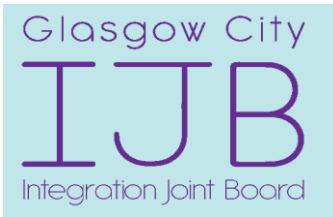


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**Item No. 10**

**Meeting Date: Wednesday 14<sup>th</sup> June 2023**

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

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

**Contact: Duncan Goldie, Performance Planning Manager**

**Phone: 0141 287 8751**

**HSCP Performance Report Q4 2022/23**

**Purpose of Report:**

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2022/23 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Homelessness and Criminal Justice, and HR.

**Background/Engagement:**

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

**Governance Route:**

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

- HSCP Senior Management Team
- Council Corporate Management Team
- Health Board Corporate Management Team
- Council Committee
- Update requested by IJB
- Other
- Not Applicable

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<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to:  a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Leads for Homelessness and Criminal Justice, and HR.
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<b>Relevance to Integration Joint Board Strategic Plan:</b>
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

### Implications for Health and Social Care Partnership:

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

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2022/23 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Homelessness and Criminal Justice, and HR.

### 2. Background

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

### 3. Reporting Format

- 3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.
- 3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.
- i. Local Health and Social Work Indicators (chosen locally by the Partnership).
  - ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes)
  - iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
  - iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda)

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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 and MSG Indicators, a core set of strategic local indicators from this report are included in the HSCP's [Annual Performance Report](#) and are used to show trends over time. These are noted in Appendix 4.

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

## 4. Summary

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

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

### **Exceptions**

4.3 At Q4, 48 indicators were GREEN (49%); 45 RED (45%); and 6 AMBER (6%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<b>Older People &amp; Carers</b>	<b>Page</b>
<b>1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.</b>	<a href="#">24</a>
6. Provided Residential Care – Review Rates	<a href="#">29</a>
8. Intermediate Care: Percentage Occupancy	<a href="#">31</a>
<b>9. Intermediate Care: Average Length of stay (Days)</b>	<a href="#">32</a>
<b>12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year</b>	<a href="#">35</a>
<b>Unscheduled Care</b>	
<b>2. A&amp;E Waits Less Than 4 Hours (%) (QEUH) (GRI)</b>	<a href="#">41</a>
<b>4. Number of Unscheduled Hospital Bed Days - Acute (18+)</b>	<a href="#">43</a>

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7. Total Number of Acute Delays	<a href="#">46</a>
8. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	<a href="#">48</a>
<b>Children's Services</b>	
1. Uptake of the Ready to Learn Assessments – <i>North East</i>	<a href="#">52</a>
<b>1. Uptake of the Ready to Learn Assessments - <i>North West and South</i></b>	<a href="#">52</a>
2. % of HPis (Health Plan Indicator) allocated by Health Visitor by 24 weeks – <i>North West</i>	<a href="#">54</a>
<b>4. Access to CAMHS services - % seen with 18 weeks</b>	<a href="#">56</a>
<b>5. % looked after &amp; accommodated children under 5 who have had a Permanency Review</b>	<a href="#">58</a>
<b>6. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral – Under 5s and Aged 5-18</b>	<a href="#">60</a>
<b>7. % of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date</b>	<a href="#">61</a>
<b>Adult Mental Health</b>	
<b>1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral (North East and South)</b>	<a href="#">66</a>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) ( <i>Stobhill</i> )	<a href="#">69</a>
<b>2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Leverndale)</b>	<a href="#">69</a>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) <i>Leverndale</i>	<a href="#">71</a>
<b>4. Total number of Adult Mental Health delays</b>	<a href="#">72</a>
<b>Sexual Health (Sandyford)</b>	
<b>4-7. Number of individual young people attending all Sandyford services - aged 13-15 and 16-17 for females; and 16-17 for males.</b>	<a href="#">78</a>
8. Waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments	<a href="#">80</a>
<b>Homelessness</b>	
<b>2. % of live homeless applications over 6 months duration at the end of the quarter</b>	<a href="#">82</a>
<b>4. Average number of weeks from application to settled accommodation</b>	<a href="#">85</a>
<b>8. Number of Households in Bed &amp; Breakfast Accommodation</b>	<a href="#">90</a>
<b>Health Improvement</b>	
<b>2. Smoking Quit Rates at 3 months from the 40% most deprived areas</b>	<a href="#">100</a>
<b>5. Exclusive Breastfeeding at 6-8 weeks (general population)</b>	<a href="#">103</a>
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	<a href="#">106</a>
<b>Human Resources</b>	
<b>1. NHS Sickness absence rate</b>	<a href="#">109</a>
<b>2. Social Work Sickness Absence Rate</b>	<a href="#">111</a>
<b>3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))</b>	<a href="#">113</a>
<b>4. % of NHS staff who have completed the standard induction training within the agreed deadline</b>	<a href="#">115</a>
<b>5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline</b>	<a href="#">116</a>

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<b>Business Processes</b>	
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	<a href="#">119</a>
<b>4. Percentage of Social Work Stage 2 Complaints responded to within timescale</b>	<a href="#">121</a>
<b>5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.</b>	<a href="#">122</a>
<b>6. % of Social Work Data Protection Subject Access Requests completed within required timescale</b>	<a href="#">123</a>
<b>7. Percentage of elected member enquiries handled within 10 working days.</b>	<a href="#">125</a>

***Changes in RAG Status***

4.4 There has been a change in RAG status for **15** indicators since the last report. Of these, performance improved for **3** and declined for **12**.

***i. Performance Improved***

<b>A) RED TO GREEN</b>
<b>Sandyford (Sexual Health)</b>
4 &5. Number of individual young people attending all Sandyford services - Male aged 13-15
<b>B) RED TO AMBER</b>
<b>Older People &amp; Carers</b>
4. Day Care (provided) – Review Rates
10. Intermediate Care: Percentage of users transferred home.

***ii. Performance Declined***

<b>A) GREEN TO RED</b>
<b>Older People &amp; Carers</b>
6. Provided Residential Care – Review Rates
8. Intermediate Care: Percentage Occupancy
<b>Children’s Services</b>
2. Percentage of HPIs allocated by Health Visitors by 24 weeks - North West
<b>Adult Mental Health</b>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill
<b>Sandyford (Sexual Health)</b>
8. Waiting times for access to TOPAR appointments
<b>B) GREEN to AMBER</b>
<b>Children’s Services</b>
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Adult Mental Health</b>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Gartnavel
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
<b>C) AMBER to RED</b>
<b>Children’s Services</b>
1. Uptake of the Ready to Learn Assessments - North East
<b>Mental Health</b>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Leverdale

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<b>Business Processes</b>
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3. Percentage of Social Work Stage 1 Complaints responded to within timescale
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**5. Recommendations**

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

- a) note the attached performance report.
- b) consider the exceptions highlighted in section 4.3; and
- c) review and discuss performance with the Strategic Leads for Homelessness and Criminal Justice, and HR.

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# **CORPORATE PERFORMANCE REPORT**

**QUARTER 4  
2022/23**

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## 1. PERFORMANCE SUMMARY

### 1. Key to the Report









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

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

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**2a. Summary**

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People & Carers	5 (27.8%)		13 (72.2%)		5 (27.8%)	2 (11.1%)	11 (61.1%)	
Unscheduled Care	5 (50%)		5 (50%)		5 (50%)		5 (50%)	
Primary Care			2 (100%)				2 (100%)	
Children's Services	7 (43.8%)	1 (6.2%)	8 (50%)		9 (56.2%)	1 (6.3%)	6 (37.5)	
Adult Mental Health	4 (40%)	1 (10%)	5 (50%)		6 (60%)	3 (30%)	1 (10%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	4 (50%)		4 (50%)		4 (50%)		4 (50%)	
Homelessness	3 (33.3%)		6 (66.7%)		3 (33.3%)		6 (66.7%)	
Criminal Justice			6 (100%)				6 (100%)	












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Health Improvement	2 (28.6%)	1 (14.3%)	4 (57.1%)		3 (42.9%)		4 (57.1%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	4 (57.1%)	1 (14.3%)	2 (28.6%)		5 (71.4%)		2 (28.6%)	
<b>TOTAL</b> No. and (%)	<b>39</b> <b>(39.4%)</b>	<b>4</b> <b>(4.0%)</b>	<b>56</b> <b>(56.6%)</b>		<b>45</b> <b>(45.4%)</b>	<b>6</b> <b>(6.1%)</b>	<b>48</b> <b>(48.5%)</b>	














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**2b. Performance at a Glance**

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









Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Older People &amp; Carers</b>				
<i>Home Care, Day Care and Residential Services</i>				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months.	85%	Q4	66% 	▼
2. Percentage of service users who receive a reablement service following referral for a home care service.	70%	Period 13 (Mar)	Hosp. discharges 70.1%  Community Referrals 79.6% 	Hosp ▼ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support.	>35%	Period 13 (Mar)	36.2% 	▼
4. Day Care (provided) – Review Rates	95%	Q4	92% 	▲  to 
5. Provided Residential Care – Occupancy Rates	95%	Q4	95% 	▼
6. Provided Residential Care – Review Rates	95%	Q4	89% 	▼  to 

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>ii. Commissioned Services</b>				
7. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Annual 22/23 Total	83 	▲
8. Intermediate Care: Percentage Occupancy.	90%	Mar 23	69% 	▼  to 
9. Intermediate Care: Average Length of stay (Days).	< 28 days	Mar 23	74 days 	▼
10. Intermediate Care: Percentage of users transferred home.	>30%	Mar 23	29% 	▲  to 
<b>iii. HSCP Community Services</b>				
11. Number of community service led Anticipatory Care Plans in Place	Conversations 200 p.a. Summaries 50 p.a.	Annual 22/23 Total	Conversations 345  Summaries 276 	Conversations ▼ Summaries ▼
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year.	0%	Q4	8% 	▲
13.i Referrals to Telecare: Standard	2,000/p.a. 500/quarter	Annual 22/23 Total	2,209 	▲
13.ii Referrals to Telecare: Enhanced	760/p.a. 190/quarter	Annual 22/23 Total	1,034 	▲












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<b>Indicator</b>	<b>Target</b>	<b>Latest Period Reported</b>	<b>Actual/Status (City Wide)</b>	<b>Direction of Travel in Last period/Change in Status</b>
14. Older People Mental Health (AWI): Average number of days delayed per patient	120 days	Q4	82 days 	▲
15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,900 per annum	Annual 22/23 Total	2,533 	▲
<b>Unscheduled Care</b>				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	153,791 (12,816/month)	Apr to Dec 22	108,298 (12,033 per month) 	▲
2. A&E Waits Less Than 4 Hours (%)	95%	Mar 23	GRI – 49.5%  QEUH – 50.0% 	GRI ▲ QEUH ▲
3. Number of Emergency Admissions (18+) (reported in arrears)	66,624 (5552/month)	Apr to Dec 22	42,361* (4707* per month) *provisional 	▼
4. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	453,866 (37,822/month)	Apr to Dec 22	368,662* (40,962* per month) *provisional 	▲
5. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2,772 per month)	Apr to Dec 22	388* (59.3* per month) *provisional 	▶

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Apr to Dec 22	114,177* (12,686* per month) *provisional 	▲
7. Total number of Acute Delays	120	Mar 23	142 (Total) 93 (Non-AWI) 49 (AWI) 	Total ▼ Non-AWI ▼ AWI
8. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3,327)	Apr to Dec 22	56,853 (6,317 per month) 	▲
9. Acute (AWI) (Older people 65+): Average number of days delayed per patient	155 days	Q4	99.8 days 	▲
<b>Primary Care</b>				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q3	76.89% 	▲
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Dec 22	£162.08 	▼
<b>Children's Services</b>				
1. Uptake of the Ready to Learn Assessments	95%	Mar 23	NE 78%  NW 87%  S 85% 	NE ▼  to  NW ▼ S ▼

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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 HPs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jan 23	NE 96% NW 88% S 98%	NE NW   to S
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Annual 22/23 Total	3,227	
4. Access to CAMHS services – percentage seen within 18 weeks	100%	Mar 23	74.51%	
5. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review.	90%	Q4	61%	
6. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days	100%	Q4	64%  (<5s) 88%  (5-18)	(<5s) (5-18)
7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q4	56%	
8. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q4	80%	
9. Number of out of authority placements – <i>Revised indicator from Q3 22/23</i>	30 by end of 22/23.	Q4	30	















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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q3	92.43 % 	▼  to 
11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q3	96.02 % 	▲
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Mar 23	NE 58.0%  NW 90.7%  S 79.2% 	NE ▲ NW ▼ S ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Mar 23	Stob 32.6  Lev 33.2  Gart 28.9 	Stob ▼  to  Lev ▼ Gart ▼  to 
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Mar 23	Stob 98.2%  Lev 101%  Gart 98.9% 	Stob ▼  to  Lev ▼  to  Gart ▼  to 
4. Total number of Adult Mental Health delays	0	Mar 23	24 Total 22 (Non-AWI)/ 2 (AWI) 	Total ▼ Non-AWI ▼/AWI ▼










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q3	94% 	▼
<b>Sandyford (Sexual Health)</b>				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q4	1,509 	▼
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q4	1,776 	▼
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q4	1 day 	▲
4 & 5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q4	4  (13-15) 20  (16-17)	▲ (13-15)  to  ▼ (16-17)
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q4	59  (13-15) 149  (16-17)	▼ (13-15) ▼ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q4	6 	▼  to 
<b>Homelessness</b>				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q4	99% 	▶









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<b>Indicator</b>	<b>Target</b>	<b>Latest Period Reported</b>	<b>Actual/Status (City Wide)</b>	<b>Direction of Travel in Last period/Change in Status</b>
2. Percentage of live homeless applications over 6-month duration at the end of the quarter.	<40%	Q4	45% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Annual 22/23 Total	4,016 	▼
4. Average number of weeks from assessment decision to settled accommodation.	26 weeks	Q4	50 weeks 	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months. (reported in arrears)	<480 per annum (<120 per quarter)	Annual 22/23 Total	406 	▲
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	100%	Q4	100% 	▶
7. Number of new Housing First tenancies created	280 by year end 22/23	Q4	290 	▲
8. Number of Households in Bed & Breakfast Accommodation	395 or less by end of 22/23.	Q4	623 	▼
9. Number of Temporary Furnished Flats	2,400 or less by end of 22/23.	Q4	2,413 	▼
<b>Criminal Justice</b>				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q4	89% 	▶










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<b>Indicator</b>	<b>Target</b>	<b>Latest Period Reported</b>	<b>Actual/Status (City Wide)</b>	<b>Direction of Travel in Last period/Change in Status</b>
2. i) Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days 2ii). % of Drug Treatment and Testing Orders (DTTO) with a Case Management Plan within 20 days (Drug Court) 2iii). % of Licences with a Case Management Plan within 20 days (Clyde Quay)	85%	Q4	97% 	▲
3. Percentage of 3-month Reviews held within timescale	75%	Q4	83% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale.	70%	Q4	85% 	▲
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q4	80% 	▼
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q4	98% 	▶
<b>Health Improvement</b>				
1. Alcohol Brief Intervention delivery (ABI).	5066 (annual)	Annual 22/23 Total	8,966 	▼
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 21/22	Q1-3 Total	702 	▲
3. Women smoking in pregnancy (general population)	11%	Q4	8.4% 	▼










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q4	13.9% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 22/23	Q3	28.7% 	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 22/23	Q3	18.8% 	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.0% for 22/23	Q3	24.7% 	▼
<b>Human Resources</b>				
1. NHS Sickness absence rate (%)	<4%	Mar 23	7.03% 	▲
2. Social Work Sickness Absence Rate (Average Days Lost)	<0.2 per week per employee. <0.8/ 4-week period	Period 13 (Mar)	2.6 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF).	80%	Mar 23	35.1% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline.	100%	Mar 23	62% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline.	100%	Mar 23	58% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
<b>Business Processes</b>				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q2/3	80% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	80.5% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q3	62% 	▼  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	57% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days. (reported in arrears)	100%	Q3	89% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q3	34% 	▲
7. Percentage of elected member enquiries handled within 10 working days.	80%	Q4	73% 	▲

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## 1. OLDER PEOPLE & CARERS

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

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

Locality	Target	20/21		21/22				22/23			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>	<b>85%</b>	63% (R)	73% (R)	84% (G)	85% (G)	84% (G)	76% (R)	69% (R)	69% (R)	67% (R)	66% (R)
North East		65% (R)	80% (R)	88% (G)	90% (G)	89% (G)	83% (G)	81% (A)	81% (A)	76% (R)	74% (R)
North West		65% (R)	77% (R)	84% (G)	82% (A)	81% (A)	71% (R)	70% (R)	70% (R)	61% (R)	57% (R)
South		61% (R)	66% (R)	81% (A)	85% (G)	83% (G)	76% (R)	62% (R)	62% (R)	65% (R)	67% (R)

#### **Performance Trend**

There was a further decline in performance during Q4 in the city overall, and in North East and North West. Performance in South improved slightly but remained RED.

#### **Issues Affecting Performance**

The main issues affecting performance within this quarter remains as long term sickness absence and vacancies within the assessment team. There has been a higher number of days the team have been required to cover the assessment team duty role, reducing the number of statutory reviews completed.

The team have been working on data cleansing exercises in order to update data on activities completed on careFirst 6, which should improve outcomes of the reported data on overdue reviews.

#### **Actions to Improve Performance**

The aim is to continue to recruit against vacant posts and cover long-term absences with additional hours or overtime, the previous recruitment has stabilised the service.

The activity and review system is actively being evaluated and improved with the aim to increase the capacity of the Reablement team.

#### **Timescales for Improvement**

It is expected that performance will return to target by 23/24 Q1 as the service deals with the backlog created.

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<b>Indicator</b>	2. Percentage of service users who receive a reablement service following referral for a home care service
<b>Purpose</b>	All service users who require a home care service are screened for suitability for reablement. This indicator reports the proportion of service users who go on to receive a reablement service following screening. Information is reported by calendar monthly financial periods.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Referral Source	Target	20/21	21/22				22/23					
		Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sept) %	Q3 Per 10 (Dec) %	Quarter 4		
										Per 11 (Jan) %	Per 12 (Feb) %	Per 13 (Mar) %
Hospital Discharges	70%	70.9 (G)	75.0 (G)	76.0 (G)	67.9 (A)	71.7 (G)	66.3 (R)	67.6 (A)	75.6 (G)	68.1 (A)	71.3 (G)	70.1 (G)
Community Referrals	70%	81.5 (G)	70.4 (G)	75.3 (G)	66.0 (R)	72.5 (G)	72.3 (G)	76.7 (G)	77.2 (G)	85.5 (G)	86.5 (G)	79.6 (G)

**Performance Trend**

Performance in relation to Hospital Discharges was slightly below target (AMBER) in January, however there was improvement in February and March with the RAG status moving from AMBER to GREEN. Performance in respect of Community Referrals remained above target and GREEN across the reporting period.

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

		20/21	21/22				22/23					
Locality	Target	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Quarter 4		
										Per 11 (Jan) %	Per 12 (Feb) %	Per 13 (Mar) %
City	>35%	37.2 (G)	37.3 (G)	38.3 (G)	42.3 (G)	39.4 (G)	36.5 (G)	36.3 (G)	41.1 (G)	34.8 (G)	35.2 (G)	36.2 (G)
North East		26.3 (R)	46.9 (G)	50.0 (G)	37.9 (G)	38.6 (G)	40.0 (G)	36.5 (G)	39.5 (G)	36.7 (G)	23.0 (R)	44.4 (G)
North West		52.4 (G)	38.3 (G)	39.6 (G)	46.4 (G)	45.5 (G)	38.6 (G)	46.4 (G)	47.3 (G)	35.4 (G)	43.8 (G)	38.1 (G)
South		28.9 (R)	31.4 (R)	31.6 (R)	40.5 (G)	34.3 (G)	33.0 (R)	29.4 (R)	37.8 (G)	33.6 (A)	34.6 (G)	31.3 (R)

**Performance Trend**

Performance varies across locality and over time. At city level and in North West performance remained GREEN across the whole reporting period. In North East performance dipped to RED in February before moving back to GREEN in March. In South performance dipped to AMBER (January), moved back to GREEN (FEBRUARY) and then dipped to RED at the end of the quarter (March).

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

Target	19/20				20/21	21/22			22/23			
	Q1	Q2	Q3	Q4	Q1-Q4	Q1-Q3	Q4	Q1	Q2	Q3	Q4	
95%	96% (G)	98% (G)	97% (G)	100% (G)	N/A*	N/A*	91% (A)	93% (G)	93% (G)	86% (R)	92% (A)	

**Performance Trend**

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

During Q4 performance for this indicator improved with the RAG status moving from RED to AMBER.

**Issues Affecting Performance**

This is an improvement from the previous quarter due to focus on conducting 6 monthly reviews of service users within the service. This is expected to continue for the next period.

**Actions to Improve Performance**

Reviews have been scheduled for those in scope which will positively impact on this percentage in Quarter 1.

**Timescales for Improvement**

Q1 & Q2 of 2023/24.

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

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

	19/20	20/21		21/22				22/23			
Target	Q4	Q1-Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	96% (G)	N/A*	100% (G)	24% (R)	96% (G)	97% (G)	99% (G)	95% (G)	95% (G)	93% (G)	89% (R)
<b>Performance Trend</b>											
<p>Performance fell during Quarter 4 with the RAG rating moving from GREEN to RED.</p> <p>Currently care home residents have 2 reviews per annum; one an in-house review carried out by the care home management team while the other is a statutory review carried out by a social worker.</p> <p><i>*2020-21 No face-to-face reviews were carried out in our Care Homes during 20/21 Quarters 1 to 3 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.</i></p>											
<b>Issues Affecting Performance</b>											
Review activity for long term care home residents is on target.											
<b>Actions to Improve Performance</b>											
Further statutory reviews to be scheduled by the Care Home Review Team as part of COVID-19 recovery planning.											
<b>Timescales for Improvement</b>											
Q1 & Q2 23/24											
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**ii. Commissioned Services**

<b>Indicator</b>	7. Number of Clustered Supported Living tenancies offered to Older People
<b>Purpose</b>	To monitor the number of tenancies offered by Registered Social Landlords (RSLs) that may be used for the purpose of delivering both a suitable tenancy and a package of social care to maintain an older person in the community where the alternative may have been admission to residential care. This model of care is called Clustered Supported Living and supports the Maximising Independence Strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	21/22					22/23				
		Q1	Q2	Q3	Q4	21/22 Total	Q1	Q2	Q3	Q4	22/23 Total
<b>City</b>	<b>75 per annum (19 per quarter)</b>	<b>25 (G)</b>	<b>21 (G)</b>	<b>18 (R)</b>	<b>20 (G)</b>	<b>84 (G)</b>	<b>19 (G)</b>	<b>25 (G)</b>	<b>16 (R)</b>	<b>23 (G)</b>	<b>83 (G)</b>
North East	25 per annum (6 per quarter)	10 (G)	9 (G)	8 (G)	8 (G)	35 (G)	8 (G)	5 (R)	4 (R)	4 (R)	21 (R)
North West		5 (R)	3 (R)	6 (G)	9 (G)	23 (R)	5 (R)	7 (G)	6 (G)	7 (G)	25 (G)
South		10 (G)	9 (G)	4 (R)	3 (R)	26 (G)	6 (G)	13 (G)	6 (G)	12 (G)	37 (G)

**Performance Trend**

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

The annual city target for the number of Supported Living tenancies offered to Older People was exceeded at year end (GREEN). The annual locality target was met in North West (GREEN) and exceeded in South (GREEN). The total for North East remained slightly below target and RED; this was due to the lack of tenancies available during this period and not the lack of referrals evidencing the need for Clustered Supported Living in this locality.

Currently there are 263 service users in receipt of care and support living in clustered supported living sites in the city.

**Ongoing Developments within Clustered Supported Living**

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

In the **South** locality, the Lochar Crescent (Trust HA) development is now complete with 3 tenants moved in by the end of March and the remaining 10 moving in on a phased approach after April; this will be captured in the Q1 23/24 performance report and should improve overall numbers citywide.

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

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

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
City	90%	52 (R)	69 (R)	61 (R)	64 (R)	58 (R)	74 (R)	70 (R)	97 (G)	92 (G)	79 (R)	69 (R)
North East		61 (R)	76 (R)	73 (R)	53 (R)	44 (R)	84 (R)	89 (G)	98 (G)	92 (G)	66 (R)	57 (R)
North West		46 (R)	67 (R)	57 (R)	73 (R)	66 (R)	86 (A)	66 (R)	98 (G)	95 (G)	98 (G)	92 (G)
South		50 (R)	64 (R)	53 (R)	67 (R)	63 (R)	51 (R)	65 (R)	95 (G)	91 (G)	82 (R)	70 (R)

<b>Performance Trend</b>
Performance has declined in the last quarter in all localities and moved from GREEN to RED in the North East and South, though remained GREEN in the North West.
<b>Issues Affecting Performance</b>
During the quarter, there have been a number of occasions where the availability of beds and overall capacity of the care homes has been affected by outbreaks, repairs and also changes as a result of the development of the tender. In measuring the gross occupancy, the North East and South have been most affected which is reflected in the update.
<b>Actions to Improve Performance</b>
Available beds have been used to the best effect, but it is planned to bring on a new unit from May 23 which will have an increasing impact for the South as well as providing additional capacity across the city through ensuring beds are brought back on line for admissions at the earliest opportunity following repairs/ cleaning / outbreaks.
<b>Timescales for Improvement</b>
Quarters 2 & 3 23/24
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<b>Indicator</b>	9. Intermediate Care: Average length of stay (Days)
<b>Purpose</b>	To monitor whether people are staying within intermediate care beds for appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
City	<b>&lt;28 days</b>	47 (R)	46 (R)	43 (R)	50 (R)	42 (R)	56 (R)	48 (R)	35 (R)	53 (R)	60 (R)	74 (R)
North East		58 (R)	54 (R)	46 (R)	60 (R)	86 (R)	76 (R)	55 (R)	32 (R)	62 (R)	47 (R)	101 (R)
North West		57 (R)	50 (R)	48 (R)	43 (R)	42 (R)	60 (R)	73 (R)	68 (R)	65 (R)	69 (R)	57 (R)
South		35 (R)	34 (R)	36 (R)	46 (R)	32 (R)	23 (R)	44 (R)	31 (R)	46 (R)	61 (R)	69 (R)

**Performance Trend**

Performance remains RED across all areas and citywide. It has declined in the North East, South and citywide since December while improving in the North West.

**Issues Affecting Performance**

Length of stay has reduced from peak of December / January overall. Outbreaks and an increased level of AWI / MH Capacity within the intermediate care population has contributed to a higher than desired length of stay.

**Actions to Improve Performance**

Monitoring of length of stay for those approaching or over 28 days is in place which will continue through both local service management and through intermediate care Huddles.

**Timescales for Improvement**

Quarters 2 & 3 23/24

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

Locality	Destination	Target	20/21	2021/22				2022/23					
			Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
Glasgow	<b>Home</b>	<b>30%</b>	25 (R)	26 (R)	13 (R)	19 (R)	15 (R)	26 (R)	24 (R)	28 (R)	12 (R)	17 (R)	29 (A)
	Res/Nursing	N/A	50	54	55	65	63	59	66	48	68	79	65
	Readmissions	N/A	22	18	13	11	22	11	10	20	10	3	6
	Deceased	N/A	3	2	19	5	0	4	0	4	10	0	0
NE	<b>Home</b>	<b>30%</b>	10 (R)	25 (R)	17 (R)	8 (R)	25 (R)	43 (G)	0 (R)	25 (R)	13 (R)	14 (R)	8 (R)
	Res/Nursing	N/A	50	50	75	83	75	43	75	50	38	86	83
	Readmissions	N/A	40	19	0	0	0	14	25	25	25	0	8
	Deceased	N/A	0	6	8	8	0	0	0	0	25	0	0
NW	<b>Home</b>	<b>30%</b>	25 (R)	18 (R)	11 (R)	15 (R)	8 (R)	25 (R)	0 (R)	0 (R)	0 (R)	17 (R)	18 (R)
	Res/Nursing	N/A	50	59	44	62	62	75	100	100	88	83	73
	Readmissions	N/A	25	23	33	15	31	0	0	0	13	0	9
	Deceased	N/A	0	0	11	8	0	0	0	0	0	0	0
South	<b>Home</b>	<b>30%</b>	36 (G)	37 (G)	10 (R)	33 (G)	20 (R)	17 (R)	32 (R)	33 (G)	16 (R)	19 (R)	44 (G)
	Res/Nursing	N/A	50	53	40%	50	60	58	59	39	72	75	52
	Readmissions	N/A	7	11	10	17	20	17	9	22	4	6	4
	Deceased	N/A	7	0	40	0	0	8	0	6	8	0	0

**Performance Trend**

Performance has improved at a city level and in the North West and South while declining in the North East since December. Moved from RED to Amber at a city wide level while remaining GREEN in the South and Red in the other two localities.

**Issues Affecting Performance**

Net occupancy and throughput have been reduced through outbreaks / increasing AWI cases and complexity. The potential for discharge home in cases supported through intermediate care has therefore reduced. Smaller numbers also contribute to a potential skewing of the percentage discharged home, although this remains a goal of the service to maximise this opportunity.

**Actions to Improve Performance**

The huddle process aims to focus efforts to maximise the discharge home where this is possible. This is supported by a rehabilitation approach and access to transport to support home visits as part of this reablement. With an increasingly complex group, there is the potential that this target may not be regained for some time.

**Timescales for Improvement**

Quarters 2 & 3 23/24

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**iii. HSCP Community Services**

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

Indicator	Target 22/23	19/20	20/21	21/22	22/23				
		Full year	Full Year	Full Year	Q1	Q2	Q3	Q4	Year to Date
No. ACP conversations held	200 p.a.	530 (R)	264 (R)	208 (R)	80 (G)	85 (G)	94 (G)	86 (G)	345 (G)
No. summaries completed and shared with GPs	50 p.a.	130 (R)	69 (R)	50 (R)	28 (G)	82 (G)	91 (G)	75 (G)	276 (G)

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

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**iii. HSCP Community Services**

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

Locality	Target	20/21			21/22				22/23			
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	0%	6% (R)	5% (R)	8% (R)	1% (A)	2% (A)	1% (A)	3% (A)	9% (R)	10% (R)	11% (R)	8% (R)
North East		0% (G)	1% (A)	1% (A)	0% (G)	0% (G)	1% (A)	1% (A)	6% (R)	5% (R)	13% (R)	5% (R)
North West		5% (R)	4% (R)	3% (A)	0% (G)	0% (G)	0% (G)	1% (A)	5% (R)	1% (A)	3% (A)	4% (R)
South		10% (R)	7% (R)	11% (R)	2% (A)	4% (R)	1% (A)	6% (R)	14% (R)	18% (R)	14% (R)	17% (R)

**Performance Trend**

During Q4 although remaining RED performance improved at city level and significantly in North East, while performance declined further in North West and South.

The number and percentage of activities older than 12 months decreased over the past 3 months; from 272 (11%) in Dec to 167 (8%) in March. At the end of the quarter there were 2,169 open OT assessment activities assigned to workers or teams: 167 (8%) of these had been open for more than 12 months. A breakdown of these by locality is shown below.

Locality	Number of Activities over 12 months (at end of March)
NE	30 (from 118 at end Dec)
NW	13
South	124
Other	0
<b>Total</b>	<b>167</b>

Of the 167 activities detailed above, 20 are assigned to Teams and 147 are assigned to Workers.

**Issues Affecting Performance**

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

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

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

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

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

### **Actions to Improve Performance**

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

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

### **Timescales for Improvement**

Improvements continue to be expected over the coming months.

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

Telecare Referrals	Year	Targets Annual (Quarterly)	19/20 Full Year Total	20/21 Full Year Total	21/22 Full Year Total	2022/23				22/23 Full Year Total
						Q1	Q2	Q3	Q4	
Standard	19/20 & 20/21	2,750	2,723 (G)	2,326 (R)	2,771 (G)	552 (G)	509 (G)	570 (G)	578 (G)	2,209 (G)
	21/22 & 22/23	2,000 (500 per quarter)								
Enhanced	19/20 & 20/21	1,500	1,565 (G)	444 (R)	672 (G)	250 (G)	237 (G)	253 (G)	294 (G)	1,034 (G)
	21/22	500 (125 per quarter)								
	22/23	760 (190 per quarter)								

**Performance Trend**

**The target for the Enhanced Telecare service was increased from 500 to 760 for 2022/23.**

The annual targets for both Standard and Enhanced Telecare referrals were significantly exceeded at year end (GREEN). The highest demand for the year was seen in the final quarter for both types of referrals.

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

Area	Target	2022/23			
		Q1	Q2	Q3	Q4
City	120 days	151 (R)	135 (R)	89.25 (G)	82 (G)
NE		0 (G)	0 (G)	37 (G)	93 (G)
NW		132 (R)	0 (G)	0 (G)	51 (G)
South		170 (R)	135 (R)	106.67 (G)	86.5 (G)

**Performance Trend**

**This is a new indicator for 2022/23 and replaces the previous one which was related to the total number of patients delayed and had a zero target.**

Performance remained GREEN in all localities in the last quarter and has improved in the South and at City level, while declining in the North East and North West.

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

Locality	Annual Target	19/20 Full Year Total	20/21 Full Year Total	21/22 Full Year Total	22/23				22/23 Full Year Total
					Q1	Q2	Q3	Q4	
<b>Glasgow</b>	1,900 (475 per Q)	<b>1,932 (G)</b>	<b>1928 (G)</b>	<b>2,391 (G)</b>	<b>615 (G)</b>	<b>660 (G)</b>	<b>566 (G)</b>	<b>692 (G)</b>	<b>2,533 (G)</b>
North East	633 (158 per Q)	<b>740 (G)</b>	<b>604 (A)</b>	<b>801 (G)</b>	<b>233 (G)</b>	<b>204 (G)</b>	<b>188 (G)</b>	<b>241 (G)</b>	<b>866 (G)</b>
North West	633 (158 per Q)	<b>411 (R)</b>	<b>445 (R)</b>	<b>684 (G)</b>	<b>163 (G)</b>	<b>218 (G)</b>	<b>184 (G)</b>	<b>212 (G)</b>	<b>777 (G)</b>
South	633 (158 per Q)	<b>781 (G)</b>	<b>879 (G)</b>	<b>906 (G)</b>	<b>219 (G)</b>	<b>238 (G)</b>	<b>194 (G)</b>	<b>239 (G)</b>	<b>890 (G)</b>

**Performance Trend**

The annual targets were exceeded significantly at year end (GREEN) for both the city and the localities.

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## UNSCHEDULED CARE

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

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To Dec)
Glasgow	Annual	156,783	162,600	159,916 (A)	113,513 (G)	139,920 (G)	153,791	108,298 (G)
	Monthly Average	13,065	13,542	13,326 (A)	9459 (G)	11,660 (G)	12,816	12,033 (G)

### Performance Trend

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

The numbers of A&E attendances rose in 2021/22 having fallen in 2020/21 due to the pandemic. So far in 2022/23, the monthly average A&E attendances are lower than last year but above the 2020/21 levels.

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

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

Locality	Target	20/21	21/22				22/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
GRI	95%	91.8 (A)	87.5 (R)	68.5 (R)	71.4 (R)	61.7 (R)	63.4 (R)	58.8 (R)	46.3 (R)	65.3 (R)	57.8 (R)	49.5 (R)
QEUH		87.9 (R)	80.6 (R)	56.5 (R)	67 (R)	47.7 (R)	45.6 (R)	51.6 (R)	47.9 (R)	57 (R)	53.7 (R)	50 (R)

<b>Performance Trend</b>
Performance has improved slightly at both hospitals since December, but both remain RED.
<b>Issues Affecting Performance</b>
Nationally and UK wide, there has been significant challenges to maintain the target for four hours. This is impacted on by both the increased numbers attending and by the frailty/complexity of those attending. There is recognition that this is a system-wide issue and links to wider improvement opportunities around delayed discharges, community service developments and work with primary care colleagues.
<b>Actions to Improve Performance</b>
<p>Initiatives that aim to prevent attendance or to rapidly take people out of the ED are starting to gain traction and will develop further to reduce pressure on EDs.</p> <ul style="list-style-type: none"> <li>• Hospital at Home is increasing in scale and at time of reporting has taken on over 400 patients. Pathways in place for community and SAS referrals aim to further reduce ED or Assessment Unit attendance.</li> <li>• Home First Response Service has exceeded its target of 20% of patients assessed and discharged instead of being admitted.</li> <li>• The Flow Navigation Centre (FNC) has seen around 2,000 patients in March 23 with 45% seen and discharged. A third of patients were diverted to the minor injuries services, thus taking pressure off ED services. 90% of the FNC consultations took place over video (Near Me), thus preventing attendance.</li> <li>• Falls pathways have the potential to support both general population and also care home residents to reduce ED attendance.</li> </ul>
<b>Timescales for Improvement</b>
Quarters 2 & 3 22/23

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

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To Dec)
<b>Glasgow</b>	<b>Annual</b>	62,725	63,898	63,324 (G)	54,947 (G)	59,193 (G)	66,624	42,361* (G)
	<b>Monthly Average</b>	5227	5325	5277 (G)	4579 (G)	4933 (G)	5552	4707* (G)

\*Provisional

<b>Performance Trend</b>
<p>The figures for 2022/23 (April to December) are provisional at this stage but are below target and GREEN.</p> <p>The numbers of emergency admissions rose in 2021/22 having fallen in 2020/21 due to the pandemic. So far in 2022/23, monthly average emergency admissions are lower than last year but above the 2020/21 levels.</p> <p>Please note that the target for 2021/22 has been rolled over into 2022/23.</p> <p><a href="#">Back to Summary</a></p>

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

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23* (To Dec)
<b>Glasgow</b>	<b>Annual</b>	506,792	496,071	497,641 (R)	438,871 (G)	517,348 (R)	453,866	368,662* (R)
	<b>Monthly Average</b>	42,232	41,339	41,470 (R)	36,572 (G)	43,112 (R)	37,822	40,962* (R)

\*Provisional

<b>Performance Trend</b>
<p>The figures for 2022/23 (April to December) are provisional at this stage and are above target and RED.</p> <p>The numbers of unscheduled bed days for 2021/22 were above target and RED, increasing since 2020/21 when the pandemic caused a reduction. So far this year, the monthly average numbers of unscheduled bed days are lower than last year but above the 2020/21 levels.</p> <p>Please note that the target for 2021/22 has been rolled over into 2022/23.</p>
<b>Issues Affecting Performance</b>
<p>AWI figures contribute to bed days and remain a challenge to reduce. Services in development to reduce length of stay are developing and gaining traction such as Hospital at Home and Home First. Delayed discharges have been higher than previously which has also contributed to the level of bed days.</p>
<b>Actions to Improve Performance</b>
<p>There is a renewed focus on AWI with the provision of a ward at Gartnavel to target resources around AWI. Further campaigns for Power of Attorney and the development of the AWI action plan will also enable a focus for this. Services such as Hospital at Home are revisiting pathways to remove patients from hospital at the earliest opportunity, but ideally preventing admission in the first instance. Further initiatives such as the introduction of Planned Date of Discharge and Discharge by Lunchtime also aim to reduce this level. Activities such as Day of Care Audits as held recently will also add to opportunities to support discharge.</p>
<b>Timescales for Improvement</b>
<p>Quarters 2 &amp; 3 22/23.</p> <p><a href="#">Back to Summary</a></p>

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

		2015/16	2017/18	2018/19	2019/20	2020/21	2021/22*	2022/23 Target	2022/23* (To Dec)
<b>Glasgow</b>	<b>Annual</b>	36,956	21,377	19,324	14,192 (G)	2262 (G)	652* (G)	33,260	388* (G)
	<b>Monthly Average</b>	3080	1781	1610	1183 (G)	188.5 (G)	54.3 (G)	2772	59.3* (G)

\*Provisional

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

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

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23* (To Dec)
<b>Glasgow</b>	<b>Annual</b>	185,816	191,810	195,371 (R)	177,503 (G)	170,193* (G)	181,371	114,177* (G)
	<b>Monthly Average</b>	15,485	15,984	16,281 (R)	14,792 (G)	14,183* (G)	15,114	12,686* (G)

\*Provisional

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

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

Locality	Target	2020/21		2021/22				2022/23				
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
North East	<b>120 New target</b>	19	25	17	8	23	21	32	26	18	26	24
North West		12	15	15	16	22	17	25	16	22	21	21
South		21	20	22	7	30	34	40	24	28	29	48
<b>Sub-Total (Included Codes)</b>		<b>52</b>	<b>60</b>	<b>54</b>	<b>31</b>	<b>75</b>	<b>72</b>	<b>97</b>	<b>66</b>	<b>68</b>	<b>76</b>	<b>93</b>
North East		28	27	29	20	21	21	22	20	19	16	15
North West		13	16	18	11	19	20	22	19	18	18	23
South		10	18	19	18	21	27	23	29	19	19	11
<b>Sub-Total (Complex Codes)</b>		<b>51</b>	<b>61</b>	<b>66</b>	<b>49</b>	<b>61</b>	<b>68</b>	<b>67</b>	<b>68</b>	<b>56</b>	<b>53</b>	<b>49</b>
<b>Overall Total</b>		<b>103 (R)</b>	<b>121 (R)</b>	<b>120 (R)</b>	<b>80 (R)</b>	<b>136 (R)</b>	<b>140 (R)</b>	<b>164 (R)</b>	<b>134 (R)</b>	<b>124 (R)</b>	<b>129 (R)</b>	<b>142 (R)</b>

<b>Performance Trend</b>
<b>Target has been adjusted from 0 to 120 delays for 2022/23.</b> Total numbers delayed have increased since December and remain RED. This increase occurred in included codes while the complex codes fell at a city level.
<b>Issues Affecting Performance</b>
Note: There has been a 30% increase in early referrals in the last 6 months currently averaging 80 per week.
<ul style="list-style-type: none"> <li>• Closure of wards due to Covid is still an issue although less so than last quarter.</li> <li>• Closures of care homes by public health to admissions due to Covid and other risks to public health outbreaks.</li> <li>• SW awaiting responses from Care Homes regarding accepting and arranging admissions into their units.</li> <li>• Access to wards by care homes for arranging admissions and transfers into their units</li> <li>• Care Homes staggering admissions due to staffing pressures and the current cohort of patients within the care home being frail / complex.</li> </ul>

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- Wards not arranging appropriate discharge arrangements ie. transport, medication, paperwork resulting in increased time taken to admit.
- Staffing pressures within the Hospital Social Work Team / (Recruitment and LTA absence).

### **Actions to Improve Performance**

Currently one Team leader vacancy, recruitment underway, and one qualified worker vacancy currently being followed up for recruitment. 2 staff on long term absence.

3 management huddle a week with focus on delays/ actions/ follow up.

Focus on Incomplete or poor-quality referrals are being sent back to referrers this has reduced workload by 5% since inception mid-April.

Continued focus on reducing bed days lost for long delays with weekly delays meetings to review locality cases continues. Additional service manager resource ended mid-February.

Close working relationship with discharge service lead continues with escalation of any discharges that did not occur due to ward issues. IMC huddle daily continues to ensure maximum use of available resource to ensure interventions implemented to get people home where possible.

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

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

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

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

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

Regular meetings with commissioning colleagues to find solutions and progress complex cases and improve the interface with Care Home communication across Glasgow City. A webinar has taken place end of October with Care Homes, both private and provided with a focus on hospital acute delays and collaborative working / problem solving.

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

### **Timescales for Improvement**

Agreed timescale up to Q1 / Q2 2023.

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

		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23 Target	2022/23 (To Dec)
<b>Glasgow</b>	<b>Annual</b>	29,897	38,656	<b>45,318 (R)</b>	<b>49,902 (R)</b>	<b>64,853 (R)</b>	<b>39,919</b>	<b>56,853 (R)</b>
	<b>Monthly Average</b>	2491	3238	<b>3776 (R)</b>	<b>4159 (R)</b>	<b>5404 (R)</b>	<b>3327</b>	<b>6,317 (R)</b>

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

Area	Target	2022/23			
		Q1	Q2	Q3	Q4
City	155 days	93.67 (G)	109.14 (G)	103.13 (G)	99.8 (G)
NE		115.87 (G)	123.14 (G)	98.75 (G)	105.1 (G)
NW		97.09 (G)	103.78 (G)	117.48 (G)	95 (G)
South		75.91 (G)	102.04 (G)	93.41 (G)	100.5 (G)

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

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**PRIMARY CARE**

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

Locality	Target	20/21	21/22				22/23		
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	78%	76.83% (G)	76.72% (G)	74.68% (A)	75.98% (A)	75.96% (A)	76.17% (G)	76.54% (G)	76.89% (G)
NE		77.63% (G)	77.51% (G)	75.57% (A)	76.94% (G)	76.67% (G)	77.01% (G)	77.24% (G)	77.48% (G)
NW		76.04% (A)	75.90% (A)	73.94% (R)	75.42% (A)	75.33% (A)	75.45% (A)	75.85% (A)	76.37% (G)
S		76.79% (G)	76.70% (G)	74.50% (A)	76.04% (A)	75.86% (A)	75.92% (A)	76.50% (G)	76.79% (G)
<b>NHSGGC</b>		76.84%	76.73%	74.71%	76.17%	75.96%	76.87%	76.54%	76.85%

**Performance Trend**

During Q3 there was a slight improvement in performance across the city with performance GREEN in all areas and the North West moving from AMBER to GREEN. This is reported one quarter in arrears.

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

Locality	Target	20/21	21/22				22/23			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	
<b>City</b>	Cost below (or same) as Board average	£147.61 (G)	£150.24 (G)	£151.24 (G)	£152.33 (G)	£154.20 (G)	£156.76 (G)	£159.74 (G)	£162.08 (G)	
NE		£144.49 (G)	£147.00 (G)	£147.89 (G)	£149.49 (G)	£151.11 (G)	£158.28 (G)	£163.09 (G)	£162.11 (G)	
NW		£145.63 (G)	£148.15 (G)	£149.45 (G)	£149.52 (G)	£150.93 (G)	£149.92 (G)	£150.51 (G)	£154.19 (G)	
S		£152.85 (G)	£155.69 (G)	£156.55 (G)	£158.12 (G)	£160.74 (G)	£161.42 (G)	£164.99 (G)	£169.09 (G)	
<b>NHSGGC</b>		£164.95	£167.94	£169.37	£170.75	£172.98	£174.74	£178.04	£181.75	

<b>Performance Trend</b>
Variations across sectors and over time but all localities and the city remain GREEN.
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**CHILDREN'S SERVICES**

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

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
North East	95%	84% (R)	90% (A)	93% (G)	87% (R)	86% (R)	84% (R)	89% (R)	91% (A)	86% (R)	82% (R)	78% (R)
North West		80% (R)	87% (R)	87% (R)	90% (A)	81% (R)	80% (R)	87% (R)	88% (R)	92% (A)	87% (R)	87% (R)
South		88% (R)	89% (R)	90% (A)	91% (A)	84% (R)	89% (R)	90% (A)	89% (R)	93% (G)	92% (A)	85% (R)

<b>Performance Trend</b>
Performance RED in all areas in March with a decline since December and North East moving from AMBER to RED.
<b>Issues Affecting Performance</b>
Given status of data above we have completed an analysis of factors affecting the uptake of Ready to Learn Assessments. As an example, the NW dashboard for March 2023 showed that 91% of Ready to Learn Assessments were carried out. Of the 9% of 27-30 month assessments not completed in March 2023, non-completion was due to children who recently transferring into caseloads who had moved from out with the board area and had not had assessment prior to transfer, a small number of declined assessments and small number where the template (from which the data is extracted) had not been completed although the assessment had been completed. This means that in the majority of cases, performance was impacted by circumstances out with our control.
<b>Actions to Improve Performance</b>
Continue to carry out developmentally appropriate assessments for children who missed their 27–30 month Ready to Learn Assessment and to record these as 'unscheduled' checks for children older than 30 months to ensure that the assessment is appropriate for the child's developmental stage.
Team leaders are continuing to review caseloads to ensure performance continues to improve. Monthly population reports are provided to team leads which identifies which 27-30 month assessments are due and those that are not completed; this allows team leads to explore the reasons in caseload management discussions.

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

### **Timescales for Improvement**

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

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

Locality	Target	2020/21		2021/22				2022/23			
		Dec 20	Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23
North East	95%	98 (G)	96 (G)	96 (G)	98 (G)	97 (G)	97 (G)	96 (G)	97 (G)	93 (G)	96 (G)
North West		97 (G)	96 (G)	98 (G)	97 (G)	97 (G)	97 (G)	97 (G)	99 (G)	97 (G)	88 (R)
South		97 (G)	99 (G)	99 (G)	97 (G)	94 (G)	97 (G)	98 (G)	97 (G)	96 (G)	98 (G)

<b>Performance Trend</b>
North West moved from GREEN to RED in the last reporting period.
There is a time lag in the availability of this data. The data above is taken on the 14 <sup>th</sup> April. February and March data on this date was; Feb - 56 (NE) 74 (NW) 78 (S); Mar - 8 (NE) 16 (NW) 19 (S).
<b>Issues Affecting Performance</b>
The reduction in NW relates to a small number of children who were unassigned a HPI by January 2023. These children were born in Sept 2022. Noted duplicate information on Microsoft Dashboard which showed small number of the same children recorded twice with unassigned HPI. The small number of children unassigned all relate to either children who had moved in or out of the area (out with the board area and included new arrivals to the country) in or around the timing of HPI allocation.
<b>Actions to Improve Performance</b>
Team Leads to discuss the EMIS embarkation code with HVs in caseload management when children out of the country as this is then flagged in performance reports and helps with interpreting the data. This will also be discussed with the business intelligence team to avoid duplicate recording for the same children in future.
<b>Timescales for Improvement</b>
Ongoing improvement work to ensure accuracy of data.
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<b>Indicator</b>	3. Number of referrals being made to the Healthier, Wealthier Children Service.
<b>Purpose</b>	To monitor the extent to which referrals are made to the Healthier, Wealthier Children Programme. Healthier, Wealthier Children (HWC) aims to contribute to reducing child poverty by helping families with money worries. The project is working closely with antenatal and community child health services to target pregnant women and families with young children experiencing, or at risk of, child poverty, as costs increase and employment patterns change around the birth of a child.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Fiona Moss, Head of Health Improvement and Equalities.

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22					22/23				
					Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
City	1,533	383	2,515 (G)	3,123 (G)	843 (G)	791 (G)	698 (G)	737 (G)	3,069 (G)	814 (G)	818 (G)	770 (G)	825 (G)	3227 (G)
NE	344	86	764 (G)	771 (G)	260 (G)	220 (G)	185 (G)	195 (G)	860 (G)	215 (G)	242 (G)	245 (G)	217 (G)	919 (G)
NW	576	144	918 (G)	812 (G)	217 (G)	185 (G)	191 (G)	170 (G)	763 (G)	216 (G)	209 (G)	219 (G)	208 (G)	852 (G)
S	613	153	833 (G)	1,540 (G)	366 (G)	386 (G)	322 (G)	372 (G)	1,446 (G)	383 (G)	367 (G)	306 (G)	400 (G)	1456 (G)

<b>Performance Trend</b>
Targets continue to be met at city and locality level. Numbers of referrals at city level and in South fell by 6% and 17% respectively in the last quarter.
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<b>Indicator</b>	4. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks
<b>Purpose</b>	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	2020/21		2021/22				2022/23				
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
<b>City</b>	100%	60.81 (R)	53.27 (R)	53.01 (R)	49.58 (R)	59.37 (R)	63.20 (R)	83.28 (R)	92.48 (R)	80.08 (R)	75.21 (R)	74.51 (R)
North East		57.58 (R)	54.22 (R)	72.73 (R)	54.32 (R)	68.39 (R)	73.60 (R)	85.59 (R)	98.4 (G)	96.34 (G)	97.62 (G)	98.94 (G)
North West		62.24 (R)	49.83 (R)	78.72 (R)	47.69 (R)	56.48 (R)	50.67 (R)	73.91 (R)	79.22 (R)	65.98 (R)	56.16 (R)	59.78 (R)
South		61.47 (R)	55.95 (R)	24.69 (R)	46.67 (R)	50.0 (R)	60.58 (R)	91.26 (R)	100 (G)	80.52 (R)	69.41 (R)	66.67 (R)

<b>Performance Trend</b>
Performance has remained RED at a city level and in the North West and South while remaining GREEN in the North East.
<b>Issues Affecting Performance</b>
<p>The number of face-to-face appointments offered has continued to increase following the pandemic to offer an increased level of flexibility to children, young people and their families regarding how they access appointments. Families are also being asked to contact the service to arrange an appointment and potential barriers to accessing appointments online are identified and face-to-face appointments provided as required. As a result, there has been a decrease in the number of appointments missed, which has helped with continuing to meet the 18 week target in North East.</p> <p>Most teams continue to experience particular demands on the duty system and increased numbers of emergency presentations, both of which can reduce the ability of teams to allocate children with the longest waits. Performance has continued to be reviewed in North West and South, with a focus on continuous improvement, taking into account the learning from the approach in North East.</p>
<b>Actions to Improve Performance</b>
<p>Work is continuing to orient the system towards assessing and supporting children with presenting difficulties that require an urgent response as well as increasing the number of first treatment appointments offered whilst also developing plans to ensure a sustainable workforce in the longer term. Work is also focusing on effective analysis of the needs of children who are being accepted into the service to inform service development and delivery planning.</p> <p>Work has also been carried out to ensure CAMHS teams are embedded within Children's Services in localities by improving connections, alignment, and collaboration with other services within the HSCP, in Education and across the third sector, with the aim of ensuring children, young people and their families are able to access the right type of support, within their local area, at the point of need. The SG funded tier 1&amp;2 community mental health services continue to have an impact this</p>



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year, and the Networking Team in particular is supporting families with children on the waiting list for CAMHS.

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

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

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

Brief Interventions work continues on a citywide basis.

All of these measures have helped in the context of increasing demand for the CAMH Service, with significant improvement in North East, and ongoing work to improve performance within North-West and South.

### **Timescales for Improvement**

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

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

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

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<b>Indicator</b>	5. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review.
<b>Purpose</b>	To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have <i>not</i> had a permanency review has been added to the table below.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children’s Services)

Locality	Target	20/21	21/22				22/23				
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Quarter 4	
										% with review	Number <i>without</i> a Permanency Review
City	90%	55 (R)	58 (R)	65 (R)	57 (R)	62 (R)	59 (R)	61 (R)	63 (R)	61 (R)	24*
North East		51 (R)	62 (R)	69 (R)	63 (R)	62 (R)	59 (R)	65 (R)	64 (R)	63 (R)	11
North West		53 (R)	42 (R)	47 (R)	38 (R)	57 (R)	56 (R)	56 (R)	67 (R)	64 (R)	4
South		59 (R)	62 (R)	74 (R)	65 (R)	62 (R)	58 (R)	58 (R)	57 (R)	56 (R)	8

\*1 child is allocated to “other” team

**Performance Trend**

Performance at city and locality level remained below target and RED during Quarter 4.

At the end of December, a total of 24 children (of 61 children under 5 looked after for 6 months or more) had not yet had a permanency review.

**Issues Affecting Performance**

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

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

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

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

### **Actions to Improve Performance**

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

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

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

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

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

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

Group	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Under 5s	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	67% (R)	64% (R)
Aged 5-18		96.2% (A)	85% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	88% (R)	88% (R)

<b>Performance Trend</b>
Percentages can fluctuate due to the small numbers involved. Performance has remained RED in the last quarter for both age groups.
<b>Issues Affecting Performance</b>
This has been investigated and performance has been affected by a small number of missed appointments, which has had a significant impact on performance when expressed as a percentage due to the small number of children and young people involved.
<b>Actions to Improve Performance</b>
The percentages are significantly impacted by a small number of missed appointments, which are often out with the direct control of the service, however, alternative appointments are arranged as soon as practicably possible to avoid any impact on the health and wellbeing of children and young people.
<b>Timescales for Improvement</b>
Performance will be kept under review to ensure timeous reappointment, where necessary.
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<b>Indicator</b>	7. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
<b>Purpose</b>	To monitor the proportion of <u>new</u> (as opposed to review) reports requested by the Scottish Children's Reporter Administration (SCRA) which are submitted by the due date specified (by SCRA). This indicator was revised during Q1 & 2 18/19. Prior to this, the target for completion was within 20 working days of request being received.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21		21/22				22/23			
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	60%	42 (R)	49 (R)	51 (R)	59 (G)	58 (A)	51 (R)	55 (R)	58 (A)	51 (R)	56 (R)
North East		41 (R)	49 (R)	55 (R)	76 (G)	61 (G)	45 (R)	58 (A)	55 (R)	39 (R)	48 (R)
North West		23 (R)	41 (R)	50 (R)	63 (G)	64 (G)	70 (G)	53 (R)	53 (R)	64 (G)	42 (R)
South		53 (R)	58 (A)	45 (R)	50 (R)	51 (R)	40 (R)	52 (R)	62 (G)	48 (R)	68 (G)

**Performance Trend**

Performance at city level during Q4 remained slightly below target and RED. Performance fell significantly in North West with the RAG rating moving from GREEN to RED. Performance improved in North East which remained RED and South where the RAG rating moved from RED to GREEN during the reporting period.

**Issues Affecting Performance**

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

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

**Actions to Improve Performance**

There is increased management oversight of the requested reports and Service Managers are continuing to have regular discussions with Team Leaders about ensuring that front line staff are supported to meet deadlines, particularly in the context of additional service pressures related to the finance and the Cost of Living crisis.

**Timescales for Improvement**

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

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

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

**Notes**

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

**Performance Trend**

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

The percentage of *non-recording* of Employability status decreased from 3% to 1% between Quarters 3 and 4; a decrease from 31 to 13 in the number of young people in the city who do not have their employability status recorded. Of these 13 young people, 6 are in North East while the other 7 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team. All young people in North West and South had their status recorded.

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<b>Indicator</b>	9. Number of out of authority placements
<b>Purpose</b>	To monitor the number of out of authority placements. These include residential schools and specialist purchased resources. Reducing out of authority placements is an objective for our Children’s Transformation Programme to ensure that Glasgow’s children remain connected to their families, friends, schools, and communities.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children’s Services)

Target	22/23	
	Q3	Q4
30	30 (G)	30 (G)

**Performance Trend**

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

Placement numbers met the target of 30 and below at the end of Q4 (GREEN).

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<b>Indicator</b>	10. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
<b>Purpose</b>	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	95%	95.15 (G)	94.20 (G)	93.31 (G)	94.28 (G)	93.7 (G)	93.01 (G)	95.59 (G)	92.62 (G)	92.43 (A)
North East		94.56 (G)	93.15 (G)	94.94 (G)	94.24 (G)	94.59 (G)	91.87 (A)	96.04 (G)	90.15 (R)	94.21 (G)
North West		95.2 (G)	94.32 (G)	90.91 (A)	94.89 (G)	95.24 (G)	93.94 (G)	94.03 (G)	93.89 (G)	92.36 (G)
South		95.56 (G)	94.94 (G)	93.79 (G)	93.87 (G)	91.92 (A)	93.24 (G)	96.36 (G)	93.5 (G)	91.23 (G)

<b>Performance Trend</b>
Performance decreased slightly in the last quarter at a city level and moved from GREEN to AMBER. Performance also decreased in the North West and South, while improving in the North East where it has moved from RED to GREEN. This indicator is reported in arrears.
<b>Issues Affecting Performance</b>
The World health Organisation has raised concerns that vaccine uptake across all areas has declined. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF have 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.'
<b>Actions to Improve Performance</b>
The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake. The vaccine bus has been used in some circumstances. Specific videos have been produced for use with some marginalised communities. The team continue to recall and chase up families who have not attended for vaccines and Health Visitors support with these discussions.
<b>Timescales for Improvement</b>
Activity is ongoing throughout the year.
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<b>Indicator</b>	11. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
<b>Purpose</b>	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Mike Burns, Assistant Chief Officer (Children's Services)

Locality	Target	20/21		21/22				22/23		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	96.15 (G)	96.25 (G)	96.32 (G)	95.85 (G)	96.17 (G)	94.84 (G)	95.57 (G)	95.44 (G)	96.02 (G)
North East		96.97 (G)	97.03 (G)	96.44 (G)	95.59 (G)	97.14 (G)	94.77 (G)	95.74 (G)	94.86 (G)	96.69 (G)
North West		96.24 (G)	95.77 (G)	96.27 (G)	94.49 (G)	96.41 (G)	95.40 (G)	95.25 (G)	95.35 (G)	94.91 (G)
South		95.4 (G)	96.01 (G)	96.26 (G)	97.16 (G)	95.17 (G)	94.50 (G)	95.67 (G)	95.98 (G)	96.25 (G)

<b>Performance Trend</b>
Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North East and South, with the North West declining slightly. This indicator is reported in arrears.
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**ADULT MENTAL HEALTH**

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

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
NE	90%	56.6 (R)	82.3 (R)	76.5 (R)	56.6 (R)	46.3 (R)	56.5 (R)	49.4 (R)	47.4 (R)	74.5 (R)	57.9 (R)	58 (R)
NW		93.6 (G)	97.1 (G)	92.5 (G)	84 (R)	92.4 (G)	79.2 (R)	84.5 (R)	91.7 (G)	96.7 (G)	87.2 (A)	90.7 (G)
S		91.4 (G)	92.8 (G)	94.8 (G)	80.5 (R)	81.2 (R)	87.6 (A)	81.7 (R)	78.7 (R)	89.9 (G)	82.2 (R)	79.2 (R)

<b>Performance Trend</b>
In the last quarter, performance improved in the North East and South but remained RED. Performance dipped slightly in the North West but remained GREEN.
<b>Issues Affecting Performance</b>
The longer term effects of the outbreak of Covid-19 continued to have multiple impacts on the overall performance of delivering PTs through Q1 to Q4 2022/23.
The initial service reaction to the Covid-19 outbreak created a large cohort of people waiting to start a PT. Waiting list initiatives for patients assessed as suitable and waiting to start their treatment continued to target the longest waits. The process is dynamic, with continual incoming referrals and initial assessments for suitability constantly adding to the numbers waiting to start a PT.
Starting a PT is not a singular event. It heralds the beginning of, as per PTs protocols, a number of sessions to complete the course of treatment. NHSGGC activity indicates the majority of people have between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments, some even more.
There was a Board wide focus on addressing the longest waits of 53+ weeks.
Teams focused on long waits and started more people over 18 weeks relative to the total number starting. This can often result in a reduced percentage starting within the 18 week Standard.

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

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

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

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

### **Actions to Improve Performance**

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

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

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

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

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

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

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

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

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

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

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

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### Timescales for Improvement

- Learning about the long-term impact of the continuing Covid-19 social distancing measures on the ability of services to deliver PTs is ongoing.
- Appointing people waiting over 52 weeks will continue through 2023-24.
- People waiting over 36 weeks will be reviewed in future quarters.

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<b>Target/Ref</b>	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Lead</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Hospital	Target	20/21	2021/22					2022/23				
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
Stobhill	28 days	35.5 (R)	31.2 (R)	32.2 (R)	30.1 (R)	28.4 (G)	40.6 (R)	37.3 (R)	26.4 (G)	28.2 (G)	25.5 (G)	32.6 (R)
Leverdale		23.9 (G)	29.8 (R)	31.8 (R)	31.7 (R)	32.6 (R)	36.9 (R)	37.4 (R)	39.8 (R)	42.1 (R)	42.2 (R)	33.2 (R)
Gartnavel		31.7 (R)	29.8 (R)	37.7 (R)	31.3 (R)	32.8 (R)	33.4 (R)	33.0 (R)	26.3 (G)	42.8 (R)	44.6 (R)	28.9 (A)

**Performance Trend**

Between December and March, performance has moved from GREEN to RED at Stobhill; GREEN to AMBER at Gartnavel; and remained RED at Leverdale although performance improved.

**Issues Affecting Performance**

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

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

Services continue to adapt and respond to variabilities in:

1. Wards are continuing to close to new admissions due to COVID which reduce patient movement. This remains an impact on Glasgow City located acute admissions when capacity is reduced on a GC located site or in the wider acute admission system.
2. Numbers of COVID-positive and other viruses still temporarily reduce available bed days for the three main adult acute bed sites due to being closed to new admissions, whilst continuing to treat existing people admitted.
3. Inpatient ward skill mix and nurse per bed ratio is an enduring impact along with on-going staff absence rates.
4. The number of people staying 6 months reduced during March from an annual high point in February. The overall GG&C adult acute numbers during March reduced slightly within the predictable range.

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5. Occupied bed day use boarding from a person's usual catchment into and out from Glasgow City hospitals both internally and external to the Health Board area continues and boarders remain comparatively low in number and reported as disruptive to care.
6. The local position for Adult Acute MH means length of stay remains a pressure.

### **Actions to Improve Performance**

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

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

### **Timescales for Improvement**

The COVID-19 pandemic continues to impact on inpatient services along with other viruses. Operational contingency reviewed and applied daily to the moving situation and location of pressure. Temporary site service cessations across the GGC system are not an option that has any consensus. Less contentious system wide support mechanisms across sites and specialties with wider mental health services being maintained.

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

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

Hospital	Target	2020/21		2021/22				2022/23				
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
Stobhill	<95%	96.5 (G)	97 (G)	98.8 (A)	95.7 (G)	97.5 (A)	98.9 (A)	103 (R)	85 (G)	99.3 (A)	99.6 (A)	98.2 (A)
Leverndale		88.8 (G)	92.4 (G)	98.8 (A)	90.8 (G)	96.5 (G)	99.1 (A)	100 (R)	98 (A)	101.8 (R)	102.5 (R)	101 (R)
Gartnavel		93.4 (G)	93.2 (G)	97.5 (A)	97.2 (G)	95.1 (G)	98.8 (A)	96.2 (G)	89.2 (G)	98.3 (A)	101.6 (R)	98.9 (A)

**Performance Trend**

Between December and March, performance moved from GREEN to AMBER in Stobhill and Gartnavel, while moving from AMBER to RED in Leverndale.

**Issues Affecting Performance**

Admissions and discharges are fluctuating but remaining generally high across the three main Glasgow City admission sites. Cross site support on a daily basis has maintained overall service ability to admit those who require inpatient care. Week to week service responses continue to be very fluid to meet need, including use of additional beds in larger bed bays to provide admission when circumstances require such exigency. This is anticipated to continue well into 2023/24. Percentage occupancy for the way the system of care is working is anticipated to remain at close to 99%. All sites still affected by Covid and other virus' related control of infection closures to new admission affecting the flow of admissions, discharges, lengths of stay and therefore occupancy.

**Actions to Improve Performance**

A range of discharge work for people with prolonged lengths of stay impacting on % occupancy continues as a focus of work to reduce the number of people with stays over 6 months during the remainder of this and into next year. Integrated discharge capacity and adult mental health social care options continues to facilitate moving people to better locations within the overall system of inpatient care. This includes trying to reduce use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care.

**Timescales for Improvement**

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

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<b>Indicator</b>	4. Total number of Adult Mental Health Delays
<b>Purpose</b>	To monitor the extent to which Adult Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date and relate to patients coded to 'G1' - general psychiatry. Figures for patients coded G4 - the psychiatry of old age - are in the Older People's section of this report and Acute patients are in the Unscheduled Care sections. Source of data is the monthly Health Board Census figures.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	Target	2020/21		2021/22				2022/23				
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
North East		6	6	7	3	6	4	3	4	5	5	6
North West		5	8	6	3	8	4	5	6	5	6	8
South		4	2	4	4	6	6	3	4	5	9	8
City/LD		1	0	0	0	3	1	0	0	0	0	0
<b>Sub-Total (Included Codes)</b>		<b>16</b>	<b>16</b>	<b>17</b>	<b>10</b>	<b>23</b>	<b>15</b>	<b>11</b>	<b>14</b>	<b>15</b>	<b>20</b>	<b>22</b>
North East		2	2	1	1	0	1	1	0	1	1	1
North West		6	5	3	2	2	1	0	0	0	0	1
South		0	0	1	1	1	0	0	0	0	0	0
City/LD		1	0	0	0	0	0	0	0	0	1	0
<b>Sub-Total (Complex Codes)</b>		<b>9</b>	<b>7</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>
<b>All Delays</b>	<b>0</b>	<b>25 (R)</b>	<b>23 (R)</b>	<b>22 (R)</b>	<b>14 (R)</b>	<b>26 (R)</b>	<b>17 (R)</b>	<b>12 (R)</b>	<b>14 (R)</b>	<b>16 (R)</b>	<b>22 (R)</b>	<b>24 (R)</b>

<b>Performance Trend</b>
Numbers vary across localities and over time. Overall delays have increased at a city level since December and remain above target and RED.
<b>Issues Affecting Performance</b>
Staff vacancies and absence continue to affect the day-to-day running and planning of the wards. Wards continue to be disrupted by closure to admission and infection control.
<b>Actions to Improve Performance</b>
As previously reported, wards continue to face significant pressures with increased admission rates and some ongoing ward closures.

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

### **Timescales for Improvement**

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

- The group set up to ensure co-ordination of care towards timely and effective discharge of patients continues to meet regularly and all patients are discussed and options available are scrutinised.
- This group continues to focus on all potential discharge placement opportunities and allocations for inpatients with a focus on delayed discharges and patients with length of stay greater than three months.
- Meetings are set up with commissioning team to discuss places and allocations for the most complex patients.

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**ALCOHOL AND DRUGS**

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

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

**Performance Trend**

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

The Glasgow City ADP figure continued to exceed the 90% target at Quarter 3 (GREEN). A breakdown by locality has been made available for the current quarter; North East and South exceeded target (GREEN) while North West was below target and RED.

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**SANDYFORD (SEXUAL HEALTH)**

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

Locality	Target	20/21	2021/22				2022/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>		<b>1497</b>	<b>1438</b>	<b>1106</b>	<b>877</b>	<b>1115</b>	<b>921</b>	<b>1019</b>	<b>1191</b>	<b>1202</b>
NE		475	483	332	284	323	249	362	326	294
NW		1022	955	774	593	792	582	651	706	758
S		0	0	0	0	0	90	96	159	150
<b>NHSGGC</b>	<b>1354 per Quarter</b>	<b>1839 (A)</b>	<b>1784 (R)</b>	<b>1400 (R)</b>	<b>1169 (R)</b>	<b>1465 (R)</b>	<b>1164 (R)</b>	<b>1427 (G)</b>	<b>1527 (G)</b>	<b>1509 (G)</b>
<b>DNA rate</b>				<b>11%</b>	<b>6%</b>	<b>4%</b>	<b>6%</b>	<b>9.9%</b>	<b>9.61%</b>	<b>9.41%</b>

<b>Performance Trend</b>
<b>Targets per quarter for IUD appointments have been adjusted from 1888 to 1354 for 2022/23 and the number of IUD insertions has been removed.</b>
The revised target for the number of IUD appointments has continued to be met since Q2. Please note that the DNA rate does not include TOP.
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<b>Indicator</b>	2. Number of vLARC Implant appointments offered across all Sandyford locations
<b>Purpose</b>	To establish if clinical capacity is being maximised.
<b>National/ Corporate/ Local</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	20/21	2021/22				2022/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>		<b>1550</b>	<b>1278</b>	<b>1019</b>	<b>745</b>	<b>1003</b>	<b>1128</b>	<b>1629</b>	<b>1611</b>	<b>1169</b>
NE		654	513	382	311	414	383	413	279	323
NW		896	765	637	434	589	625	1044	1167	667
S		0	0	0	0	0	120	172	165	179
<b>NHSGGC</b>	1166 per quarter	<b>2278 (R)</b>	<b>1966 (R)</b>	<b>1621 (R)</b>	<b>1217 (R)</b>	<b>1626 (R)</b>	<b>1587 (G)</b>	<b>2035 (G)</b>	<b>2210 (G)</b>	<b>1776 (G)</b>
<b>DNA rate</b>				<b>14%</b>	<b>11%</b>	<b>11%</b>	<b>10%</b>	<b>13%</b>	<b>18.75%</b>	<b>15.54%</b>

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

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<b>Indicator</b>	3. Median waiting times for access to Urgent Care appointments.
<b>Purpose</b>	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
<b>Type of Indicator</b>	National Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Jackie Kerr, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	20/21	2021/22				2022/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	2 working days	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	1 (G)
NE		3 (R)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	2 (G)	2 (G)	1 (G)
NW		1 (G)	1 (G)	2 (G)	1 (G)	2 (G)	1 (G)	2 (G)	2 (G)	1 (G)
S		NA	NA	NA	NA	NA	2 (G)	2 (G)	2 (G)	1 (G)
NHSGGC		1	1	2	1	2	2	2	2	1

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

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

**Male**

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

**Female**

Area	Age	Target	20/21	2021/22				2022/23			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	13-15	75	43 (R)	68 (R)	61 (R)	51 (R)	46 (R)	44 (R)	53 (R)	70 (R)	59 (R)
NHSGGC		143	87 (R)	129 (R)	118 (R)	109 (R)	107 (R)	104 (R)	113 (R)	127 (R)	122 (R)
City	16-17	195	137 (R)	180 (R)	172 (R)	143 (R)	146 (R)	127 (R)	178 (R)	165 (R)	147 (R)
NHSGGC		358	256 (R)	343 (R)	314 (R)	266 (R)	278 (R)	241 (R)	324 (R)	320 (R)	296 (R)

<b>Performance Trend</b>
Performance varies between age groups and over time. With the exception of 13-15 year old males, no targets were met in Q4.
<b>Issues Affecting Performance</b>
The service is currently seeing Young People across 7 sites but face-to-face care remains limited. Staff absences continue to have an impact on service. The service is still restricted to a reduced number of days open in the sites agreed in the service review. Activity not likely to resume to pre-COVID levels until full recovery of services is achieved.
Nationally, the numbers of young people attending sexual health services are declining, and have been for some years. Local Health and Wellbeing surveys tend to suggest that young people are not as sexually active and/or are delaying sex until they are older.
<b>Actions to Improve Performance</b>
Consideration to be given to the current service model, in light of national data, different models (eg walk-in pilot at Parkhead), range of options for engaging with young people, awareness raising of the services available.
A number of actions are being implemented to improve performance including: <ul style="list-style-type: none"> <li>YP consultation has been commissioned.</li> <li>A drop-in clinic is being trialled in Parkhead alongside the booked clinic.</li> </ul>

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- Variety of booking methods are available.
- Consideration of a 'live-chat' service for YP.

### **Timescales for Improvement**

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

Target	2020/21	2021/22				2022/23			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5 working days	0 (G)	0 (G)	1 (G)	1 (G)	2 (G)	3 (G)	4 (G)	4 (G)	6 (R)

<b>Performance Trend</b>
Performance moved from GREEN to RED during Quarter 4; waiting times have gone up since last quarter.
<b>Issues Affecting Performance</b>
<p>Increase in service demand caused by:</p> <ul style="list-style-type: none"> <li>National policy changes enabling Early Medical Abortion at Home (EMAH) and remote access to service, resulting in Sandyford absorbing the majority of GGC medical abortion activity.</li> <li>Surgical terminations ceased during Covid and have not yet restarted.</li> <li>Women from the Clyde areas within Greater Glasgow and Clyde are increasingly choosing to access the self-referral abortion care pathway to the service at Sandyford.</li> </ul> <p>Staffing issues are causing pressure on the service.</p>
<b>Actions to Improve Performance</b>
<p>Ongoing discussions with NHS GGC Acute to ensure the Abortion Care service provided at Sandyford Sexual Health services is appropriately resourced to take account of service change and improvements required.</p> <p>New system introduced in April, with clients given a date in which to expect a call back, which will reduce the number of unanswered client calls.</p> <p>Weekend clinics opening during May 2023.</p> <p>Staff recruitment continues.</p>
<b>Timescales for Improvement</b>
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**HOMELESSNESS**

<b>Indicator</b>	1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation.
<b>Purpose</b>	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21		21/22				22/23			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>	<b>95%</b>	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)
North East		98% (G)	98% (G)	99% (G)	97% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99% (G)
North West		98% (G)	100% (G)	98% (G)	99% (G)	100% (G)	99% (G)	99% (G)	98% (G)	97% (G)	97% (G)
South		99% (G)	100% (G)	100% (G)	99% (G)	99% (G)	98% (G)	99% (G)	99% (G)	99% (G)	99% (G)
Asylum & Refugee Team (ARST)		99% (G)	100% (G)	100% (G)	97% (G)	100% (G)	100% (G)	99% (G)	98% (G)	99% (G)	99% (G)

**Performance Trend**

Performance was maintained during Q4 with all localities and teams remaining above target (GREEN). A total of 1,456 decisions were made during Q4; 20 (1%) were outwith timescale.

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<b>Indicator</b>	2. Percentage of live homeless applications over 6 months duration at the end of the quarter
<b>Purpose</b>	To provide an overview of progress towards shorter case durations city wide and within casework teams, balanced with the need to provide longer term support to progress more complex cases.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

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

**Performance Trend**

During Q4 all Teams and localities continued to remain outwith the target range (<40%) and RED.

The volume of new Homeless Applications increased by over 22% during Q4 (2,006) in comparison with Q3 (1,635). See table below for trend information.

**Additional Information: Volume of Homeless Applications**

20/21				21/22				22/23			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1,376	1,540	1,582	1,922	1,979	1,781	1,641	1,609	1,485	1,615	1,635	2,006

**Issues Affecting Performance**

All localities, and ARST, remain outwith the target however there has been a reduction across all teams, apart from South, who have remained steady at 47%.

This indicator is affected by both the supply of housing but also new demand which reduces the percentage of cases over 6 months. The number of lets in Q4 was lower than in previous quarters and, given that offers of settled accommodation are made to households based on their length of homelessness application, this means fewer cases over 6 months would have been resettled during this quarter.

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### **Actions to Improve Performance**

Work is on-going to ensure that the number of section 5 referrals being sent to RSL partners is optimised to increase the number of lets available to homeless households. Whilst the number of lets during the quarter was lower than Q3, it should be noted that Q4 includes the month of January which is often a month with fewer lets due to the closure of RSLs during the festive period. As an individual month, March 2023 saw the highest number of monthly lets of the full year and highlights the significant work done to ensure that a sufficient number of appropriate referrals have been made to RSL partners.

Indicator 3 shows that the number of resettlement plans complete has remained steady in Q4, and above target, which ensures there is sufficient demand within the system.

### **Timescales for Improvement**

It is anticipated that this figure will reduce in Q3 of 2023/24 after a sustained period of increased lets from RSL partners.

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

Target		Total 19/20	Total 20/21	21/22			Total 21/22	22/23				Total 22/23
21/22	22/23			Q2	Q3	Q4		Q1	Q2	Q3	Q4	
5,000 per annum (1,250 per quarter)	3,750 per annum (938 per quarter)	3,774 (R)	3,961 (R)	1,136 (R)	1,051 (R)	1,156 (R)	4,675 (R)	897 (A)	1,039 (G)	1,043 (G)	1,037 (G)	4,016 (G)

<b>Performance Trend</b>
The 21/22 annual target of 5,000 (1,250/quarter) has been revised to 3,750 per annum (938/quarter) for 2022/23.
Both the quarterly and annual targets for this indicator were exceeded at year end (GREEN).
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<b>Indicator</b>	4. Average number of weeks from assessment decision to settled accommodation
<b>Purpose</b>	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	20/21		21/22				22/23			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City-wide	26 weeks	41 wks (R)	45 wks (R)	39 wks (R)	35 wks (R)	41 wks (R)	45 wks (R)	52 wks (R)	47 wks (R)	43 wks (R)	50 wks (R)

<b>Performance Trend</b>
<p>Performance did not meet target (RED) during Q4; the average number of weeks increased by 7 between quarters 3 and 4.</p> <p>The average number of weeks has risen due to a number of older cases being rehoused during quarter 4 (44 applications were over 2 years with 7 of these being over 4 years).</p>
<b>Issues Affecting Performance</b>
<p>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.</p> <p>Given that this measure is taken at case closure, work to prioritise rehousing by date of case registration has significantly impacted upon the reporting of the average number of weeks from assessment decision to settled accommodation.</p> <p>If the system is working efficiently, it is likely that this indicator will increase as older 'backlog' cases are resettled and then will reduce as the backlog clears.</p>
<b>Actions to Improve Performance</b>
<p>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.</p>

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

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

### **Timescales for Improvement**

It is likely that, with increased letting activity, the average number of weeks may increase in Q1 of 2023/24 as more longer-term cases are resettled however, as more lets are provided for homeless households, this backlog will reduce, and the number of weeks should reduce in Q3-Q4 of 2023/24.

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

Target	Full Year Total 19/20	Full Year Total 20/21	2021/22				Full Year Total 21/22	22/23				Full Year Total 22/23
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
<480 per annum (<120 per Quarter)	437 (G)	420 (G)	154 (R)	127 (R)	124 (A)	121 (G)	526 (R)	96 (G)	107 (G)	93 (G)	110 (G)	406 (G)

**Performance Trend**

During Q4 the number of Repeats remained below the upper threshold and GREEN for the fifth consecutive quarter, and the annual target was met at year end.

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

Analysis of the 110 households reassessed during Q4 shows:

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

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

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

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

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

Target		20/21				21/22				22/23			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1*	Q2*	Q3*	Q4
600 over 5 years from 2019/20.	Number created during quarter	0	19	25	32	22	17	12	10	9	13	9	3
Q2 target is 240. Target by end of 22/23 is 280	Cumulative Total	<b>119 (Base -line)</b>	<b>138 (R)</b>	<b>163 (R)</b>	<b>195 (R)</b>	<b>217 (R)</b>	<b>234 (A)</b>	<b>246 (A)</b>	<b>256 (R)</b>	<b>265 (R)</b>	<b>278 (G)</b>	<b>287 (G)</b>	<b>290 (G)</b>

**Performance Trend**

*\*Updated figures for Quarters 1-3 were provided by the service in January and April 2023*

The year-end target of 280 Housing First tenancies was exceeded during Q3 and increased by a further 3 tenancies during Q4 to give a cumulative total of 290.

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

Target	20/21			21/22				22/23			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target for end of 22/23 is 395 units or less	573 (R)	439 (R)	344 (G)	286 (G)	389 (R)	369 (R)	414 (R)	461 (R)	504 (R)	538 (R)	623 (R)

**Performance Trend**

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

During Q4 this indicator remained RED against the year-end target. Between Q3 and Q4 there was an increase of 16% (85) in the number of homeless households accommodated within B&B type accommodation.

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

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

2021/2022				22/23			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
22 days	21 days	25 days	25 days	30 days	32 days	34 days	26 days

**Issues Affecting Performance**

The service has seen a continued increase in demand for emergency accommodation through Q4. The increase in the use of bed and breakfast accommodation has allowed the service to continue to meet its statutory duty. This has been as a result of a general increase in demand coupled with demand flowing from recent changes to local connection legislation.

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

**Actions to Improve Performance**

The HSCP continues to have a clear focus on homelessness prevention activities in order to reduce the demand for temporary and settled accommodation. This has been supported by the addition of 12 Social Care Workers (Homelessness) within Health and Social Care Connect.

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

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

### **Timescales for Improvement**

With the increase in demand seen through Q4, it is likely that this indicator will continue to increase in Q1 of 2023/24. It is anticipated that there will be a reduction in Q2-Q3 of 2023/24 with an increase in the number of settled lets from RSLs allowing more households to move on from temporary accommodation.

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

Target	20/21		21/22				22/23			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target for end of 2022/23 is 2,400 or less	2,612 (R)	2,384 (R)	2,368 (R)	2,359 (R)	2,348 (R)	2,350 (R)	2,338 (G)	2,348 (G)	2,365 (G)	2,413 (G)

**Performance Trend**

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

There was a slight increase in the number of temporary furnished flats (TFFs) between Q3 and Q4 however performance remains within the target range of the revised year-end target of 2,400 or less (GREEN).

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**CRIMINAL JUSTICE**

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

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	80%	76% (R)	77% (A)	86% (G)	81% (G)	87% (G)	89% (G)	88% (G)	89% (G)	89% (G)
North East		81% (G)	72% (R)	76% (R)	80% (G)	94% (G)	94% (G)	93% (G)	88% (G)	91% (G)
North West		71% (R)	78% (A)	93% (G)	83% (G)	80% (G)	81% (G)	84% (G)	83% (G)	87% (G)
South		75% (R)	81% (G)	89% (G)	82% (G)	87% (G)	90% (G)	89% (G)	95% (G)	89% (G)
<b>Performance Trend</b>										
<p>During Q4 performance exceeded target (GREEN) across all localities.</p> <p>A total of 531 CPOs (North East, North West and South) were made during Q4; a significant increase of just over 15% in comparison to Q3 (461). In addition, 44 CPOs were made by the Caledonian Team during the reporting period.</p> <p><a href="#">Back to Summary</a></p>										

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<b>Indicator</b>	2. Percentage with a Case Management Plan within 20 days. <b>i) Community Payback Orders (CPOs)</b> <b>ii) Drug Treatment and Testing Orders (DTTO) (Drug Court), and</b> <b>iii) Throughcare Licences (Clyde Quay)</b>
<b>Purpose</b>	To monitor the extent to which CPOs, DTTOs and Throughcare Licences have a case management plan within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

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

**Performance Trend**

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

During Q4 performance improved significantly in all localities and teams and all exceeded target (GREEN). Following the dip to RED during Q3 North East, South and the DTTO team moved back to GREEN during the reporting period. Clyde Quay's performance has remained at 100% throughout 22/23.

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

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

**Performance Trend**

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

During Q4 the target for reviews was exceeded in all localities and settings (GREEN). Following a dip in performance during Q3, South's performance improved significantly during Q4 moving back to GREEN.

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<b>Indicator</b>	4. Percentage of Unpaid Work (UPW) requirements completed within timescale.
<b>Purpose</b>	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Leads</b>	Pat Togher, Assistant Chief Officer (Public Protection and Complex Needs) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>	70%	65% (R)	70% (G)	70% (G)	75% (G)	80% (G)	83% (G)	83% (G)	84% (G)	85% (G)
North East		50% (R)	68% (A)	74% (G)	82% (G)	84% (G)	85% (G)	85% (G)	92% (G)	90% (G)
North West		58% (R)	61% (R)	64% (R)	66% (R)	80% (G)	82% (G)	82% (G)	79% (G)	84% (G)
South		83% (G)	80% (G)	70% (G)	75% (G)	76% (G)	82% (G)	81% (G)	83% (G)	83% (G)
<b>Performance Trend</b>										
<p>Performance was maintained during Q4 with all localities continuing to exceed target (GREEN).</p> <p>Excluding breaches gives the following figures: NE 93%, NW 90% and South 91% (City 90%).</p> <p><a href="#">Back to Summary</a></p>										

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

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

<b>Performance Trend</b>
<b>Indicator extended from 22/23 to include the Caledonian Team and Drug Court.</b>
<p>During Q4 performance was maintained in the city, North West and South which remained GREEN. Performance in the Drug Court improved significantly by 25 percentage points with the RAG rating moving from RED to GREEN. Performance fell in North East and the Caledonian Team with the rating moving from GREEN to just outside the target range (AMBER) during the reporting period.</p> <p><a href="#">Back to Summary</a></p>

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

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>	21/22 90%  22/23 80%	81% (R)	88% (G)	94% (G)	96% (G)	90% (G)	88% (G)	98%* (G)	98%* (G)	98% (G)
North East		80% (R)	60% (R)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100%* (G)	100% (G)
North West		83% (R)	80% (R)	92% (G)	90% (G)	88% (G)	75% (R)	100%* (G)	100%* (G)	100% (G)
South		80% (R)	100% (G)	89% (G)	100% (G)	82% (R)	88% (G)	91%* (G)	93%* (G)	100% (G)
Clyde Quay		n/a					100% (G)	100% (G)	100% (G)	93% (G)

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

<b>Performance Trend</b>
Target revised from 90% to 80% for 22/23 and indicator extended to include Clyde Quay from Quarter 1.
At Q4 all teams and localities continued to exceed target (GREEN).
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**HEALTH IMPROVEMENT**

<b>Indicator</b>	1. Alcohol brief intervention delivery (ABI)
<b>Purpose</b>	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 4 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Annual Target	Quarterly Target	19/20 Total	20/21 Total	21/22 Total	2022/23				
						Q1	Q2	Q3	Q4	Total
City	5066	1267	4394 (R)	4269 (R)	7749 (G)	1822 (G)	2586 (G)	2351 (G)	2207 (G)	8966 (G)
NE	1636	409	1070 (R)	254 (R)	351 (R)	0	0	1	0	1
NW	1585	397	934 (R)	165 (R)	221 (R)	0	0	0	0	0
S	1845	461	651 (R)	72 (R)	93 (R)	0	0	0	0	0
City Wide (Non sector specific)			1739	3778	7084	1822	2586	2350	2207	8965

**Performance Trend**

Performance for 2022/23 remains GREEN with numbers increasing since 2021/22.  
 Note: City wide services are delivered in localities but are recorded at a city-wide level.

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

Locality	Annual Target	19/20 Total	20/21 Total	21/22 Total	22/23 Target Year to Date	2022/23 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1217	1389 (G)	1280 (G)	1260 (G)	886	248 (R)	472 (R)	702 (R)	
NE	478	516 (G)	459 (A)	452 (R)	348	70 (R)	156 (R)	231 (R)	
NW	385	422 (G)	442 (G)	411 (G)	280	61 (R)	127 (R)	203 (R)	
S	352	451 (G)	379 (G)	456 (G)	256	117 (G)	189 (G)	268 (G)	

**Performance Trend**

This indicator is reported in arrears. Performance is meeting target in the South but below target in the other localities and city wide at Q3, as it has been throughout 2022/23 so far.

**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 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.

**Actions to Improve Performance**

Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges.

**Timescales for Improvement**

Improvements will be monitored by the Tobacco PIG, GG&C Smoking Cessation Manager's Group and City Tobacco Group on an ongoing basis.

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

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

**Performance Trend**

**Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030.**

Performance at city level declined slightly during Q4 but remained GREEN.

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

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>City</b>	<b>15.5% New target</b>	12.4% (G)	14.8% (G)	15.3% (G)	14.5% (G)	15.9% (G)	12.1% (G)	16% (A)	13.8% (G)	13.9% (G)
North East		14.0	16.1	15.4	16.8	16.7	15.8	14.5	13.6	14.9
North West		10.9	12.9	14.3	14.5	15.3	8.2	17.4	14.6	11.2
South		11.9	14.9	15.9	12.1	15.5	11.3	16.5	13.2	15.2

<b>Performance Trend</b>
<b>Target for 2022/23 reduced by 1.5% from 17% in line with aim to reduce the gap with general population.</b>
Performance at city level declined slightly during Q4 but remained GREEN.
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<b>Indicator</b>	5. Exclusive Breast feeding at 6-8 weeks (general population)
<b>Purpose</b>	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2020/21				2021/22				22/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	<b>33% (end 22/23)</b>	30.4 (R)	31.5 (G)	29.6 (R)	30.2 (A)	30 (R)	28.3 (R)	28.3 (R)	28 (R)	29.4 (R)	28.0 (R)	28.7 (R)
North East		24.6	22.5	21.3	23.6	22.1	17.9	17.2	22	24.3	20.3	21.0
North West		35.8	37.7	38.3	37.1	34.3	33.5	33.8	30.9	33.9	32.6	34.9
South		31	33.4	29.5	29.7	32.5	31.9	32.2	30.4	29.9	31.2	30.3

<b>Performance Trend</b>
Data is reported in arrears. Performance remained RED at a city level although increasing in the last quarter at city level, in North East and North West (while decreasing slightly in South).
<b>Issues Affecting Performance</b>
The board Infant Feeding Team has been impacted for the last year by reduced capacity due to long term sickness meaning that they have been operating at 2/3 capacity. Recently this capacity has been reduced further, meaning only 1 member of staff is currently providing services.
Clinic appointments continue to be prioritized by the Board team with as many appointments as possible being offered to mothers and babies experiencing feeding issues. This is a mix of face-to-face and online appointments to meet the needs of mothers.
Currently across the city, all Breastfeeding groups that are running are led by 3 <sup>rd</sup> Sector orgs. These orgs are funded via Scottish Government or by the City Health Improvement budget. Continuation of these groups will be dependent on securing ongoing funding. Input at groups by Health Visiting and Family Nurse Teams is not possible due to staffing capacity and a focus on the delivery of the Universal Pathway.
North East Glasgow currently has four face-to-face breastfeeding groups weekly, with around 2-8 mums attending. South Glasgow has one group running currently which having recently moved to the Gorbals area, saw an increased uptake of mothers attending (average 8-10 mums



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attending weekly). North West Glasgow does not have face-to-face groups running at present but are exploring this.

In addition to face-to-face, 3<sup>rd</sup> Sector BF support (BFN and NCT) each offer 1 Online support group per week and continue to offer 1-1 and Attend Anywhere appointments, uptake continues to be variable via these platforms.

Health Visiting and Family Nurse Teams continue to support mothers as part of their Universal Pathway Visits. Input into UNICEF processes such as audit is supported as capacity allows. Staffing pressures among HV and FN teams has meant at times, completion of planned audits has been delayed across the city.

### **Actions to Improve Performance**

Glasgow City successfully delivered their first 3-yearly UNICEF Baby Friendly reaccreditation in March 2023. This included reports by the Guardian, Service Manager and Baby Friendly leads, a presentation and a portfolio of evidence of the extensive Baby Friendly work which occurs across the city. Reaccreditation included a staff culture survey, completed by 53% of staff, for which the results were excellent. Feedback from UNICEF was also very positive.

As stated, the blended offer of support via the Breastfeeding Problem-Solving Clinics continues. Appointments are offered at the West Maternity Care Centre and in the Renfrewshire area.

Infant feeding training and updates delivered by the board Infant feeding team to HV and Family Nurse staff have been ongoing over the last 12 months. This is despite the ongoing staffing challenges faced by the board team. Staff training uptake in the city is high with over 80% of HV/FN staff in the city being up to date with infant feeding training as of March 23. Ongoing audit cycles around staff knowledge and skills in relation to infant feeding demonstrate that levels of knowledge among staff is good with all audit points being consistently above 95%. Feedback from mums' audits also show that satisfaction with the service from their HV or FN in relation to Infant feeding is also high with 100% of mums either being happy or very happy with their care. Areas will continue to ensure that staff are attending 3 yearly Infant feeding updates and the planned audit cycles will continue to monitor staff knowledge via audits.

Funding has been agreed by Health Improvement for ongoing provision of the telephone peer support service to Antenatal and Postnatal families from April 2023 - March 2024. In addition, funding for the same period has been agreed to expand this provision enable a citywide breastfeeding peer support service to be delivered alongside the telephone peer support. This will enable a further 2 breastfeeding groups to be established in the South and NW of the city (2 per locality). These will be targeted where possible to areas where BF rates are lower.

The update on the telephone service is that from April 22 - Jan 23, 168 Women have engaged with the service (29 Antenatal and 140 postnatal); 22% of those come from minority groups. From the interim report (up till October 22) 21% of those who signed up came from SIMD 1 area. The midway report for the pilot showed that of the women still working with the project at 6 weeks postnatal, 72.5% were still BF exclusively and 25% were mix feeding.

### **Feedback from mums showed that.**

- 96% of the mums agreed that support from BfN had helped them to breastfeed for as long as they wanted.
- 96% of women agree or strongly agree that support from this service has helped them feel more confident about breastfeeding their baby

**Volunteers:** currently in the city BfN have 30 volunteers working across a range of our services (groups, telephone, maternity) 38% of volunteers in the city are now from a minority group compared to 16% for the rest of Scotland. The focus of the service this year is to continue engagement with minority communities to aid peer recruitment and increase uptake of the

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service from mums from those communities. We will also be looking to increase uptake of the service among young mothers and our 15% datazone areas. NCT and BFN continue to offer Breastfeeding support on postnatal wards and neonatal units across GGC (QEUH, PRM, RAH).

Health Improvement continues to lead on the roll out of the Breastfeeding Friendly Scotland Scheme in the City. In May 2023, 55 organisations (over 2,000 staff) have received training and signed up to the scheme across the 3 localities. Organisations include Glasgow life, Early Years Scotland, Glasgow Clyde College, Social Work Admin Staff and more recently Elderpark Housing Association in Govan.

Glasgow City HI staff attend the National Breastfeeding Collaborative and the GGC Public acceptability group. They are involved in the planning and delivery of our local response to Scottish and National BF weeks and contribute to local social media channels with BF messages and information for families. Staff in the city are also supporting the roll out of the National Breastfeeding Early Years Pilot.

A pilot is underway with the HV team in Thornliebank in South Glasgow to test if additional Support visits by support staff In the HV teams at 3, 5 and 6 weeks reduces the BF drop off rate for those families. This is very recently started, and its progress will be monitored.

The planning for a pilot project in NE involving early breastfeeding support via HCSW is underway with a view to roll out in September 2023, initially in the Springburn area. This will involve mums who are planning on/ thinking about breastfeeding during pregnancy being allocated a HCSW who will meet them antenatally and then provide enhanced breastfeeding support from a few days postpartum until 6-8 weeks.

### **Timescales for Improvement**

Face-to-face groups restarted in some areas and, due to successful funding application, further groups to follow in South and NW by the end of 2023. Telephone support pilot will continue until end March 2024; 2 peer support courses to be completed during this time (one to start in June 23, other in September 23). UNICEF Gold Award revalidation March 2023 completed. Annual report for UNICEF due March 24.

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

Locality	Target	2020/21				2021/22				2022/23		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
<b>City</b>	<b>24.4% (end 22/23)</b>	<b>22.4 (A)</b>	<b>21.8 (R)</b>	<b>21.9 (R)</b>	<b>21.2 (R)</b>	<b>20.7 (R)</b>	<b>20.9 (R)</b>	<b>20.1 (R)</b>	<b>20.6 (R)</b>	<b>23.3 (A)</b>	<b>20.8 (R)</b>	<b>18.8 (R)</b>
North East		21.6	19.6	18.5	20.1	19.0	17.2	17.1	21.2	25.7	16.8	17.2
North West		25.8	20.8	24.6	25.3	22.2	19.5	20.9	23.3	21.5	25.5	18.9
South		20.5	25.3	23.4	19.1	21.5	25.6	22.9	17.7	22.3	22.6	20.4

**Performance Trend**

Data is reported in arrears.  
Performance at City level moved from AMBER to RED in Q2 and fell further during Q3. At locality level performance fell significantly in North East between Q1 and 2, and in North West between Q2 and Q3.

**Issues Affecting Performance**

**As per KPI 5 above.**

Our first pilot session with young parents ('Feeding Your Baby'), scheduled in March 23, was cancelled due to lack of interest. Plans are underway to host a citywide session in September to allow enough time for FNP and 3<sup>rd</sup> sector organisations to promote the session to clients. We are exploring the use of incentives and plan to amalgamate the 2 planned sessions into 1, as transport seems to be a barrier.

**Actions to Improve Performance**

**See KPI 5 above.**

The 4 face-to-face breastfeeding groups currently running in Glasgow city are all in SIMD 1 areas in order to increase ease of access for families from these areas which have lower breastfeeding rates. It is planned that the remaining groups, where possible will be targeted at SIMD 1 & 2 areas. Engagement will take place with FNP to assess how we can best target young parents to offer support

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

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### Timescales for Improvement

FNP antenatal pilot programme in NE Glasgow will run until end March 2024.  
Telephone peer support service is funded until end March 2024.  
Face-to-face groups restarted in some areas and further groups to follow in Q4. Further funding will allow more groups in targeted areas to be supported in 23/24.

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<b>Indicator</b>	7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6-8 weeks)
<b>Purpose</b>	To monitor the extent to which women are stopping breastfeeding in the period between their first visit by the Health Visitor and 6 weeks after birth. Health Visitors encourage women to continue breastfeeding in this period and the aim is to reduce drop off rates over time. This includes exclusive and mixed breastfeeding.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 5 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 3)
<b>HSCP Lead</b>	Fiona Moss, Head of Health Improvement and Equalities

AREA	2017/18 Drop Off Rates	2022/23 Target	20/21		21/22				22/23		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
HSCP	32.3%	30.0%	25.5 (G)	26.7 (G)	25.7 (G)	24 (G)	23.5 (G)	29.0 (G)	23.5 (G)	24.4 (G)	24.7 (G)
NE	39.9%	37.1%	27.0	31.8	31.8	30.8	30.7	37.7	28.0	29.2	28.5
NW	27.2%	25.2%	24.6	21.3	21.2	20.1	21.2	20.1	19.2	20.1	22.3
S	31.3%	29.1%	25.3	27.7	26.1	23.2	21.4	29.9	24.0	24.3	23.8

**Performance Trend**

Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance is below the trajectory target for 2022/23 and is GREEN with drop-off rates decreasing in North East and South between Q2 and Q3. The drop off rate for the city and North West increased slightly during the reporting period.

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**HUMAN RESOURCES**

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

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
<b>Grand Total</b>	<b>4%</b>	5.1 (R)	6.41 (R)	7.64 (R)	6.83 (R)	6.39 (R)	6.38 (R)	7.61 (R)	8.09 (R)	7.19 (R)	6.81 (R)	7.03 (R)
Adult Services		5.16 (R)	6.21 (R)	8.43 (R)	7.23 (R)	6.60 (R)	6.58 (R)	8.24 (R)	8.76 (R)	7.54 (R)	7.17 (R)	7.06 (R)
Children's Services		4.58 (R)	6.76 (R)	7.95 (R)	5.77 (R)	5.82 (R)	5.98 (R)	7.17 (R)	7.26 (R)	7.44 (R)	7.72 (R)	7.79 (R)
Clinical Director		0 (G)	0.38 (G)	0.90 (G)	4.15 (R)	2.82 (G)	0.38 (G)	5.05 (R)	2.57 (G)	1.25 (G)	0.35 (G)	3.67 (G)
Health Improvement		5.06 (R)	5.21 (R)	5.40 (R)	2.91 (G)	4.24 (R)	5.48 (R)	4.10 (A)	4.58 (R)	5.51 (R)	4.36 (R)	7.11 (R)
Older People		6.14 (R)	6.94 (R)	8.22 (R)	8.54 (R)	7.37 (R)	7.56 (R)	8.10 (R)	8.87 (R)	7.29 (R)	6.57 (R)	7.27 (R)
Resources		4.34 (R)	5.2 (R)	3.81 (G)	3.6 (G)	5.42 (R)	4.90 (R)	5.97 (R)	6.54 (R)	6.60 (R)	1.28 (G)	3.18 (R)
Public Protection and Complex Care		5.37 (R)	8.38 (R)	5.07 (R)	4.48 (R)	5.04 (R)	-	6.25 (R)	7.44 (R)	5.56 (R)	6.52 (R)	6.38 (R)

**Performance Trend**

Variations across areas and over time but performance overall remains above target for the HSCP. Slight decrease in the last quarter though increased in March to above 7%, which is higher than the same period 2021 and 2022.

**Issues Affecting Performance**

This quarter shows increase in sickness absence levels across most areas of the HSCP. Over the last quarter there was a decrease in February however this increased again in March. Long term absence which remains at a higher level than short term absence, however this is still in keeping with established trend. In March 2023 Long Term absence accounted for 4.10% and short-term absence was 2.93%.

Absences recorded as 'Psychological' (which includes all stress related absence) remains the most commonly used absence reason. In March, this accounted for 29.5% of sickness absence, down by 1% from the previous month.

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'Other' and 'Unknown' absence accounted for 8.3% and 10.5% of total absence each. For SAR reporting purposes, all COVID related absence, with the exception of positive cases, is now aligned to the 'Viral' category. This month, 'Viral' accounted for 10% of all absence, down 1% from the previous month. Minor fluctuations in the other absence descriptions.

Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.

### **Actions to Improve Performance**

1. HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.
2. Robust links with the HR Support and Advice Unit, via commissioning model and NHS GGC resources and strategies to ensure assistance and guidance is available to HSCP staff and managers.
3. Support management teams to access and analyse available attendance data and identify trends and areas of concern.
4. The HR Team are identifying areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR where required.
5. The HR Support and Advice Unit will deliver Attendance Management awareness sessions in April for 60 managers of health staff to recap on key policy issues and the management of long covid.
6. Managers to continue to promote uptake of COVID booster vaccinations for staff.

### **Timescales for Improvement**

Ongoing - subject to agreed review periods

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

	2022/23			2021/22		
	P11	Q4 P12	P13	P11	Q4 P12	P13
<b>ADL Target (10.2 per year/0.2 per week)</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>
<b>Glasgow</b>	<b>1.7 (R)</b>	<b>1.5 (R)</b>	<b>2.8 (R)</b>	<b>1.6 (R)</b>	<b>1.6 (R)</b>	<b>2.6 (R)</b>
<b>Resources</b>	<b>0.9 (R)</b>	<b>0.8 (R)</b>	<b>1.9 (R)</b>	<b>0.7 (G)</b>	<b>0.9 (R)</b>	<b>1.4 (R)</b>
<b>Adult Services</b>	<b>1.2 (R)</b>	<b>1.2 (R)</b>	<b>2.5 (R)</b>	<b>1.7 (R)</b>	<b>1.4 (R)</b>	<b>2.9 (R)</b>
<b>Public Protection &amp; Complex Care</b>	<b>0.7 (G)</b>	<b>0.6 (G)</b>	<b>1.9 (R)</b>	<b>1 (R)</b>	<b>0.9 (R)</b>	<b>1.9 (R)</b>
<b>Children's Services</b>	<b>1.1 (R)</b>	<b>1.1 (R)</b>	<b>2.4 (R)</b>	<b>1.3 (R)</b>	<b>1.2 (R)</b>	<b>2.6 (R)</b>
<b>Older People's Services</b>	<b>1.1 (R)</b>	<b>0.9 (R)</b>	<b>2.0 (R)</b>	<b>1.2 (R)</b>	<b>1.0 (R)</b>	<b>2.0 (R)</b>
<b>Care Services</b>	<b>2.3 (R)</b>	<b>2.0 (R)</b>	<b>3.5 (R)</b>	<b>1.9 (R)</b>	<b>1.8 (R)</b>	<b>3.1 (R)</b>

**Performance Trend**

Overall absence performance covering Quarter 4 (Period 11-13) for GHSCP shows an increase in Average Days Lost (ADL) compared to same quarter last year. However, there has been a slight reduction in Children's Services and Older People's Services.

*N.B. Social Work absence rates are reported as average days lost (ADL) per employee rather than a percentage figure.*

**Issues Affecting Performance**

The impact of the pandemic on the workforce has been quite significant, in particular on staff mental health and wellbeing. It is worth noting that Covid 19 is included within Sickness absence for quarter 4 this year. For the same quarter last year it was recorded under a special leave code, which can account for some of the increase in Average Days Lost (ADL) this year.

**Actions to Improve Performance**

- 1) The HR Training Programme for Managers has been implemented and will be ongoing to ensure all managers have received the first series of training, which is specifically focussed on the Maximising Attendance Policy and Supporting a Wellbeing Culture. Further short bite sized training is currently being explored to add to the suite of training available to both managers and employees.
- 2) HR processes have been revised so that HR advice and guidance is automatically sent out to managers when staff are off sick (as part of the revised accountability process). The HR Advice e-mails will be a prompt for managers to take action quickly to support their member of staff.



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- 3) Management Information of employees off sick will be routinely sent to Senior Managers for the purposes of monitoring activity and ensuring staff are supported back to work at the earliest opportunity.
- 4) HR Communications is now being issued out on a more frequent basis, which will cover any topics regarding Wellbeing and Attendance and Employee Relations areas of work. Arrangements are currently being made for these to be accessible on the GCC HR Connect Pages for managers and staff and ensuring front line staff also have access to all relevant information.
- 5) Promotion of Wellbeing and Attendance, employee and manager development related modules on GCC's e-learning platform "GOLD" will take place monthly via HR Communications.
- 6) HR will work with GCC's new Occupational Health Provider and Employee Assistance Provider (People Asset Management) in the promotion of services available and how these can support employees and managers moving forward.
- 7) Ongoing analysis of trends and deploying HR resources to managers that have the greatest need for support, will continue and is in line with the overall HR Plans for both Wellbeing and Attendance and Employee Relations.

### **Timescales for Improvement**

With the continued roll out of the priorities within HR Action Plans, it is anticipated that 2023/24 will report positive improvements in concerning trends across GHSCP.

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

Area	Target	2022/23							
		Mar 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
<b>Glasgow</b>	80%	25.7 (R)	29.9 (R)	32.0 (R)	31 (R)	29.6 (R)	32.0 (R)	32.9 (R)	35.1 (R)
Adult				24.3 (R)	24 (R)	23.4 (R)	26.0 (R)	26.0 (R)	26.7 (R)
Children's Services				48.4 (R)	46 (R)	46 (R)	49.0 (R)	49.0 (R)	50.2 (R)
Health Improvement				52.1 (R)	49 (R)	38.7 (R)	39.0 (R)	39.0 (R)	38.1 (R)
Older People				31.3 (R)	27 (R)	25 (R)	26.0 (R)	26.0 (R)	28.4 (R)
Public Protection & Complex Care				20.9 (R)	19 (R)	23.9 (R)	26.0 (R)	26.0 (R)	24.4 (R)
Resources				33.1 (R)	32 (R)	38.6 (R)	41.0 (R)	41.0 (R)	50.6 (R)

**Performance Trend**

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

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

**Issues Affecting Performance**

Covid-19 has continued to have an impact and it is important that KSF processes recognise the difficulties faced in the last two years and is seen as an integral part of the support mechanisms in place for staff.

**Actions to Improve Performance**

- An annual trajectory has been created for the HSCP and a working group is being established to assist in implementation of service level trajectories
- The KSF Working Group will provide the SMT with recommendations to improve performance
- Issued guidance to local managers on ensuring staff are aligned correctly to managers
- Monthly named data is provided to all service areas via local HR Managers and Learning and Education Advisors and performance is monitored monthly to encourage improvement
- Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation.

<b>Timescales for Improvement</b>
Improvements sought in future quarters. <a href="#">Back to Summary</a>

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

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
Glasgow	100%	58% (R)	44% (R)	49% (R)	44% (R)	60% (R)	56% (R)	42% (R)	29% (R)	46% (R)	42% (R)	62% (R)

<b>Performance Trend</b>
Performance fluctuates but has improved between December and March though remains RED.
<b>Issues Affecting Performance</b>
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods. Managers receive notification of the induction due date and 2 further reminders.
<b>Actions to Improve Performance</b>
<ul style="list-style-type: none"> <li>• Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.</li> <li>• Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.</li> </ul>
<b>Timescales for Improvement</b>
Ongoing improvement will be sought through the above steps.
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<b>Indicator</b>	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
<b>Purpose</b>	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 8 (See Appendix 2)
<b>Strategic Priority</b>	Priority 2 (See Appendix 3)
<b>HSCP Lead</b>	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	20/21	2021/22				2022/23					
		Mar 21	Jun 21	Sep 21	Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Jan 23	Feb 23	Mar 23
Glasgow	100%	62% (R)	43% (R)	69% (R)	59% (R)	52% (R)	83% (R)	68% (R)	60% (R)	33% (R)	67% (R)	58% (R)

**Performance Trend**

Performance fluctuates but has declined slightly between December and March and remains RED.

**Issues Affecting Performance**

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

**Actions to Improve Performance**

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

**Timescales for Improvement**

Ongoing improvement will be sought through the above steps.

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**BUSINESS PROCESSES**

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

Locality	Target	2019/20		2020/21				2022/23		
		Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2/3* % of no.	Q4 % of no.
City	70%	95.2% (G) 292	94.2% (G) 224	95.8% (G) 263	92.2% (G) 256	95.1% (G) 162	89.1% (G) 174	88.6% (G) 318	80% (G) 230	
North East		84.2 (G) 19	68.7i (G) 16	82.3 (G) 17	91.7 (G) 24	82.6 (G) 23	72.2 (G) 18	85 (G) 40	92.8 (G) 14	
North West		63.7 (R) 22	65 (R) 20	75 (G) 16	76.2 (G) 42	85.7 (G) 21	76.2 (G) 42	92.3 (G) 78	71.2 (G) 80	
South		85.7 (G) 20	100 (G) 7	88.9 (G) 9	85.7 (G) 14	100 (G) 12	85.7 (G) 14	100 (G) 44	78.9 (G) 38	
Prisons		100 (G) 231	99.4 (G) 181	98.6 (G) 221	96.6 (G) 176	99 (G) 106	98 (G) 100	84.6 (G) 156	85.7 (G) 98	

**Performance Trend**

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

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

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

Locality	Target	2020/21		2021/22				2022/23		
		Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2/Q3* % <i>of</i> no.	Q4 % <i>of</i> no.
City	70%	75% (G) 191	79% (G) 110	64% (R) 145	78% (G) 145	43.2% (R) 155	58% (R) 151	49% (R) 147	69% (G) 124	80.5% (G) 77
North East		100 (G) 3	100 (G) 2	83 (G) 6	100 (G) 2	100 (G) 1	80 (G) 5	0 (R) 3	100 (G) 3	80 (G) 5
North West		56 (R) 25	47 (R) 17	57 (R) 23	52 (R) 23	40 (R) 25	67 (A) 24	69 (G) 32	58 (R) 26	84.2 (G) 19
South		78 (G) 18	76 (G) 17	69 (G) 16	61 (R) 18	80 (G) 10	64 (R) 11	56 (R) 18	71 (G) 17	100 (G) 3
Prisons		77.9 (G) 145	86.5 (G) 74	64 (R) 100	86.3 (G) 102	37.8 (R) 119	54.1 (R) 111	42.5 (R) 94	70.5 (G) 78	68 (G) 50

**Performance Trend**

\*Figures for Q2 and 3 were combined.

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

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

Locality	Target	20/21		21/22				22/23		
		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%	74% (G) 39	50% (R) 34	76% (G) 107	74% (G) 134	74% (G) 121	71% (G) 106	67% (A) 84	68% (A) 102	62% (R) 117
North East		100% (G) 8	62% (R) 8	94% (G) 16	83% (G) 18	71% (G) 17	60% (R) 10	73% (G) 11	43% (R) 7	81% (G) 16
North West		43% (R) 7	25% (R) 4	78% (G) 8	79% (G) 14	64% (R) 11	57% (R) 7	80% (G) 10	67% (A) 6	45% (R) 11
South		91% (G) 11	40% (R) 10	63% (R) 16	58% (R) 24	45% (R) 22	55% (R) 11	63% (R) 8	29% (R) 7	26% (R) 23
Homelessness		58% (R) 12	67% (A) 6	67% (A) 6	62% (R) 13	100% (G) 10	38% (R) 13	60% (R) 10	61% (R) 18	75% (G) 8
Home Care		N/A	N/A	81% (G) 53	77% (G) 61	51% (R) 55	87% (G) 60	64% (R) 44	76% (G) 58	75% (G) 53
Centre		100% (G) 1	50% (R) 6	75% (G) 8	100% (G) 4	100% (G) 6	75% (G) 5	100% (G) 1	56% (R) 6	67% (A) 6

**Performance Trend**

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

During Q3 overall performance at city level fell further from AMBER to RED. Performance also fell from AMBER to RED in North West. Performance improved in North East and the Homelessness Team which both moved from RED to GREEN, and in Centre which moved from RED to AMBER.

**Issues Affecting Performance**

While there has been improvement in performance across Centre, Homelessness and North East, performance has continued to drop in North West and South. South have had more than three times as many complaints in this period, which may account for some of the negative impact on compliance. All stage 1 complaints continue to be passed to localities in good time, and with advice to apply extensions where necessary, however extensions were



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not requested in good time in the majority of cases. Further clarity on the causes of delay, particularly in North West and South is required, due to a lack of available information.

### **Actions to Improve Performance**

The Complaints, FOI and Investigations Team (CFIT) have brought in additional staff on temporary basis to assist with increased volumes of work and discussion has been undertaken during this quarter to consider processes in relation to Stage 1 administration, to determine opportunities for improvement in locality areas. CFIT to continue to encourage use of 5 day extension where appropriate as this can often ensure first stage complaints can meet appropriate timescale for response. Locality staff are required to be familiar with complaints timescales, and extensions, and apply these appropriately. Business Admin to review processes with aim to improve recording of reasons for delays.

### **Timescales for Improvement**

Process changes ensuring more detailed analysis not expected to impact until Q2, 23/24 at earliest.

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

Target	20/21				21/22				22/23		
	Q1	Q2	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.	% <u>of</u> no.	% <u>of</u> no.
70%	<b>59%</b> <b>(R)</b> 39	<b>76%</b> <b>(G)</b> 58	<b>84%</b> <b>(G)</b> 68	<b>89%</b> <b>(G)</b> 70	<b>87%</b> <b>(G)</b> 52	<b>78%</b> <b>(G)</b> 67	<b>70%</b> <b>(G)</b> 53	<b>80%</b> <b>(G)</b> 81	<b>73%</b> <b>(G)</b> 56	<b>64%</b> <b>(R)</b> 84	<b>57%</b> <b>(R)</b> 70

<b>Performance Trend</b>
This indicator is reported <b>one quarter in arrears</b> .
Performance in relation to stage 2 complaints fell further during Q3 (RED).
<b>Issues Affecting Performance</b>
The further drop in performance in Q3 is attributable to three factors. Firstly, following the loss of an experienced Senior Officer at the beginning of the previous quarter, no replacement was recruited during Q3, meaning complaints handling capacity of the team was down by 20%. In addition, the Business Development Manager retired, and the Principal Officer was promoted to their post, leaving the PO post vacant for much of this quarter and reducing overall capacity further. Finally, the continuing high demand in relation to Subject Access Requests (SAR) (see <b>Indicator 6</b> ) necessitates prioritisation of SAR workload, reducing capacity for complaints handling.
<b>Actions to Improve Performance</b>
Recruitment of two replacement members of staff required.
<b>Timescales for Improvement</b>
Improvement not expected until recruitment of a replacement complete and sufficiently trained in complaints handling, estimated to be during Q1 of 23/24.
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<b>Indicator</b>	5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.
<b>Purpose</b>	This indicator monitors social work performance in relation to the timescale for the completion of Freedom of Information (FOI) requests; it is reported one quarter in arrears.
<b>Type of Indicator</b>	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 3 (See Appendix 2)
<b>Strategic Priority</b>	Priority 5 (See Appendix 3)
<b>HSCP Lead</b>	Allison Eccles, Head of Business Development

Target	20/21				21/22				22/23		
	Q1	Q2	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.	% <u>of</u> no.	% <u>of</u> no.
100%	<b>95%</b> <b>(R)</b> 61	<b>99%</b> <b>(G)</b> 80	<b>100%</b> <b>(G)</b> 75	<b>98%</b> <b>(G)</b> 90	<b>98%</b> <b>(G)</b> 83	<b>98%</b> <b>(G)</b> 98	<b>98%</b> <b>(G)</b> 90	<b>97%</b> <b>(G)</b> 108	<b>96%</b> <b>(A)</b> 77	<b>95%</b> <b>(R)</b> 99	<b>89%</b> <b>(R)</b> 135

**Performance Trend**

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

Performance in relation to FOIs slipped further during Q3 (RED). There was a 36% increase in the number of FOIs received during the reporting period.

**Issues Affecting Performance**

All SWS FOIs are handled by the Complaints, FOI and Investigations Team (CFIT) who have been subject to additional pressures relating to increasing demand for Subject Access Requests, which are handled by the same team. In that context, meeting demand for FOIs became more challenging in Q1, however performance is still high. In addition, as noted above, an experienced Senior Officer left the team in the preceding quarter, reducing FOI handling capacity of the team by 20% from required staffing levels, however demand increased by 36% in Q3.

**Actions to Improve Performance**

CFIT seeking additional resources to assist with addressing the increased demand on the team, as detailed at **Indicator 6**, and seeking replacement of the staff member who has left.

**Timescales for Improvement**

As performance is consistently between 95% and 100%, it is expected that this will continue into the next quarter, with return to 100% compliance expected by Q1, 23/24, provided new/replacement staff can be brought into the team and upskilled within that period.

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

Target	20/21				21/22				22/23		
	Q1	Q2	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.	% <u>of</u> no.	% <u>of</u> no.
100%	<b>18%</b> <b>(R)</b> <b>50</b>	<b>34%</b> <b>(R)</b> <b>95</b>	<b>19%</b> <b>(R)</b> <b>110</b>	<b>21%</b> <b>(R)</b> <b>109</b>	<b>41%</b> <b>(R)</b> <b>144</b>	<b>33%</b> <b>(R)</b> <b>116</b>	<b>38%</b> <b>(R)</b> <b>129</b>	<b>35%</b> <b>(R)</b> <b>200</b>	<b>13%</b> <b>(R)</b> <b>249</b>	<b>18%</b> <b>(R)</b> <b>256</b>	<b>34%</b> <b>(R)</b> <b>182</b>

<b>Performance Trend</b>
This indicator is reported <b>one quarter in arrears</b> .
Performance in relation to Subject Access Requests improved further during Q3 but remained RED. There was a decrease of 29% in the number of requests received during the quarter.
<b>Issues Affecting Performance</b>
As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. This can be seen from the steep rise in requests in Q4, and the further rise in Q1.
This is a rolling backlog resulting from initial Covid-related issues arising in 2020 and massive increase in demand resulting from the Redress Scotland scheme and Scottish Government advice to applicant to submit SARs to Local Authorities to support their applications. Cases are being cleared from it, but not at a higher rate than incoming demand. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of <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 an appropriate and more than adequate performance level, given the scale of the challenge and resources currently available.

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**Actions to Improve Performance**

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

New staff have been identified and will join the team for a period of two years to assist to clear the backlog but will not take posts until Q4. In addition, other staff able to provide support on an overtime basis are being identified and will assist once appropriate systems access and training can be supplied. Once the new staff are in post and the additional resources are available the backlog should begin to reduce again and gradually be eliminated, but this may not immediately impact performance as measured in this table, for the reasons explained above.

**Timescales for Improvement**

It is not anticipated these issues will be fully resolved until late 2023/24 at the earliest, as demand continues to outstrip the capacity of the team to address it.

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

Locality	Target	20/21	21/22				22/23			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% <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%	73% (R) 315	85% (G) 249	83% (G) 348	81% (G) 279	83% (G) 408	79% (G) 435	80% (G) 452	72% (R) 425	73% (R) 421
North East		93% (G) 56	91% (G) 56	88% (G) 66	92% (G) 48	86% (G) 78	93% (G) 91	93% (G) 116	89% (G) 92	89% (G) 81
North West		63% (R) 63	92% (G) 50	85% (G) 68	78% (A) 63	87% (G) 100	95% (G) 83	85% (G) 72	86% (G) 121	90% (G) 94
South		77% (A) 57	79% (G) 57	90% (G) 106	82% (G) 90	75% (R) 100	68% (R) 102	76% (R) 88	60% (R) 108	59% (R) 85
Centre		64% (R) 119	79% (G) 75	70% (R) 101	77% (A) 66	79% (G) 106	65% (R) 136	68% (R) 160	48% (R) 97	61% (R) 157
Care Services (prev. Cordia)		90% (G) 20	100% (G) 11	100% (G) 7	75% (R) 12	100% (G) 24	91% (G) 23	100% (G) 16	100% (G) 7	100% (G) 4

**Performance Trend**

During Q4 performance remained GREEN in North East, North West and for Care Services. Performance remained RED for the city, South and Centre although there was improvement in Centre of 13 percentage points.

The number of enquiries received was comparable with previous quarters; demand has continued to remain high since Q4 21/22.

**Issues Affecting Performance**

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

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<b>Actions to Improve Performance</b>
Business Admin to review processes with aim to improve recording of reasons for delays, to inform more detailed analysis of the cause of any delays.
<b>Timescales for Improvement</b>
As performance is generally above target, performance improvement is expected by Q1, 23/24, however process changes ensuring more detailed analysis not expected to impact until Q2, 23/24 at earliest.  <a href="#">Back to Summary</a>

## APPENDIX 1 – OTHER INDICATORS

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

### 1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

\*Provisional

### 2. NATIONAL INTEGRATION INDICATORS

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

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



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**3. OTHER CORPORATE/LOCAL INDICATORS**

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Local HSCP Services</b>								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	N/A	21/22	57%	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to see or speak to a doctor or nurse within two working days	NHS LDP Standard Outcome 9	N/A	21/22	85%	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22		100% (G)	96.08% (G)	98% (G)	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2021 were 100% (NE); 98.4% (NW); 100% (S). Next update due for Jan-Mar 2023 in June 2023.
<b>Externally Delivered Services</b>								
5. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Mar 23	32% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Increased from 30% in December. Produced monthly.
6. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q4	91% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Reduced since December when was 93.1%. Produced monthly.

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<b>Indicator</b>	<b>Type/ Outcome</b>	<b>Target</b>	<b>Date</b>	<b>City</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Comments</b>
7. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Mar 23	<b>99.1% (R)</b>	N/A	N/A	N/A	This service is hosted by the Acute Sector. Increased from 93.3% at end of Q3. Produced monthly.
8. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr20 to Mar22	<b>56.3% (R)</b>	<b>55.9% (R)</b>	<b>57.1% (A)</b>	<b>56.1% (R)</b>	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Previous figures for 2019-21 were 54.7% (citywide); NE 54%; NW 55.2%; S 54.7%.
9. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr19 to Mar22	<b>65.3% (R)</b>	<b>62.5% (R)</b>	<b>63.7% (R)</b>	<b>68.5% (G)</b>	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Last report was for 19/20 and only Scotland information was available when was 72%.
10. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2020/21	<b>59.5% (R)</b>	<b>61.3% (R)</b>	<b>52.8% (R)</b>	<b>65.3% (R)</b>	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2022. Previous figures were 58.6% citywide; NE 61.1%; NW 52.1%; S 63.2%.
11. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2021-22	<b>77.3% (G)</b>	<b>73.6% (G)</b>	<b>76.3% (G)</b>	<b>80.9% (G)</b>	From Annual NHSGGC screening report last produced Dec 2022. Previous figures for 19/20 were 74.8% (City); 73.1% (NE); 76.4% (NW); 75% (S).

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
<b>Population Statistics</b>								
12. % of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Sep 22	<b>29.7% (R)</b>	<b>33.2% (R)</b>	<b>29.2% (R)</b>	<b>27.3% (R)</b>	Provisional figures shown for Sep 22. Figures for Mar 22 (also still provisional) are 24% (City); and for localities 25.6% (NE); 24.5% (NW); 22.4% (S).
13. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Sep 22	<b>77% (R)</b>	<b>80% (R)</b>	<b>77% (R)</b>	<b>75.3% (R)</b>	Provisional figures shown for Sep 22. Figures for Mar 22 (also still provisional) are 79.8% (City); and for localities 82.2% (NE); 79.7% (NW); 77.8% (S).
14. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	<b>60.1% (G)</b>				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a slight increase to 69.1%. Normally produced 2 yearly by Public Health Scotland but next one due late 2023.
15. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	2019	<b>72.8% (G)</b>				Performance has increased since 2017 when was 69.1%. Below Health Board average of 76.4% which also rose from 73.1% in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 has delayed latest update which is not now due until Oct 23.
16. Number of drug related deaths	Local HSCP indicator Outcome 1	N/A	2021	<b>311</b>				Figures published annually by NRS. Last updated July 2022. Figures in previous years were 157 (2015); 170 (2016); 192 (2017); 280 (2018); 279 (2019); and 291 (2020).

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<b>Indicator</b>	<b>Type/ Outcome</b>	<b>Target</b>	<b>Date</b>	<b>City</b>	<b>North East</b>	<b>North West</b>	<b>South</b>	<b>Comments</b>
17. Number of alcohol related deaths	Local HSCP indicator Outcome 1	N/A	2021	<b>188</b>				Figures published annually by ISD. Last updated August 2022. Figures in previous years were 166 (2015); 187 (2016); 186 (2017); 146 (2018);143 (2019); 163 (2020).
18. Deaths from suicide	Local HSCP indicator Outcome 7	N/A	2021	<b>106</b>				Figures published annually by ISD. Last updated July 2022. Figures in previous years were 69 (2015); 91 (2016); 88 (2017); 99 (2018);106 (2019); 104 (2020).

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**APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES**

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

**APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES**

- Priority 1 Prevention, early intervention, and harm reduction
- Priority 2 Providing greater self-determination and choice
- Priority 3 Shifting the balance of care
- Priority 4 Enabling independent living for longer
- Priority 5 Public Protection

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### APPENDIX 4 – APR LOCAL KPIS

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

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

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

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