased again in Q2 and remains at a level far beyond the capacity of the team to address. There is a rolling backlog resulting from initial Covid-related issues arising in 2020 and massive increase in demand resulting from the Redress Scotland scheme and Scottish Government advice to applicants to submit SARs to Local Authorities to support their applications. Cases are being cleared from it, but not at a higher rate than incoming demand. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of *new* cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog. Despite these figures, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high.
Actions to Improve Performance

The team will continue to focus on clearing the backlog, the existence of which creates the most pressing issue both in terms of poor customer service and financial and reputational risk for the Council. Team will continue to look for opportunities to improve processes and will look to devote maximum resource to SAR processing.

Timescales for Improvement

It is not anticipated these issues will be fully resolved until 25/26 at the earliest, as demand continues to outstrip the capacity of the team to address it.

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
		% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.	% _of_ no.
City		81% (G) 279	83% (G) 408	79% (G) 435	80% (G) 452	72% (R) 425	73% (R) 421	80% (G) 478	79% (G) 518	74% (R) 455
North East		92% (G) 48	86% (G) 78	93% (G) 91	93% (G) 116	89% (G) 92	89% (G) 81	97% (G) 87	97% (G) 98	92% (G) 103
North West	80%	78% (A) 63	87% (G) 100	95% (G) 83	85% (G) 72	86% (G) 121	90% (G) 94	94% (G) 71	89% (G) 111	67% (R) 89
South		82% (G) 90	75% (R) 100	68% (R) 102	76% (R) 88	60% (R) 108	59% (R) 85	67% (R) 87	60% (R) 110	65% (R) 77
Centre		77% (A) 66	79% (G) 106	65% (R) 136	68% (R) 160	48% (R) 97	61% (R) 157	73% (R) 220	73% (R) 187	66% (R) 167
Care Services (prev. Cordia)		75% (R) 12	100% (G) 24	91% (G) 23	100% (G) 16	100% (G) 7	100% (G) 4	92% (G) 13	83% (G) 12	100% (G) 19

Performance Trend

During Q3 performance declined at city level and in North West with the RAG rating moving from GREEN to RED during the reporting period. Care Services and North East continued to exceed target (GREEN). Performance remained below target (RED) in South and Centre.

The number of enquiries received (455) decreased by 12% in comparison to Q2 (518); however, the level of demand has continued to remain high since Q4 21/22.

Issues Affecting Performance

Assumed that high level of demand coupled with short timescale for response has led to challenges for staff to respond in time. Further information required.

Actions to Improve Performance

Review of processes with the aim of improving recording of reasons for delays is ongoing, with the ultimate aim of developing a tool that can identify the reasons for delays as a first step towards addressing this failure, however, there have been delays to this as a result of separate development work on a new council-wide complaints system.

Timescales for Improvement
Q4 23/24. [Back to Summary](#)

APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Local HSCP Services								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	N/A	21/22	**57%**	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to able to see or speak to a doctor or nurse within two working days	NHS LDP Standard Outcome 9	N/A	21/22	**85%**	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22	**N/A**	**78.1% (G)**	**78.4% (G)**	**60.9% (G)**	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2022 were 100% (NE); 96.08% (NW); 98% (S). Next update due for Jan-Mar 2024 in June 2024.
Externally Delivered Services								
4. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Dec 23	**34% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 37% in September. Produced quarterly.
5. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q3	**88% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Decreased from Q2 when was 91.1%. Produced quarterly.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks -	Local HSCP indicator Outcome 9	100% within 12 weeks	Sep 23	97.6% (G)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Increased from 91.7% in September. Produced quarterly.
7. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q3 23	97.8% (G)	97.7% (G)	96.1% (A)	99.2% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q2 were 91.5% (City); 87.4% (NE); 87.5% (NW); 98.8% (S). Produced quarterly.
8. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	Local HSCP indicator Outcome 4	100%	Q3	57% (R) (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q2 were 60% (under 5s) and 71% (over 5s). Produced quarterly.
		100%	Q3	88% (R) Aged 5-18				
9. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr21 to Mar23	55.6% (R)	55.2% (R)	56.2% (R)	55.3% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 2020-22 were 56.3% (citywide); NE 55.9%; NW 57.1%; S 56.1%. Next report due Dec 24.
10. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr 20 to Mar 23	64.1% (R)	61.2% (R)	62.7% (R)	67.9% (A)	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Last report was for Apr 19 to Mar 22 when was 65.3% (citywide); NE 62.5%: NW 63.7%; S 68.5%. Next report due Dec 24.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
11. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2022/ 23	59.2% (R)	61% (R)	51.5% (R)	65.9% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 20/21 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Dec 24.
12. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2022- 23	76.2% (G)	75.3% (G)	76.4% (G)	76.6% (G)	From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 21/22 were 77.3% (citywide); NE 73.6%; NW 76.3%; S 80.9%. Next report due Dec 24.
Population Statistics								
13.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 23	36.7% (R)	40.9% (R)	36% (R)	34% (R)	Provisional figures shown for Mar 23. Figures for Sep 22 (also still provisional) are 29.7% (City); and for localities 33.2% (NE); 29.2% (NW); 27.3% (S).
14. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Mar 23	73.9% (R)	76.7% (R)	72.3% (R)	73.9% (R)	Provisional figures shown for Mar 23. Figures for Sep 22 (also still provisional) are 77% (City); and for localities 80% (NE); 76% (NW); 75.3% (S).
15. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	60.1% (G)				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a figure of 69.1%. Normally produced 2 yearly by Public Health Scotland, next one due 2024.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
16. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2023 22/23	**77.9% (G)**				Performance has increased since 2019 when was 72.8%. Slightly below Health Board average of 78.6% which also rose from 73.1% in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 meant that the current 2023 figure is the first update since 2019. Next due Oct 2025.
17. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2022	**196**				Figures published annually by NRS. Last updated August 2023, next update Aug 2024. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); 291 (2020); 311 (2021).
18. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2022	**202**				Figures published annually by NRS. Last updated August 2023, next update due Aug 24. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018);143 (2019); 163 (2020); 188 (2021).
19. Deaths from suicide	Local HSCP indicator Outcome 7	N/A	2022	**84**				Figures published annually by NRS. Last updated Sep 2023, next update due Aug 24. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019); 104 (2020); 106 (2021).

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1   Prevention, early intervention, and well-being

Priority 2   Supporting greater self-determination and informed choice

Priority 3   Supporting people in their communities

Priority 4   Strengthening communities to reduce harm

Priority 5   A healthy, valued and supported workplace

Priority 6   Building a sustainable future

APPENDIX 4 – APR KPIs

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

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

2. Number of Clustered Supported living tenancies offered

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

4. Number of Telecare referrals received by Reason for Referral

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

6. Intermediate Care: % Users Transferred Home

7. New Accident and Emergency Attendances (18+)

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

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

10. Total number of Acute Delays

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

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

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

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

15. Number of out of authority placements (children)

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

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

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

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

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

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

22. Alcohol Brief Intervention Delivery

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

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

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

26. NHS Sickness Absence rate (%)

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