



Item No. 10

Meeting Date: Wednesday 16th April 2025

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

Report By: Craig Cowan, Head of Business Development
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HSCP Performance Report Q3 2024/25

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2024/25 for noting. The IJB 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.
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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.
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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 ☐
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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the attached performance report; b) Consider the exceptions highlighted in section 4.4; and c) Review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care Services.
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Relevance to Integration Joint Board Strategic Plan:
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

Implications for Health and Social Care Partnership:

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.
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Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.
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Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 15).
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Provider Organisations:	None.
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Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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Fairer Scotland Compliance:	N/A
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Financial:	None.
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Legal:	None.
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Economic Impact:	None.
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Sustainability:	None.
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Sustainable Procurement and Article 19:	None.
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Risk Implications:	None.
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Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
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Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.
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1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 3 2024/25. The IJB 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 Services.

2. Background

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

3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
 - ii. NHS Local Delivery 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).

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- 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 show trends over time. These are noted in Appendix 4.

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.
- 4.3 Longer term trend graphs have also been included for this quarter's Presentation Topic - Older People, Carers and Unscheduled Care. This section has been located at the front of the report for ease of reference.

Exceptions

- 4.4 At Q3, 52 indicators were GREEN (57.1%); 33 RED (36.3%), 5 AMBER (5.5%) and 1 GREY (1.1%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	Page
3. Day Care (provided) – Review Rates	27
4. Provided Residential Care – Occupancy Rates	29
5. Provided Residential Care – Review Rates	31
8. Intermediate Care: Average Length of stay (Days)	37
9. Intermediate Care: Percentage of users transferred home	39
Unscheduled Care	
5. Total Number of Acute Delays	55
6. Total Bed Days Lost to Delays (All delays, all reasons 18+)	58
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	60

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Children's Services	
1. Uptake of the Ready to Learn Assessments - <i>North East and North West</i>	63
4. % looked after & accommodated children under 5 who have had a Permanency Review	67
5. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	69
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months	72
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - South	75
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – <i>Leverndale and Gartnavel</i>	77
4. Total number of Adult and Older People Mental Health Delays	79
Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (1, 2, 3 and 4 apartment)	90
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	93
6. Number of new Housing First tenancies created	94
Human Resources	
1. NHS Sickness absence rate	110
2. Social Work Sickness Absence Rate	112
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	114
4. % of NHS staff who have completed the standard induction training within the agreed deadline	116
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	117
Business Processes	
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	118
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	121
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	123
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	124
7. Percentage of elected member enquiries handled within 10 working days	126

Changes in RAG Status

- 4.5 There has been a change in RAG status for **12** indicators since the last report. Of these, performance improved for **7** and declined for **5**.

i. Performance Improved

A) RED TO GREEN	
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – <i>North East</i>	

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Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale
B) RED to AMBER
Homelessness
3. Average number of weeks from assessment decision to settled accommodation - 5 apt
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Leverndale
C) AMBER to GREEN
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
Homelessness
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale

ii. Performance Declined

A) GREEN TO RED
Business Processes
1. Percentage of NHS Stage 1 complaints responded to within timescale
B) AMBER to RED
Children's Services
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - <i>South</i>
C) GREEN to AMBER
Sexual Health
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations
Health Improvement
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)

5. Recommendations

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

- a) Note the attached performance report;
- b) Consider the exceptions highlighted in section 4.4; and
- c) Review and discuss performance with the Strategic Lead for Older People, Carers and Unscheduled Care Services.

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CORPORATE PERFORMANCE REPORT

**QUARTER 3
2024/25**

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1. PERFORMANCE SUMMARY

1. Key to the Report

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

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	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

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2a. Summary

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People & Carers	5 (27.8%)		13 (72.2%)		5 (27.8%)		13 (72.2%)	
Unscheduled Care	2 (33.3%)		4 (66.7%)		2 (33.3%)		4 (66.7%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	5 (38.4%)	2 (15.4%)	6 (46.2%)		5 (38.5%)	1 (7.7%)	7 (53.8%)	
Adult Mental Health	5 (50%)	2 (20%)	3 (30%)		4 (40%)	1 (10%)	5 (50%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health			4 (80%)	1 (20%)		1 (20%)	3 (60%)	1 (20%)
Homelessness	7 (63.6%)	1 (9.1%)	3 (27.3)		6 (54.5%)	1 (9.1%)	4 (36.4%)	
Criminal Justice			6 (100%)				6 (100%)	

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CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Health Improvement			7 (100%)			1 (14.3%)	6 (85.7%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	5 (71.4%)	1 (14.3%)	1 (14.3%)		5 (71.4%)		2 (28.6%)	
TOTAL No. and (%)	35 (38.5%)	6 (6.6%)	49 (53.8%)	1 (1.1%)	33 (36.3%)	5 (5.5%)	52 (57.1%)	1 (1.1%)

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2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
<i>i. Home Care, Day Care and Residential Services</i>				
1. Percentage of service users who receive a reablement service following referral for a home care service	75%	Q3	<u>Hosp. discharges</u> 82.0%  <u>Community Referrals</u> 88.5% 	Hosp ▲ Comm ▲
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q3	39.2% 	▼
3. Day Care (provided) – Review Rates	95%	Q3	89% 	►
4. Provided Residential Care – Occupancy Rates	95%	Q3	87% 	▼
5. Provided Residential Care – Review Rates	95%	Q3	90% 	▲
<i>ii. Commissioned Services</i>				
6. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Year to Date Total (Q1- 3)	61 	▲

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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Intermediate Care: Percentage Occupancy		90%	Dec 24	96% 	▼
8. Intermediate Care: Average Length of stay (Days)		< 42 days	Dec 24	51 days 	▼
9. Intermediate Care: Percentage of users transferred home		>30%	Dec 24	14% 	▼
iii. HSCP Community Services					
10. Number of Future Care Plan summaries completed and shared with the patient's GP.		360 summaries per annum	Q3	94 (year to date 325) 	▼
11. Occupational Therapy (OT) Assessments: % completed within 12 months of request		98%	Q3	99% 	►
12. Number of Telecare referrals received by Reason for Referral	(i) Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings	560 per annum (140 per q)	Q3	612 	▲
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum (163 per q)	Q3	169 	▼
	(iii) Outcome 3	100 per annum (25 per q)	Q3	25 	▼

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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
	Supporting Carers				
13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q3	98.2% 	▼
14. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q3	95.2% 	▼
15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement		1,900 per annum	Q3	625 	▼
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		161,155 (13,430 /month)	Apr - Sept 2024/25	75,342 (12,557 per month) 	▲
2. Number of Emergency Admissions (18+) (reported in arrears)		63,855 (5,321/month)	Apr - Sept 2024/25	28,274* (4,712* per month) *provisional 	▼
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)		507,633 (42,303/ month)	Apr - Sept 2024/25	222,473* (37,079* per month) *provisional 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	Apr - Sept 2024/25	76,045* (12,674* per month) *provisional 	▼
5. Total number of Acute Delays	120	Dec 24	150 (Total) 70 (Non-AWI) 80 (AWI) 	Total ▲ Non-AWI ▲ AWI ▼
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	Apr - Sept 2024/25	41,793 (6,965 per month) 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q2	73.19% 	▼
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Sept 24	£178.9 	▼
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Dec 24	NE 87%  NW 86%  S 91% 	NE ▲ NW ▼ S ▲
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Oct 24	NE 93% 	NE ▼ NW ▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
			NW 96%  S 94% 	S ▼
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 annually/ 383 per quarter across city	Total Q1-Q3	year to date 1,764 	▼
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	50% 	▼
5. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q3	53% 	▲
6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q3	74% 	▼
7. Number of out of authority placements	25 or fewer	Q3	23 	▼
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q2	89.9% 	▼  to 
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q2	95.1% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 24	NE 91.7% NW 95.7% S 84.6%	NE ▲ to NW ▲ S ▼ to
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Dec 24	Stob 23.9 Lev 38.7 Gart 35.0	Stob ▼ Lev ▲ Gart ▼
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Dec 24	Stob 92.4% Lev 98.8% Gart 90.3%	Stob ▲ Lev ▲ to Gart ▲ to
4. Total number of Adult and Older People Mental Health Delays	20	Dec 24	36 Total 29 (Non-AWI)/ 7 (AWI) 	▲
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q2	94% 	▲

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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Sexual Health					
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations		1,354 per quarter	Q3	1,308 	▼ ✓ to 
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations		1,166 per quarter	Q3	1,848 	▼
3. Median waiting times for access to first Urgent Care appointments.		2 Working Days	Q3	1 day 	►
4. Number of YP appointments offered across all Sandyford locations		TBC	Q3	429 	▼
5. Median waiting times for access to first TOPAR appointments.		5 working days	Q3	5 	▼
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q3	98% 	▲  to 
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q3	1,259 (Year to Date 4,038) 	▼
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q3	29 	▼
	2 apt	36 weeks		47 	▲

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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
	3 apt	31 weeks		36 	▼
	4 apt	81 weeks		135 	▼
	5 apt	225 weeks		236 	▲ to 
4. Number of households reassessed as homeless or threatened with homelessness within 12 months.		<480 per annum (<120 per quarter)	Q3	96 	▲
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q3	49% 	▼
6. Number of new Housing First tenancies created		20 per quarter	Q3	2 	▼
7. Number of Temporary Furnished Flats		2,400 or less	Q3	2,429 	▼
Criminal Justice					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence		80%	Q3	86% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of 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	91% 	▲
3. Percentage of 3-month Reviews held within timescale	75%	Q3	84% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q3	79% 	▼
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q3	81% 	▲
6. Throughcare Order Licences: Percentage of Post release interviews held within one day of release from prison	80%	Q3	92% 	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Year to Date total (Q1 to Q3)	2,410 (Q3) 8,173 (year to date total) 	▼
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	1,178 (mid-year target 583)	Mid-year Total	567 	▼  to 
3. Women smoking in pregnancy (general population)	10%	Q3	6% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q3	8.5% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q3	32.7% 	▲
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q3	26.5% 	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q3	22% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Q3	8.22% 	▼
2. Social Work Sickness Absence Rate (%)	<5%	Q3	10.3% 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Q3	39.76% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q3	57.67% 	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q3	55.33% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q3	64.3% 	▼  to 
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	79.5% 	▲  to 
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q2	69% 	▼  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	64% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q2	90% 	▶
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q2	22% 	▼
7. Percentage of elected member enquiries handled within 10 working days	80%	Q3	67% 	▼

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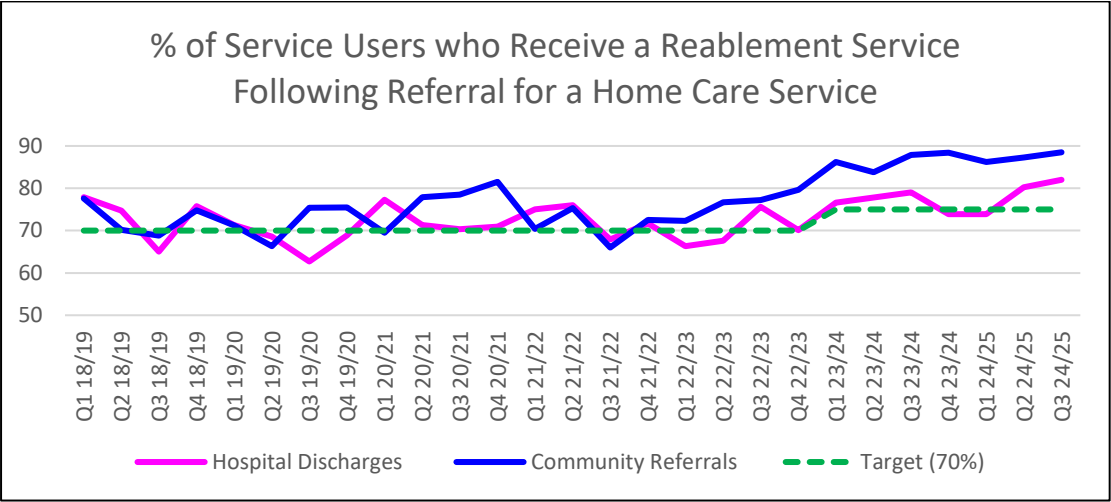
OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

Indicator	1. Percentage of service users who receive a reablement service following referral for a home care service
Purpose	The Reablement service is one of the strategies we are using to ensure that older people are able to live independently in their own homes and thus we aim to maximise the number of people receiving this service. All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Referral Source	Target	22/23		23/24*				24/25*		
		Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
Hospital Discharges	75% (70% prior to 23/24)	75.6 (G)	70.1 (G)	76.6 (G)	77.8 (G)	79.0 (G)	73.9 (G)	73.9 (G)	80.2 (G)	82.0 (G)
Community Referrals		77.2 (G)	79.6 (G)	86.2 (G)	83.8 (G)	87.9 (G)	88.4 (G)	86.2 (G)	87.3 (G)	88.5 (G)
*Reporting for these KPIs was revised at Q3 23/24: The performance figures for 23/24 and going forward will be reported by quarter rather than by period/month.										
Performance Trend										
Performance in relation to both Hospital Discharges and Community Referrals remained above target and GREEN during Quarter 3.										
Back to Summary										

Longer Term Trend



OFFICIAL

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

		22/23		23/24*				24/25*		
Locality	Target	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1* %	Q2* %	Q3* %	Q4 %	Q1 %	Q2 %	Q3 %
City	>35%	41.1 (G)	36.2 (G)	34.5 (G)	34.6 (G)	34.4 (G)	37.5 (G)	36.4 (G)	42.8% (G)	39.2% (G)
North East		39.5 (G)	44.4 (G)	38.7 (G)	32.1 (R)	32.5 (R)	43.5 (G)	39.2 (G)	43.1% (G)	40.7% (G)
North West		47.3 (G)	38.1 (G)	37.6 (G)	34.9 (G)	36.9 (G)	38.2 (G)	39.9 (G)	43.4% (G)	39.8% (G)
South		37.8 (G)	31.3 (R)	30.7 (R)	35.6 (G)	33.5 (A)	33.4 (A)	32.8 (R)	43.9% (G)	37.9% (G)

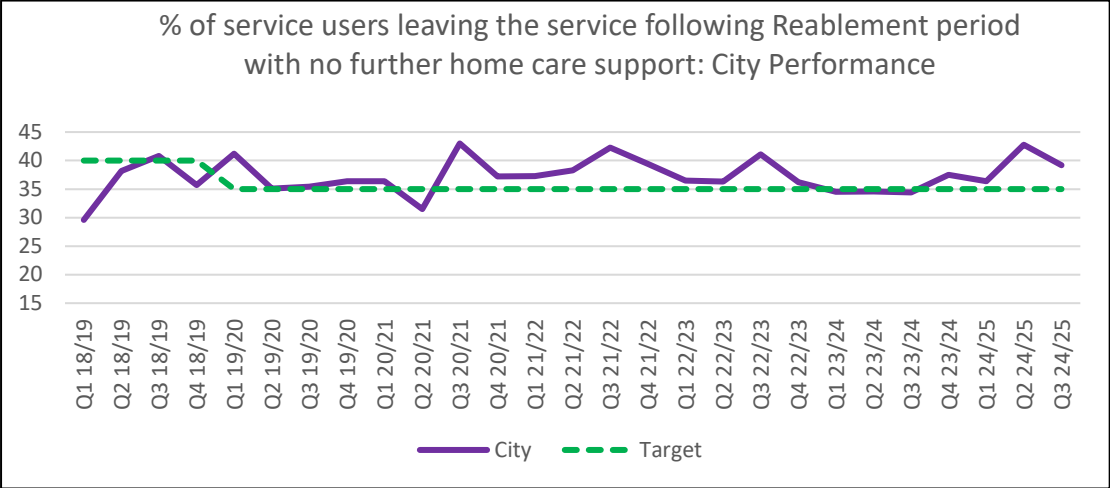
*Reporting for this KPI was revised in Q3 23/24: The performance figures for 23/24 and going forward will be reported by quarter rather than by period/month.

Performance Trend

Performance at city level and in the localities remained above target and GREEN during Q3.

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Longer Term Trend

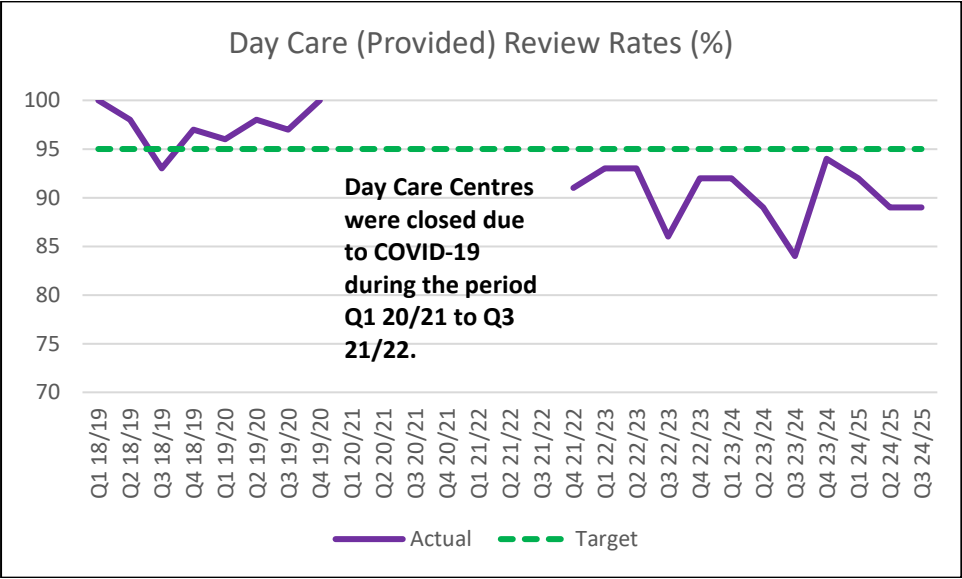


OFFICIAL

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

Target	22/23				23/24				24/25		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	93% (G)	93% (G)	86% (R)	92% (A)	92% (A)	89% (R)	84% (R)	94% (G)	92% (A)	89% (R)	89% (R)
Performance Trend											
The Q3 rate for Day Care Reviews remains consistent with the Q2 figure at 89%, indicating that the target has not been met and has remained RED.											
Issues Affecting Performance											
There has been a continued challenge in arranging reviews rates for day care service users since Q1. This has been due to challenges in setting review dates with appropriate key workers because of absence/leave affecting 2 units.											
Actions to Improve Performance											
Managers of day centres monitor levels of review activity in all centres on a weekly basis. Managers and supervisors will conduct reviews in the absence of staff/keyworkers. Improvement actions have been instigated within the 2 units where there is an under-performance currently.											
Timescales for Improvement											
Q4 of 2024/25. Back to Summary											

Longer Term Trend

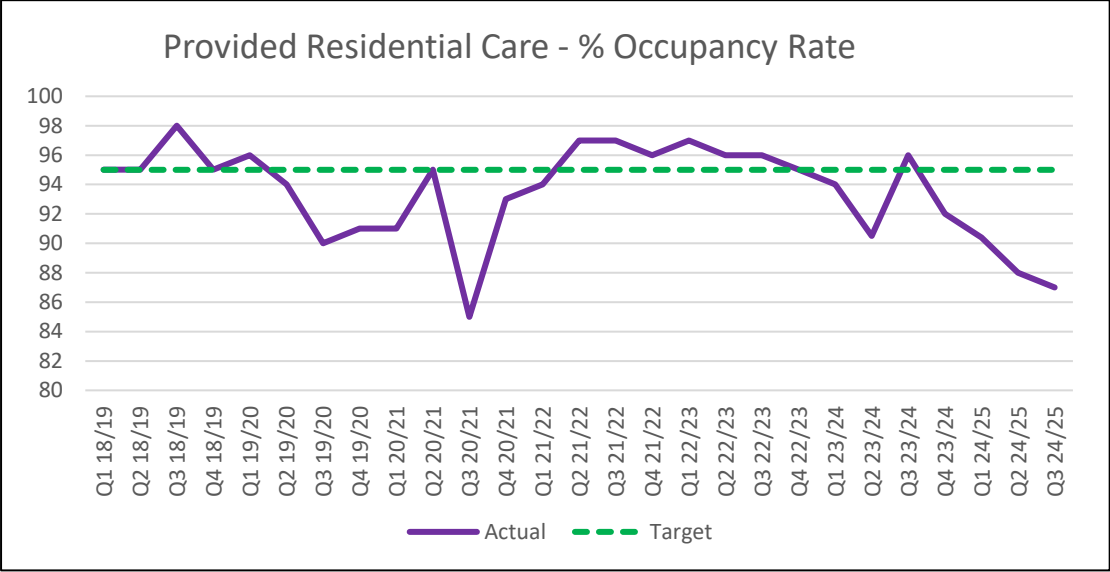


OFFICIAL

Target/Ref	4. Provided Residential Care Homes – Occupancy Rate
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	22/23				23/24				24/25		
Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	97% (G)	96% (G)	96% (G)	95% (G)	94% (G)	90.5% (A)	96% (G)	92% (A)	90.4% (A)	88% (R)	87% (R)
Performance Trend											
Performance fell further during Q3, with the RAG rating remaining RED.											
Issues Affecting Performance											
There have been fewer referrals of potential residents living with advanced dementia, while most beds identified as vacant are within specialist residential dementia placements. This has continued as a pattern of referrals received despite raised awareness of vacancies across the assessment and hospital social work teams.											
Actions to Improve Performance											
Revision of admission processes to ensure that these are as streamlined as possible to avoid any delays in admission. This is an on-going action from Q1 of 24/25.											
There is a review of bed based services currently ongoing – the outcomes of this will aim to improve this. A test of change with a revised pathway for admission is being devised to target appropriate resources and increase bed occupancy in one unit over Q4.											
Timescales for Improvement											
Q4 of 2024/25.											
Back to Summary											

Longer Term Trend

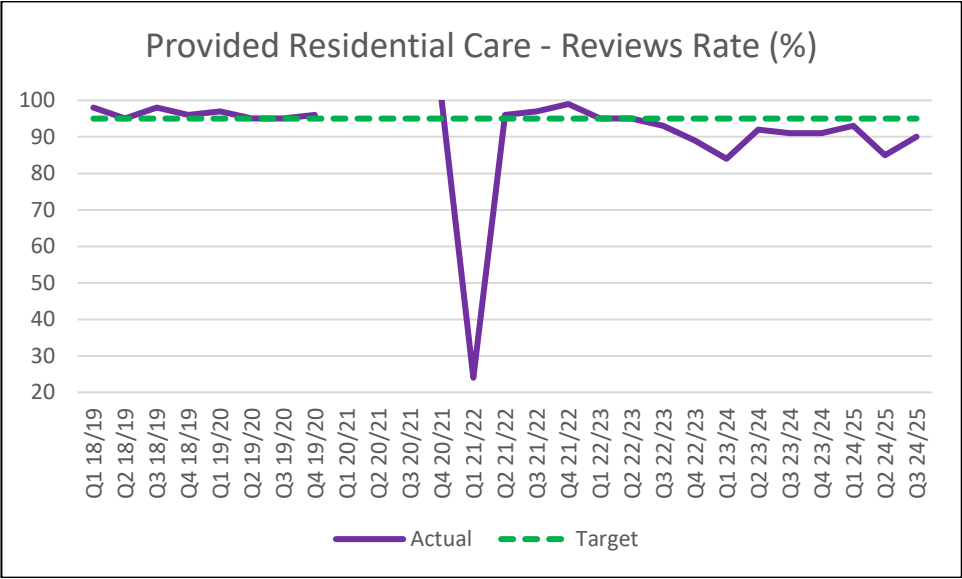


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Target/Ref	5. Provided Residential Care Homes for Older People - Review Rates
Purpose	This indicator monitors the extent to which reviews for residents within our own local authority run care homes are being undertaken within the target 6 month period. These reviews are carried out by care home staff. Regular reviews ensure that residents receive the right level and type of service. The aim is to maximise the proportion reviewed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	21/22	22/23				23/24				24/25		
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	99% (G)	95% (G)	95% (G)	93% (G)	89% (R)	84% (R)	92% (A)	91% (A)	91% (A)	93% (G)	85% (R)	90% (R)
Performance Trend												
Performance in relation to this KPI improved during Q3 however the RAG-rating remained RED.												
Issues Affecting Performance												
Staff vacancies and sickness absence have had an impact on being able to plan review activity for this Quarter. Additionally, a small number of residents are awaiting a statutory review involving a qualified social worker and there have been delays in finding a suitable date and time with them and the relevant family members/Power of Attorney.												
Actions to Improve Performance												
Recovery actions have already been put in place including re-arranged reviews led by Senior Social Care Workers and reviews which have already taken place. This has already had an impact which has seen some improvement for Q3. It is expected that these actions will continue to improve performance for Q4.												
Timescales for Improvement												
Improved position should be in place in advance of Q4 reporting.												
Back to Summary												

Longer Term Trend



N.B. Quarters 1-3 2020-21

No face-to-face reviews were carried out in our Care Homes during Quarters 1 to 3 of 2020/21 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.

ii. Commissioned Services

Indicator	6. Number of Clustered Supported Living tenancies offered to Older People
Purpose	To monitor the number of tenancies offered by Registered Social Landlords (RSLs) that may be used for the purpose of delivering both a suitable tenancy and a package of social care to maintain an older person in the community where the alternative may have been admission to residential care. This model of care is called Clustered Supported Living and supports the Maximising Independence Strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	21/22 Total	22/23 Total	23/24		23/24 Total	24/25			
				Q3	Q4		Q1	Q2	Q3	Year to Date Total
City	75 per annum (19 per quarter)	84 (G)	83 (G)	29 (G)	16 (R)	88 (G)	25 (G)	15 (R)	21 (G)	61 (G)
North East	25 per annum (6 per quarter)	35 (G)	21 (R)	12 (G)	5 (R)	26 (G)	6 (G)	5 (R)	7 (G)	18 (G)
North West		23 (R)	25 (G)	9 (G)	2 (R)	23 (R)	9 (G)	8 (G)	8 (G)	25 (G)
South		26 (G)	37 (G)	8 (G)	9 (G)	(39) (G)	10 (G)	2 (R)	6 (G)	18 (G)

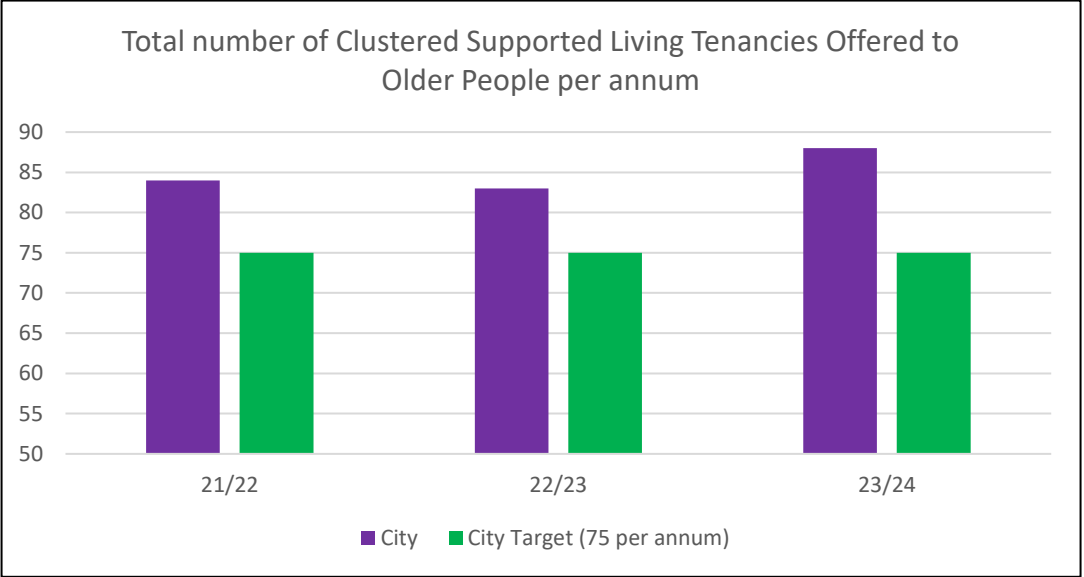
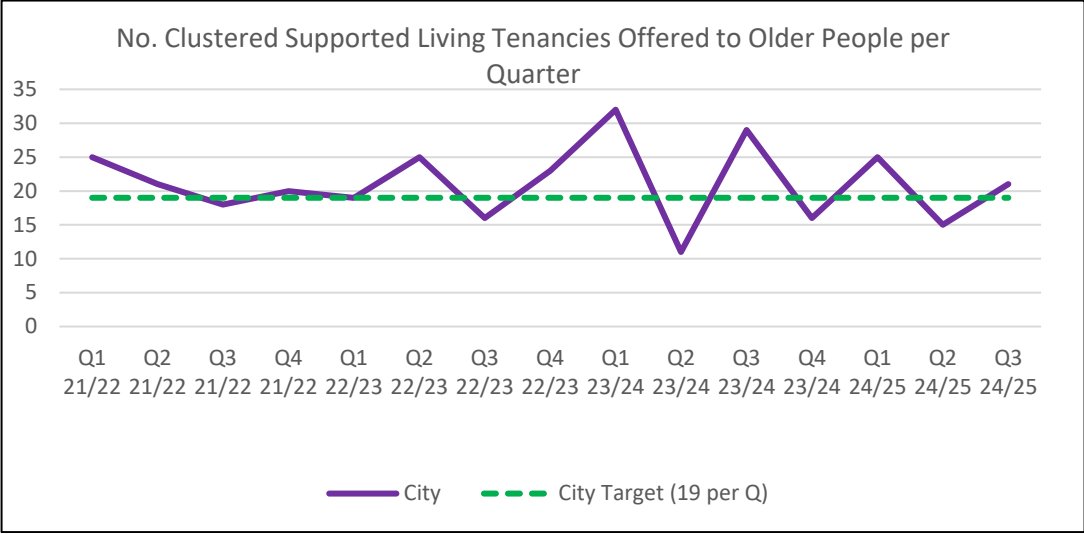
Performance Trend

There was notable improvement in quarterly performance between Q2 and Q3. The number of tenancies offered in the City overall and in North East and South moved from RED to GREEN during the reporting period. North West continued to remain on target (GREEN).

The Year to Date totals either met (North East, South) or exceeded (City, North West) the year to date targets (GREEN).

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Longer Term Trend



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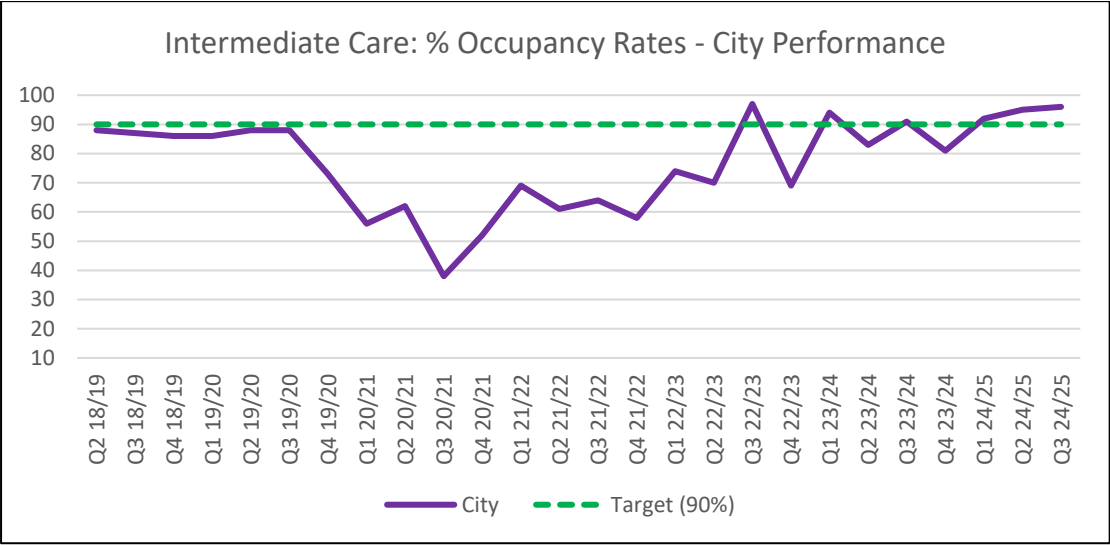
ii. Commissioned Services

Indicator	7. Intermediate Care: Percentage Occupancy
Purpose	To monitor the utilisation of intermediate care beds. The aim is to ensure occupancy rates are high to ensure efficiency and value for money.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2022/23		2023/24				2024/25				
		Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
City	90%	97 (G)	69 (R)	94 (G)	83 (R)	91 (G)	81 (R)	92 (G)	95 (G)	85 (G)	95 (G)	96 (G)
North East		98 (G)	57 (R)	90 (G)	86 (A)	N/A	100 (G)	94 (G)	93 (G)	89 (G)	97 (G)	94 (G)
North West		98 (G)	92 (G)	97 (G)	80 (R)	94 (G)	83 (R)	90 (G)	94 (G)	88 (G)	98 (G)	97 (G)
South		95 (G)	70 (R)	94 (G)	84 (R)	89 (G)	72 (R)	91 (G)	96 (G)	81 (G)	93 (G)	97 (G)

Performance Trend
Performance has improved slightly in the last quarter at a city level and in all localities and has remained GREEN. Note: The Burlington unit in the North East was closed during November and December 2023. Back to Summary

Longer Term Trend



OFFICIAL

Indicator	8. Intermediate Care: Average length of stay (Days)
Purpose	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend

Target has moved from <28 to <42 days for 2024/25.

Performance has remained RED at a city level in the last quarter and remains RED. North East moved from GREEN to RED while the North West and South remained RED.

Issues Affecting Performance

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

Actions to Improve Performance

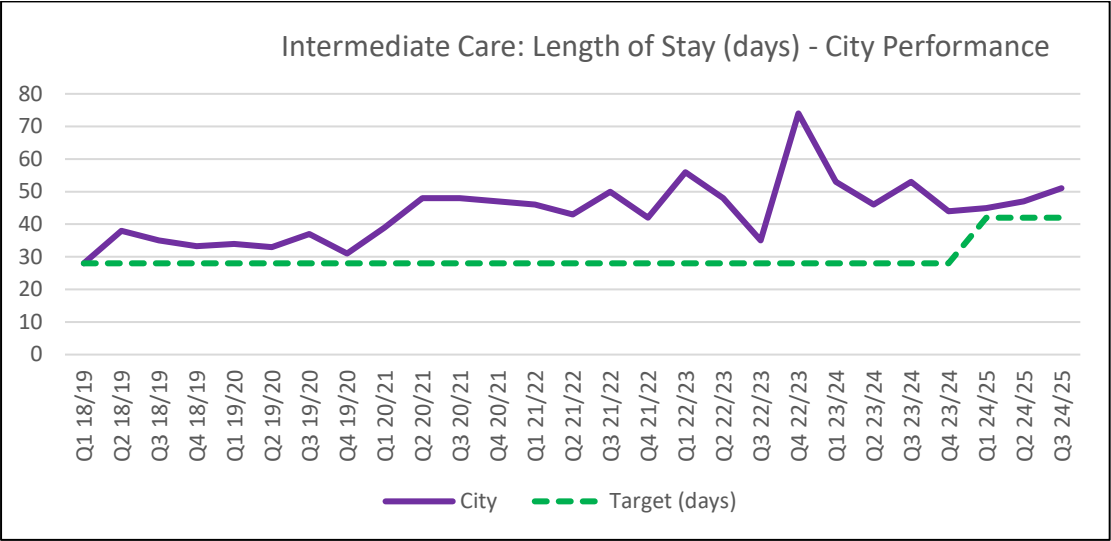
- Ongoing actions to target length of stay including level of scrutiny through weekly huddles.
- Actions through the IMC Improvement Group and identifying opportunities to improve decision making processes and opportunities to progress discharge.
- Recent implementation of digital booking system for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

Timescales for Improvement

Performance actions remain the same for Q3 and improvement is expected to be ongoing throughout 25/26.

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Longer Term Trend



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Indicator	9. Percentage of intermediate care users transferred home
Purpose	To monitor the destinations of people leaving intermediate care with the aim of increasing the percentages returning home.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Area	Destination	Target	21/22			2022/23				2023/24			
			Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
Glasgow	Home	30%	28 (R)	29 (R)	29 (A)	32 (G)	22 (R)	14 (R)	22 (R)	23 (R)	42 (G)	35 (G)	14 (R)
	Res/Nursing	N/A	48	65	43	48	52	68	59	64	36	65	57
	Readmissions	N/A	20	60	14	19	17	14	19	9	17	0	29
	Deceased	N/A	4	0	14	0	9	5	0	5	6	0	0
NE	Home	30%	25 (R)	8 (R)	57 (G)	67 (G)	N/A	0 (R)	13 (R)	25 (R)	25 (R)	33 (G)	0 (R)
	Res/Nursing	N/A	50	83	43	17	N/A	33	75	75	63	67	50
	Readmissions	N/A	25	8	0	17	N/A	33	13	0	13	0	50
	Deceased	N/A	0	0	0	0	N/A	33	0	0	0	0	0
ONW	Home	30%	0 (R)	18 (R)	33 (G)	14 (R)	29 (G)	0 (R)	20 (R)	25 (R)	44 (G)	40 (G)	17 (R)
	Res/Nursing	N/A	100	73	33	71	57	100	40	75	33	60	50
	Readmissions	N/A	0	9	33	14	0	0	40	0	0	0	33
	Deceased	N/A	0	0	0	0	14	0	0	0	22	0	0
South	Home	30%	33 (G)	44 (G)	17 (R)	28 (A)	19 (R)	21 (R)	29 (A)	21 (R)	47 (G)	33 (G)	18 (R)
	Res/Nursing	N/A	39	52	44	50	50	64	57	57	26	67	64
	Readmissions	N/A	22	4	17	22	25	14	14	14	26	0	18
	Deceased	N/A	6	0	22	0	6	0	0	7	0	0	0

Performance Trend

City wide and performance in all localities declined between September and December and remained RED, having gone to GREEN in October and November in all areas.

Issues Affecting Performance

- Level of discharges reduced due to extended length of stay of clients and lower numbers discharged through this period, therefore percentage outcome of home skewed by lower numbers.
- The performance is also dependent on the profile of the service users seen within each month and quarter – some patients have increased needs and complexity, and Intermediate Care is sometimes preferred prior to their transition home to ensure a safe and healthy return.

Actions to Improve Performance

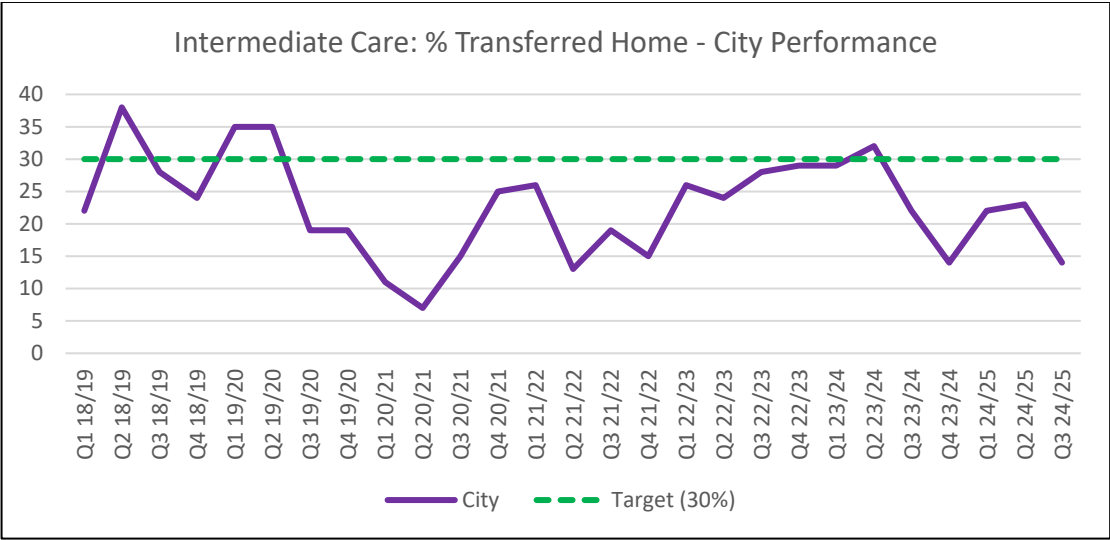
- Revised focus on rehabilitation group for IC under discussion. Recent improvement event with all IC staff engaged and further sessions with care providers and support partners to identify opportunities for home as outcome for increased number of residents. Action plan focussing on maximising discharge home where possible.
- Ongoing actions to promote discharge home, rehabilitation opportunities as part of action planning–this remains core practice of IC and also open to discharge to assess for those identified as relevant.

Timescales for Improvement

Ongoing 25/26.

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Longer Term Trend



iii. HSCP Community Services

Indicator	10. Number of Future Care Plan summaries completed and shared with the patient's GP
Purpose	To monitor progress in the implementation of the new future care plans. New booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Indicator	Target 24/25	21/22	22/23	23/24	2024/25				Year to Date
					Q1	Q2	Q3	Q4	
No. summaries completed and shared with GPs	360 p.a./ 90 per quarter	50 (R)	276 (G)	399 (G)	116 (G)	115 (G)	94 (G)		325

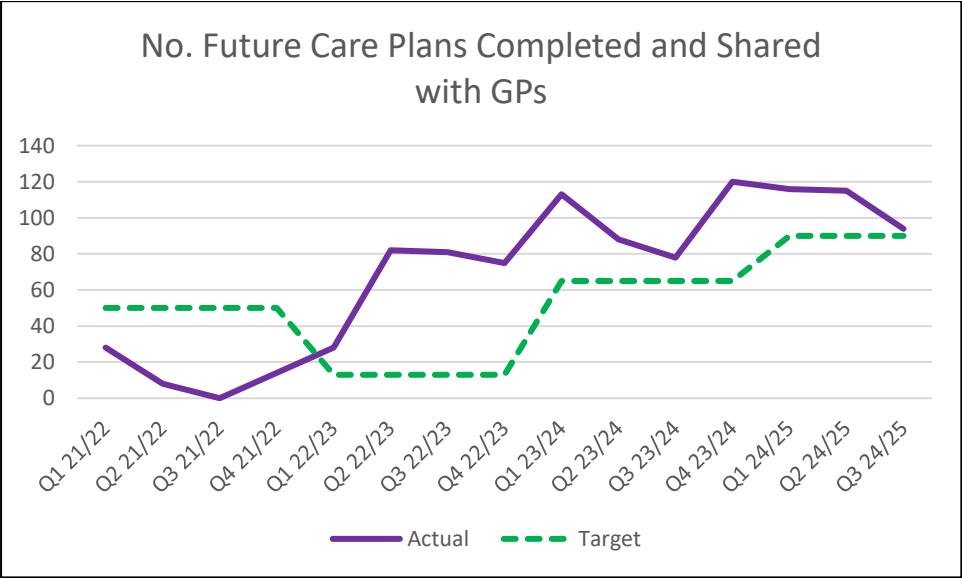
Performance Trend

Target has been increased from 260 to 360 for 2024/25.

Performance for Q3 has reduced but continues to be above target and GREEN. This relates to the number of completed Future Care Plan Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work.

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Longer Term Trend

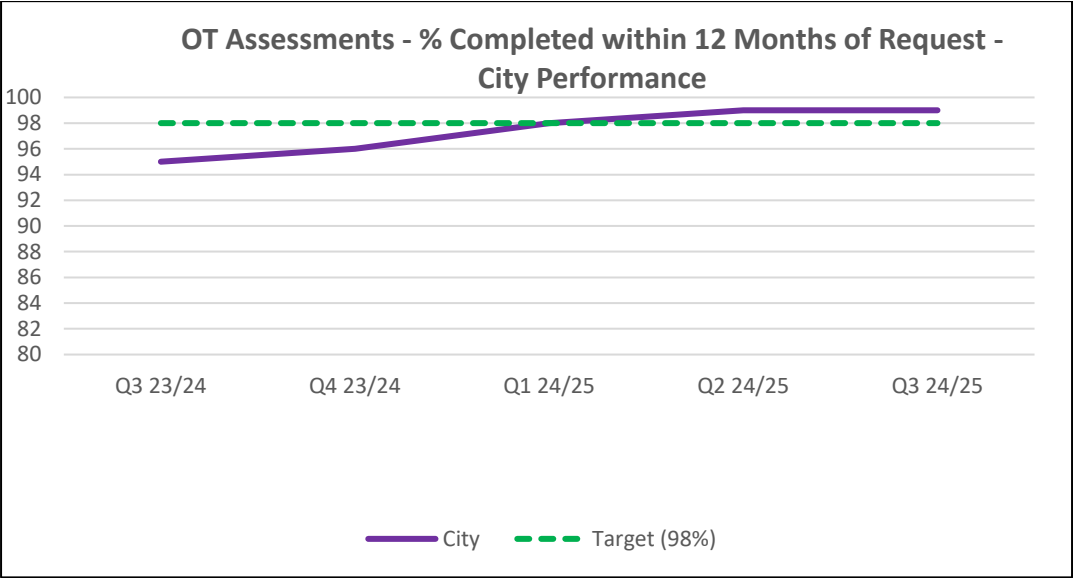


OFFICIAL

Target/Ref	11. Occupational Therapy (OT) Assessments: % completed within 12 months of request
Purpose	This KPI measures the percentage of OT activities which were completed within 12 months of the request date.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCbP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	23/24		24/25		
		% completed within 12 months of request (Total number of completed Activities)				
		Q3	Q4	Q1	Q2	Q3
City	98%	95% (A) 1,752	96% (G) 2,129	98% (G) 2,107	99% (G) 1,907	99% (G) 1,686
Centre (Health and Social Care Connect)		100% (G) 1,044	100% (G) 1,369	100% (G) 1,403	100% (G) 1,289	100% (G) 1,089
North East		91% (R) 243	81% (R) 217	99% (G) 226	100% (G) 203	100% (G) 181
North West		98% (G) 214	98% (G) 256	100% (G) 248	100% (G) 177	100% (G) 197
South		76% (R) 233	86% (R) 256	87% (R) 209	94% (A) 227	90% (R) 219
Other (Learning Disability)		83% (R) 18	71% (R) 31	100% (G) 21	100% (G) 11	-
Performance Trend						
New OT KPI for 24/25 which replaces the previous OT Waiting List KPI.						
The target was successfully met at city level and across all localities and teams (GREEN), except in the South locality, where performance fell with the RAG rating moving from AMBER to RED during the reporting period.						
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Longer Term Trend



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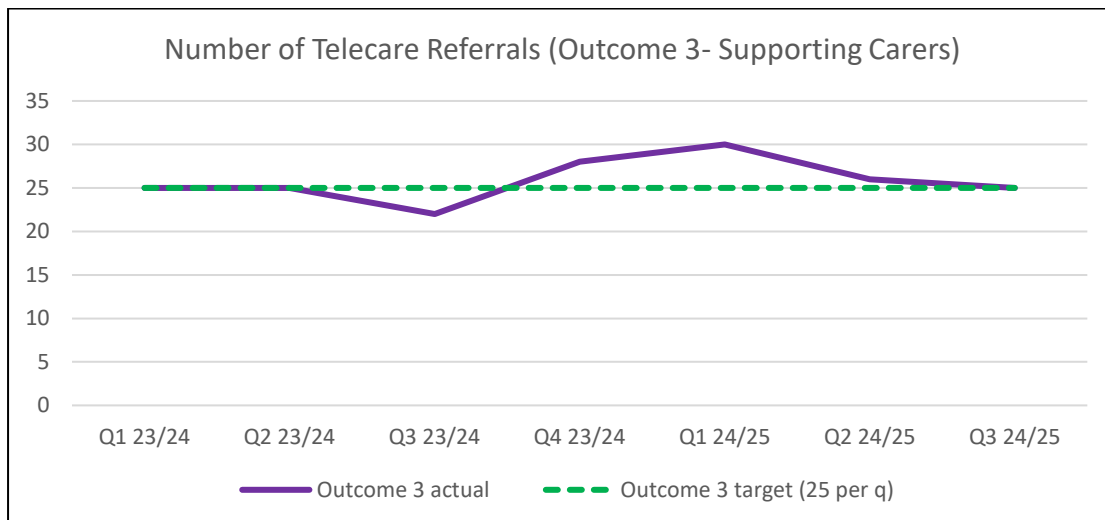
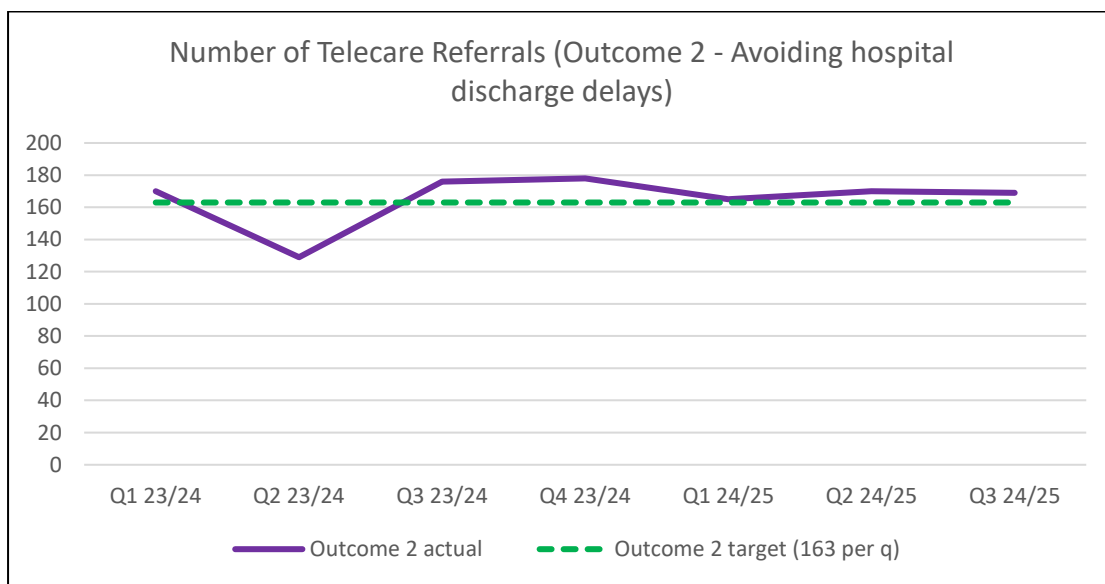
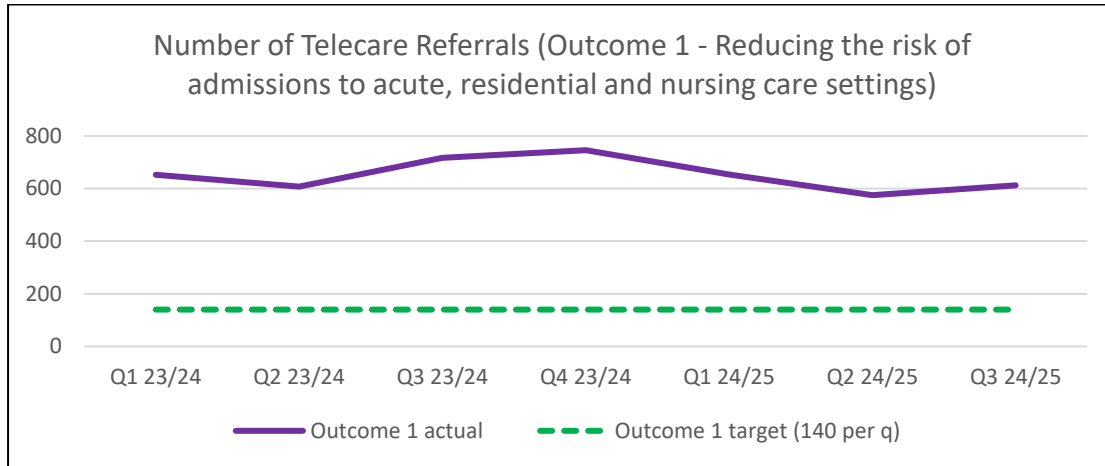
Target/Ref	12. Number of Telecare referrals received by Reason for Referral
Purpose	To monitor the number of Telecare referrals received on a quarterly basis and provide a breakdown of these by Reason for Referral/Intended Outcome. Reasons are taken from the following options on the referral form, in response to the question, 'Why is Telecare Service required?'. These reasons have been aligned to Intended Outcomes for this indicator, with reasons 1-3 aligned to Outcome 1; 4 to Outcome 2; and 5 to Outcome 3. 1. Due to a fall within the last year 2. For safety and reassurance within the home 3. To maintain independence 4. Carer Support 5. To assist a return from hospital. The aim is to maximise the number of people using technology and associated services in conjunction with other formal and informal care and support to maintain greater numbers of people at home rather than in a care home setting. This also can relieve pressure in the acute sector by facilitating early and safe discharge.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Reason for Referral/ Intended Outcome	Targets Annual (Quarterly)	2023/24 Totals	2024/25				24/25 Year to Date Total
			Q1	Q2	Q3	Q4	
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual 560 (Quarterly) 140	2722 (G)	654 (G)	575 (G)	612 (G)		1,841 (G)
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual 650 (Quarterly) 163	653 (G)	165 (G)	170 (G)	169 (G)		504 (G)
Outcome 3 Supporting Carers (Reason 5)	Annual 100 (Quarterly) 25	100 (G)	30 (G)	26 (G)	25 (G)		81 (G)
Total number of Referrals	Annual 1,310 (Quarterly) 328	3475 (G)	849 (G)	771 (G)	806 (G)		2,426 (G)

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

OFFICIAL

Longer Term Trend



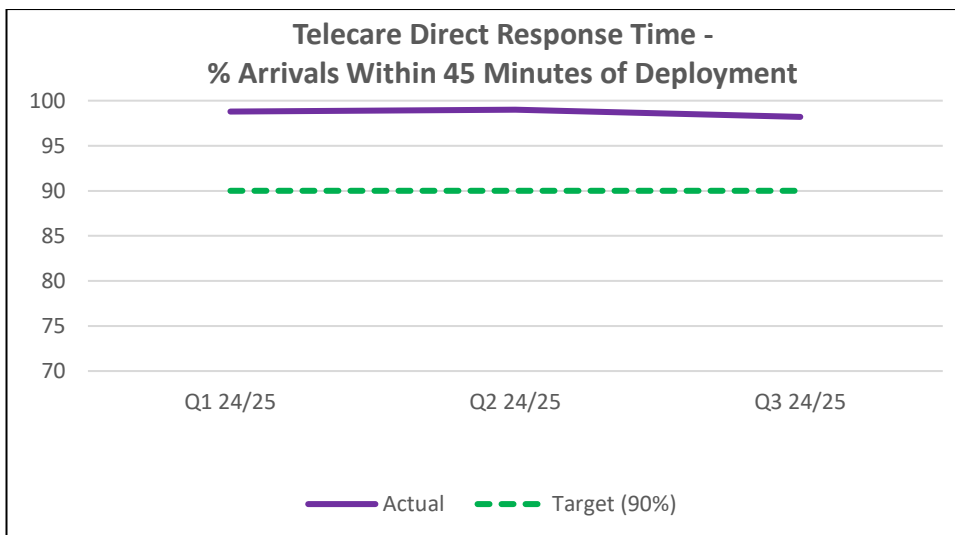
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Indicator	13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)
Purpose	To monitor the timeliness of the response of the Telecare Direct Response Team in situations which have been assessed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

Indicator	Target	2024/25 Performance (%)			
		Q1	Q2	Q3	Q4
Response Time: % Arrived within 45 Minutes	90%	98.8% (G)	99.0% (G)	98.2% (G)	

Performance Trend
New indicator for 24/25. Performance remained above target and GREEN in the third quarter of 24/25. Back to Summary

Longer Term Trend



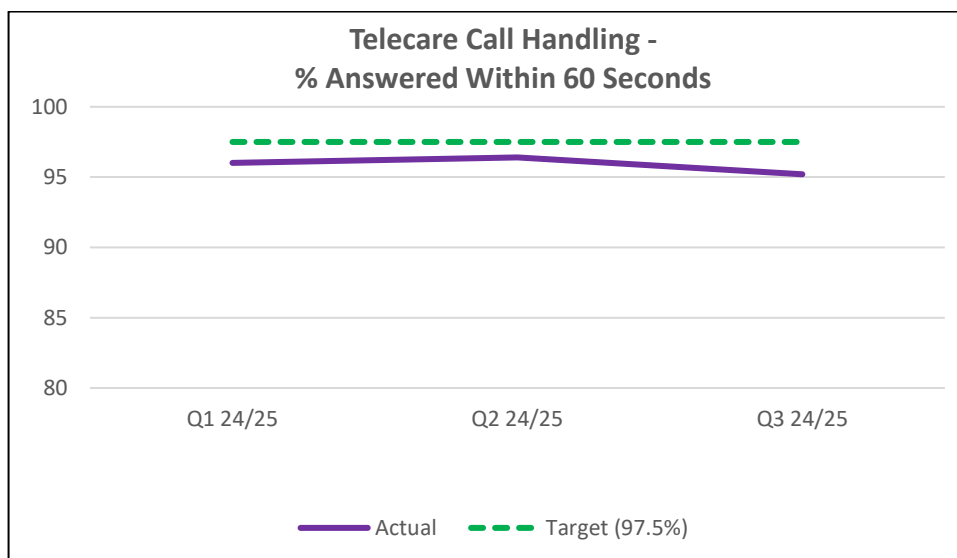
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Indicator	14. Telecare Call Handling – % Answered Within 60 Seconds
Purpose	This is a nationally recognised industry standard and is reported to the TEC Services Association (TSA). The KPI monitors the timeliness of the Telecare Service Call Handling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

Indicator	Target	2024/25 Performance (%)			
		Q1	Q2	Q3	Q4
Call Handling -% within 60 Seconds	97.5%	96.0% (G)	96.4% (G)	95.2% (G)	

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

Longer Term Trend



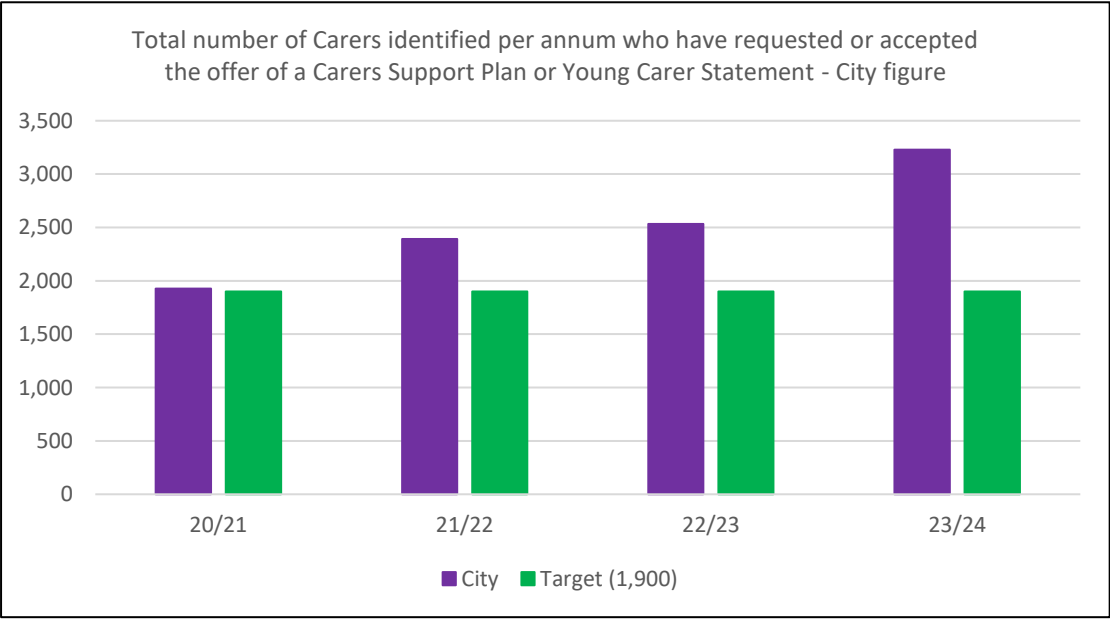
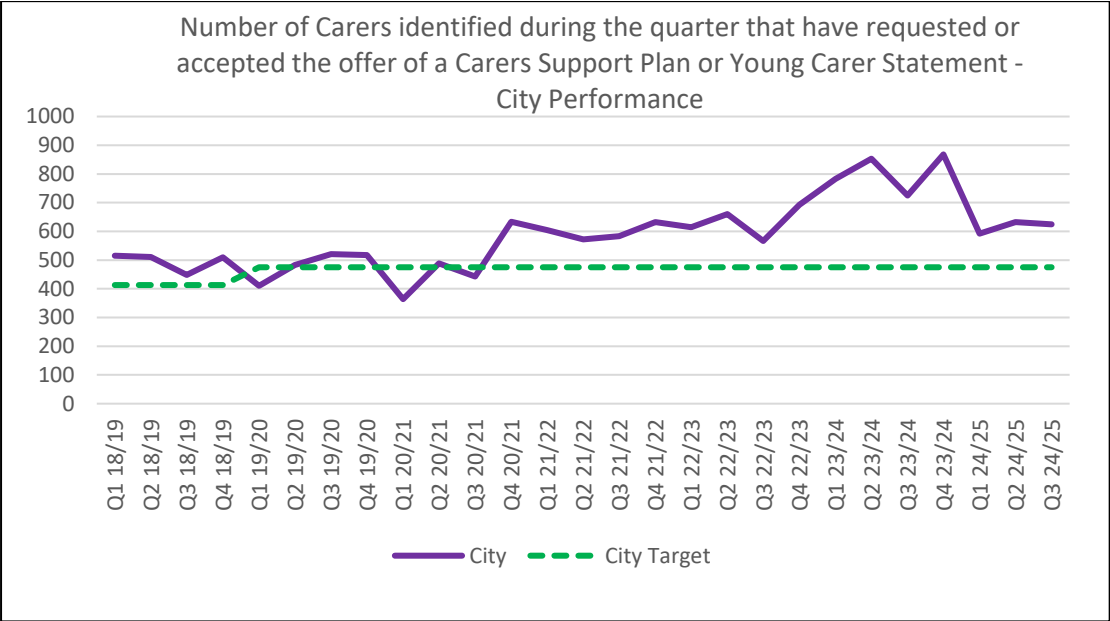
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Indicator	15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement
Purpose	To monitor the number of carers being identified and supported and ensure that Glasgow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

Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23 Full Year Total	23/24 Full Year Total	24/25			
						Q1	Q2	Q3	Year to Date Total
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	2,533 (G)	3,229 (G)	592 (G)	632 (G)	625 (G)	1,849 (G)
North East	633 (158 per Q)	604 (A)	801 (G)	866 (G)	1,016 (G)	178 (G)	217 (G)	163 (G)	558 (G)
North West	633 (158 per Q)	445 (R)	684 (G)	777 (G)	998 (G)	186 (G)	180 (G)	189 (G)	555 (G)
South	633 (158 per Q)	879 (G)	906 (G)	890 (G)	1,215 (G)	228 (G)	235 (G)	273 (G)	736 (G)

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

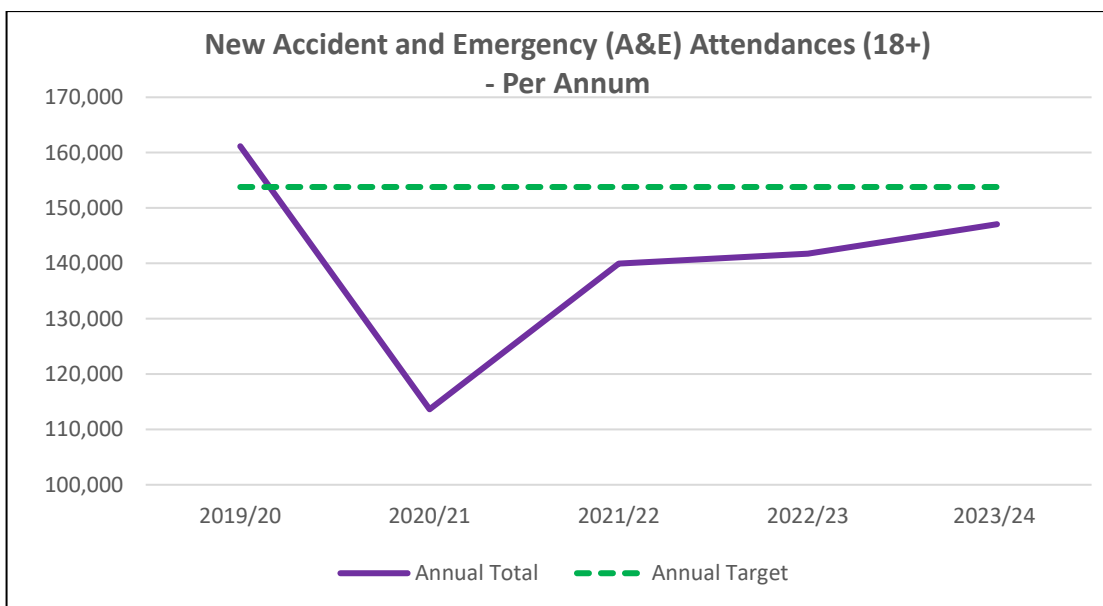


UNSCHEDULED CARE

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

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Sep 2024/25
Annual Total	161,155	161,155 (A)	113,633 (G)	139,967 (G)	141,753 (G)	147,080 (G)	75,342 (G)
Monthly Average	13,430	13,430 (A)	9,469 (G)	11,664 (G)	11,813 (G)	12,257 (G)	12,557 (G)
Performance Trend							
Performance to Q2 remains GREEN although monthly averages have increased from 2023/24. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.							
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Longer Term Trend



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

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Sep 2024/25
Annual Total	63,855	63,855 (G)	54,947 (G)	59,197 (G)	56,574 (G)	58,579 (G)	28,274* (G)
Monthly Average	5,321	5,321 (G)	4,579 (G)	4,933 (G)	4,715 (G)	4,907 (G)	4,712* (G)

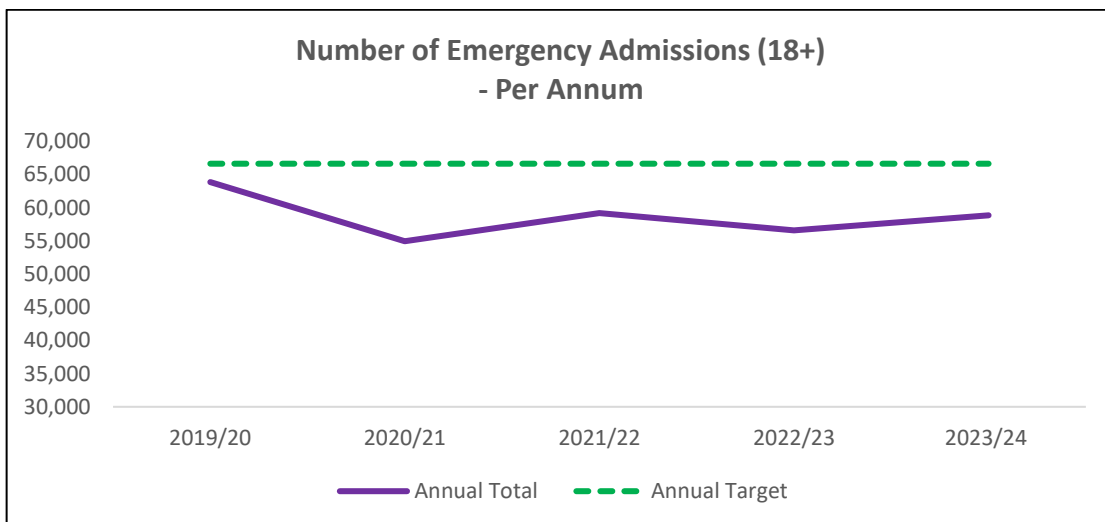
*Provisional

Performance Trend

Performance to Q2 remains GREEN although these figures are provisional at this stage. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.

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Longer Term Trend



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

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Sep 2024/25
Annual Total	507,633	507,633 (R)	450,954 (G)	522,420 (R)	546,937 (R)	549,542 (R)	222,473* (G)
Monthly Average	42,303	42,303 (R)	37,580 (G)	43,535 (R)	45,578 (R)	45,795 (R)	37,079* (G)

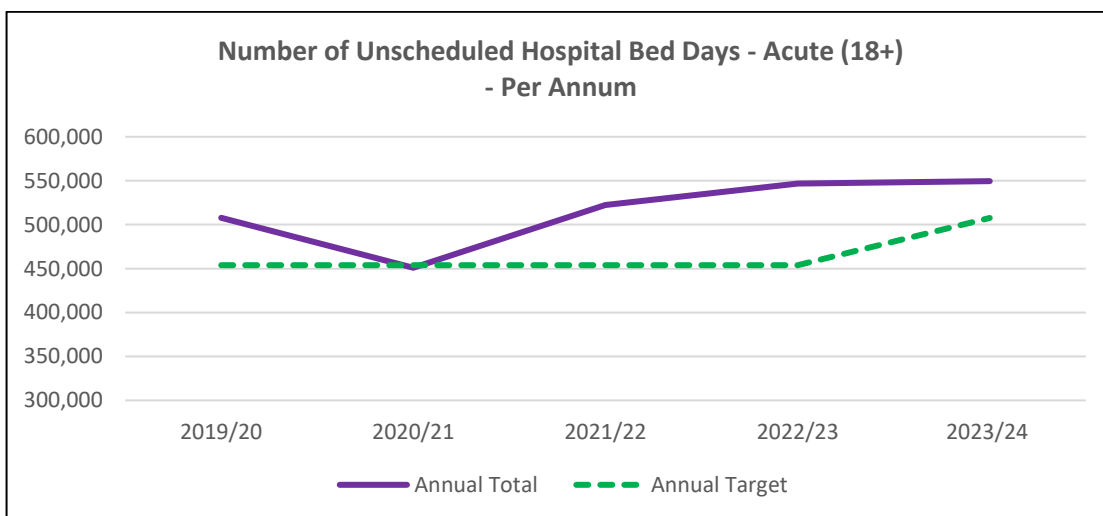
*Provisional

Performance Trend

Performance to Q2 remains GREEN although these figures are provisional at this stage. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.

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Longer Term Trend



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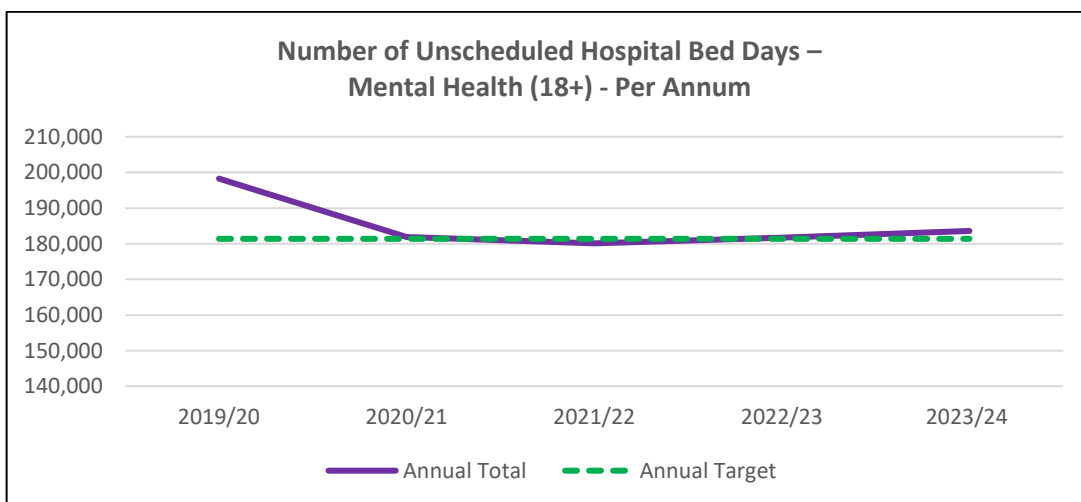
Indicator	4. Number of Unscheduled Hospital Bed Days – Mental Health (18+)
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Sep 2024/25
Annual Total	198,258	198,258 (R)	181,881 (G)	180,102 (G)	181,660 (G)	183,566* (G)	76,045*
Monthly Average	16,522	16,522 (R)	15,157 (G)	15,009 (G)	15,138 (G)	15,297* (G)	12,674* (G)

*Provisional

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

Longer Term Trend



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Indicator	5. Total number of Acute Delays
Purpose	To monitor the extent to which people are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to Adult Acute beds (excluding Mental Health beds which are covered in the Mental Health section of this report). Source of data is the monthly Health Board Census Summary figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2022/23		2023/24				2024/25				
	120	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
North East		26	24	21	25	30	20	21	45	37	38	20
North West		16	21	20	26	21	30	24	27	27	27	19
South		24	48	24	38	33	33	31	33	36	39	31
Other												
Sub-Total (Included Codes)		66	93	65	89	84	83	76	105	100	104	70
North East		20	15	25	31	24	24	26	22	29	33	35
North West		19	23	22	16	15	11	22	24	22	15	19
South		29	11	14	20	25	22	22	23	19	24	26
Other												
Sub-Total (Complex Codes)		68	49	61	67	64	57	70	69	70	72	80
Overall Total		134 (R)	142 (R)	126 (R)	156 (R)	148 (R)	140 (R)	146 (R)	174 (R)	170 (R)	176 (R)	150 (R)

Performance Trend
Total numbers delayed increased between September and November but reduced in December. The reduction in December was as a result of a fall in delays for included codes while complex codes increased.

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

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

December saw a significant increase of activity within this quarter, however delays were prioritised and supported over the Christmas period, with 48 patients being discharged prior to Christmas Day.

Actions to Improve Performance

- Aim for a shift from patients being delayed towards a planned discharge date, with actions being progressed to support this.
- Continuing input to local planning and implementation of Planned Discharge Date agenda.
- Liaise with and utilise support from the discharge team on issues at ward level such as medications and transport required on discharge.
- Improve access to care home places through ad hoc Commissioning inputs, linking with care homes to progress pre-admission assessments and mitigate discharge delays, and attending care home webinars to liaise with the homes on an ongoing basis.
- Regular links with legal department to support AWI issues and using a tracker to progress cases. Using interim powers to support progress and aiming for additional court dates.
- Maximising use of Intermediate Care & Discharge to Assess using the daily Intermediate Care Huddle and liaising with HSCP residential units to improve pathways.
- Supporting the Homelessness Liaison team via a weekly multi-disciplinary meeting involving a range of HSCP functions and teams including addictions, homelessness services, commissioning, and the complex needs team – and ad hoc service manager link, homelessness services.
- Management of complex cases through a focused joint approach with multi-disciplinary teams, including NHS Acute and a range of HSCP services including community health, home care, commissioning, occupational therapy, and social work.
- Management of staffing issues through targeted action around short and long term absence and the use of some temporary capacity. Ongoing active recruitment.
- Implementing a service improvement programme working across a range of areas including demand, activity, capacity, and queueing.
- Involved in ongoing programme with Scot Gov and Health Improvement Scotland.
- Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions.
- An increase in the under 65 cohort open to adult services, development of cross-commissioned services.
- Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance.

Performance continues to be managed using parameters above.

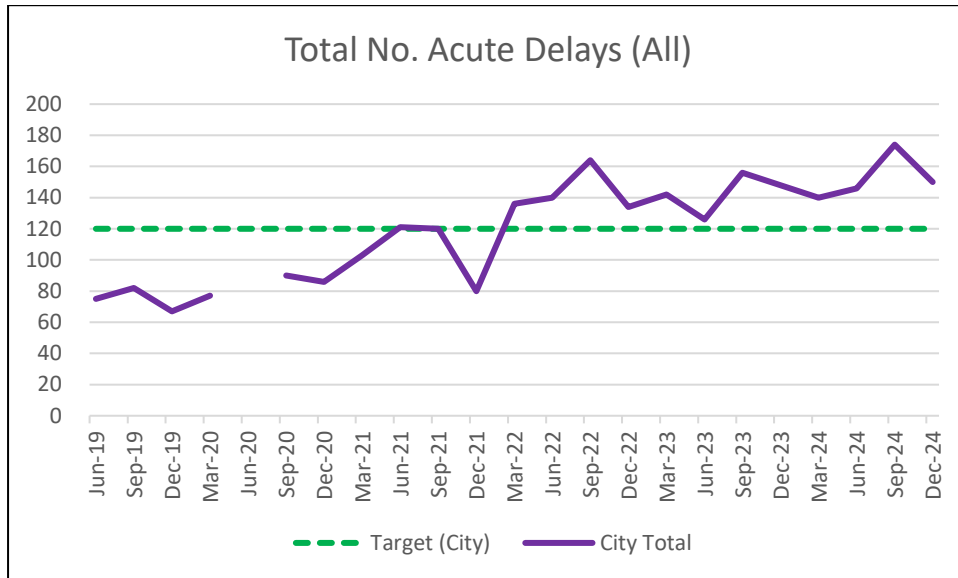
Timescales for Improvement

Agreed timescale up to Q3/Q4 2024/25. Improvement is ongoing at present.

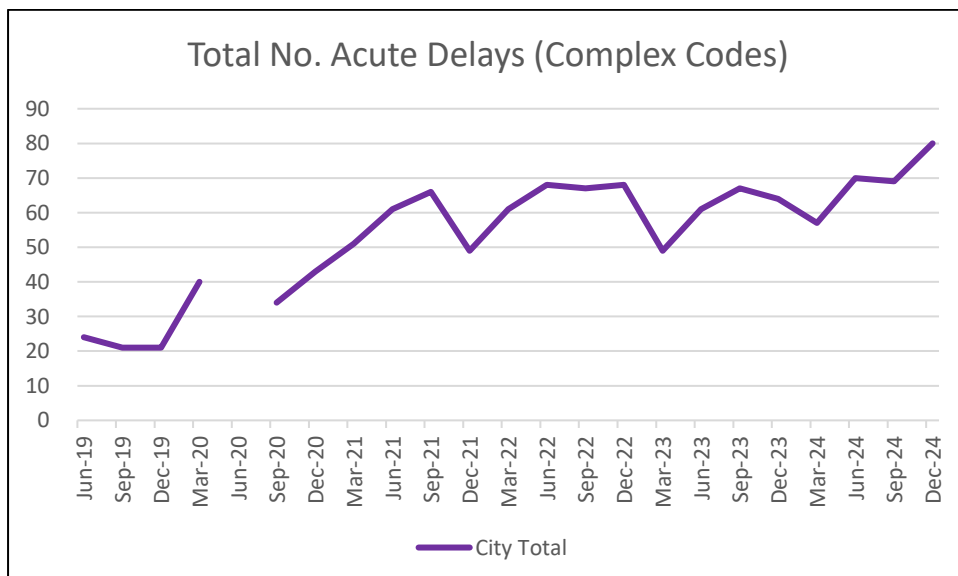
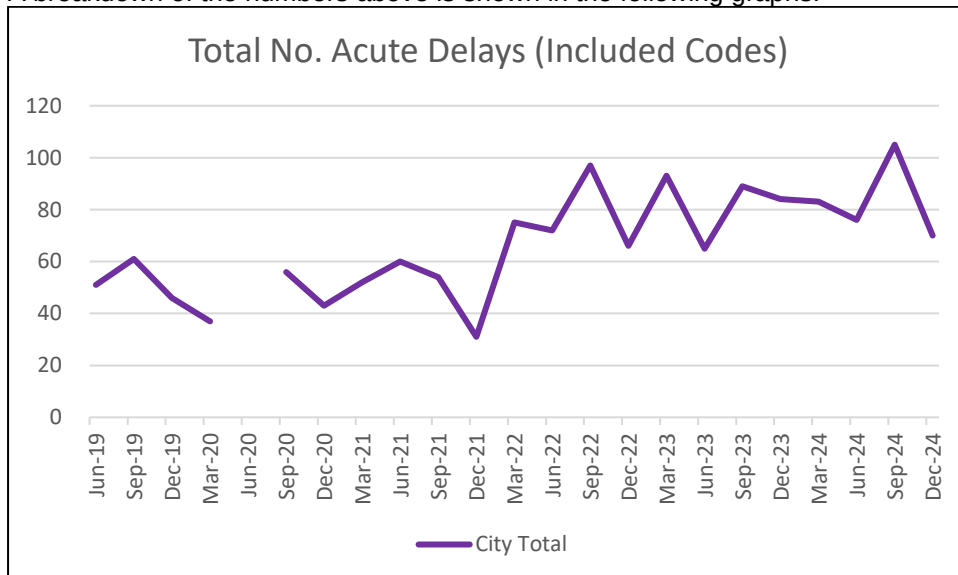
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Longer Term Trend (N.B. Data was unavailable for June 2020).



A breakdown of the numbers above is shown in the following graphs.



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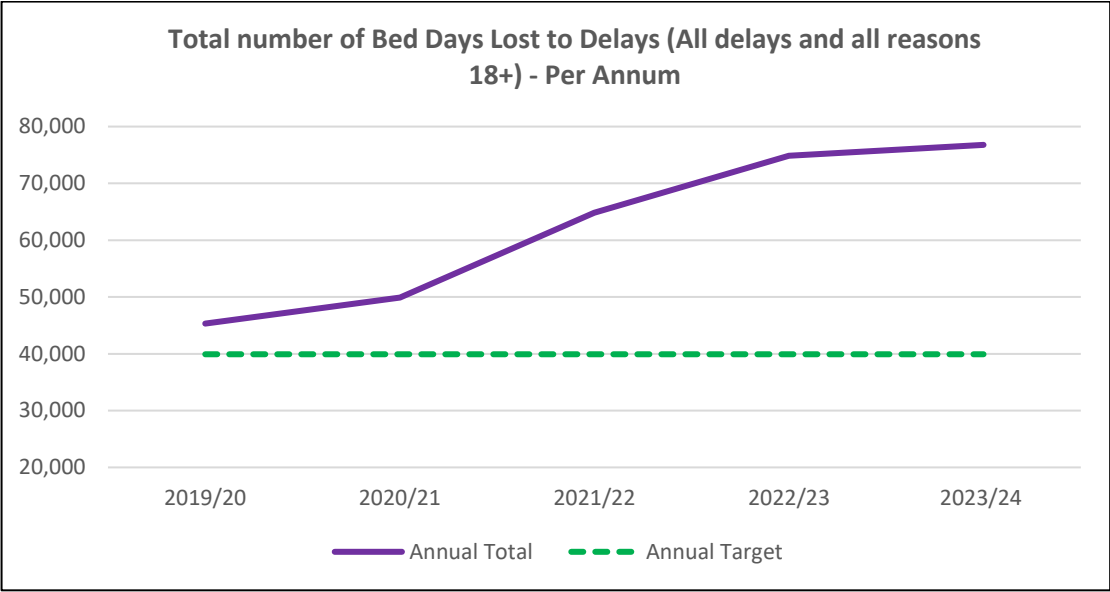
Indicator	6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)
Purpose	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
Type of Indicator	MSG Indicator 4
Health & Wellbeing Outcome	Outcome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

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	Apr-Sep 2024/25
Annual Total	45,318	45,318 (R)	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)	41,793 (R)
Monthly Average	3,776	3,776 (R)	4,159 (R)	5,404 (R)	6,240 (R)	6,398 (R)	6,965 (R)

Performance Trend
Bed Days lost increased over the last four years after falling in 2019/20 due to the pandemic and this has continued into the first half of 2024/25 with the monthly average increasing. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.
Issues Affecting Performance
See issues set out in KPI 5 above. (Under 65) Focused work and bespoke commissioning solutions are being sought for complex cases and this includes under 65 and clinically complex patients.
Actions to Improve Performance
- Significant improvement on targeting long term delays – with statistical shift in the level of long-term bed days. - Focussed work on complex cases. - Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues. - Reporting directly to ACO and strategic performance planning is ongoing. - Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions. - Targeted input to spinal unit in relation to Delayed Discharges within said unit. - Current commissioning role expanded to include support from adult commissioning. - Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions. - An increase in the under 65 cohort open to adult services, development of cross-commissioned services. - Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance.
Timescales for Improvement
Agreed timescale up to Q3/Q4 2024/25. This is still ongoing in Q3. Back to Summary

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Longer Term Trend



PRIMARY CARE

Indicator	1. Prescribing Costs: Compliance with Formulary Preferred List
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The formulary preferred list are those medicines that are considered most appropriate as the initial choices for the majority of illnesses that are managed in the primary care setting, and it is an important medicines management tool. While some of the variation in this indicator between GP practices and localities is expected due to differences in the patients that they treat, some will be due to differences in medicines management with higher compliance with the formulary preferred list expected in practices where medicines management practices are fully implemented.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	78%	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)	73.46 (R)	73.19 (R)
NE		77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)	73.98 (R)	73.73 (R)
NW		75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)	72.87 (R)	72.63 (R)
S		76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)	73.48 (R)	73.17 (R)
NHSGGC		76.54	76.85	76.45	75.77	72.03	73.75	73.9	73.91	73.63

Performance Trend

During Q1, there was a slight decrease in performance at a city level and in all localities and all remained RED.

This indicator is reported one quarter in arrears.

Issues Affecting Performance

New Issues:

- As part of our review of medicines of low or limited clinical value, Ralvo (Lidocaine plasters) have been removed from the NHS GG&C formulary. More than 10,000 prescriptions were issued for Ralvo during Q2.

Ongoing Issues:

- The facilitate this years' prescribing efficiencies programme, we changed our first line anti-coagulant (Apixaban), first line COPD preventer inhaler (Tiogiva) and second line asthma preventer inhaler (Luforbec) on the formulary. Due to the scale of this work, switches have been undertaken in a phased manner and should be complete by the end of Q4.
- In line with the board sustainability commitments, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during 2023/2024. Early data suggests that appropriate review, engagement and counselling with patients is resulting in a reduction in salbutamol use following a switch to a DPI, which

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offsets additional costs per unit. We continue to proceed with a gradual transition with salbutamol MDI accounting for approximately 9% of non-preferred list prescribing.

- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and chronic kidney disease. Their use is increasing. These are non-preferred list and will therefore reduce compliance.

Actions to Improve Performance

Ongoing actions/considerations:

- Real time prescribing data indicates a 60% reduction in Ralvo items since Q1 2024/25 and the review programme will continue into 2025/2026.
- Pharmacy teams have largely completed the planned 2024/2025 prescribing switch programmes during Q3 and Q4.
- The gradual transition from salbutamol MDI to dry powder (DPI) continues in a structured way.
- SGLT2 inhibitors are subject to preferred list adoption processes. This has been highlighted to NHS GG&C.

Timescales for Improvement

Luforbec, Tiogiva and Apixaban switches (alongside alogliptin switches and lidocaine deprescribing) are fully on track to be completed by the end of Q4. At the time of writing, more than 90% of planned switches have been completed, however Lidocaine review will continue into 2025/2026.

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

Adoption of a preferred list SGLT2 is subject to the development of the West Region Formulary.

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Indicator	2. Prescribing Costs: Annualised cost per weighted registered patient
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The Annualised cost per weighted registered patient is an indicator which monitors medicines management. While some of the variation between GP practices and localities in this indicator is expected due to differences in the patients treated, some is due to differences in medicines management with a lower cost per treated patient expected in practices where medicines management practices are fully implemented. Figures shown are for the last 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	Target	2022/23			2023/24				2024/25	
		Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
City	Cost below (or same) as Board average	£159.7 (G)	£155.3 (G)	£160.2 (G)	£164.4 (G)	£175.4 (G)	£176.2 (G)	£179.8 (G)	£178.3 (G)	£178.9 (G)
NE		£163.1 (G)	£162.1 (G)	£169.3 (G)	£173.7 (G)	£177.9 (G)	£179.1 (G)	£179.9 (G)	£181.7 (G)	£182 (G)
NW		£150.5 (G)	£154.2 (G)	£157.8 (G)	£162.2 (G)	£164.9 (G)	£164.3 (G)	£172.9 (G)	£165.1 (G)	£165.8 (G)
S		£165.0 (G)	£169.1 (G)	£174.1 (G)	£178.8 (G)	£182.6 (G)	£184.5 (G)	£185.6 (G)	£187.1 (G)	£188 (G)
NHSGGC		£178.0	£181.7	£187.7	£193.4	£197.5	£198.3	£199.4	£200.6	£201.3

Performance Trend
Costs at city level and in all localities increased in the last quarter. All remained GREEN and are considerably below the Health Board average, which also increased slightly. This indicator is reported one quarter in arrears. Back to Summary

CHILDREN'S SERVICES

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

Locality	Target	2022/23			2023/24				2024/25			
		Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
North East	95%	91 (A)	78 (R)	82 (R)	88 (R)	90 (A)	88 (R)	87 (R)	85 (R)	90 (A)	87 (R)	87 (R)
North West		88 (R)	87 (R)	85 (R)	87 (R)	87 (R)	91 (A)	84 (R)	87 (R)	90 (A)	85 (R)	86 (R)
South		89 (R)	85 (R)	85 (R)	83 (R)	92 (A)	88 (R)	89 (R)	90 (A)	85 (R)	86 (R)	91 (A)

Performance Trend

Performance in the North East and North West remained RED, with a slight increase in the North East and decrease in the North West. The South increased slightly, while remaining AMBER.

Issues Affecting Performance

The service previously 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 with potential to improve recording.

Actions to Improve Performance

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

Team leaders are continuing to review caseloads to ensure that reviews are being carried out timeously. Monthly population reports are provided to team leaders which identify those 27-30 month assessments that are due and those that are not completed; this allows team leaders to

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explore the reasons in caseload management discussions. The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can then discuss this in monthly 1:1s with team leaders. In addition, there are some children on caseloads who are known not to be in country (GANA) therefore a 7 minute briefing has been developed to improve how this is managed in caseloads to ensure accuracy of data.

Timescales for Improvement

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

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

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

Performance Trend
All areas remained GREEN. There is a time lag in the availability of this data so is reported 2 months behind.
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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	21/22 Total	22/23 Total	23/24 Total	2024/25				
						Q1	Q2	Q3	Q4	Year to Date
City	1,533	383	3,069 (G)	3,227 (G)	3,081 (G)	800 (G)	690 (G)	274 (R)		1,764 (G)
NE	344	86	860 (G)	919 (G)	916 (G)	245 (G)	259 (G)	98 (G)		602 (G)
NW	576	144	763 (G)	852 (G)	828 (G)	212 (G)	140 (A)	58 (R)		410 (R)
S	613	153	1,446 (G)	1,456 (G)	1,337 (G)	343 (G)	291 (G)	118 (R)		752 (G)

Performance Trend
The Year to date figures are GREEN citywide and in the North East and South with the North West RED. In Q3 the quarterly target was only exceeded in the North East with the other localities and citywide RED. This is because the service has not been accepting new referrals since the 1st of November and closed at the end of January 2025, due to its short-term funding streams coming to an end. NHS community staff have been encouraged instead to refer and signpost patients to local services and supports found in the Glasgow City HSCP Cost of Living Support Guide Oct 24, and work is ongoing to develop aligned financial support as part of the Council's Child Poverty Pathfinder programme and opportunities associated with the Whole Family Early Intervention Fund. Back to Summary

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

Locality	Target	22/23		23/24				24/25			
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Quarter 3	
										% with review	Number <i>without</i> a Permanency Review
City	90%	63 (R)	61 (R)	54 (R)	61 (R)	59 (R)	59 (R)	56 (R)	55 (R)	50 (R)	34
North East		64 (R)	63 (R)	61 (R)	68 (R)	69 (R)	60 (R)	58 (R)	61 (R)	52 (R)	11
North West		67 (R)	64 (R)	60 (R)	56 (R)	56 (R)	59 (R)	53 (R)	61 (R)	50 (R)	10
South		57 (R)	56 (R)	38 (R)	50 (R)	45 (R)	53 (R)	53 (R)	40 (R)	45 (R)	11

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

Performance Trend
Performance at city and locality level remained significantly below target and RED during Quarter 3. At the end of December, a total of 34 children (of 68 children under 5 looked after for 6 months or more) have not yet had a permanency review.
Issues Affecting Performance
There is continued increasing demand for children's social work services exacerbated due to the cost-of-living crisis, poverty, and social stress that is contributing to increased family difficulties. The complexity of the current situation and significant level of vacancies and absence in the service continues to mean that deployment of staff resource has had to be prioritised to respond to crises and destitution, often on an emergency basis. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve due to current circumstances, and in the context of current financial challenges. In addition, the introduction of the new family connections plan, in line with the aspirations of The Promise, has been an adjustment for staff, and as part of a suite of assessment processes feeding into the Permanence Review, has been adding some delay as staff familiarise themselves with the new process.

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There has been significant staff turnover in the past 2 years with a high number of newly qualified social workers joining the service, and ongoing vacancies due to turnover and the length of time to recruit new staff. There is a recognition that these new workers need considerable training, support and coaching to navigate this complex work therefore options are currently being scoped to provide more opportunities for direct coaching and support with this work. The service is currently running with over 30 vacancies and has had a higher sickness rate, which has impacted 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, identifying the work required to progress children's care plans.

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

At the point a child is accommodated a 'tracking worker' is allocated and there is a proposal to enhance this role to ensure support is provided to the social worker to ensure plans are progressed timeously, with additional support from the Independent Reviewing Officers (IRO). Additional IRO capacity has been secured via the Whole Family Early Intervention Fund.

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

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

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

Timescales for Improvement

Ongoing work is being progressed to undertake reviews and continues to be overseen by the city-wide permanence forum. Additional capacity continues to be provided by the Independent Care and Review Team, and specific options to improve capacity for coaching are being explored, with work ongoing to align the work of Assistant Service Managers and Independent Reviewing Officers and develop a citywide approach to supporting families. Additional investment in IRO capacity has been secured via the Whole Family Early Intervention Fund. In addition, a new KPI is being developed to report on the number of children under 5 who have achieved permanence.

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

Locality	Target	22/23			23/24				24/25		
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	60%	58 (A)	51 (R)	56 (R)	61 (G)	59 (G)	60 (G)	48 (R)	51 (R)	46 (R)	53 (R)
North East		55 (R)	39 (R)	48 (R)	44 (R)	60 (G)	63 (G)	76 (G)	52 (R)	58 (A)	59 (G)
North West		53 (R)	64 (G)	42 (R)	58 (A)	47 (R)	57 (R)	31 (R)	45 (R)	38 (R)	49 (R)
South		62 (G)	48 (R)	68 (G)	72 (G)	68 (G)	63 (G)	39 (R)	53 (R)	44 (R)	51 (R)

Performance Trend

Although remaining RED there was an improvement in performance at city level, North West and South during Q3. Performance also improved slightly in North East with the RAG-rating moving from AMBER to GREEN during the reporting period.

The total number of new SCRA reports requested during Q3 was 202 (70 North East, 55 North West and 77 South).

Issues Affecting Performance

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

Actions to Improve Performance

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

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Timescales for Improvement
The timescales for submitting new reports to SCRA will be kept under review, but the impact of vacancies and prioritisation of emergency work is continuing to impact on the rate of progress.
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Indicator	6. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education, or training (EET). The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	22/23			23/24				24/25		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	75%	80% (G)	79% (G)	80% (G)	78% (G)	80% (G)	78% (G)	77% (G)	77% (G)	75% (G)	74% (G)
North East		84% (G)	82% (G)	81% (G)	79% (G)	79% (G)	78% (G)	81% (G)	81% (G)	75% (G)	76% (G)
North West		80% (G)	79% (G)	80% (G)	79% (G)	80% (G)	73% (A)	74% (G)	72% (A)	69% (R)	69% (R)
South		84% (G)	84% (G)	84% (G)	82% (G)	83% (G)	82% (G)	80% (G)	81% (G)	79% (G)	75% (G)

Notes

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

Performance Trend

The target was met (GREEN) in the city overall and in the North East and South localities during Q3. Performance in North West remained RED during the reporting period.

The recording of Employability status improved during Q3 with the number of young people who do not have their employability status recorded decreasing slightly from 23 to 18 between Q2 and Q3. Of these 18 young people, 14 are allocated to North East and 8 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	Karen Dyball, Assistant Chief Officer (Children's Services)

Target	22/23		23/24				24/25		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1*	Q2*	Q3*
25 or fewer	30 (G)	30 (G)	30 (G)	26 (G)	27 (A)	26 (A)	22 (G)	20 (G)	23 (G)
*The service has revised these figures after identifying that some placements previously counted as outwith Glasgow were actually Glasgow-based.									
Performance Trend									
Following adjustment of the figures, the out of authority placement numbers were below the 25 or less target at the end of the reporting period (RED). Back to Summary									

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

Locality	Target	2022/23			2023/24				24/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	92.62 (G)	92.43 (A)	92.27 (A)	92.14 (A)	91.47 (A)	91.55 (A)	90.24 (R)	90.9 (A)	89.9 (R)
North East		90.15 (R)	94.21 (G)	92.72 (G)	91.03 (A)	92.27 (A)	90.91 (A)	88.21 (R)	88.5 (R)	87.6 (R)
North West		93.89 (G)	92.36 (G)	91.00 (A)	92.84 (A)	90.25 (A)	91.37 (A)	88.97 (R)	94.5 (G)	89 (R)
South		93.5 (G)	91.23 (A)	92.84 (G)	92.45 (A)	91.72 (A)	92.15 (A)	92.83 (G)	90.1 (R)	92.4 (A)

Performance Trend

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

Issues Affecting Performance

The World Health Organisation has raised concerns that vaccine uptake has declined internationally. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.' In this context, the rates being achieved in Glasgow City are regarded as good, in comparison to national trends.

Actions to Improve Performance

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

Timescales for Improvement

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

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

Locality	Target	2022/23			2023/24				24/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	95.44 (G)	96.02 (G)	94.86 (G)	95.73 (G)	95.55 (G)	95.68 (G)	94.97 (G)	94.6 (G)	95.1 (G)
North East		94.86 (G)	96.69 (G)	93.26 (G)	96.12 (G)	94.56 (G)	95.12 (G)	95.75 (G)	94.6 (G)	95.8 (G)
North West		95.35 (G)	94.91 (G)	95.42 (G)	96.3 (G)	95.74 (G)	96.21 (G)	94.17 (G)	93.1 (G)	95.6 (G)
South		95.98 (G)	96.25 (G)	95.76 (G)	95.01 (G)	96.25 (G)	95.73 (G)	94.93 (G)	95.7 (G)	94.1 (G)

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

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
Purpose	To monitor the waiting times for people who started a PT treatment within the reporting period. The NHS Psychological Therapies Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This figure is an aggregate of all PTs delivered across all NHS services (i.e. Adult, Older People and Child & Adolescent in both inpatient and community settings for Mental Health Teams, Learning Disabilities Teams, Addiction Teams, Physical Health Services, Forensic Services and Prison Healthcare).
Type of Indicator	NHS LDP (Local Delivery Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	2022/23			2023/24				2024/25			
		Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
North East	90%	60 (R)	58 (R)	45.5 (R)	49 (R)	74.1 (R)	78.7 (R)	77.3 (R)	84.9 (R)	80.5 (R)	77.6 (R)	91.7 (G)
North West		91.7 (G)	91.7 (G)	96.7 (G)	96.7 (G)	100 (G)	93.7 (G)	94.4 (G)	93.8 (G)	92.4 (G)	88.6 (G)	95.7 (G)
South		85.5 (R)	82.9 (R)	89.1 (G)	93 (G)	78.4 (R)	81.6 (R)	82.3 (R)	87.5 (A)	88.9 (G)	80.4 (R)	84.6 (R)

Performance Trend
Performance has remained GREEN in the North West since September and improved. The North East moved from RED to GREEN while the South moved from AMBER to RED over this period.
Issues Affecting Performance
There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering PT within the national 90% PT within 18 weeks LDP Standard addressing and eliminating long waits, especially those of 53+ weeks. The capacity to deliver PTs remains hugely influenced by operational matters including staff turnover, internal moves, vacancies, arranged and unexpected leave. The pressure on the available capacity to continue to meet demand often compound these factors, further contributing to lengthening the waiting times. Recruitment, when possible, has at times resulted in no applicants, or no appropriate applicants, reflecting the national lack of available clinically trained professionals. Levels of demand vary across the full range of assessment and treatment waiting times. These require mitigation to prevent adverse effects on the waiting time standard. There are waiting list initiatives focusing on starting PT treatment for patients assessed as suitable for a PT treatment and are waiting the longest.

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

It is worthwhile noting that in most cases, whilst all PTs commencing will stop the “waiting time” clock, PT treatment protocols outline a number of appointments (using up workforce capacity), over a period of time, to complete the full course of a PT treatment. In NHSGGC, this number is typically between 4-8 PT treatment appointments. Many highly specialist interventions routinely take between 16-20 appointments. Some PT treatments require an appointment every week for a year or more. Some PT protocols have specific criteria in order to commence the intervention (i.e. cohort size).

The care process is dynamic. There are continual incoming referrals requiring assessment. Anyone assessed as suitable for a PT is added to the numbers still waiting to start.

Some people wait longer due to clinical, social, or personal reasons that prevent remote engagement and require an in-person face-to-face approach.

Actions to Improve Performance

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

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

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

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

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

When the resource is available, the Board wide PT Group team co-facilitate digital-based group PTs with CMHT colleagues.

The digital psychological therapy platform offers a wider range of interventions all requiring additional capacity to provide the required levels of clinical supervision.

Heads of Service and Professional Leads routinely monitor team performance to assess the impact of their actions and support decision-making.

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

Timescales for Improvement

- Achieving the 90% national Psychological Therapies 18 weeks waiting time Standard
- Appointing people waiting 53+ weeks will continue into 2025.
- Appointing people waiting 36+ weeks into 2025.

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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 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2022/23			2023/24				2024/25			
		Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
Stobhill	28 days	26.4 (G)	32.6 (R)	28.9 (A)	25.5 (G)	34.2 (R)	27.5 (G)	24.3 (G)	22.1 (G)	30.5 (R)	27.6 (G)	23.9 (G)
Leverndale		39.8 (R)	33.2 (R)	33.5 (R)	43.2 (R)	35.4 (R)	39.9 (R)	32.3 (R)	39.2 (R)	31.5 (R)	39.6 (R)	38.7 (R)
Gartnavel		26.3 (G)	28.9 (A)	35.1 (R)	27.8 (G)	40.7 (R)	34.8 (R)	41 (R)	34.9 (R)	35.9 (R)	37.3 (R)	35 (R)

Performance Trend

During the period since September, performance has remained GREEN in Stobhill and RED in Leverndale and Gartnavel.

Issues Affecting Performance

In Q3 Inpatient wards pauses and closures to admissions across the system of inpatient mental health provision remained an impact. Despite this added pressure and fluctuations in the numbers of discharges on each of the three Glasgow City sites, performance in the quarter remained within the recent norms for the same three sites overall. The average number of people with stays of over 6 months continues statistically within the usual range, although this maintains high pressure on inpatient ward daily operation. Staffing remains an on-going key pressure on the delivery of care plans to optimise treatment and discharge. The current variation around the average length of stay is equally not significant statistically. Elsewhere the entirety of the NHSGGC system of adult short-stay inpatient care has seen a slight change to the temporary reduction of beds (now 5 from 6), equivalent to a 1.75% drop in capacity.

Actions to Improve Performance

There is an ongoing operational review of boarders and options to further improve bed management and discharge co-ordination continue. Operational responses prioritise maintaining safe care. Clinical leadership continues to be more operationally applied to support reducing the variance, including for observation, being used across wards and hospital sites. A slight reduction in adult short-stay beds average length of stay in the immediate run-up to Christmas was delivered. An operational bed management approach includes to utilise this to improve occupancy in the final quarter dependent on referral pressure to March.

Timescales for Improvement

Daily operational contingency continues and is applied to the fluid situation and location of pressure. A further management of inpatient movement saw an anticipated Christmas reduction in adult bed use. The pressured position is expected to continue to March 2025. Phased movement towards the adult acute admission bed strategy endpoint remains planned to progress towards the end of strategy implementation.

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Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2022/23			2023/24				2024/25			
		Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
Stobhill	<95%	85 (G)	98.2 (A)	101.3 (R)	99.6 (A)	100.1 (R)	101 (R)	98 (A)	95 (G)	98.3 (A)	99.4 (A)	92.4 (G)
Leverndale		98 (A)	101 (R)	99.4 (A)	99.9 (R)	96.9 (G)	101.2 (R)	101.8 (R)	99.9 (R)	100.3 (R)	100.9 (R)	98.8 (A)
Gartnavel		89.2 (G)	98.9 (A)	99.4 (A)	96.1 (G)	98.5 (A)	99.6 (A)	99 (A)	99 (A)	99.9 (R)	99.5 (A)	90.3 (G)

Performance Trend

During the period since September, performance improved in all 3 sites, remaining GREEN in Stobhill, while moving from RED to AMBER in Leverndale and AMBER to GREEN in Gartnavel.

Issues Affecting Performance

Boarders to an external Health Board during the quarter remain minimal. On-going planned ward movement to support anti-ligature work continues to impact on the sites. Wards outwith Glasgow City reduced bed numbers and moved to Glasgow located sites remains a factor. Taking this into account and the overall position for the quarter so far adult acute beds occupancy has slightly reduced. Overall, service ability to admit those who require inpatient care continued to be maintained whilst pressure remained constant. The practice of transferring to other sites/types of mental health bed wards people whose condition is stable remains an option of last resort to facilitate a new admission. This practice remains anticipated for 2024-25. Despite the decrease of 5 beds (1.75% reduction) occupancy has reduced across the wider system of adult acute psychiatric beds. Community vacancy improvement is yet to help in further reducing pressure on inpatient admissions. An anticipated reduction in occupancy was delivered at the end of quarter 3.

Actions to Improve Performance

The use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care remains an option of last resort. Reducing vacancies during 24/25 in community and inpatient services remains a significant on-going operational issue whilst recognising the imperative to contribute to delivering financial planning requirements.

Timescales for Improvement

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

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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 and it excludes Forensic Mental Health and Learning Disability. Source of data is the monthly Health Board Delayed Discharges Mental Health Census Summary.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 1)
HSCP Leads	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Adults and Older People

Locality	Target	2022/23		2023/24				2024/25				
		Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
N. East		6	10	5	5	9	9	20	14	15	15	12
N. West		10	10	4	4	3	11	7	11	12	10	5
South		12	13	10	12	13	11	16	15	10	10	12
City		0	0	0	0	0	2	0	0	0	0	0
Sub-Total (Included Codes)		28	33	19	21	25	33	43	40	37	35	29
N. East		1	3	0	2	3	4	3	3	3	2	2
N. West		0	2	2	1	4	5	2	2	2	2	2
South		1	4	4	4	2	3	1	2	3	3	3
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		2	9	6	7	9	12	6	7	8	7	7
All Delays	20	30 (R)	42 (R)	25 (R)	28 (R)	34 (R)	45 (R)	49 (R)	47 (R)	45 (R)	42 (R)	36 (R)

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

Adults

Locality	2022/23		2023/24				2024/25				
	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Oct 24	Nov 24	Dec 24
North East	4	6	2	2	4	4	7	1	6	7	3
North West	6	8	3	2	2	7	6	7	6	4	3
South	4	8	5	3	7	3	6	7	6	4	5
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	14	22	10	7	13	14	19	15	18	15	11
North East	0	1	0	1	2	2	1	2	2	1	1
North West	0	1	1	0	3	4	2	2	2	2	2
South	0	0	0	0	0	3	1	0	0	0	0

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City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	0	2	1	1	5	9	4	4	4	3	3
All Delays	14	24	11	8	18	23	23	19	22	18	14

Older People

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

Performance Trend

Performance remains RED although there has been a decrease overall in the last quarter (-11). Within this, adult delays decreased by 5 while older people delays decreased by 6.

Issues Affecting Performance

Overall delays have decreased slightly for this period. There continues to be issues with placements for complex patients and legal/AWI issues.

Patients with complex needs continue to require ongoing inpatient care and other options continue to be explored.

Actions to Improve Performance

The discharge team review will be concluded by end of March 2025. This will be reported to the Adult Core Leadership Team for approval prior to implementing any recommended changes.

Regular meetings continue with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital.

Timescales for Improvement

Performance improvement will be sought in 2024/25 financial year factoring the financial challenges being forecast.

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ALCOHOL AND DRUGS

Indicator	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
Purpose	In 2011, the Scottish Government set a National Standard that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug and/or alcohol treatment that supports their recovery. This KPI monitors performance in relation to this standard. The figure reported includes the following services: the 3 ADRS teams, CNS (HAT), Drug Court, and all Purchased Services.
Type of Indicator	NHS LDP (Local Delivery Plan) Standard
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 1)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	22/23				23/24				24/25	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	90%	93% (G)	96% (G)	94% (G)	96% (G)	98% (G)	96% (G)	96% (G)	93% (G)	92% (G)	94% (G)
North East ADRS		Locality information was unavailable for this indicator during these quarters.		100% (G)	98% (G)	99% (G)	98% (G)	100% (G)	98% (G)	99% (G)	99% (G)
North West ADRS				80% (R)	76% (R)	95% (G)	92% (G)	82% (R)	88% (G)	89% (G)	92% (G)
South ADRS				99% (G)	100% (G)	100% (G)	98% (G)	97% (G)	96% (G)	99% (G)	100% (G)
Performance Trend											
This indicator is reported one quarter in arrears.											
All localities exceeded the 90% target during Q2 (GREEN).											
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SEXUAL HEALTH SERVICES

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

Locality	Target	2022/23		2023/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		1191	1202	1110	1189	1118	1322	1361	1319	1137
NE		326	294	210	182	190	266	275	312	227
NW		706	758	750	817	786	883	892	801	756
S		159	150	150	190	142	173	194	206	154
NHSGGC	1354 per Quarter	1527 (G)	1509 (G)	1393 (G)	1471 (G)	1304 (A)	1524 (G)	1562 (G)	1479 (G)	1308 (A)
DNA rate (%)		9.61	8.21	11.25	11.09	8.69	10.03	11.2	11.76	11.85

Performance Trend
Performance has reduced in Q3 and moved from GREEN to AMBER.
Issues Affecting Performance
Reduction in staffing due to admin and nursing vacancies being held and not able to recruit. This quarter includes both the October school holiday and the Christmas period when staff absences due to annual leave are higher.
Actions to Improve Performance
Recruitment is underway.
Timescales for Improvement
Next quarter – Q4. Back to Summary

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

Locality	Target	2022/23		2023/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		1611	1169	1069	1168	1011	1167	1243	1533	1208
NE		279	323	253	200	209	300	333	451	371
NW		1167	667	552	650	546	541	580	736	613
S		165	179	264	318	256	326	330	346	224
NHSGGC	1166 per quarter	2210 (G)	1776 (G)	1859 (G)	2090 (G)	2004 (G)	1916 (G)	2190 (G)	2203 (G)	1848 (G)
DNA rate (%)		18.75	15.54	19.47	18.92	19.5	14.68	15	16.8	18.07

Performance Trend
Performance has reduced in Q3 but remains GREEN.
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Indicator	3. Median waiting times for access to first Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
Type of Indicator	National Indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

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

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

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

Locality	Target	Locality		2023/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		522	478	474	385	385	404	470	486	429
NE		111	91	67	56	53	62	119	118	99
NW		375	339	353	253	258	279	284	294	252
S		36	48	54	76	74	63	67	74	78
NHSGGC	TBC	677	640	676	601	575	560	617	622	571
DNA rate (%)		27.62	26.09	31.66	24.29	26.26	26.96	28.2	30.55	28.9

Performance Trend
The service has reviewed this indicator, and it now relates to the number of appointments offered to Young People in the specialist clinics. Work is nearing completion on finalising the revised clinical model, and this will determine the target to be set for this indicator. It is anticipated that the target will be set for the next quarterly report.
Issues Affecting Performance
Sandyford has seen continuing decreases in the numbers of young people attending for sexual health care over the last decade, and this is the pattern across Scotland.
As the service and staffing in the service has recovered since the pandemic, young people clinics have been established in most locations proposed in the 2019 service review model. The service has adjusted clinic times, locations, appointment types and expanded outreach activity. However, despite strong efforts to try novel modes of engagement, these clinics in most cases remain under-utilised by young people.
Actions to Improve Performance
The following measures are underway: • Work on establishing a live chat function is well underway with an IT system identified for this and plans for an initial deployment underway. • National work to improve the online booking experience is underway and due to be implemented during 2025. • Consideration is being given to commissioning a comprehensive social marketing advertising campaign for young people to raise awareness of the service offer and to address some of the barriers to access that young people have told us about. In the current period of financial restraint, this may not be viable in the short term • Work to increase awareness of Sandyford services through secondary schools is also underway with the development of a dedicated lesson plan with sign posting information to be provided across the area, however it is unlikely to be widely used in denominational schools.

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Timescales for Improvement
Throughout 2025.
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Indicator	5. Median waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments
Purpose	To monitor waiting times for access to first appointment at the TOPAR service. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

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

Performance Trend
Performance declined during Q3 but remained on target and GREEN.
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HOMELESSNESS

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

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

Performance Trend

During Q3 performance at City level improved with the RAG rating moving from AMBER to GREEN. Both the North East locality and the Asylum & Refugee Team continued to meet target (GREEN) while performance in South improved significantly with the RAG rating moving from RED to GREEN during the reporting period. There was a slight fall in performance in North West with the RAG rating moving from GREEN to AMBER during Q3.

A total of 1,658 decisions were made during Q3.

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Target/Ref	2. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	Registered Social Landlords (RSL) have an obligation under Section 5 of the Housing (Scotland) Act 1987 to help provide offers of settled accommodation for households assessed as unintentionally homeless. A Resettlement Plan is the agreed mechanism through which the HSCP can refer a household to an RSL. The indicator is intended to ensure that teams maximise plan numbers to achieve the city-wide target of 1,000 per quarter (2024/25).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	Total 20/21	Total 21/22	Total 22/23	Total 23/24	24/25			
24/25 4,000 per annum (1,000 per quarter)					Q1	Q2	Q3	Year to Date
22/23 & 23/24 3,750 p a (938 p q)								
21/22 5,000 p a (1,250 p q)	3,961 (R)	4,675 (R)	4,016 (G)	4,539 (G)	1,411 (G)	1,368 (G)	1,259 (G)	4,038 (G)

Performance Trend
Target increased from 3,750 to 4,000 new resettlement plans per annum for 24/25. The quarterly target for the number of completed resettlement plans continued to be exceeded during the third quarter of 24/25 (GREEN) with the annual target (4,000) being exceeded at the end of Q3. Back to Summary

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Indicator	3. Average number of weeks from assessment decision to settled accommodation
Purpose	A core element of the Council's Rapid Rehousing Transition Plan (RRTP) is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement. The measure reported changed at the start of 2024/25 from an overall figure for all sizes of apartment to being reported by apartment size.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Apartment Size	Target	24/25			
		Q1	Q2	Q3	Q4
1 apt	21 weeks	21 (G)	26 (R)	29 (R)	
2 apt	36 weeks	41 (R)	50 (R)	47 (R)	
3 apt	31 weeks	36 (R)	34 (R)	36 (R)	
4 apt	81 weeks	82 (G)	90 (R)	135 (R)	
5 apt	225 weeks	296 (R)	277 (R)	236 (A)	

Performance Trend
Revised KPI: From 24/25 the reporting is broken down by apartment size. No historical data is therefore shown for this KPI.
Performance in relation to 1 to 4 apartment size accommodation remained RED during the reporting period. Performance in relation to 5apt improved with the RAG rating moving from RED to AMBER.
Issues Affecting Performance
Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process.
The number of lets secured in Q3 (2024/25) was slightly higher than in the previous quarter however demand for homelessness in Q3 also increased from Q2. There have been small differences noted in relation to the average length of time for 1, 2 and 3apts with small increases in 1apt and 3apt timeframes and a small decrease in 2apt properties. Increases in demand which outstrip supply will lead to longer waiting times for homeless households.

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The most notable increase relates to the increase in 4apt properties where turnover across the city remains low.

In relation to 5apt properties, there have been 9 families resettled in the quarter which is higher than previous quarters which has significantly reduced the average length of time.

Actions to Improve Performance

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

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

The HSCP has an increased ask of 67% of RSLs in 2024/25 which takes into consideration both the increase in demand as well as a reduction in turnover within the social housing sector and the current percentage of lets to homeless households is approximately 51%. Although this is lower than the current request, it is the highest ever percentage achieved by the HSCP and is 10% above the national average of lets to homelessness households provided by RSLs. Meetings are taking place in the coming weeks with a number of RSLs where the number of lets provided is below what is requested by the HSCP

Work is also on-going with colleagues in NRS to utilise the acquisition programme funding to purchase larger family homes in order to offer these properties to homeless households to increase the supply of larger family homes

Timescales for Improvement

It is anticipated that the number of lets in Q4 will increase which will reduce the number of weeks from assessment decision to settled accommodation. Meetings are taking place in the coming weeks with a number of RSLs where the number of lets provided is below what is expected by the HSCP.

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Target/Ref	4. Number of households reassessed as homeless or threatened with homelessness within 12 months
Purpose	This indicator reports on the number of “<i>Repeats</i>” by monitoring the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed). This indicator is intended to help ensure that teams are working to minimise the number of repeat homeless applications.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	Full Year Total 20/21	Full Year Total 21/22	Full Year Total 22/23	23/24		Full Year Total 23/24	24/25		
				Q3	Q4		Q1	Q2	Q3
<480 per annum (<120 per Quarter)	420 (G)	526 (R)	406 (G)	97 (G)	75 (G)	312 (G)	99 (G)	121 (G)	96 (G)

Performance Trend

During Q3 the number of Repeats fell during the reporting period and continued to remain below the upper threshold (GREEN).

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 96 households reassessed during Q3 shows:

- 44 Households received temporary accommodation.
- 8 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	5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide interim (i.e. emergency or temporary) accommodation where there is reason to believe a household is homeless and an application has been received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	22/23				23/24				24/25		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	70% (R)	60% (R)	58% (R)	52% (R)	53% (R)	49% (R)

Performance Trend
Performance in relation to emergency accommodation remained RED during Q3. This indicator relates to a statutory requirement.
Issues Affecting Performance
Given the increased demand, which is currently affecting Homelessness Services, particularly stemming from a significant increase in positive leave to remain decisions for asylum seekers, the service has not been in a position to offer emergency accommodation to all households on their first request. The above measure of 49% relates to the percentage of instances where temporary accommodation has been provided, rather than the number of households.
Actions to Improve Performance
There remain significant financial and capacity pressures on the HSCP's Homelessness Services, and it is likely both these pressures will continue throughout the remainder of 2024/25. Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised in order to reduce homelessness presentations within the city and subsequently reduce the demand on temporary accommodation. As noted above, work is also underway to increase the number of lets for homeless households to ensure that the end-to-end journey is as short as possible thus increasing the turnover and availability of temporary accommodation.
Timescales for Improvement
Given the current demands on Homelessness Services at this time, and the increase in demand as a result of the streamlined asylum process, it is likely that the HSCP will be unable to offer temporary accommodation on first request for all households. It is likely that this will continue into Q4 in 2024/25.
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Indicator	6. Number of new Housing First tenancies created
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		Baseline	20/21	21/22	22/23	23/24	24/25		
		Start of 20/21	Annual Total	Annual Total	Annual Total	Annual Total	Q1	Q2	Q3
24/25 20 per quarter (392 by year end)	Number created during quarter	0	76	61	34	22	3	5*	2
23/24 350 at year-end 15 per quarter	Cumulative Total	119	195 (R)	256 (R)	290 (G)	312 (R)	315 (R)	320* (R)	322 (R)
22/23 year-end 280									

*Q2 figure has been revised from 4 to 5.

Performance Trend
Target revised for 24/25 to 20 new Housing First tenancies per quarter.
Performance during Q3 was below the new quarterly target of 20 Housing First tenancies per quarter (RED).
Issues Affecting Performance
The conclusion of the Glasgow Alliance to End Homeless has impacted on the multi-disciplinary work which is essential to the Housing First service delivery model.
Revised arrangements with key stakeholders are currently being finalised for the Housing First service moving forward aligned to the All in For Glasgow and forthcoming WayFinder recommissioning workstream.
Actions to Improve Performance
The service continues to work with key partners both within the wider HSCP, as well as housing providers, to increase the number of settled lets for households with complex case histories. Development work is underway with the Complex Needs Service, Alcohol & Drug Recovery Services, Community Justice and Community Homelessness Services to improve the number and appropriateness of referrals.
Senior managers within the Housing First service have attended the 10 Local Letting Community forums to highlight the positive work being undertaken by the service with an aim of increasing the number of settled lets secured for homeless households aligned to a Housing First pathway.
Timescales for Improvement
Given the input from Housing First managers at the Local Letting Communities and to HSCP Service areas, it is anticipated that the number of referrals and lets secured for Housing First will increase in Q4 2024/25.
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Indicator	7. Number of Temporary Furnished Flats (TFFs)
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	22/23		23/24				24/25		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
22/23 & 23/24 2,400 or less 24/25 Target TBC	2,365 (G)	2,413 (G)	2,415 (G)	2,413 (G)	2,407 (G)	2,342 (G)	2,344 (G)	2,392 (G)	2,429 (G)

Performance Trend
Performance remained within the target range and GREEN during Quarter 3. In order to reduce the number of households in B&B, the HSCP is looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24. A revised target for 24/25 will be agreed once the Revised Temporary Accommodation Strategy is complete. This is anticipated to be completed during Q4 2024/25. Back to Summary

CRIMINAL JUSTICE

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

Locality	Target	22/23		23/24				24/25		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	80%	89 (G)	89 (G)	85 (G)	83 (G)	87 (G)	90 (G)	85 (G)	84 (G)	86 (G)
North East		88 (G)	91 (G)	90 (G)	90 (G)	86 (G)	93 (G)	83 (G)	84 (G)	87 (G)
North West		83 (G)	87 (G)	81 (G)	81 (G)	88 (G)	87 (G)	86 (G)	87 (G)	85 (G)
South		95 (G)	89 (G)	86 (G)	81 (G)	87 (G)	90 (G)	87 (G)	82 (G)	87 (G)
Performance Trend										
During Q3 performance continued to exceed target (GREEN) at city level and in all localities. City-wide a total of 642 CPOs (North East, North West, South, Caledonian Team) were made during Q3; a small increase of 0.8% in comparison with Q2 (637). Back to Summary										

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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	This KPI monitors the extent to which CPOs, DTTOs and Throughcare Licences have a case management plan within 20 working days of the requirement being imposed as per national standards. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	22/23		23/24				24/25		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City (All)	85%	85 (G)	97 (G)	99 (G)	91 (G)	90 (G)	93 (G)	91 (G)	90 (G)	91 (G)
North East (CPOs)		77 (R)	93 (G)	100 (G)	86 (G)	87 (G)	91 (G)	90 (G)	93 (G)	88 (G)
North West (CPOs)		94 (G)	100 (G)	100 (G)	94 (G)	94 (G)	97 (G)	90 (G)	90 (G)	93 (G)
South (CPOs)		80 (R)	99 (G)	97 (G)	91 (G)	88 (G)	91 (G)	95 (G)	88 (G)	92 (G)
Caledonian Team (CPOs)		86 (G)	97 (G)	100 (G)	94 (G)	96 (G)	100 (G)	75 (R)	75 (R)	90 (G)
Drug Court Team (DTTOs)		80 (R)	100 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	80 (R)	100 (G)	100 (G)	100 (G)	100 (G)
Performance Trend										
During Q3 performance exceeded target in all teams and localities (GREEN); performance improved significantly in the Caledonian Team with the RAG rating moving from RED to GREEN during the reporting period.										
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Indicator	3. Percentage of 3-month Reviews held within timescale (CPOs, DTTOs and Clyde Quay Licenses)
Purpose	CPOs, DTTOs and Clyde Quay Licenses should be reviewed at regular intervals and revised where necessary. This indicator monitors the proportion of reviews held within the 3-month standard.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	22/23		23/24				24/25		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City (All)	75%	81 (G)	83 (G)	85 (G)	81 (G)	78 (G)	84 (G)	83 (G)	78 (G)	84 (G)
North East (CPOs)		86 (G)	84 (G)	88 (G)	83 (G)	76 (G)	77 (G)	83 (G)	79 (G)	81 (G)
North West (CPOs)		89 (G)	84 (G)	93 (G)	88 (G)	85 (G)	86 (G)	82 (G)	81 (G)	84 (G)
South (CPOs)		71 (R)	82 (G)	83 (G)	77 (G)	74 (G)	88 (G)	85 (G)	83 (G)	87 (G)
Caledonian Team (CPOs)		81 (G)	84 (G)	65 (R)	77 (G)	82 (G)	100 (G)	82 (G)	78 (G)	84 (G)
Drug Court Team (DTTOs)		100 (G)	100 (G)	71 (R)	71 (R)	88 (G)	75 (G)	80 (G)	89 (G)	60 (R)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	91 (G)	100 (G)	100 (G)
Performance Trend										
During Q3 the target for reviews continued to be exceeded at city level and in all localities and teams (GREEN) with the exception of the Drug Court Team where performance fell from GREEN to RED between Q2 and Q3.										
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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	22/23		23/24				24/25		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	70%	84 (G)	85 (G)	85 (G)	85 (G)	82 (G)	82 (G)	84 (G)	83 (G)	79 (G)
North East		92 (G)	90 (G)	87 (G)	85 (G)	81 (G)	83 (G)	82 (G)	87 (G)	85 (G)
North West		79 (G)	84 (G)	87 (G)	79 (G)	80 (G)	85 (G)	84 (G)	82 (G)	76 (G)
South		83 (G)	83 (G)	81 (G)	89 (G)	82 (G)	77 (G)	85 (G)	80 (G)	76 (G)
Performance Trend										
Performance was maintained during Q3 with all localities continuing to exceed target (GREEN).										
Excluding awaiting breaches gives the following figures: NE 88%, NW 83% and South 81% (City 84%).										
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Indicator	5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court
Purpose	It is essential that Social Work reports are submitted to court. This indicator monitors the proportion of reports submitted during the quarter, thus reducing letters to court.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/Team	Target	22/23		23/24				24/25		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	80%	84 (G)	80 (G)	79 (G)	79 (G)	79 (G)	79 (G)	81 (G)	80 (G)	81 (G)
North East		87 (G)	78 (A)	78 (A)	80 (G)	77 (A)	80 (G)	82 (G)	79 (G)	83 (G)
North West		85 (G)	83 (G)	85 (G)	82 (G)	82 (G)	81 (G)	80 (G)	81 (G)	83 (G)
South		81 (G)	80 (G)	77 (A)	79 (G)	78 (A)	78 (A)	82 (G)	82 (G)	82 (G)
Caledonian Team		87 (G)	77 (A)	71 (R)	70 (R)	84 (G)	84 (G)	80 (G)	81 (G)	69 (R)
Drug Court Team		57 (R)	82 (G)	36 (R)	52 (R)	74 (R)	70 (R)	72 (R)	67 (R)	50 (R)

Performance Trend

During Q3 performance was maintained in the city and the 3 localities all of which remained GREEN. Performance fell in the Caledonian Team which moved from GREEN to RED and in the Drug Court Team which remained outwith the target range (RED) 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 and transient lifestyle. It often takes several attempts to meet with someone, which results in letters being sent to Court. We have seen some improvements in this area, but this remains a challenging performance target for the team to maintain.

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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 as per national standards. The data shown below excludes Extended Sentence Licenses.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lydney Smith, Head of Adult Services (Justice Services)

Locality /Team	Target	22/23		23/24				24/25		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	80%	98 (G)	98 (G)	100 (G)	97 (G)	98 (G)	100 (G)	100 (G)	97 (G)	92 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
North West		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	83 (G)	83 (G)
South		93 (G)	100 (G)	100 (G)	86 (G)	83 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay		100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	92 (G)

Performance Trend

During Q3 all localities and Teams continued to exceed target in relation to post release interviews (GREEN).

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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 Delivery Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	Quarterly Target	22/23 Total	23/24 Total	2024/25				
					Q1	Q2	Q3	Q4	Year to Date
City	5066	1267	8,966 (G)	10,479 (G)	2,754 (G)	3,009 (G)	2,410 (G)		8,173 (G)

Performance Trend

Performance for Q3 GREEN and significantly exceeded the quarterly target, with the annual target also already met.

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

Locality	Annual Target	Target to Q2	22/23 Total	23/24 Total	2024/25				
					To Q1	To Q2	Q3	Q4	Year to Date
City	1178	583	1050 (R)	1,097 (R)	299 (G)	567 (A)			567 (A)
NE	515	255	358 (R)	407 (R)	119 (A)	229 (R)			229 (R)
NW	314	155	303 (R)	338 (R)	91 (G)	172 (G)			172 (G)
S	349	173	389 (G)	352 (G)	89 (G)	166 (A)			166 (A)

Performance Trend

Performance is below target and AMBER at a city level and in the South, while GREEN in the North West and Red in the North East.

This indicator is reported in arrears and cumulative totals are shown at each quarter.

Targets have been adjusted slightly at Health Board level which has reduced annual target at city level from 1224 to 1178. Targets are phased throughout the year to reflect historical trends with Q4 targets higher than those for Q2.

Issues Affecting Performance

This is lower than expected due to a number of reasons including 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, following the pandemic, clients continue to present at the QYW 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 required 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 and the service has been operating with 76% of the staffing complement pre-pandemic.

In 2024/25, the health board have updated the target for areas after reviewing population and smoking prevalence data. While this has slightly reduced the overall city target, it has impacted on areas, particularly the NE team whose target has increased significantly whilst experiencing a long-term vacancy and capacity has reduced.

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Actions to Improve Performance
Our community QYW (Quit Your Way) 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.
Timescales for Improvement
Improvements will be monitored by the NHS GG&C Tobacco Planning and Implementation Group and City Tobacco Group on an ongoing basis. Back to Summary

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

Locality	Target	2022/23		2023/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	10%	8.3% (G)	8.4% (G)	9.5% (G)	6.1% (G)	7.2% (G)	7.3% (G)	6.4% (G)	7.7% (G)	6% (G)
North East		9.4	10.6	12.2	6.1	7.9	8.8	8.5	8.3	7.5
North West		7.3	6.4	8.8	6.6	5.8	7.2	6.5	8.2	7.2
South		8.4	8.2	8.1	5.7	7.9	6.4	4.7	6.8	4.1

Performance Trend

Performance at city level improved in all localities between Q2 and Q3 and remained GREEN. Variations between localities and over time.

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Indicator	4. Women smoking in pregnancy (from the 20% most deprived areas)
Purpose	To monitor the extent to which women in the most deprived areas of the population are smoking in pregnancy. This is recorded at their first antenatal appointment with a midwife, who record smoking status on the BADGER Information system.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2022/23		2023/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	14%	13.8% (G)	13.9% (G)	14% (G)	15.6% (R)	11.4% (G)	10.8% (G)	10% (G)	12.3% (G)	8.5% (G)
North East		13.6	14.9	14.6	17.4	11.2	11.0	11.5	10.8	9.4
North West		14.6	11.2	12.3	13.8	8.1	11.4	10.7	13.4	9.9
South		13.2	15.2	14.9	15.2	14.6	10.3	8.1	12.8	6.5

Performance Trend

Performance at city level improved in all localities between Q2 and Q3 and remained GREEN. Variations between localities and over time.

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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	22/23		23/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	33%	28.7 (R)	31.1 (R)	30.3 (R)	32.1 (G)	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)	32.7 (G)
North East		21.0	23.3	22.6	24	21.7	24.5	22.1	27.6	25.6
North West		34.9	36	34.4	37.4	34.4	34.9	37.9	37.9	40.6
South		30.3	34	33.4	34.7	34.7	32.2	33.3	36.4	32.8

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

Locality	Target	22/23		23/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	24.4%	18.8 (R)	25.0 (G)	21.6 (R)	24.1 (G)	22.7 (R)	24.2 (G)	24.3 (G)	24.1 (G)	26.5 (G)
North East		17.2	21.8	20.8	21.4	21.7	21.9	20.7	21.9	23.4
North West		18.9	26.3	20.5	26.7	23.9	26.9	26.2	31.4	33.3
South		20.4	28.0	23.7	25.3	22.7	24.6	27.3	22.2	24.7

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

AREA	17/18 Drop Off Rates	24/25 Target	22/23		23/24				24/25		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
HSCP	32.3%	29.1%	24.7 (G)	22.4 (G)	23.8 (G)	21.6 (G)	24.6 (G)	21.4 (G)	22 (G)	19.9 (G)	22 (G)
NE	39.9%	35.9%	28.5	26.9	27.0	23.9	31.9	21.6	25.6	26.2	25.8
NW	27.2%	24.5%	22.3	17.7	22.2	20.8	20.1	17.2	18.8	13.8	17.1
S	31.3%	28.2%	23.8	22.6	22.8	20.8	23.5	24.2	21.9	19.1	23.0

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

	2022/24		2023/24				2024/25		
	Q3 - 22/23	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25
Grand Total	7.74% (R)	7.01% (R)	6.54% (R)	6.94% (R)	7.21% (R)	7.66% (R)	7.80% (R)	7.78% (R)	8.22% (R)
Adult Services	8.32% (R)	7.26% (R)	6.51% (R)	7.21% (R)	7.30% (R)	7.86% (R)	7.73% (R)	7.73% (R)	7.75% (R)
Children's Services	7.02% (R)	7.65% (R)	7.05% (R)	6.51% (R)	7.84% (R)	9.03% (R)	8.63% (R)	8.24% (R)	9.19% (R)
Clinical Director	4.71% (R)	1.76% (G)	2.37% (G)	1.27% (G)	2.85% (G)	1.65% (G)	3.89% (G)	10.07% (R)	9.11% (R)
Health Improvement	3.84% (G)	5.66% (R)	4.44% (R)	5.71% (R)	5.23% (R)	4.00% (R)	4.39% (R)	5.14% (R)	8.92% (R)
Older People	8.32% (R)	7.04% (R)	6.88% (R)	6.97% (R)	7.23% (R)	7.70% (R)	8.67% (R)	8.51% (R)	9.42% (R)
Resources	6.83% (R)	3.69% (G)	2.87% (G)	3.39% (G)	4.15% (R)	4.11% (R)	5.36% (R)	4.56% (R)	5.30% (R)
Public Protection and Complex Care	7.47% (R)	6.15% (R)	9.21% (R)	9.07% (R)	10.21% (R)	8.79% (R)	8.57% (R)	8.92% (R)	8.02% (R)

Performance Trend
In Q3 Health continues to see rising absence rates. While quarter 2 and 3 appeared to stabilise (7.78%), Q3 saw an increase to 8.22%.
This persistent issue across both sectors highlights systemic challenges. The current Attendance Management Action Plan 2024/25 continues to be driven forward to try and effect an improvement in both staff attendance and wellbeing.
Issues Affecting Performance
These figures reveal growing pressures across several key services, especially in frontline areas such as Older People and Children's Services. This trend underscores the need for targeted strategies to address the increasing absence rates and support workforce resilience.

Actions to Improve Performance
1. Performance Improvement Groups are currently being set up across the HSCP management teams to focus on various compliance and improvement targets and Absence is a key area for all ACO's and HOS. These groups will commence in February identifying specific actions to support improved management of absence and feeding into Performance review group chaired by Chief Officer. 2.HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff. Ensuring that appropriate early interventions and adjustments are made as well as fostering a culture that promotes employee wellbeing and attendance. 3. 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. 4. The HR Team are progressing and supporting /feeding into NHSGGC initiatives including delivery of further Attendance Management awareness sessions and additional opportunities for managers to join the People Management Programme. 5. Support management teams to access and analyse available attendance data to identify trends and areas of concern. 6. The HR Team have identified areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR Support and Advice Unit where required.
Timescales for Improvement
Ongoing - subject to agreed review periods. Back to Summary

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

Area	Target	2022/23		2023/24				2024/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Social Work	5%	10.60 (R)	10.30 (R)	10.30 (R)	10.38 (R)	11.2 (R)	11.5 (R)	11.0 (R)	10.5 (R)	10.3 (R)
Resources		6.6	5.8	6	6.5	6.9	6.3	5.7	7.0	6.6
Adult		9	7.9	10.3	10.0	9.9	8.6	11	10.8	9.6
Public Protection		5.8	5.9	7.8	7.3	7.7	7.4	9.4	7.3	8.6
Children		7.7	7.9	9.1	9.8	10.4	11.3	11	10.3	9.9
Older People		6.9	7	6.3	5.7	6.1	6.7	5.8	5.2	8.4
Care Services		14.2	14.4	13.3	13.2	14.5	15.3	13.8	12.5	12.0

Performance Trend

- All Care Groups continue to report absence above the 5% target.
- Overall Quarter 3 is showing improvement, continuing the downward trend since Q4 2023/24. Furthermore, when compared to the same quarter the previous year, Q3 has reduced (-0.9%).
- Care Services. The largest Care Group in the Service (inc. Home Care and Older People Residential and Day Care Services) continues to demonstrate a sustained and continual improvement and achieving a significant reduction in absence levels compared to Q3 the previous year (-2.5%).

Issues Affecting Performance

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

Actions to Improve Performance

The 6 Priority Action Themes within the Attendance Management Action Plan for 2024/25 continued to be monitored closely, with successes being achieved:

- 1) HR Support and Action
- 2) Occupational Health and Long-Term Absence
- 3) Redeployment – Capability
- 4) Governance and Reporting
- 5) Training for Managers
- 6) Staff Wellbeing

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It is expected that the new approach to the top reasons for absence, Psychological, Stress and Musculoskeletal absence will positively impact attendance. The rolling programme of training for 2025 has been rolled out to managers, commencing February 2025, along with HR attendance at manager meetings within the priority areas. Absence Case Surgeries have been implemented to the 3 priority areas with Care Services established initially. The Action Plan will be reviewed in April 2025 to reflect on progress and develop a new action plan for 2025/26.

Timescales for Improvement

The 2024/25 Action Plan has contributed to achievement in Social Work's overall absence performance, and it is hoped that 2025/26 Action Plan will continue to positively impact on attendance levels and maintain the reversed trend moving in 2025/26.

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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

	2022/23		2023/24				2024/25		
	Q3 - 22/23	Q4 - 22/23	Q1 - 23/24	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25
Glasgow	29.00% (R)	32.00% (R)	35.48% (R)	34.68% (R)	35.39% (R)	36.37% (R)	38.09% (R)	39.54% (R)	39.76% (R)
Adult	23.00% (R)	26.00% (R)	29.89% (R)	28.84% (R)	29.75% (R)	29.45% (R)	30.56% (R)	31.18% (R)	30.60% (R)
Children's Services	44.00% (R)	49.00% (R)	52.02% (R)	57.50% (R)	52.87% (R)	51.78% (R)	54.44% (R)	58.58% (R)	61.13% (R)
Health Improvement	38.00% (R)	39.00% (R)	36.67% (R)	40.97% (R)	48.30% (R)	61.47% (R)	61.03% (R)	66.97% (R)	67.75% (R)
Older People	25.00% (R)	26.00% (R)	31.61% (R)	32.35% (R)	35.34% (R)	39.21% (R)	41.62% (R)	42.59% (R)	42.43% (R)
Public Protection & Complex Care	21.00% (R)	26.00% (R)	24.77% (R)	24.19% (R)	26.73% (R)	29.49% (R)	34.05% (R)	34.58% (R)	35.84% (R)
Resources	35.00% (R)	41.00% (R)	52.13% (R)	48.51% (R)	41.75% (R)	30.29% (R)	30.47% (R)	38.83% (R)	43.85% (R)

Performance Trend
Performance has been reported by service area from June 2022 rather than locality which has been previously used, so no historical data is available apart from at a city level.
Performance has improved slightly quarter by quarter. There are wide variations across services however all services require significant improvement to move towards target performance. This is now being addressed through the creation of Performance Improvement Groups focusing on Absence, KSF and HSE compliance.
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
Performance Improvement Groups are currently being set up across the HSCP management teams to focus on the following compliance and improvement targets: Absence, KSF and HSE compliance. These groups will commence in February identifying specific actions to support

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improved management of absence and feed into a monthly Performance review group chaired by the Chief Officer.

As previously reported other actions include:

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

Timescales for Improvement

Improvements sought in future quarters.

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

Area	2022/23		2023/24				2024/25		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Glasgow	35.50	50.00	44.33	38.33	37.33	50.00	55.33	61.67	57.67
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Performance had been seeing a steady rise each quarter however Q3 2024/25 saw a 4% reduction in compliance.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods. Managers receive notification of the induction due date and 2 further reminders.
Actions to Improve Performance
1. Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement. 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting. 3. HR providing compliance updates to Core Leadership Groups
Timescales for Improvement
Ongoing improvement will be sought through the above steps. Back to Summary

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Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline. The aim is to increase uptake and to achieve a target of 100%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	2022/23		2023/24				2024/25		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Glasgow	62.00	52.67	43.00	49.00	63.00	46.33	57.67	43.00	55.33
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Performance fluctuates as above, and while Q3 is an improved position compared to Q2 24/25 it is a reduction from Q3 23/24. This remains in RED below target.
Issues Affecting Performance
While some Health Care Support Worker inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Actions to Improve Performance
1. Work continues to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement. 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
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BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (on or within 5 working days for stage 1).
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Locality	Target	2022/23		2023/24				2024/25		
		Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.
City	70%	74 (G) 115	78.8 (G) 128	89.9 (G) 168	88.2 (G) 170	90 (G) 120	84.5 (G) 142	90 (G) 175	82 (G) 88	64.3 (R) 157
North East		86 (G) 7	76.9 (G) 13	66.7 (A) 9	55.6 (R) 18	100 (G) 6	80 (G) 10	70 (G) 20	65 (R) 20	60.9 (R) 23
North West		65 (R) 40	69.2 (G) 39	80 (G) 50	83.3 (G) 24	89.6 (G) 29	67.8 (A) 28	83 (G) 36	65 (R) 26	72.1 (G) 43
South		74 (G) 19	100 (G) 1	N/A 0	N/A 0	N/A 0	0 (R) 1	N/A 0	N/A 0	N/A 0
Prisons		75.6 (G) 49	84.6 (G) 65	96.3 (G) 109	93.8 (G) 128	89.4 (G) 85	90.3 (G) 103	94.9 (G) 119	100 (G) 42	61.5 (R) 91

Performance Trend

Performance at city level fell during Q3 with the RAG rating moving from GREEN to RED. The majority of complaints relate to prisons; these largely determine overall HSCP performance and thus Prisons have also moved from GREEN to RED during the reporting period. Please note that all the figures in the table above have been revised following an adjustment to exclude 10-day extensions granted (to reflect the agreed NHS KPI). Those with a 5-day extension are still included.

Issues Affecting Performance

There has been a shortage of staff which has impacted on the Admin team managing timescales. There has also been two new Acting Team Leads who may require training and support.

Actions to Improve Performance

The above has been highlighted to the Operational Managers. Also, NHSGGC CSM Complaints has offered to do sessions to all staff on the Complaints Handling Procedure.

Timescales for Improvement

These actions should show an improvement in performance for Quarter 4.

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

Locality	Target	2022/23		2023/24				2024/25		
		Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.
City	70%	69 (G) 124	80.5 (G) 77	65.3 (R) 95	76 (G) 92	80 (G) 140	78.4 (G) 102	85 (G) 95	36 (R) 99	79.5 (G) 44
North East		100 (G) 3	80 (G) 5	100 (G) 4	100 (G) 4	100 (G) 1	88.9 (G) 9	100 (G) 5	60 (R) 5	100 (G) 3
North West		58 (R) 26	84.2 (G) 19	66.7 (A) 12	66.6 (A) 27	75 (G) 24	60.9 (R) 23	72 (G) 25	52 (R) 25	64.7 (R) 17
South		71 (G) 17	100 (G) 3	N/A 0	N/A 0	N/A 0	100 (G) 4	100 (G) 2	N/A 0	N/A 0
Prisons		70.5 (G) 78	68 (G) 50	63.3 (R) 79	78.7 (G) 61	80.9 (G) 115	81.2 (G) 66	88.9 (G) 63	29 (R) 69	87.5 (G) 24

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

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

Locality	Target	22/23			23/24				24/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	70%	68% (A) 102	62% (R) 117	62% (R) 133	67% (A) 134	73% (G) 191	77% (G) 237	71% (G) 199	67% (A) 186	69% (G) 177
North East		43% (R) 7	81% (G) 16	75% (G) 8	71% (G) 14	62% (R) 13	73% (G) 11	47% (R) 15	82% (G) 11	69% (G) 16
North West		67% (A) 6	45% (R) 11	27% (R) 15	87% (G) 15	64% (R) 11	35% (R) 17	67% (A) 12	36% (R) 11	36% (R) 11
South		29% (R) 7	26% (R) 23	29% (R) 21	14% (R) 14	35% (R) 17	50% (R) 14	47% (R) 19	35% (R) 23	40% (R) 30
Homelessness		61% (R) 18	75% (G) 8	45% (R) 11	57% (R) 14	60% (R) 25	65% (R) 23	57% (R) 28	50% (R) 24	52% (R) 21
Home Care		76% (G) 58	75% (G) 53	82% (G) 67	77% (G) 62	88% (G) 96	90% (G) 155	83% (G) 109	89% (G) 90	92% (G) 78
Centre		56% (R) 6	67% (A) 6	64% (R) 11	60% (R) 15	66% (R) 29	71% (G) 17	69% (G) 16	48% (R) 27	57% (R) 21

Performance Trend

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

During Q2 performance at city level increased slightly with the RAG rating moving from AMBER to GREEN. All other localities and teams retained the same RAG rating as the previous quarter (Q1); North East and the Home Care team continued to meet target (GREEN) while North West, South, Centre and the Homelessness Team remained below target and RED.

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Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	Social Work complaints are required to be handled in compliance with the Glasgow City Council Complaints Handling Procedure, which divides complaints into Stage 1 (early resolution and extended early resolution) and Stage 2 where the complaint requires a formal investigation. A Stage 2 complaint may follow a stage 1 or be initiated immediately. This indicator monitors quarterly performance in relation to the agreed SWS target time for responding to complaints at Stage 2 (target is 20 days) of the complaints process.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Target	21/22		22/23				23/24				24/25	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	%	%	%	%	%	%	%	%	%	%	%	%
	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.
70%	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90	73% (G) 62	52% (R) 109	53% (R) 91	64% (R) 87

Performance Trend

This indicator is reported one quarter in arrears.

Performance in relation to stage 2 complaints continued to remain below target and RED during Q2.

Issues Affecting Performance

The ongoing issue affecting performance in Q2 is the high volume of Stage 2 complaints received - likely related, in part, to the high number of Stage 1 complaints in the previous quarter. In addition, the team responsible for the investigation of these complaints remains in a position whereby priority is given to Subject Access Request (SAR) processing, and during this period faced a staff issue whereby a member of staff responsible for complaints investigation was absent long term sick.

Actions to Improve Performance

At present, the focus of the team is on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which are time-consuming. Due to ongoing enforcement action by the ICO and staff absence, resource to improve performance is strictly limited.

Timescales for Improvement
Due to resource limitations, and some expectation of a general increase in complaint volumes, it is not currently viable to provide a specific timescale for improvement – this is dependent on progress addressing the SAR backlog and on demand. It is hoped staff return will assist in improving performance. Back to Summary

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Indicator	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days
Purpose	This indicator is intended to show that systems in place to respond to applications under section 10 of The Freedom Of Information (Scotland) Act 2002 within a mandatory 20 working days are operating within acceptable parameters for social work services.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Target	21/22		22/23				23/24				24/25	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	%	%	%	%	%	%	%	%	%	%	%	%
	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.	<u>of</u> no.
100%	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126	90% (R) 126	90% (R) 126

Performance Trend

This indicator is reported one quarter in arrears.

Performance in relation to FOIs remained outwith the target range during Q2 (RED).

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

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

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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests (SARs) completed within the required timescale
Purpose	This indicator is intended to show that systems in place to respond to applications under Article 15 of the UK General Data Protection Regulation within a mandatory one month (or three months where maximum extension applied) are operating within acceptable parameters in Social Work Services.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Target	21/22	22/23				23/24				24/25	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
100%	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185	38% (R) 175	42% (R) 175	22% (R) 220

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to Subject Access Requests continued to remain RED during the reporting period.
Issues Affecting Performance
As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand driven primarily by demand for records to support applications for redress via Redress Scotland. Demand has remained at the same level as in Q4, a level far beyond the capacity of the team to address, particularly in the context of a large backlog of cases numbering in the hundreds. This large rolling backlog is a direct consequence of Scottish Government advice to Redress Scotland applicants to submit SARs to Local Authorities to support their applications. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of <i>new</i> cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog. Despite these figures, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high. Staff absence, as noted above, has also had an impact on performance in this quarter.

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Actions to Improve Performance

The focus of the team will continue to be SAR processing, and in particular processing requests that have been awaiting response for the longest period of time. The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing.

The Information Commissioner's Office (ICO) are currently liaising directly with GCC's Data Protection Officer (DPO), and CFIT management are engaging with the DPO with regards a formal improvement plan.

Timescales for Improvement

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

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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	Craig Cowan, Head of Business Development

Locality	Target	22/23		23/24				24/25		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	80%	72% (R) 425	73% (R) 421	80% (G) 478	79% (G) 518	74% (R) 455	70% (R) 451	75% (R) 433	70% (R) 280	67% (R) 300
North East		89% (G) 92	89% (G) 81	97% (G) 87	97% (G) 98	92% (G) 103	87% (G) 102	92% (G) 73	79% (G) 67	78% (A) 60
North West		86% (G) 121	90% (G) 94	94% (G) 71	89% (G) 111	67% (R) 89	80% (G) 56	75% (R) 73	73% (R) 51	71% (R) 42
South		60% (R) 108	59% (R) 85	67% (R) 87	60% (R) 110	65% (R) 77	63% (R) 84	56% (R) 95	63% (R) 52	45% (R) 67
Centre		48% (R) 97	61% (R) 157	73% (R) 220	73% (R) 187	66% (R) 167	58% (R) 186	77% (A) 172	65% (R) 103	69% (R) 118
Care Services (prev. Cordia)		100% (G) 7	100% (G) 4	92% (G) 13	83% (G) 12	100% (G) 19	96% (G) 23	90% (G) 20	86% (G) 7	92% (G) 13

Performance Trend

During Q3 performance at city level, North West, South and Centre continued to remain below target and RED. Care Services continued to exceed target (GREEN). Performance fell slightly in North East which moved from GREEN to AMBER during the reporting period.

The number of enquiries received during Q3 (300) was similar to the number received in the previous quarter (Q2, 280) but significantly lower than the number received during Q1 (433).

Issues Affecting Performance

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

Actions to Improve Performance

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

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Timescales for Improvement
Q4 24/25. Back to Summary

APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and ‘Other Local Indicators’, which we may try to influence, but are delivered by external organisations and we do not have managerial control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	16/17	17/18	18/19	19/20	20/21	21/22	22/23	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.7%	87%	87.2%	87.4%	89.3% (G)	89.1% (G)	88%* (G)	87.8%
	Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.1%	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.7%	95%	94.9%	94.9%	95.2% (G)	95.3% (G)	95% (G)	95.4%
	Scotland	95.8%	96%	96%	96.1%	96.4%	96.5%	96.3%	N/A

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

3. OTHER LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Dec 24	36% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 37% in September. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q3	89.9% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Decreased slightly from Q2 when was 92.1%. Produced quarterly.
3. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Dec 24	94.7% (R)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Increased from 89.2% in September. Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q3	99.5% (G)	99.3% (G)	100% (G)	99.5% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q2 were 99.8% (City); 99.3% (NE); 100% (NW); 100% (S). Produced quarterly.
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	Local HSCP indicator Outcome 4	100%	Q3	80% (R) (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q2 were 77% (under 5s) and 80% (over 5s). Produced quarterly.
		100%	Q3	96% (A) Aged 5-18				

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr21 to Mar23	55.6% (R)	55.2% (R)	56.2% (R)	55.3% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 2020-22 were 56.3% (citywide); NE 55.9%; NW 57.1%; S 56.1%. Next report due Apr 25.
7. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr 20 to Mar 23	64.1% (R)	61.2% (R)	62.7% (R)	67.9% (A)	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Last report was for Apr 19 to Mar 22 when was 65.3% (citywide); NE 62.5%; NW 63.7%; S 68.5%. Next report due Apr 25.
8. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2022/23	59.2% (R)	61% (R)	51.5% (R)	65.9% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 20/21 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due April 25.
9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2022-23	76.2% (G)	75.3% (G)	76.4% (G)	76.6% (G)	From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 21/22 were 77.3% (citywide); NE 73.6%; NW 76.3%; S 80.9%. Next report due April 25

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

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APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

- Priority 1 Prevention, early intervention, and well-being
- Priority 2 Supporting greater self-determination and informed choice
- Priority 3 Supporting people in their communities
- Priority 4 Strengthening communities to reduce harm
- Priority 5 A healthy, valued and supported workforce
- Priority 6 Building a sustainable future

APPENDIX 4 – APR KPIs

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

1. Number of Future Care Plan summaries completed and shared with the patient's GP
2. Number of Clustered Supported living tenancies offered
3. Percentage of service users who receive a reablement service following referral for a home care service
4. Number of Telecare referrals received by Reason for Referral
5. Total number of Adult Mental Health delays (Adults and Older People)
6. Intermediate Care: % Users Transferred Home
7. New Accident and Emergency Attendances (18+)
8. Number of Emergency Admissions (18+) (MSG Indicator)
9. Number of Unscheduled Hospital Bed Days (Acute and Mental Health) (MSG Indicator)
10. Total number of Acute Delays
11. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) (MSG Indicator)
12. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement
13. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks

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14. % of young people currently receiving an aftercare service who are known to be in employment, education or training
15. Number of out of authority placements (children)
16. Mumps, Measles and Rubella (MMR) Vaccinations: (% uptake at 24 months + 5 years)
17. Psychological Therapies: % of people who started treatment within 18 weeks of referral
18. % of clients commencing alcohol or drug treatment within 3 weeks of referral
19. Number of households reassessed as homeless or threatened with homelessness within 12 months.
20. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence
21. Percentage with a Case Management Plan within 20 days (CPOs; DTTOs; Throughcare Licences)
22. Alcohol Brief Intervention Delivery
23. Smoking Quit Rates at 3 months from the 40% most deprived areas
24. Women smoking in pregnancy (general population + most deprived quintile)
25. Exclusive Breastfeeding at 6-8 weeks (general population + most deprived quintile)
26. NHS Sickness Absence rate (%)
27. Social Work Sickness Absence Rate (%)

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