Item No. 10

Meeting Date: Wednesday 12th June 2024

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

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

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HSCP Performance Report Q4 2023/24

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2023/24 for noting. The Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Homelessness & Justice Social Work.

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

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

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report, b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Leads for Homelessness and Justice Social Work.

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

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.
Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 14).
Provider Organisations:	None.
Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
Fairer Scotland Compliance:	N/A
Financial:	None.
Legal:	None.
Economic Impact:	None.
Sustainability:	None.
Sustainable Procurement and Article 19:	None.
Risk Implications:	None.
Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance e framework includes health performance indicators.

1. Purpose

1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 4 2023/24. 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 Justice Social Work.

2. Background

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

3. Reporting Format

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

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

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

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

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

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

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

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

4. Summary

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

4.2 The attached report provides details of performance for all indicators at city and locality levels, 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, 47 indicators were GREEN (51.1%); 39 RED (42.4); 5 AMBER (5.4%) and 1 GREY (1.1%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	**Page**
8. Intermediate Care: Percentage Occupancy	31
9. Intermediate Care: Average Length of stay (Days)	32
10. Intermediate Care: Percentage of users transferred home	33
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team: % over one year	35
Unscheduled Care	
6. Total Number of Acute Delays	44
7. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	46
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	47
Children's Services	
1. Uptake of the Ready to Learn Assessments - *North East and South*	50
4. % looked after & accommodated children under 5 who have had a Permanency Review	54
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - *North East and South*	61
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - *Leverndale and Gartnavel*	63

3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Stobhill*	65
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Leverndale and Gartnavel*	65
4. Total number of Adult and Older People Mental Health Delays	67
Sexual Health (Sandyford)	
4 Number of individual young people attending all Sandyford services aged 13-15 (Male)	73
5. Number of individual young people attending all Sandyford services aged 16-17 (Male)	73
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	73
Homelessness	
1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	76
2. % of live homeless applications over 6 months duration at the end of the quarter	77
4. Average number of weeks from application to settled accommodation	80
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	83
7. Number of new Housing First tenancies created	85
8. Number of Households in Bed & Breakfast Accommodation	86
Health Improvement	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	96
5. Exclusive Breastfeeding at 6-8 weeks (general population)	100
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)	102
Human Resources	
1. NHS Sickness absence rate	104
2. Social Work Sickness Absence Rate	106
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	107
4. % of NHS staff who have completed the standard induction training within the agreed deadline	108
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	109
Business Processes	
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	114
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	115
7. Percentage of elected member enquiries handled within 10 working days	117

Changes in RAG Status

4.4 There has been a change in RAG status for **17** indicators since the last report. Of these, performance improved for **6** and declined for **11**.

i. Performance Improved

A) RED TO GREEN
Older People & Carers
4. Day Care (provided) – Review Rates
13. Number of Telecare referrals received by Reason for Referral - **Outcome 3** Supporting Carers
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - Stobhill
Business Processes
4. Percentage of Social Work Stage 2 Complaints responded to within timescale
B) RED to AMBER
Children's Services
1. Uptake of the Ready to Learn Assessments (North West)
C) AMBER to GREEN
Sandyford (Sexual Health)
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered

ii. Performance Declined

A) GREEN TO RED
Older People & Carers
8. Intermediate Care: Percentage Occupancy
13. Number of Telecare referrals received by Reason for Referral - Outcome 3 - Supporting Carers
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Leverndale
Sandyford (Sexual Health)
4. Number of individual young people attending all Sandyford services aged 13-15 (Male)
Homelessness
1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation
Health Improvement
5. Exclusive Breastfeeding at 6-8 weeks (general population)
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
Business Processes
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days
B) AMBER to RED
Children's Services
1. Uptake of the Ready to Learn Assessments (North East and South)
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
C) GREEN to AMBER
Older People & Carers
5. Provided Residential Care – Occupancy Rates

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 3.4, and
d) review and discuss performance with the Strategic Leads for Homelessness and Justice Social Work.

CORPORATE PERFORMANCE REPORT

QUARTER 4
2023/24

CONTENTS

1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People & Carers	5 (29.4%)	1 (5.9%)	10 (58.8%)	1 (5.9%)	4 (23.5%)	2 (11.8%)	10 (58.8%)	1 (5.9%)
Unscheduled Care	2 (28.6%)		5 (71.4%)		2 (28.6%)		5 (71.4%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	3 (23.1%)	3 (23.1%)	7 (53.8%)		3 (23.1%)	3 (23.1%)	7 (53.8%)	
Adult Mental Health	7 (70%)	1 (10%)	2 (20%)		8 (80%)		2 (20%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	3 (37.5%)	1 (12.5%)	4 (50%)		4 (50%)		4 (50%)	
Homelessness	5 (55.6%)		4 (44.4%)		6 (66.7%)		3 (33.3%)	
Criminal Justice			6 (100%)				6 (100%)	

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Health Improvement	1 (14.3%)		6 (85.7%)		3 (42.9%)		4 (57.1%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	3 (42.9%)		4 (57.1%)		3 (42.9%)		4 (57.1%)	
TOTAL No. and (%)	**35 (38.0%)**	**6 (6.5%)**	**50 (54.4%)**	**1 (1.1%)**	**39 (42.4%)**	**5 (5.4%)**	**47 (51.1%)**	**1 (1.1%)**

2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
Home Care, Day Care and Residential Services				
1. Home Care: Percentage of older people (65+) reviewed in the last 12 months	reduced from 85% to **80%** for 23/24	Q1		
2. Percentage of service users who receive a reablement service following referral for a home care service	increased from 70% to **75%** for 23/24	Q4	Hosp. discharges 73.9%  Community Referrals 88.4% 	Hosp ▼ Comm ▲
3. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q4	37.5% 	▲
4. Day Care (provided) – Review Rates	95%	Q4	94% 	▲  to 
5. Provided Residential Care – Occupancy Rates	95%	Q4	92% 	▼  to 
6. Provided Residential Care – Review Rates	95%	Q4	91% 	▶

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services					
7. Number of Clustered Supported Living tenancies offered to Older People		75 per annum (19/quarter)	Annual Total	88	▲
8. Intermediate Care: Percentage Occupancy		90%	Mar 24	81%	▼  to 
9. Intermediate Care: Average Length of stay (Days)		< 28 days	Mar 24	44 days	▲
10. Intermediate Care: Percentage of users transferred home		>30%	Mar 24	14%	▼
iii. HSCP Community Services					
11. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP. For 23/24 the *Number of Conversations* part of this indicator has been removed.		Target has increased for 23/24 from 50 to 260 summaries per annum	Full Year Total	399	▲
12. Open occupational therapy (OT) activities at assessment stage assigned to a worker or team - percentage over one year		0%	Q4	5%	▲
13. **New KPI from 23/24** – Number of Telecare referrals	**(i) Outcome 1** Reducing the risk of admission to acute, residential and nursing care settings	560 per annum	Full Year Total	2,722	▲

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
received by Reason for Referral	**(ii) Outcome 2** Avoiding hospital discharge delays	650 per annum	Full Year Total	653	▲
	(iii) Outcome 3 Supporting Carers	100 per annum	Full Year Total	100	▲ to
14. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement		1,900 per annum	Full Year Total	3,229	▲
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		153,791 (12,816/ month)	2023/24 Apr - Dec	111,325 (12,369 per month)	▲
2. Number of Emergency Admissions (18+) (reported in arrears)		66,624 (5552/month)	2023/24 Apr - Dec	44,345* (4927* per month) *provisional	▲
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)		507,633 (42,303/ month)	2023/24 Apr - Dec	380,462* (42,274* per month) *provisional	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+) (reported in arrears)	33,260 (2,772 per month)	2023/24 Apr - Dec	15* (1.7* per month) *provisional 	▲
5. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	2023/24 Apr - Dec	122,608* (13,623* per month) *provisional	▲
6. Total number of Acute Delays	120	Mar 24	140 (Total) 83 (Non-AWI) 57 (AWI) 	Total ▲ Non-AWI ▲ AWI ▲
7. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3,327)	2023/24 Apr - Dec	56,306 (6,256 per month) 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q3	72.9% 	▲
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Dec 23	£180.30 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Mar 24	NE 88% NW 91% S 88%	NE▼ to NW ▲ to S ▼ to
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jan 24	NE 94% NW 99% S 97%	NE ▼ NW ▲ S ▲
3. Number of referrals being made to Healthier, Wealthier Children Service	1533 annually/ 383 per quarter across city	Full Year Total	3,081	▲
4. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review	90%	Q4	59%	▶
5. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q3	60%	▲
6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q4	77%	▼
7. Number of out of authority placements – *Revised indicator from Q3 22/23*	25 or fewer by end March 2024	Q4	26	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q3	91.55% 	▲
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q3	95.68% 	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Mar 24	NE 75.3%  NW 93.4%  S 81.4% 	NE ▲ NW ▼ S ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Mar 24	Stob 27.5 Lev 40.6  Gart 34.8 	Stob ▲ to  Lev ▼ Gart ▲
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Mar 24	Stob 100.6%  Lev 103.6%  Gart 99.8% 	Stob ▼ Lev ▼ to  Gart ▼  to 
4. Total number of Adult and Older People Mental Health Delays **Revised Indicator from 23/24**	20	Mar 24	45 Total 33 (Non-AWI)/ 12 (AWI) 	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q3	96% 	►
Sandyford (Sexual Health)				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1354 per quarter	Q4	1,524 	▲  to 
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1166 per quarter	Q4	1,916 	▼
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	2  (13-15) 13  (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	61  (13-15) 178  (16-17)	▼ (13-15) ▲ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q4	4 	▼
Homelessness				
1.Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q4	84% 	▼  to 

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of live homeless applications over 6-month duration at the end of the quarter	<40%	Q4	43% 	▲
3. Number of new resettlement plans completed - total to end of quarter (citywide)	Annual target 3,750/938 per quarter	Full Year Total	4,539 	▲
4. Average number of weeks from assessment decision to settled accommodation	26 weeks	Q4	51 weeks 	▼
5. Number of households reassessed as homeless or potentially homeless within 12 months (reported in arrears)	<480 per annum (<120 per quarter)	Full Year Total	312 	▲
6. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	58% 	▼
7. Number of new Housing First tenancies created	350 by year end 23/24	Q4	9 (312 cumulative total at year-end) 	▲
8. Number of Households in Bed & Breakfast Accommodation	350 or less by end of 23/24	Q4	1,369 	▼
9. Number of Temporary Furnished Flats	2,400 or less by end of 23/24	Q4	2,342 	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q4	90%	▲
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)	85%	Q4	93%	▲
3. Percentage of 3-month Reviews held within timescale	75%	Q4	84%	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q4	82%	►
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q4	79%	►
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q4	100%	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5066 (annual)	Full Year Total	10,479	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1217 for 22/23	Quarters 1-3	753	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Women smoking in pregnancy (general population)	11%	Q4	7.3%	▼
4. Women smoking in pregnancy (most deprived quintile)	15.5%	Q4	10.8%	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33% by end of 22/23	Q3	30.7%	▼ to
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4% by end of 22/23	Q3	22.7%	▼ to
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	30.0% for 22/23	Q3	24.6%	▼
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Mar 24	7.66%	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q4	11.5%	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Mar 24	36.7%	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Mar 24	54%	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Mar 24	23%	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q4	90%	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	78.4%	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q3	77%	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	73%	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q3	91%	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q3	38%	▼
7. Percentage of elected member enquiries handled within 10 working days	80%	Q4	70%	▼

1. OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Locality	Target	21/22				22/23				23/24	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q 2 - 4
City	**80%**	**84% (G)**	**85% (G)**	**84% (G)**	**76% (R)**	**69% (R)**	**69% (R)**	**67% (R)**	**66% (R)**	**64% (R)**	**n/a**
North East		**88% (G)**	**90% (G)**	**89% (G)**	**83% (G)**	**81% (A)**	**81% (A)**	**76% (R)**	**74% (R)**	**72% (R)**	**n/a**
North West		**84% (G)**	**82% (A)**	**81% (A)**	**71% (R)**	**70% (R)**	**70% (R)**	**61% (R)**	**57% (R)**	**59% (R)**	**n/a**
South		**81% (A)**	**85% (G)**	**83% (G)**	**76% (R)**	**62% (R)**	**62% (R)**	**65% (R)**	**67% (R)**	**63% (R)**	**n/a**

Performance Trend

This indicator is under review to ensure that all review activity is reflected in the KPI and that the KPI measures the aspect of performance that Care Services want to focus on. Meetings have taken place and the intention is to include an updated Home Care Review KPI in the 2024/25 reporting year.

Back to Summary

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

Referral Source	**Target**	**21/22**	**22/23**				**23/24***			
		Q4 Per 13 (Mar) %	**Q1 Per 4 (Jun) %**	**Q2 Per 7 (Sept) %**	**Q3 Per 10 (Dec) %**	**Q4 Per 13 (Mar) %**	**Q1* %**	**Q2* %**	**Q3* %**	**Q4 %**
Hospital Discharges	**75% (23/24)**	**71.7 (G)**	**66.3 (R)**	**67.6 (A)**	**75.6 (G)**	**70.1 (G)**	**76.6 (G)**	**77.8 (G)**	**79.0 (G)**	**73.9 (G)**
Community Referrals	**(70% prior to 23/24)**	**72.5 (G)**	**72.3 (G)**	**76.7 (G)**	**77.2 (G)**	**79.6 (G)**	**86.2 (G)**	**83.8 (G)**	**87.9 (G)**	**88.4 (G)**

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

Performance Trend

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

Performance in relation to both Hospital Discharges and Community Referrals remained GREEN during Quarter 4.

Back to Summary

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

		21/22	**22/23**				**23/24***			
Locality	**Target**	**Q4 Per 13 (Mar) %**	**Q1 Per 4 (Jun) %**	**Q2 Per 7 (Sep) %**	**Q3 Per 10 (Dec) %**	**Q4 Per 13 (Mar) %**	**Q1* %**	**Q2* %**	**Q3* %**	**Q4 %**
City	**>35%**	**39.4 (G)**	**36.5 (G)**	**36.3 (G)**	**41.1 (G)**	**36.2 (G)**	**34.5 (G)**	**34.6 (G)**	**34.4 (G)**	**37.5 (G)**
North East		**38.6 (G)**	**40.0 (G)**	**36.5 (G)**	**39.5 (G)**	**44.4 (G)**	**38.7 (G)**	**32.1 (R)**	**32.5 (R)**	**43.5 (G)**
North West		**45.5 (G)**	**38.6 (G)**	**46.4 (G)**	**47.3 (G)**	**38.1 (G)**	**37.6 (G)**	**34.9 (G)**	**36.9 (G)**	**38.2 (G)**
South		**34.3 (G)**	**33.0 (R)**	**29.4 (R)**	**37.8 (G)**	**31.3 (R)**	**30.7 (R)**	**35.6 (G)**	**33.5 (A)**	**33.4 (A)**

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

Performance Trend

At city level and in North West performance remained GREEN at Quarter 4. Performance in North East improved significantly with the RAG rating moving from RED to GREEN during the reporting period. Performance in South remained below target and AMBER.

Back to Summary

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

	19/20	20/21	21/22		22/23				23/24			
Target	Q4	Q1-4	Q1-3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	100% (G)	N/A*	N/A*	91% (A)	93% (G)	93% (G)	86% (R)	92% (A)	92% (A)	89% (R)	84% (R)	94% (G)

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 that year.*

During Q4 performance in relation to this indicator improved significantly with the RAG rating moving from RED to GREEN. Day Centres have worked closely with service users to improve this position.

Back to Summary

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

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

Performance Trend

Performance in relation to residential occupancy slipped slightly during Q4 with the RAG-rating moving from GREEN to AMBER.

Issues Affecting Performance

There have been fewer referrals of potential residents living with advanced dementia, while most beds identified as vacant are within specialist residential dementia placements.

Actions to Improve Performance

Increased awareness of vacancies raised with assessment and hospital social work teams.
Revision of admission processes to ensure that these are as streamlined as possible to avoid any delays in admission.

Timescales for Improvement

Q1 of 2024/25

Back to Summary

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

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

Performance Trend

Performance in relation to this KPI remained below target and AMBER during Q4.

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

Issues Affecting Performance

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

Discussions have taken place with the Care Home Review Team to identify processes for statutory reviews to be reinstated for the other 4 care homes. This will be monitored.

Actions to Improve Performance

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

Timescales for Improvement

Q2 of 24/25.

Back to Summary

ii. Commissioned Services

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

Locality	**Target**	**21/22 Total**	**22/23**				**22/23 Total**	**23/24**				**23/24 Total**
			Q1	**Q2**	**Q3**	**Q4**		**Q1**	**Q2**	**Q3**	**Q4**	
City	**75 per annum (19 per quarter)**	**84 (G)**	**19 (G)**	**25 (G)**	**16 (R)**	**23 (G)**	**83 (G)**	**32 (G)**	**11 (R)**	**29 (G)**	**16 (R)**	**88 (G)**
North East	25 per annum (6 per quarter)	**35 (G)**	**8 (G)**	**5 (R)**	**4 (R)**	**4 (R)**	**21 (R)**	**7 (G)**	**2 (R)**	**12 (G)**	**5 (R)**	**26 (G)**
North West		**23 (R)**	**5 (R)**	**7 (G)**	**6 (G)**	**7 (G)**	**25 (G)**	**8 (G)**	**4 (R)**	**9 (G)**	**2 (R)**	**23 (R)**
South		**26 (G)**	**6 (G)**	**13 (G)**	**6 (G)**	**12 (G)**	**37 (G)**	**17 (G)**	**5 (R)**	**8 (G)**	**9 (G)**	**(39) (G)**

Performance Trend

The quarterly target was not met in North East and North West during Q4 however, in spite of this the annual target for 23/24 has been exceeded at city level and in the North East and South localities. North West remained slightly outwith the annual target range at year-end (RED).

Developments within Clustered Supported Living

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

Back to Summary

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

Locality	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
City	90%	58 (R)	74 (R)	70 (R)	97 (G)	69 (R)	94 (G)	83 (R)	91 (G)	96 (G)	70 (R)	81 (R)
North East		44 (R)	84 (R)	89 (G)	98 (G)	57 (R)	90 (G)	86 (A)	N/A	100 (G)	100 (G)	100 (G)
North West		66 (R)	86 (A)	66 (R)	98 (G)	92 (G)	97 (G)	80 (R)	94 (G)	96 (G)	63 (R)	83 (R)
South		63 (R)	51 (R)	65 (R)	95 (G)	70 (R)	94 (G)	84 (R)	89 (G)	95 (G)	59 (R)	72 (R)

Performance Trend

Performance below target and RED at city level and in the North West and South in February and March, having declined since December. North East has remained GREEN over the last three months.

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

Issues Affecting Performance

Burlington unit opened on a phased basis, so occupancy measures were revised based on agreed availability reflecting green in North East. Occupancy increasing in other areas.

Actions to Improve Performance

A recent improvement event focussed on actions to promote throughput and maximise pathways into Intermediate Care to reduce any circumstances of unused capacity. Planned development of video and improved information for clients and families to speed up decision making for transfer and also improved use of huddles or other decision making processes to promote admission. Further work on 7 day admission to identify barriers and ways to mitigate this.

Timescales for Improvement

Quarter 4 24/25.

Back to Summary

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

Locality	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
City	**<28 days**	**42 (R)**	**56 (R)**	**48 (R)**	**35 (R)**	**74 (R)**	**53 (R)**	**46 (R)**	**53 (R)**	**57 (R)**	**58 (R)**	**44 (R)**
North East		**86 (R)**	**76 (R)**	**55 (R)**	**32 (R)**	**101 (R)**	**66 (R)**	**44 (R)**	**N/A**	**N/A**	**24 (G)**	**13 (G)**
North West		**42 (R)**	**60 (R)**	**73 (R)**	**68 (R)**	**57 (R)**	**62 (R)**	**80 (R)**	**69 (R)**	**69 (R)**	**72 (R)**	**74 (R)**
South		**32 (R)**	**23 (R)**	**44 (R)**	**31 (R)**	**69 (R)**	**45 (R)**	**33 (R)**	**45 (R)**	**44 (R)**	**58 (R)**	**41 (R)**

Performance Trend

Performance has declined and remains RED citywide and in the South in the last quarter. Performance in the North West improved but remains RED. Performance in the North East has been GREEN for the last two months.

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

Issues Affecting Performance

Review of Length of stay (LOS) reflects trend of increase over time which has been sustained. This reflects the change of population within intermediate care (IC) in terms of more complex cases, increased levels of mental capacity issues and challenges to move IC clients onto longer term care options where home is not an option.

Actions to Improve Performance

Recognition that LOS has increased on a sustainable basis and unlikely to change, so therefore KPI for this indicator no longer relevant or achievable. Paper to OPCLT to reflect the evidence base accepted and therefore a revised target proposed of 42 days, which although remains challenging, represents a more realistic KPI for this client group.

Timescales for Improvement

Quarter 1 25/26.

Back to Summary

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

	Destination	Target	21/22	2022/23				2023/24					
			Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
Glasgow	**Home**	**30%**	15 (R)	26 (R)	24 (R)	28 (R)	29 (R)	29 (A)	32 (G)	22 (R)	18 (R)	23 (R)	14 (R)
	Res/Nursing	N/A	63	59	66	48	65	43	48	52	68	68	68
	Readmissions	N/A	22	11	10	20	60	14	19	17	14	6	14
	Deceased	N/A	0	4	0	4	0	14	0	9	0	3	5
NE	**Home**	**30%**	25 (R)	43 (G)	0 (R)	25 (R)	8 (R)	57 (G)	67 (G)	**N/A**	0 (R)	40 (G)	0 (R)
	Res/Nursing	N/A	75	43	75	50	83	43	17	**N/A**	100	40	33
	Readmissions	N/A	0	14	25	25	8	0	17	**N/A**	0	0	33
	Deceased	N/A	0	0	0	0	0	0	0	**N/A**	0	20	33
NW	**Home**	**30%**	8 (R)	25 (R)	0 (R)	0 (R)	18 (R)	33 (G)	14 (R)	29 (G)	0 (R)	10 (R)	0 (R)
	Res/Nursing	N/A	62	75	100	100	73	33	71	57	100	80	100
	Readmissions	N/A	31	0	0	0	9	33	14	0	0	10	0
	Deceased	N/A	0	0	0	0	0	0	0	14	0	0	0
South	**Home**	**30%**	20 (R)	17 (R)	32 (R)	33 (G)	44 (G)	17 (R)	28 (A)	19 (R)	22 (R)	25 (R)	21 (R)
	Res/Nursing	N/A	60	58	59	39	52	44	50	50	61	69	64
	Readmissions	N/A	20	17	9	22	4	17	22	25	17	6	14
	Deceased	N/A	0	8	0	6	0	22	0	6	0	0	0

Performance Trend

City wide performance has declined in the last quarter and remains RED. The South improved slightly but remains RED. North West has moved from GREEN to RED while the North East has remained RED.

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

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

Quarter 4 24/25

Back to Summary

iii. HSCP Community Services

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

Indicator	**Target 23/24**	**20/21**	**21/22**	**22/23**	**23/24**				
		Full Year	**Full Year**	**Full Year**	**Q1**	**Q2**	**Q3**	**Q4**	**Year to Date**
No. summaries completed and shared with GPs	**260 p.a./ 65 per quarter**	**69 (R)**	**50 (R)**	**276 (G)**	**113 (G)**	**88 (G)**	**78 (G)**	**120 (G)**	**399 (G)**

Performance Trend
Performance for Q1-Q4 in excess of the annual target and GREEN. This relates to the number of completed ACP Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work. Target adjusted from 50 Summaries for 2022/23 to 260 for 2023/24. Back to Summary

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

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

Performance Trend

There was improvement in performance across all localities during Q4. There was a significant increase in performance in both North East which moved from RED to AMBER and in South where although remaining RED the percentage over 12 months fell by 7 percentage points. Performance in North West remained AMBER during the reporting period.

The number and percentage of activities older than 12 months decreased significantly over the past 3 months from 161 (8%) at the end of December to 75 (5%) at the end of March. At the end of the quarter there was also a fall of 17% in the overall number of open OT assessment activities (from 1,928 in December to 1,603 in March; a drop of 325 activities). Of these 1,603 activities 75 (5%) of these had been open for more than 12 months. A breakdown of these by locality in December and March is shown below.

	Number of Activities over 12 months	
Locality	**End of December**	**End of March**
NE	51	3
NW	6	1
South	100	70
Other	4	1
Total	**161**	**75**

Of the 75 activities detailed above, 52 are assigned to Teams and 23 are assigned to Workers.

Issues Affecting Performance

Work continues to be carried out to review all the current OT waiting lists through data cleansing and allocations to OT staff and as at the end of April there are currently no cases waiting over 12 months for Occupational Therapy assessment in the North East or North West Locality, while South has 29 cases.

The ability to allocate longer waiting cases has improved significantly following recent recruitment to 2 vacancies for Social Care Workers within the NE team. Further improvements are expected following recruitment to 1 more Social Care Worker vacancy in April. There are currently no absences, all staff are at work and working to full capacity.

However, the waiting list may increase in the short term, as one worker has retired. The team will see a further reduction to capacity as a second worker will reduce hours due to flexible retirement from 1.0 to 0.5. in this quarter. Due to the delay in recruitment processes the post will be on hold for 12 weeks prior to being advertised. The remaining 0.5 will be used to increase other workers hours.

The ability to allocate cases waiting over 1 year in South has been impacted by 2 Occupational therapists being on long term absence with another Occupational Therapist retiring from the service in the last quarter.

Actions to Improve Performance

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

In South locality both workers have now returned from long term absence with a focus on longer waits with a view to reducing numbers waiting over 12 months by next quarter. The retiral post is currently being advertised with closing date on the 28th April 2024 and should be recruited to before the next end of quarter report.

The locality teams continue to see an increase in additional work that has been redirected to SWOT from the homeless casework teams.

Work continues with the HSCP and Blue Badge team to address quality of information obtained via the online form contributing to the increase in additional hidden workloads for Occupational Therapy teams in localities. A meeting of all parties has been arranged for end April with a view to reduction in additional workload next quarter.

Timescales for Improvement

Improvements continue to be expected over the coming months.

Back to Summary

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

Reason for Referral/ Intended Outcome	**Targets Annual (*Quarterly*)**	**2023/24**				**23/24 Year to Date Total**
		Q1	**Q2**	**Q3**	**Q4**	
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual **560** (*Quarterly*) **140**	**652 (G)**	**607 (G)**	**717 (G)**	**746 (G)**	**2,722 (G)**
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	**170 (G)**	**129 (R)**	**176 (G)**	**178 (G)**	**653 (R)**
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	**25 (G)**	**25 (G)**	**22 (R)**	**28 (G)**	**100 (R)**
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	**847 (G)**	**761 (G)**	**915 (G)**	**952 (G)**	**3,475 (G)**

Performance Trend
New Telecare KPI from Q2 2023/24. Both the quarterly and annual targets for Telecare referrals were comfortably met during the 4th and final quarter of 23/24 (GREEN). Back to Summary

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

Locality	**Annual Target**	**20/21 Full Year Total**	**21/22 Full Year Total**	**22/23**		**22/23 Full Year Total**	**23/24**				**23/24 Full Year Total**
				Q3	Q4		Q1	Q2	Q3	Q4	
Glasgow	1,900 (475 per Q)	**1928 (G)**	**2,391 (G)**	**566 (G)**	**692 (G)**	**2,533 (G)**	**783 (G)**	**853 (G)**	**725 (G)**	**868 (G)**	**3,229 (G)**
North East	633 (158 per Q)	**604 (A)**	**801 (G)**	**188 (G)**	**241 (G)**	**866 (G)**	**217 (G)**	**290 (G)**	**231 (G)**	**278 (G)**	**1,016 (G)**
North West	633 (158 per Q)	**445 (R)**	**684 (G)**	**184 (G)**	**212 (G)**	**777 (G)**	**257 (G)**	**241 (G)**	**220 (G)**	**280 (G)**	**998 (G)**
South	633 (158 per Q)	**879 (G)**	**906 (G)**	**194 (G)**	**239 (G)**	**890 (G)**	**309 (G)**	**322 (G)**	**274 (G)**	**310 (G)**	**1,215 (G)**

Performance Trend

Both the quarterly and annual targets for this indicator were significantly exceeded during the 4th quarter of 23/24 (GREEN).

Back to Summary

UNSCHEDULED CARE

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

Timescale	**2023/24 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24 (Apr-Dec)**
Annual Total	**153,791**	**161,155 (A)**	**113,633 (G)**	**139,966 (G)**	**141,729 (G)**	**111,325 (G)**
Monthly Average	**12,816**	**13,430 (A)**	**9469 (G)**	**11,664 (G)**	**11,811 (G)**	**12,369 (G)**

Performance Trend

Performance for 2022/23 was GREEN and remains so for the first 9 months of 2023/24 although the monthly average has increased. The numbers of A&E attendances fell during the pandemic (20/21) but have risen again over the last three years.

Back to Summary

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

Timescale	**2023/24 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24 (Apr-Dec)**
Annual Total	**66,624**	**63,854 (G)**	**54,946 (G)**	**59,193 (G)**	**56,574 (G)**	**44,345* (G)**
Monthly Average	**5552**	**5321 (G)**	**4579 (G)**	**4933 (G)**	**4715 (G)**	**4927* (G)**

***Provisional**

Performance Trend
Performance is below target and GREEN for the first 9 months of 2023/24 although these figures are provisional at this stage. The monthly average for 2023/24 shows an increase at this stage from 2022/23. Back to Summary

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

Timescale	**2023/24 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24 (Apr-Dec)**
Annual Total	**507,633**	**507,633 (R)**	**450,764 (G)**	**521,169 (R)**	**543,577 (R)**	**380,462* (G)**
Monthly Average	**42,303**	**42,303 (R)**	**37,564 (G)**	**43,431 (R)**	**45,298 (R)**	**42,274* (G)**

***Provisional**

Performance Trend
Performance is GREEN for the first 9 months of 2023/24, although these figures are provisional at this stage. The 23/24 target has been amended to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures; RAG ratings prior to 2023/24 are based on the old target (453,866). 2019/20 data is being established as baseline data across Unscheduled Care metrics in order to demonstrate progress towards pre-pandemic performance. Back to Summary

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

Timescale	**2022/23 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24 (Apr-Dec)**
Annual Total	**33,260**	**15,394 (G)**	**2262 (G)**	**876* (G)**	**722* (G)**	**15* (G)**
Monthly Average	**2772**	**1283 (G)**	**189 (G)**	**73* (G)**	**60* (G)**	**1.7* (G)**

***Provisional**

Performance Trend
The figures for this year continue to remain very low, which they have been since 2020/21 compared to previous years with all figures since 2021/22 provisional. Back to Summary

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

Timescale	**2022/23 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24 (Apr-Dec)**
Annual Total	**181,371**	**196,689 (R)**	**179,235 (G)**	**176,049 (G)**	**177,450 (G)**	**122,608* (G)**
Monthly Average	**15,114**	**16,391 (R)**	**14,936 (G)**	**14,671 (G)**	**14,787 (G)**	**13,623* (G)**

***Provisional**

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

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

Locality	**Target**	**21/22**	**2022/23**				**2023/24**					
		Mar 22	**Jun 22**	**Sep 22**	**Dec 22**	**Mar 23**	**Jun 23**	**Sep 23**	**Dec 23**	**Jan 24**	**Feb 24**	**Mar 24**
North East	**120**	23	21	32	26	24	21	25	30	35	29	20
North West		22	17	25	16	21	20	26	21	25	29	30
South		30	34	40	24	48	24	38	33	33	45	33
Other												
Sub-Total (Included Codes)		**75**	**72**	**97**	**66**	**93**	**65**	**89**	**84**	**93**	**103**	**83**
North East		21	21	22	20	15	25	31	24	23	27	24
North West		19	20	22	19	23	22	16	15	18	13	11
South		21	27	23	29	11	14	20	25	20	20	22
Other												
Sub-Total (Complex Codes)		**61**	**68**	**67**	**68**	**49**	**61**	**67**	**64**	**61**	**60**	**57**
Overall Total		**136 (R)**	**140 (R)**	**164 (R)**	**134 (R)**	**142 (R)**	**126 (R)**	**156 (R)**	**148 (R)**	**154 (R)**	**163 (R)**	**140 (R)**

Performance Trend
Total numbers delayed have decreased in the last quarter, particularly for complex codes but remain RED.
Issues Affecting Performance
• Awaiting care home places – Lack of availability, impact of patient & family choice, engagement required to liaise and progress discharge. • Increase in Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process. • Delays linked to issues which may not have an HSCP locus such as house cleans, equipment, housing factors etc. • Increase in homelessness linked cases, reflecting the wider housing crisis in the city. • Increased complexity of referrals. • Ongoing staffing issues – general sickness/absence.

Actions to Improve Performance

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

Timescales for Improvement

Agreed timescale up to Q1 / Q2 2024/25.

Back to Summary

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

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24 (Apr-Dec)
Annual Total	**39,919**	**45,318 (R)**	**49,902 (R)**	**64,853 (R)**	**74,875 (R)**	**56,306 (R)**
Monthly Average	**3327**	**3776 (R)**	**4159 (R)**	**5404 (R)**	**6240 (R)**	**6256 (R)**

Performance Trend

The figures for the first 9 months of 2023/24 are above target and RED with the monthly average increasing slightly. There has been a trend upwards since 2019/20 when there was a fall as a result of the pandemic.

Issues Affecting Performance

See issues set out in KPI 6 above.

Actions to Improve Performance

- Significant improvement on targeting long term delays – with statistical shift in the level of long term bed days.
- Focussed work on complex cases.
- Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues.

Timescales for Improvement

Agreed timescale up to Q1 / Q2 2024/25.

Back to Summary

PRIMARY CARE

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	78%	75.98 (A)	75.96 (A)	76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)	71.88 (R)	72.9 (R)
NE		76.94 (G)	76.67 (G)	77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)	72.53 (R)	73.48 (R)
NW		75.42 (A)	75.33 (A)	75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)	71.48 (R)	72.39 (R)
S		76.04 (A)	75.86 (A)	75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)	71.63 (R)	72.82 (R)
NHSGGC		**76.17**	**75.96**	**76.87**	**76.54**	**76.85**	**76.45**	**75.77**	**72.03**	**73.75**

Performance Trend

During Q3, there was an increase in performance across all parts of the city and at Health Board level, but all areas remained RED.

This indicator is reported one quarter in arrears.

Issues Affecting Performance

No key new issues identified during this quarter.

Emerging issue:

- Our 2024/2025 prescribing efficiencies programme necessitates changes to first line products during 2023/24 Q4. We anticipate a temporary dip in respiratory, cardiology and diabetes preferred list compliance relating to large scale switch programmes, which will recover throughout 2024/25 as we move to the new preferred products.

Ongoing issues:

- In line with the board sustainability commitments, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler to a dry powder inhaler. This gradual transition is ongoing. Respiratory preferred list compliance increased from 52-54% during this quarter and supports much of the overall increase across the HSCP.
- Shortages of carbomer eye products have required prescribers to switch between brands or prescribe hypromellose or hyaluronate products instead. There remains ongoing generic prescribing of carbomer with a reduction in alternatives.

- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and CKD (Chronic Kidney Disease) and their use is increasing. These are non-preferred list and so will be contributing to the trend in compliance.

Actions to Improve Performance

Ongoing actions/considerations:

- The gradual transition from salbutamol MDI to dry powder continues in a structured way.
- Prescribers were issued guidance on managing the carbomer shortage and this is supported by ScriptSwitch based on product availability.
- SGLT2 inhibitors are subject to preferred list adoption processes. No single SGLT2 inhibitor medication has a clear cost or clinical benefit at this time and so there is no preferred option.

Timescales for Improvement

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

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

Back to Summary

Indicator	2. Prescribing Costs: Annualised cost per weighted list size
Purpose	To monitor prescribing costs. This divides the total prescribing costs by the weighted list size across practices and are for the latest 12 months up until the end of the month shown. This indicator does not provide information on the external factors that affect prescribing costs such as new drugs, guidelines or national drug shortages.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	**Target**	**21/22**		**22/23**				**23/24**		
		Dec	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**	**Sep**	**Dec**
City	Cost below (or same) as Board average	**£152.3 (G)**	**£154.2 (G)**	**£156.8 (G)**	**£159.7 (G)**	**£155.3 (G)**	**£160.2 (G)**	**£164.4 (G)**	**£175.4 (G)**	**£176.2 (G)**
NE		**£149.5 (G)**	**£151.1 (G)**	**£158.3 (G)**	**£163.1 (G)**	**£162.1 (G)**	**£169.3 (G)**	**£173.7 (G)**	**£177.9 (G)**	**£179.1 (G)**
NW		**£149.5 (G)**	**£150.9 (G)**	**£149.9 (G)**	**£150.5 (G)**	**£154.2 (G)**	**£157.8 (G)**	**£162.2 (G)**	**£164.9 (G)**	**£164.3 (G)**
S		**£158.1 (G)**	**£160.7 (G)**	**£161.4 (G)**	**£165.0 (G)**	**£169.1 (G)**	**£174.1 (G)**	**£178.8 (G)**	**£182.6 (G)**	**£184.5 (G)**
NHSGGC		**£170.7**	**£173.0**	**£174.7**	**£178.0**	**£181.7**	**£187.7**	**£193.4**	**£197.5**	**£198.34**

Performance Trend

Costs at city level and in the North East and South increased between September and December but remained GREEN. The North West also remained GREEN but costs reduced very slightly. All remain considerably below the Health Board average, which also increased this quarter.

This indicator is reported one quarter in arrears.

Back to Summary

CHILDREN'S SERVICES

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

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

Performance Trend

In the North East and South, performance declined between December and March, moving from AMBER to RED. Performance improved in North West moving from RED to AMBER.

Issues Affecting Performance

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

Actions to Improve Performance

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

Team leaders are continuing to review caseloads to ensure performance continues to improve, where the factors are within the control of the service. Monthly population reports are provided to team leads which identifies those 27-30 month assessments that are due and those that are not completed; this allows team leads to explore the reasons in caseload management discussions. This data is about to be enhanced and will allow us to update this data at the time of the review.

The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can then discuss this in monthly 1:1s with team leaders. In addition, there are some children on caseloads who are known not to be in country (GANA) – a 7 minute briefing has been developed to improve how this is managed in caseloads.
Timescales for Improvement
Ongoing work is progressing to assess children who have missed their 27–30 month assessment. Back to Summary

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

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

Performance Trend

All areas remained GREEN during the reporting period.

There is a time lag in the availability of this data.

Back to Summary

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

Locality	Annual Target	Quarterly Target	20/21 Total	21/22 Total	22/23 Total	2023/24				
						Q1	Q2	Q3	Q4	Total 23/24
City	**1,533**	**383**	**3,123 (G)**	**3,069 (G)**	**3,227 (G)**	**704 (G)**	**777 (G)**	**763 (G)**	**837 (G)**	**3,081 (G)**
NE	**344**	**86**	**771 (G)**	**860 (G)**	**919 (G)**	**211 (G)**	**227 (G)**	**228 (G)**	**250 (G)**	**916 (G)**
NW	**576**	**144**	**812 (G)**	**763 (G)**	**852 (G)**	**201 (G)**	**213 (G)**	**209 (G)**	**205 (G)**	**828 (G)**
S	**613**	**153**	**1,540 (G)**	**1,446 (G)**	**1,456 (G)**	**292 (G)**	**337 (G)**	**326 (R)**	**382 (G)**	**1,337 (G)**

Performance Trend

Targets continue to be met at city and locality level.

Back to Summary

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

Locality	**Target**	**21/22**	**22/23**				**23/24**				
										Quarter 4	
		Q4 %	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**% with review**	**Number *without* a Permanency Review**
City	**90%**	**62 (R)**	**59 (R)**	**61 (R)**	**63 (R)**	**61 (R)**	**54 (R)**	**61 (R)**	**59 (R)**	**59 (R)**	**26**
North East		**62 (R)**	**59 (R)**	**65 (R)**	**64 (R)**	**63 (R)**	**61 (R)**	**68 (R)**	**69 (R)**	**60 (R)**	10
North West		**57 (R)**	**56 (R)**	**56 (R)**	**67 (R)**	**64 (R)**	**60 (R)**	**56 (R)**	**56 (R)**	**59 (R)**	7
South		**62 (R)**	**58 (R)**	**58 (R)**	**57 (R)**	**56 (R)**	**38 (R)**	**50 (R)**	**45 (R)**	**53 (R)**	9

Performance Trend

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

At the end of March, a total of 26 children (of 64 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

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

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

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

Actions to Improve Performance

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

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

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

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

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

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

Timescales for Improvement

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

Back to Summary

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

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

Performance Trend

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

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

Back to Summary

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

Locality	**Target**	**21/22**		**22/23**				**23/24**			
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	**75%**	**79% (G)**	**80% (G)**	**78% (G)**	**80% (G)**	**79% (G)**	**80% (G)**	**78% (G)**	**80% (G)**	**78% (G)**	**77% (G)**
North East		**78% (G)**	**83% (G)**	**83% (G)**	**84% (G)**	**82% (G)**	**81% (G)**	**79% (G)**	**79% (G)**	**78% (G)**	**81% (G)**
North West		**79% (G)**	**80% (G)**	**75% (G)**	**80% (G)**	**79% (G)**	**80% (G)**	**79% (G)**	**80% (G)**	**73% (A)**	**74% (G)**
South		**82% (G)**	**85% (G)**	**84% (G)**	**84% (G)**	**84% (G)**	**84% (G)**	**82% (G)**	**83% (G)**	**82% (G)**	**80% (G)**

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

Performance Trend

The target was met (GREEN) in the localities and city wide during Q4. Performance in North West moved from AMBER to GREEN during the reporting period.

The percentage of *non-recording* of Employability status increased slightly to 3% during Q4. The numbers of young people in the city who do not have their employability status recorded increased from 15 to 25 between Q3 and Q4. Of these 25 young people, 4 are allocated to North East, 11 to South while the other 10 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team. All young people in North West have their status recorded.

Back to Summary

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

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

Performance Trend

Placement numbers reduced by 1 to 26 at the end of Q4; this number is just outwith the target range at year end and the RAG rating remains AMBER.
The scope of this indicator was revised during Q3 of 22/23 to include disability placements and exclude those in secure care therefore no historical data is shown.

Issues Affecting Performance

At quarter 4, there were 26 young people in Out of Authority Placements, which is a reduction of one as compared to the previous quarter. As the target reduces, the challenge increases to find appropriate, alternative placements for young people, though the focus continues to be on supporting children and young people within the City.

Actions to Improve Performance

The staffing situation in children's houses is much improved due to close joint working between HR and residential colleagues to manage a significant recruitment process and address absence, which is helping to create some capacity in children's houses, which supports children within the City as opposed to utilising out of authority placements, where appropriate.

The rate of admissions to Out of Authority placements have been counterbalanced by the number of young people moving on from Out of Authority placements.

Timescales for Improvement

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

Back to Summary

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	93.7 (G)	93.01 (G)	95.59 (G)	92.62 (G)	92.43 (A)	92.27 (A)	92.14 (A)	91.47 (A)	91.55 (A)
North East		94.59 (G)	91.87 (A)	96.04 (G)	90.15 (R)	94.21 (G)	92.72 (G)	91.03 (A)	92.27 (A)	90.91 (A)
North West		95.24 (G)	93.94 (G)	94.03 (G)	93.89 (G)	92.36 (G)	91.00 (A)	92.84 (A)	90.25 (A)	91.37 (A)
South		91.92 (A)	93.24 (G)	96.36 (G)	93.5 (G)	91.23 (A)	92.84 (G)	92.45 (A)	91.72 (A)	92.15 (A)

Performance Trend

Performance improved slightly in the last quarter at a city level and in the North West and South but remained AMBER. Performance in the North East declined slightly but remained AMBER This indicator is reported in arrears.

Issues Affecting Performance

The World Health Organisation has raised concerns that vaccine uptake across all areas has declined. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.'

Actions to Improve Performance

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

Timescales for Improvement

Activity is ongoing throughout the year, to provide dedicated planning for the vaccination programme. In addition, in response to the Measles outbreaks in England, Public Health Scotland is focussing on this to try to prevent the same situation in Scotland, and this awareness campaign may increase uptake rates.

Back to Summary

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

		21/22		**22/23**				**23/24**		
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
City	95%	**96.17 (G)**	**94.84 (G)**	**95.57 (G)**	**95.44 (G)**	**96.02 (G)**	**94.86 (G)**	**95.73 (G)**	**95.55 (G)**	**95.68 (G)**
North East		**97.14 (G)**	**94.77 (G)**	**95.74 (G)**	**94.86 (G)**	**96.69 (G)**	**93.26 (G)**	**96.12 (G)**	**94.56 (G)**	**95.12 (G)**
North West		**96.41 (G)**	**95.40 (G)**	**95.25 (G)**	**95.35 (G)**	**94.91 (G)**	**95.42 (G)**	**96.3 (G)**	**95.74 (G)**	**96.21 (G)**
South		**95.17 (G)**	**94.50 (G)**	**95.67 (G)**	**95.98 (G)**	**96.25 (G)**	**95.76 (G)**	**95.01 (G)**	**96.25 (G)**	**95.73 (G)**

Performance Trend

Performance remains GREEN across the city with a small increase in the last quarter at a city level and in the North East and North West. The South declined slightly but remained GREEN. This indicator is reported in arrears.

Back to Summary

ADULT MENTAL HEALTH

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

Locality	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
NE	90%	46.3 (R)	56.5 (R)	49.4 (R)	60 (R)	58 (R)	45.5 (R)	49 (R)	74.1 (R)	78.9 (R)	77 (R)	75.3 (R)
NW		92.4 (G)	79.2 (R)	84.5 (R)	91.7 (G)	91.7 (G)	96.7 (G)	96.7 (G)	100 (G)	91.5 (G)	97.1 (G)	93.4 (G)
S		81.2 (R)	87.6 (A)	81.7 (R)	85.5 (R)	82.9 (R)	89.1 (G)	93 (G)	78.4 (R)	93.3 (G)	64.5 (R)	81.4 (R)

Performance Trend

Since December, performance against the 90% Standard improved in the North East and South though remained RED. Performance remained GREEN but declined slightly in the North West.

Issues Affecting Performance

There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering Psychological Therapies within the 90% PT LDP Standard addressing and eliminating long waits, especially those of 53+ weeks.

There are continuing waiting list initiatives aimed at targeting patients who were assessed as suitable for a PT and were the longest waits to start their treatment.

The care process is dynamic. There are continual incoming referrals requiring assessment, and initial assessments for suitability are constantly adding to the numbers waiting to start a PT.

Whilst starting a PT stops the waiting time clock, the starting of a PT is not a one-off event. PT protocols outline a series of appointments, over a period of time, to complete the full course of PT treatment. NHSGGC activity indicates the majority of people have between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments, some require a treatment appointment every week for a year.

As teams focus on reducing the number of long waits more people start a PT after waiting over 18 weeks relative to the total number starting. Thus, some initiatives, with positive actions, such as group-based interventions to start a cohort of people who have waited for more than 18

weeks can often result in reducing the proportion of people starting with the 90% national 18 week Standard.

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

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

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

Actions to Improve Performance

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

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

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

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

Telephone contact with patients, who were waiting for their treatment to start, continue on a regular basis, including providing information of how to cope in the interim and who to contact should their condition deteriorate.

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

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

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

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

Timescales for Improvement

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

Back to Summary

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

Hospital	Target	2021/22		2022/23				2023/24					
		Dec 21	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
Stobhill	28 days	30.1 (R)	28.4 (G)	40.6 (R)	37.3 (R)	26.4 (G)	32.6 (R)	28.9 (A)	25.5 (G)	34.2 (R)	26.7 (G)	25.9 (G)	27.5 (G)
Leverndale		31.7 (R)	32.6 (R)	36.9 (R)	37.4 (R)	39.8 (R)	33.2 (R)	33.5 (R)	43.2 (R)	35.4 (R)	40.6 (R)	39.9 (R)	40.6 (R)
Gartnavel		31.3 (R)	32.8 (R)	33.4 (R)	33.0 (R)	26.3 (G)	28.9 (A)	35.1 (R)	27.8 (G)	40.7 (R)	30.8 (R)	31.2 (R)	34.8 (R)

Performance Trend

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

Issues Affecting Performance

In Q4 Inpatient wards have continued to a lesser extent to be affected by pauses and closures to admissions across the system of inpatient mental health provision. Staffing is an on-going key pressure point impacting on the delivery of care plans to optimise treatment and discharge. The anticipated variation around the average length of stay continues to give a representative guideline as to what to expect from the way services currently operate. Statistical variance for each site continues and the average number of people with stays of over 6 months continues at circa 11 per site in Glasgow City located adult acute wards. Pressure elsewhere across the system of adult short-stay inpatient care across GGC indicates an increase in the number of people with stays of over 6 months. Despite this pressure the average length of stay is slightly reduced in the Q4 compared to the previous three quarters.

Length of stay remains a pressure.

Actions to Improve Performance

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

There is continuing review of boarders and options to further improve bed management and discharge co-ordination.

Timescales for Improvement
Daily operational contingency is reviewed and applied to the fluid situation and location of pressure. On-going pressures continue with vacancies, leave and supporting staff absences. This position is expected to continue in 2024-25. Initial phased movement towards the adult acute admission bed strategy endpoint will not be progressed during early consideration of steps for strategy implementation. The tight margins still require delivery of a steadier state than is currently possible and will require work into 2024-25 to progress and assess the impact of actions. Back to Summary

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

Hospital	Target	2021/22		2022/23				2023/24				
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
Stobhill	<95%	97.5 (A)	98.9 (A)	103 (R)	85 (G)	98.2 (A)	101.3 (R)	99.6 (A)	100.1 (R)	98.5 (A)	101 (R)	100.6 (R)
Leverndale		96.5 (G)	99.1 (A)	100 (R)	98 (A)	101 (R)	99.4 (A)	99.9 (R)	96.9 (G)	100.1 (R)	100.2 (R)	103.6 (R)
Gartnavel		95.1 (G)	98.8 (A)	96.2 (G)	89.2 (G)	98.9 (A)	99.4 (A)	96.1 (G)	98.5 (A)	101.7 (R)	99.6 (A)	99.8 (R)

Performance Trend

Since December, performance remained RED in Stobhill; moved from GREEN to RED in Leverndale; and AMBER to RED in Gartnavel.

Issues Affecting Performance

Boarder to an external Health Board occurred during the quarter. The number of days used boarded to an external health board increased to 54 days for the quarter. This remains almost 100 days fewer than those Boarding into adult acute care from other Health Boards which used 153 days. Internal boarding for people admitted outwith the usual or primary hospital for their catchment community team totalled 19 (reduced from 33 in previous quarter). This continues to impact on usual links between community teams and inpatient teams and on bed occupancy. Boarding still usually occurs as an outcome of the primary ward and hospital for their community service catchment not having an empty bed to which a person can be admitted.

Occupancy for the quarter on average was at maximum. This is partly impacted by the average number of people with lengths of stay over 6 months remaining quite high for the quarter (at 45 for GGC people) which also affects % occupancy. The high % occupancy as an indicative index of inpatient care means services can run for short periods of time, however the optimum “mechanical service” efficiency ideally should be significantly lower.

Admissions for the quarter remained relatively high, and length of stay is a factor. Adult acute admissions still remain generally too high across the three main Glasgow City admission sites. Overall service ability to admit those who require inpatient care has been maintained whilst under constant pressure. People whose condition and progress/response to treatment is more stable also still continue, where absolutely required, to be transferred to vacant space on other sites and to other types of mental health bed wards, as a last resort to facilitate a new admission. The previously anticipated practice continuing well into 2024 is expected to continue. Percentage occupancy for the way the system of care is working is anticipated to remain at close to 99%. Community vacancy improvement is yet to deliver anticipated assistance in reducing pressure on inpatient admissions.

Actions to Improve Performance
The range of discharge work for people with prolonged lengths of stay impacting on % occupancy continues as a focus of work to reduce the number of people with longer stays including those over 6 months during 24/25. Integrated discharge capacity and adult mental health social care options still continue. This will also include reducing the use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care. Reducing vacancies during 24/25 in community and inpatient services remains an operational challenge. The impact and maximising integrated discharge capacity and adult mental health social care options will continue to be pursued during 2024/2025.
Timescales for Improvement
The discharge work and team service and reducing prolonged lengths of stay will require to continue into 2024/2025. Back to Summary

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

Adults and Older People

Locality	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
North East		12	11	11	6	10	5	5	9	11	12	9
North West		17	10	9	10	10	4	4	3	9	12	11
South		10	14	9	12	13	10	12	13	9	12	11
City		3	2	1	0	0	0	0	0	0	0	2
Sub-Total (Included Codes)		**42**	**37**	**30**	**28**	**33**	**19**	**21**	**25**	**29**	**36**	**33**
North East		0	1	1	1	3	0	2	3	3	5	4
North West		3	1	0	0	2	2	1	4	5	5	5
South		2	1	1	1	4	4	4	2	3	3	3
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		**5**	**3**	**2**	**2**	**9**	**6**	**7**	**9**	**11**	**13**	**12**
All Delays	**20**	**47 (R)**	**40 (R)**	**32 (R)**	**30 (R)**	**42 (R)**	**25 (R)**	**28 (R)**	**34 (R)**	**40 (R)**	**49 (R)**	**45 (R)**

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

Adults

Locality	21/22	2022/23				2023/24					
	Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
North East	6	4	3	4	6	2	2	4	2	5	4
North West	8	4	5	6	8	3	2	2	4	7	7
South	6	6	3	4	8	5	3	7	3	3	3
City	3	1	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	**23**	**15**	**11**	**14**	**22**	**10**	**7**	**13**	**9**	**15**	**14**
North East	0	1	1	0	1	0	1	2	2	2	2

North West	2	1	0	0	1	1	0	3	4	4	4
South	1	0	0	0	0	0	0	0	3	3	3
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	**3**	**2**	**1**	**0**	**2**	**1**	**1**	**5**	**9**	**9**	**9**
All Delays	**26**	**17**	**12**	**14**	**24**	**11**	**8**	**18**	**18**	**24**	**23**

Older People

Locality	**2021/22**		**2022/23**				**2023/24**				
	Mar 22	**Jun 22**	**Sep 22**	**Dec 22**	**Mar 23**	**Jun 23**	**Sep 23**	**Dec 23**	**Jan 24**	**Feb 24**	**Mar 24**
North East	6	7	8	2	4	3	3	5	9	7	5
North West	9	6	4	4	2	1	2	1	5	5	4
South	4	8	6	8	5	5	9	6	6	9	8
City	0	1	1	0	0	0	0	0	0	0	2
Sub-Total (Included Codes)	**19**	**22**	**19**	**14**	**11**	**9**	**14**	**12**	**20**	**21**	**19**
North East	0	0	0	1	2	0	1	1	1	3	2
North West	1	0	0	0	1	1	1	1	1	1	1
South	1	1	1	1	4	4	4	2	0	0	0
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	**2**	**1**	**1**	**2**	**7**	**5**	**6**	**4**	**2**	**4**	**3**
All Delays	**21**	**23**	**20**	**16**	**18**	**14**	**20**	**16**	**22**	**25**	**22**

Performance Trend

Performance remains RED and there has been an increase since December, following reductions over the first half of 23/24. This has been as a result of a rise in Adults (+5) and Older People (+6).

This indicator has been revised and no longer includes data for Forensic Mental Health or Learning Disability. Previous indicators relating to Older People Mental Health have been removed from the framework to make this consistent with wider Health Board reporting. A target of 20 has been confirmed for this revised indicator.

Issues Affecting Performance

There continues to be a focus across the city to reduce the number of delays for OPMH (Older People Mental Health) and AMH (Adult Mental Health). The recent rise in delays continues to include more complex patients who require a particular type of community placement which is difficult to source in the quarter.

Actions to Improve Performance

The review of the discharge teams has progressed, and a report considered by senior management with recommendations for approval including increasing alignment of related team functions that resettle people in the community and discrete discharge services. Regular meetings continue with commissioning and service managers to ensure that we progress as quickly as possible with patients who are deemed fit for discharge.

Timescales for Improvement

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

Back to Summary

ALCOHOL AND DRUGS

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

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

Performance Trend

This indicator is reported one quarter in arrears.

The 90% target was exceeded at city level and in North East and South during Q3. Performance fell in North West with the RAG rating moving from GREEN to RED during the reporting period.

Back to Summary

SEXUAL HEALTH SERVICES

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

Locality	**Target**	**21/22**	**2022/23**				**2023/24**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City		**1115**	**921**	**1019**	**1191**	**1202**	**1110**	**1189**	**1118**	**1322**
NE		323	249	362	326	294	210	182	190	266
NW		792	582	651	706	758	750	817	786	883
S		0	90	96	159	150	150	190	142	173
NHSGGC	**1354 per Quarter**	**1465 (R)**	**1164 (R)**	**1427 (G)**	**1527 (G)**	**1509 (G)**	**1393 (G)**	**1471 (G)**	**1304 (A)**	**1524 (G)**
DNA rate (%)		**4**	**6**	**9.9**	**9.61**	**8.21**	**11.25**	**11.09**	**8.69**	**10.03**

Performance Trend

Performance improved significantly during Q4 with the RAG rating moving from AMBER to GREEN.

Please note that the DNA rate does not include TOP. Please also note that the quarterly targets were adjusted from 1888 to 1354 for 2022/23.

Back to Summary

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

Locality	**Target**	**21/22**	**2022/23**				**2023/24**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City		**1003**	**1128**	**1629**	**1611**	**1169**	**1069**	**1168**	**1011**	**1167**
NE		414	383	413	279	323	253	200	209	300
NW		589	625	1044	1167	667	552	650	546	541
S		0	120	172	165	179	264	318	256	326
NHSGGC	**1166 per quarter**	**1626 (R)**	**1587 (G)**	**2035 (G)**	**2210 (G)**	**1776 (G)**	**1859 (G)**	**2090 (G)**	**2004 (G)**	**1916 (G)**
DNA rate		**11%**	**10%**	**13%**	**18.75%**	**15.54%**	**19.47%**	**18.92%**	**19.5%**	**14.68%**

Performance Trend

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

Back to Summary

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

Locality	**Target**	**21/22**	**2022/23**				**2023/24**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	**2 working days**	**1 (G)**	**1 (G)**	**2 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
NE		**1 (G)**	**2 (G)**	**2 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
NW		**2 (G)**	**1 (G)**	**2 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
S		NA	**2 (G)**	**2 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
NHSGGC		**2**	**2**	**2**	**2**	**1**	**1**	**1**	**1**	**1**

Performance Trend

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

Back to Summary

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

Male

Area	Age	Target	2021/22		2022/23				2023/24		
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	13-15	4	6 (G)	4 (G)	5 (G)	3 (R)	4 (G)	7 (G)	8 (G)	4 (G)	2 (R)
NHSGGC		13	9 (R)	14 (G)	15 (G)	13 (G)	13 (G)	14 (G)	13 (G)	16 (G)	5 (R)
City	16-17	27	14 (R)	20 (R)	20 (R)	23 (R)	20 (R)	23 (R)	17 (R)	16 (R)	13 (R)
NHSGGC		49	28 (R)	21 (R)	39 (R)	43 (R)	39 (R)	40 (R)	36 (R)	36 (R)	31 (R)

Female

Area	Age	Target	2021/22		2022/23				2023/24		
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	13-15	75	46 (R)	44 (R)	53 (R)	70 (R)	59 (R)	71 (R)	78 (G)	62 (R)	61 (R)
NHSGGC		143	107 (R)	104 (R)	113 (R)	127 (R)	122 (R)	143 (G)	128 (R)	119 (R)	121 (R)
City	16-17	195	146 (R)	127 (R)	178 (R)	165 (R)	147 (R)	150 (R)	173 (R)	151 (R)	178 (R)
NHSGGC		358	278 (R)	241 (R)	324 (R)	320 (R)	296 (R)	297 (R)	324 (R)	307 (R)	333 (R)

Performance Trend

Performance varies between age groups and over time.

During Q4 no category met the target for this KPI (RED).

Issues Affecting Performance

Decreasing numbers of young people attending sexual health services is not just an issue local to GGC. Nationally, the numbers of young people attending sexual health services are declining and have been for some years. Local Health and Wellbeing surveys tend to suggest that young people are not as sexually active and/or are delaying sex until they are older.

Walk in clinics have been trialled in both Parkhead and Paisley, and impact of attendance is being monitored. To date this has not shown any significant improvement.

Digital promotion campaign to raise awareness has concluded. Despite over 10,000 click-throughs to the YP website at Sandyford, there has been no increase in the number of YP people attending clinics.

Actions to Improve Performance

Sandyford management Team have finalised their Service Plan for 2024-26, which pledges to continue to evaluate and adapt to improve attendance at young people's integrated sexual health

services, especially in areas of highest need. This includes developing an online chat service for young people as an addition to traditional methods of communication within the service, using an approach similar to that provided by NHS Highland.

The service intends to remove the walk in clinics which had been piloted as they made no improvement to attendance at clinic. In some sites they will reduce from two to one clinic lists from June, thus freeing up some resource to increase outreach capacity to children's houses and cover the increased workload of child protection work in the service. While this will not necessarily increase attendance at Sandyford YP clinics, it will increase the support to this group of patients.

The Management Team will revise and produce a set of more meaningful targets for performance of the YP service.

Timescales for Improvement

Throughout 2024.

Back to Summary

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

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

Performance Trend
Performance remained on target during Q4 (GREEN). Back to Summary

HOMELESSNESS

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

Locality	Target	21/22		22/23				23/24			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	**95%**	**99% (G)**	**99% (G)**	**99% (G)**	**99% (G)**	**99% (G)**	**99% (G)**	**99% (G)**	**98% (G)**	**99% (G)**	**84% (R)**
North East		**100% (G)**	**100% (G)**	**100% (G)**	**100% (G)**	**100% (G)**	**99% (G)**	**100% (G)**	**99% (G)**	**97% (G)**	**51% (R)**
North West		**100% (G)**	**99% (G)**	**99% (G)**	**98% (G)**	**97% (G)**	**97% (G)**	**98% (G)**	**98% (G)**	**99% (G)**	**94% (G)**
South		**99% (G)**	**98% (G)**	**99% (G)**	**99% (G)**	**99% (G)**	**99% (G)**	**100% (G)**	**95% (G)**	**100% (G)**	**96% (G)**
Asylum & Refugee Team (ARST)		**100% (G)**	**100% (G)**	**99% (G)**	**98% (G)**	**99% (G)**	**99% (G)**	**98% (G)**	**99% (G)**	**100% (G)**	**95% (G)**

Performance Trend

During Q4 performance fell significantly in the city and North East with the RAG rating moving from GREEN to RED. Performance in North West, South and the Asylum & Refugee Team remained on target and GREEN. A total of 1,422 decisions were made during Q4.

Issues Affecting Performance

As can be seen above, the issues affecting performance on this indicator are confined to one locality service which has reduced the citywide percentage below target level. This was a short-term issue which related to resources within the team and difficulties in allocating cases for assessment decisions to be made.

Actions to Improve Performance

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

Timescales for Improvement

It is anticipated that this indicator will return to target in Q1 of 2024/25.

Back to Summary

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

Locality	**Target**	**21/22**		**22/23**				**23/24**			
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	**<40%**	**48% (R)**	**48% (R)**	**50% (R)**	**50% (R)**	**48% (R)**	**45% (R)**	**46% (R)**	**49% (R)**	**44% (R)**	**43% (R)**
North East		**46% (R)**	**45% (R)**	**48% (R)**	**50% (R)**	**52% (R)**	**47% (R)**	**48% (R)**	**52% (R)**	**49% (R)**	**47% (R)**
North West		**50% (R)**	**51% (R)**	**49% (R)**	**49% (R)**	**47% (R)**	**42% (R)**	**43% (R)**	**46% (R)**	**43% (R)**	**46% (R)**
South		**43% (R)**	**44% (R)**	**46% (R)**	**47% (R)**	**47% (R)**	**47% (R)**	**49% (R)**	**47% (R)**	**43% (R)**	**41% (A)**
Asylum & Refugee Team (ARST)		**61% (R)**	**61% (R)**	**66% (R)**	**67% (R)**	**56% (R)**	**48% (R)**	**53% (R)**	**56% (R)**	**43% (R)**	**39% (G)**

Performance Trend

During Q4 the city, North East and North West remained outwith the target range (<40%) and RED. Performance improved in the South and the Asylum & Refugee Team with the RAG-rating moving from RED to AMBER and RED to GREEN respectively.

The volume of new Homeless Applications received during Q4 (2,247) was over 10% greater than Q3 (2,038). See table below for trend information.

Additional Information: Volume of Homeless Applications

20/21	**21/22**				**22/23**				**23/24**			
Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
1,922	**1,979**	**1,781**	**1,641**	**1,609**	**1,485**	**1,615**	**1,635**	**2,006**	**1,546**	**1,924**	**2,038**	**2,247**

Issues Affecting Performance

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

This indicator is affected by both the supply of housing as well as new demand which reduces the percentage of cases over 6 months. As evidenced in the additional information above, the number of homelessness applications in Q4 was higher than in any quarter within the past 3 years (with significant demand on the ARST). This has increased the number (and percentage) of cases under six months thus reducing the percentage of cases over 6 months.

The HSCP has secured the highest number of lets in 2023/24 (3,313) which represents around 50% of social housing turnover in the city. However, demand for homelessness services, as evidenced above, continues to outstrip the supply of social housing resulting in households waiting for longer periods of time for resettlement.

Actions to Improve Performance

Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised in order to reduce homelessness presentations within the City. In 2023/24, around 48% of housing advice cases progressed to a homelessness application which evidences this strong work.

Work is also on-going to ensure that the number of section 5 referrals being sent to RSL partners is optimised to increase the number of lets available to homeless households. The HSCP has written to all RSLs requesting that 67% of social housing lets are provided to homeless households.

Indicator 3, below, shows that the number of resettlement plans complete, per quarter, also remains significantly above target. However, given that average time from assessment decision to settled let is 51 weeks (**Indicator 4**), it is unlikely that this indicator will improve until the average length of time reduces significantly.

Timescales for Improvement

It is likely that this indicator will reduce further due to the increased demand which is anticipated to remain high throughout Q1 and Q2 in 2024/25.

Back to Summary

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

Target		Total 19/20	Total 20/21	Total 21/22	22/23		Total 22/23	23/24				Total 23/24
21/22	From 22/23				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)**	**4,675 (R)**	**1,043 (G)**	**1,037 (G)**	**4,016 (G)**	**1,007 (G)**	**1,027 (G)**	**1,212 (G)**	**1,293 (G)**	**4,539 (G)**

Performance Trend
Both the quarterly and annual targets for the number of completed resettlement plans were exceeded at year-end (GREEN). Back to Summary

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

Locality	**Target**	**21/22**		**22/23**				**23/24**			
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City-wide	**26 weeks**	**41 wks (R)**	**45 wks (R)**	**52 wks (R)**	**47 wks (R)**	**43 wks (R)**	**50 wks (R)**	**45 wks (R)**	**46 wks (R)**	**46 wks (R)**	**51 wks (R)**

Performance Trend

Performance in relation to this indicator fell further during Q4 with the average number of weeks increasing by 5 since Q3.

The average continues to be high as a result of the number of older cases being rehoused; during quarter 4, 59 applications were over 2 years and 20 of these were over 4 years.

Issues Affecting Performance

Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process.

When older cases, such as larger family households and those who require adapted properties, are closed, this has a significant impact upon the average number of weeks from a homelessness decision to settled accommodation being provided due to the low supply and turnover of this type of housing stock. As noted within the 'performance trend' narrative, 49 cases over 2 years were closed during this quarter of which 20 were over 4 years. This will have a significant impact upon an average case duration however this highlights the positive work being undertaken to resettle those who have been homeless for a significant period of time.

Actions to Improve Performance

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

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

Despite the highest number of lets secured, the HSCP has an increased ask of 67% of RSLs in 2024/25 which takes into consideration both the increase in demand as well as a reduction in turnover within the social housing sector.

Timescales for Improvement

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

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

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

Back to Summary

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

Target	**Full Year Total 20/21**	**Full Year Total 21/22**	**22/23**				**Full Year Total 22/23**	**23/24**				**Full Year Total 23/24**
			Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
<480 per annum (<120 per Quarter)	**420 (G)**	**526 (R)**	**96 (G)**	**107 (G)**	**93 (G)**	**110 (G)**	**406 (G)**	**75 (G)**	**65 (G)**	**97 (G)**	**75 (G)**	**312 (G)**

Performance Trend

During Q4 the number of Repeats remained below the upper threshold (120) and GREEN for the 9th consecutive quarter. The annual total of 312 was significantly below the annual upper threshold of 480 repeats (GREEN).

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 75 households reassessed during Q4 shows:

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

Back to Summary

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

Target	21/22				22/23				23/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	70% (R)	60% (R)	58% (R)

Performance Trend

Performance in relation to emergency accommodation fell further during Q4 (RED).

Issues Affecting Performance

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

Despite the fact that accommodation is not always provided at first request, the HSCP has had to significantly increase its use of B&B accommodation from 697 units at the end of Q2 to 1,369 units at the end of Q4.

Actions to Improve Performance

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

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

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

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

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

Target		**20/21**		**21/22**				**22/23**				**23/24**			
		Q1	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2***	**Q3***	**Q4**
23/24 year-end 350	Number created during quarter	**0**	**32**	**22**	**17**	**12**	**10**	**9**	**13**	**9**	**3**	**3**	**7**	**3**	**9**
22/23 year-end 280	Cumu-lative Total	**119 (Base-line)**	**195 (R)**	**217 (R)**	**234 (A)**	**246 (A)**	**256 (R)**	**265 (R)**	**278 (G)**	**287 (G)**	**290 (G)**	**293 (G)**	**300 (A)**	**303 (R)**	**312 (R)**

***Revised figures for Quarters 2 & 3 were provided in April.**

Performance Trend

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

Performance was below the year-end target of 350 Housing First tenancies by the end of Q4 (RED).

Issues Affecting Performance

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

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

Actions to Improve Performance

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

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

Although the target of 350 tenancies was not met by the end of 2023/24, a higher number of tenancies (9) were secured in Q4.

Timescales for Improvement

Given the input from Housing First managers at the Local Letting Communities, it is anticipated that the number of lets secured for Housing First will continue to increase in Q1 in 2024/25. A revised target for 2024/25 is currently being developed.

Back to Summary

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

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

Performance Trend

During Q4 this indicator remained RED against the year-end target of 350 units or less. Between Q3 and Q4 there was a further significant increase of 23% (257) in the number of homeless households accommodated within B&B type accommodation.

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

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

21/22			**22/23**				**23/24**			
Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
21	25	25	30	32	34	26	24	30	40	36

Issues Affecting Performance

The service has seen continued demand for emergency accommodation through Q4 and a significant increase in the number of homelessness applications. Whilst the number of settled lets provided to homeless households remains below the requested level (60% of social housing lets from RSLs), there will inevitably be increases in the lengths of stay within temporary accommodation, including Bed and Breakfast. However, the HSCP has secured the highest number of lets in 2023/24 and aims to increase this number further in 2024/25. Only through homelessness prevention and an increase in access to social housing will the number of households in temporary accommodation (including B&B) reduce.

Actions to Improve Performance

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

The HSCP will also continue to work with RSL partners to secure an increased level of supply of settled lets to reduce reliance on bed and breakfast type accommodation. The HSCP has written to RSLs with a request that 67% of social housing lets be made available for homeless households in 2024/25.
Timescales for Improvement
Given the current demands on Homelessness Services at this time, it is likely that this increased level of B&B usage will continue into Q1 of 2024/25 due to the demands flowing from the accelerated asylum decision making process. Back to Summary

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

Target	**21/22**				**22/23**				**23/24**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Target 22/23 & 23/24 is 2,400 or less	**2,368 (R)**	**2,359 (R)**	**2,348 (R)**	**2,350 (R)**	**2,338 (G)**	**2,348 (G)**	**2,365 (G)**	**2,413 (G)**	**2,415 (G)**	**2,413 (G)**	**2,407 (G)**	**2,342 (G)**

Performance Trend

There was a slight decrease in the number of temporary furnished flats (TFFs) between Q3 and Q4; performance remained on target and GREEN.

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

Back to Summary

CRIMINAL JUSTICE

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

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

Performance Trend

During Q4 performance continued to exceed target (GREEN) at city level and in all localities.

A total of 607 CPOs (North East, North West and South) were made during Q4; a significant increase of 14% in comparison with Q3 (533). In addition, 19 CPOs were made by the Caledonian Team during the reporting period.

Back to Summary

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

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

Performance Trend

During Q4 performance exceeded target in all teams and localities (GREEN). Performance for Clyde Quay improved significantly with the RAG rating moving from RED to GREEN during the reporting period.

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

Back to Summary

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

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

Performance Trend

During Q4 the target for reviews was exceeded at city level and in all localities and teams (GREEN).

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

Back to Summary

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

Locality	**Target**	**21/22**	**22/23**				**23/24**			
		Q4 %	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**
City	70%	**80 (G)**	**83 (G)**	**83 (G)**	**84 (G)**	**85 (G)**	**85 (G)**	**85 (G)**	**82 (G)**	**82 (G)**
North East		**84 (G)**	**85 (G)**	**85 (G)**	**92 (G)**	**90 (G)**	**87 (G)**	**85 (G)**	**81 (G)**	**83 (G)**
North West		**80 (G)**	**82 (G)**	**82 (G)**	**79 (G)**	**84 (G)**	**87 (G)**	**79 (G)**	**80 (G)**	**85 (G)**
South		**76 (G)**	**82 (G)**	**81 (G)**	**83 (G)**	**83 (G)**	**81 (G)**	**89 (G)**	**82 (G)**	**77 (G)**

Performance Trend

Performance was maintained during Q4 with all localities continuing to exceed target (GREEN).

Excluding breaches gives the following figures: NE 94%, NW 90% and South 83% (City 88%).

Back to Summary

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

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

Performance Trend

During Q4 performance was maintained in the city, North West and in the Caledonian Team all of which remained GREEN. Performance in North East improved moving from AMBER to GREEN during the reporting period. The South locality and the Drug Court Team remained outwith target with RAG ratings of AMBER and RED respectively.

The drug court continues to face a number of challenges in getting service users to attend for court report interviews due to the nature of their chaotic drug use. We have seen some improvements in this area, however the number of reports submitted to court remain under the city-wide target. The team have a planned development session and this issue will be considered further at this session.

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

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

Back to Summary

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

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

Performance Trend

During Q4 all post release interviews were held within one day of release from prison in all teams and localities within the city (GREEN).

Target revised from 90% to 80% from 22/23 and indicator extended to include Clyde Quay from Quarter 1 22/23, so no historical data for it prior to this date.

Back to Summary

HEALTH IMPROVEMENT

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

					2023/24				
Locality	**Annual Target**	**Quarterly Target**	**21/22 Total**	**22/23 Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Total 23/24**
City	**5066**	**1266**	**7749 (G)**	**8966 (G)**	**3017 (G)**	**2669 (G)**	**2354 (G)**	**2439 (G)**	**10,479 (G)**

Performance Trend
Performance for Q4 remains GREEN and the total for 2023/24 significantly exceeds the target (GREEN). Back to Summary

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

Locality	**20/21 Total**	**21/22 Total**	**22/23 Total**	**Annual Target**	**23/24 Target Year to Date**	**2023/24 Cumulative Totals**			
						Q1	**Q2**	**Q3**	**Q4**
City	**1280 (G)**	**1260 (G)**	**1050 (R)**	**1217**	**918**	**231 (R)**	**511 (R)**	**753 (R)**	
NE	**459 (A)**	**452 (R)**	**358 (R)**	**478**	**360**	**82 (R)**	**183 (R)**	**271 (R)**	
NW	**442 (G)**	**411 (G)**	**303 (R)**	**385**	**291**	**76 (R)**	**159 (R)**	**237 (R)**	
S	**379 (G)**	**456 (G)**	**389 (G)**	**352**	**267**	**73 (R)**	**169 (A)**	**245 (R)**	

Performance Trend

This indicator is reported in arrears. Performance is below target and RED city wide and in the three localities. South has moved from AMBER to RED in Q3.

Issues Affecting Performance

This is lower than expected due to a number of reasons including ongoing issues with pharmacy capacity and unavailability of several products including varenicline. This has now been unavailable since June 2021 and was the most popular and effective product.

In addition, clients continue to present at the QYW (Quit Your Way) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues.

The service has also been significantly impacted with staff absences and vacancies across the City, which have affected all three locality teams. We are currently sitting with 2.8 WTE vacancies across the City which we are unable to fill due to the recruitment freeze and tobacco service review.

Actions to Improve Performance

Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. Face-to-face community clinics now operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, a face-

to-face clinic has been set up in a local Pharmacy to test out if this alternative venue helps to improve links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription. In total, there are 9 face-to-face clinics operating across the City. The teams have started to pilot the use of a Smoke Free App to provide a digital support option for clients which is engaging and accessible. Initial uptake by clients across the City is positive.
Timescales for Improvement
Improvements will be monitored by the Tobacco PIG and City Tobacco Group on an ongoing basis. Back to Summary

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

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

Performance Trend

Performance at city level improved slightly between Q3 and Q4 but remained GREEN.

Target for 2022/23 reduced by 1% from 12% (2021/22) in line with the aim of reducing to 5% by 2030. This has been further reduced to 10% for 2023/24.

Back to Summary

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

Locality	Target	21/22	22/23				23/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	**15.5% 22/23 14% 23/24**	**15.9% (G)**	**12.1% (G)**	**16% (A)**	**13.8% (G)**	**13.9% (G)**	**14% (G)**	**15.6% (R)**	**11.4 (G)**	**10.8 (G)**
North East		16.7	15.8	14.5	13.6	14.9	14.6	17.4	11.2	11.0
North West		15.3	8.2	17.4	14.6	11.2	12.3	13.8	8.1	11.4
South		15.5	11.3	16.5	13.2	15.2	14.9	15.2	14.6	10.3

Performance Trend

Performance at city level declined slightly between Q3 and Q4 but remained GREEN.

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

Back to Summary

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	**33% (end 22/23)**	**28.3 (R)**	**28 (R)**	**29.4 (R)**	**28.0 (R)**	**28.7 (R)**	**31.1 (R)**	**30.3 (R)**	**32.1 (G)**	**30.7 (R)**
North East		17.2	22	24.3	20.3	21.0	23.3	22.6	24	21.7
North West		33.8	30.9	33.9	32.6	34.9	36	34.4	37.4	34.4
South		32.2	30.4	29.9	31.2	30.3	34	33.4	34.7	34.7

Performance Trend

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

Data is reported in arrears.

Issues Affecting Performance

There have been issues with reduced staffing across some HV teams in the city because of absence/maternity leave. This reduced capacity across teams has impacted on delivery of programmes that support Breastfeeding such as a test of change in South Glasgow to provide additional support visits to Breastfeeding families.

The Board Infant feeding teams across acute, and community are also experiencing staffing shortages. In maternity services, this has resulted in reduced capacity for providing support in the wards and training delivery. The community infant feeding team have been working at 2/3 capacity for the last 12 months due to long term absence. They have maintained the number of mothers being offered appointments at breastfeeding clinics by offering a mix of face-to-face and online appointments however, recent increases in referrals are impacting on their ability to maintain this. The staffing issues across HV teams is one of factors causing the increase in referrals.

Both the Telephone and face to face support delivered by BFN on behalf of the city was funded via Health Improvement budget. This was funded until the end of March 2024 but after that date, no funding was available to continue this into 2024/25. As a result, BFN have explored other funding opportunities to allow this work to continue but due to the uncertainty

of the funding HV staff were notified that the services may have to be reduced or withdrawn. This had an impact on signposting and referral to the services.

Actions to Improve Performance

Despite the Board Infant feeding team being at reduced capacity, they continued to offer up to 12 appointments per week. Mothers are offered face to face or online consultations and when needed a home visit will be provided if there is no clinic space available or a mother has no transport. Feedback from the clinics show a high level of satisfaction for the support provided.

Over the last 12 months, we worked with Breastfeeding Network (BFN) to increase the number of face-to-face Infant feeding support groups across the city. To achieve this, we linked with other 3rd sector organisations such as 3D Drumchapel and Home Start Glasgow South to embed the support into existing groups. We have also partnered with Glasgow Life to offer groups in some of their library venues. This model of embedding and linking with other services has enabled families to access a range of wider services in accessible venues in addition to infant feeding support. In addition to the work with BFN, in South Glasgow, National Childbirth Trust's (NCT) Glasgow Breastfeeding Buddies set up a second breastfeeding group in the Ibrox area. In total, over the last 12 months, 10 areas in the city had access to breastfeeding groups or breastfeeding peer input which was incorporated into existing services.

We have been fortunate that in early April, BFN managed to secure some external funding to continue to offer some of the face-to-face groups in the city and we are currently exploring opportunities with senior managers about we can support the groups to continue and hopefully return to their pre-April 24 level.

Between April 23 and Feb 24, BFN groups in the city had 759 attendances by 263 individuals (202 people attending the group for the first time). Of the 202 attending the group for the first time, 36.6% were from a SIMD 1 postcode. NCTGBB, had 247 attendees with 13.3% being from SIMD 1 areas.

Although the telephone support service has now stopped, a review of the data from the support service from 1st Sept 22 to 31st August 2023 showed that of the 165 families supported during that time, 52% of infants at 6-8 weeks and 39% at 4 months were exclusively receiving breastmilk. The review also found that the numbers of babies receiving some breastmilk (mixed breast and formula) at 6-8 weeks was 22% and at 4 months 12%. 27.10 % of families were from minority ethnic communities (one of our priority groups) and 34.67% were from SIMD 1 areas.

The Breastfeeding Early Intervention Pilot in the Northeast of the city began on the 6th of November 2023. This is for families living in G21 area with participants receiving an assigned Support Worker who provides an antenatal visit and then additional visits in the 1st 10 days and up to 6-8 weeks or until breastfeeding is established. The plan will be to roll this out across the Northeast, the next suggested area being Easterhouse.

Timescales for Improvement

It is difficult to give a precise timeline for improvement in relation to the impact of staffing capacity on this work. With regards to funding challenges, we will continue to explore opportunities for funding to sustain our face-to-face groups and would hope to know the outcome of this by the end of June 2024.

Back to Summary

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	**24.4% (end 22/23)**	**20.1 (R)**	**20.6 (R)**	**23.3 (A)**	**20.8 (R)**	**18.8 (R)**	**25.0 (G)**	**21.6 (R)**	**24.1 (G)**	**22.7 (R)**
North East		17.1	21.2	25.7	16.8	17.2	21.8	20.8	21.4	21.7
North West		20.9	23.3	21.5	25.5	18.9	26.3	20.5	26.7	23.9
South		22.9	17.7	22.3	22.6	20.4	28.0	23.7	25.3	22.7

Performance Trend

Performance at city level moved from GREEN to RED in the last quarter, declining in the North West and South while improving slightly in the North East.
Data is reported in arrears.

Issues Affecting Performance

Please see narrative for KPI 5 above.

Actions to Improve Performance

Please see narrative for KPI 5 above.

Groups being established were targeted to SIMD 1 areas or incorporated into services which provided opportunities to reach families from SIMD areas.
The Pilot in NE is focused on SIMD 1 areas.

Timescales for Improvement

It is difficult to give a precise timeline for improvement in relation to the impact of staffing capacity on this work. With regards to funding challenges, we will continue to explore opportunities for funding to sustain our face-to-face groups and would hope to know the outcome of this by the end of June 2024.

Back to Summary

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

AREA	17/18 Drop Off Rates	23/24 Target	21/22		22/23				23/24		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
HSCP	**32.3%**	**29.5%**	**23.5 (G)**	**29.0 (G)**	**23.5 (G)**	**24.4 (G)**	**24.7 (G)**	**22.4 (G)**	**23.8 (G)**	**21.6 (G)**	**24.6 (G)**
NE	39.9%	36.5%	30.7	37.7	28.0	29.2	28.5	26.9	27.0	23.9	31.9
NW	27.2%	24.9%	21.2	20.1	19.2	20.1	22.3	17.7	22.2	20.8	20.1
S	31.3%	28.6%	21.4	29.9	24.0	24.3	23.8	22.6	22.8	20.8	23.5

Performance Trend

Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25. Performance remains below the trajectory target for 2023/24 and GREEN at city and locality levels.

Back to Summary

HUMAN RESOURCES

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

Locality	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
Grand Total	4%	6.39 (R)	6.38 (R)	7.61 (R)	8.09 (R)	7.01 (R)	6.82 (R)	6.80 (R)	7.17 (R)	7.91 (R)	8.04 (R)	7.66 (R)
Adult Services		6.60 (R)	6.58 (R)	8.24 (R)	8.76 (R)	7.06 (R)	7.06 (R)	7.12 (R)	7.52 (R)	7.95 (R)	8.27 (R)	7.35 (R)
Children's Services		5.82 (R)	5.98 (R)	7.17 (R)	7.26 (R)	7.79 (R)	7.99 (R)	6.92 (R)	7.75 (R)	9.77 (R)	9.34 (R)	7.97 (R)
Health Improvement		4.24 (R)	5.48 (R)	4.10 (R)	5.51 (R)	7.11 (R)	2.69 (G)	4.67 (R)	5.24 (R)	5.63 (R)	3.90 (G)	2.48 (G)
Older People		7.37 (R)	7.56 (R)	8.10 (R)	6.57 (R)	7.27 (R)	6.56 (R)	6.82 (R)	6.67 (R)	7.53 (R)	8.35 (R)	7.21 (R)
Resources		5.41 (R)	4.90 (R)	5.97 (R)	6.60 (R)	3.18 (G)	4.18 (R)	3.80 (G)	3.54 (G)	3.61 (G)	4.68 (R)	4.03 (R)
Public Protection and Complex Care		5.04 (R)	- (R)	6.25 (R)	7.44 (R)	6.38 (R)	8.64 (R)	8.97 (R)	10.32 (R)	11.29 (R)	8.17 (R)	6.90 (R)

Performance Trend
Variations across areas and over time but performance overall remains above target for the HSCP though reduced since December. This is a similar level of absence as the same quarter last year.
Issues Affecting Performance
This quarter highlights an improvement in sickness absence overall with decreasing sickness absence levels across most areas of the HSCP. This can be contributed to the work undertaken to reduce absence within the HSCP and NHSGG&C initiatives. Long term absence remains at a higher level than short term absence, however this is still in keeping with established trend. In March 2024 Long Term absence accounted for 4.2% and short-term absence was 2.82%. Absences recorded as 'Psychological' (which includes all stress related absence) remains the most used absence reason. In March 24 this accounted for 27% of sickness absence, a reduction in the 12 month average of 30%. “Viral’ absence accounted for 8.9% a reduction of 2% from previous month and ‘Other’ absences accounted for 9% of total absence.

Actions to Improve Performance
1.HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff. Ensuring that appropriate early interventions and adjustments are made as well as fostering a culture that promotes employee wellbeing and attendance. 2. April is Stress Awareness Month and there is increased wellbeing support and activity being offered to all staff. 3. Robust links with the HR Support and Advice Unit and NHS GGC resources and strategies to ensure assistance and guidance is available to HSCP staff and managers. 4. The HR Team are progressing and supporting /feeding into NHSGGC initiatives including delivery of further Attendance Management awareness sessions and additional opportunities for managers to join the People Management Programme. 5. Support management teams to access and analyse available attendance data to identify trends and areas of concern. 6. The HR Team have identified areas where additional input is required to ensure long term sickness absence is supported by line managers and with support from HR Support and Advice Unit where required. 7. Managers continue to be encouraged to ensure that staff absence is correctly coded to ensure accuracy of workforce information provided.
Timescales for Improvement
Ongoing - subject to agreed review periods. Back to Summary

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

Area	**Target**	**2022/23**			**2023/24**			
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Social Work	**5%**	**11.10 (R)**	**10.60 (R)**	**10.30 (R)**	**10.30 (R)**	**10.38 (R)**	**11.2 (R)**	**11.5 (R)**
Resources		7.0	6.6	5.8	6	6.50	6.9	6.3
Adult		11.30	9	7.9	10.3	10.00	9.9	8.6
Public Protection		8.10	5.8	5.9	7.8	7.30	7.7	7.4
Children		9.30	7.7	7.9	9.1	9.80	10.4	11.3
Older People		8.50	6.9	7	6.3	5.70	6.1	6.7
Care Services		13.95	14.2	14.4	13.3	13.35	14.5	15.3

Performance Trend

The overall Social Work absence trend has consistently increased this year and Quarter 4 is higher than the same quarter last year and compared to Quarter 3. All Care Groups continue to report absence above the 5% target and show an increase compared to Q4 last year, with the exception of Older People.

Issues Affecting Performance

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

With over 50% of our workforce are over the age of 50 and in roles predominately frontline, which can have an impact on absence levels.

Actions to Improve Performance

A new Maximising Attendance Action Plan for 2024/25 will be presented to the SMT, which highlights HR support to all Care Groups and priority areas for interventions and action to be implemented. The Action Plan will involve promoting more widely and regularly wellbeing supports to staff, ensuring accessibility for all staff irrespective of role and implementing HR actions from the GCHSCP Staff Mental Health and Wellbeing Action Plan. It will have a particular focus on interventions for the main contributors to absence; psychological and musculoskeletal, as well as circumstances where poor overall attendance is a factor. New robust actions and prompts for managers, along with improved management information are included to try and achieve an improvement in performance.

Timescales for Improvement

The 2024/25 Action Plan covers an extensive list of actions to be implemented but it is anticipated that the Service will start to see some improvements as the year progresses and be reflected in future quarterly absence reporting.

Back to Summary

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

Area	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
Glasgow		**29.9 (R)**	**32.0 (R)**	**31 (R)**	**29.6 (R)**	**35.1 (R)**	**35.4 (R)**	**35.0 (R)**	**36.6 (R)**	**35.8 (R)**	**36.7 (R)**	**36.7 (R)**
Adult			24.3 (R)	24 (R)	23.4 (R)	26.7 (R)	29.9 (R)	29.4 (R)	31.1 (R)	29.0 (R)	30.0 (R)	29.3 (R)
Children's Services			48.4 (R)	46 (R)	46 (R)	50.2 (R)	57.6 (R)	53.2 (R)	52.4 (R)	51.3 (R)	52.1 (R)	52.0 (R)
Health Improvement	**80%**		52.1 (R)	49 (R)	38.7 (R)	38.1 (R)	43.2 (R)	45.1 (R)	58.7 (R)	64.1 (R)	62.4 (R)	57.9 (R)
Older People			31.3 (R)	27 (R)	25 (R)	28.4 (R)	32.8 (R)	34.2 (R)	37.3 (R)	38.4 (R)	39.1 (R)	40.2 (R)
Public Protection & Complex Care			20.9 (R)	19 (R)	23.9 (R)	24.4 (R)	21.2 (R)	28.3 (R)	27.2 (R)	25.2 (R)	29.9 (R)	33.3 (R)
Resources			33.1 (R)	32 (R)	38.6 (R)	50.6 (R)	50.5 (R)	42.9 (R)	33.9 (R)	32.1 (R)	29.9 (R)	28.8 (R)

Performance Trend

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

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

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

Improvements sought in future quarters.

Back to Summary

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

Locality	**Target**	**21/22**	**2022/23**				**2023/24**					
		Mar 22	**Jun 22**	**Sep 22**	**Dec 22**	**Mar 23**	**Jun 23**	**Sep 23**	**Dec 23**	**Jan 24**	**Feb 24**	**Mar 24**
Glasgow	**100%**	**60% (R)**	**56% (R)**	**42% (R)**	**29% (R)**	**62% (R)**	**52% (R)**	**36% (R)**	**30% (R)**	**49% (R)**	**47% (R)**	**54% (R)**

Performance Trend

Performance fluctuates but has improved between December and March though remained RED.

Issues Affecting Performance

While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods. Managers receive notification of the induction due date and 2 further reminders.

Actions to Improve Performance

1. Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.

2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

3. HR providing compliance updates to Core Leadership Groups.

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

Back to Summary

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

Locality	Target	21/22	2022/23				2023/24					
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Jan 24	Feb 24	Mar 24
Glasgow	**100%**	**52% (R)**	**83% (R)**	**68% (R)**	**60% (R)**	**58% (R)**	**44% (R)**	**33% (R)**	**64% (R)**	**60% (R)**	**56% (R)**	**23% (R)**

Performance Trend

Performance fluctuates but has declined between December and March, remaining RED.

Issues Affecting Performance

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

Actions to Improve Performance

1. Work continues to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.

2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

Back to Summary

BUSINESS PROCESSES

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

Locality	**Target**	**20/21**	**2022/23**			**2023/24**			
		Q4 % *of* no.	**Q1 % *of* no.**	**Q2/3* % *of* no.**	**Q4 % *of* no.**	**Q1 % *of* no.**	**Q2 % *of* no.**	**Q3 % *of* no.**	**Q4 % *of* no.**
City	**70%**	**89.1 (G) 174**	**88.6 (G) 318**	**80 (G) 230**	**82.8 (G) 314**	**93.4 (G) 336**	**92.6 (G) 340**	**84.6 (G) 260**	**90% (G) 290**
North East		72.2 (G) 18	85 (G) 40	92.8 (G) **14**	88.5 (G) **26**	83.3 (G) **18**	77.7 (G) **36**	100 (G) **7**	90.5% (G) **21**
North West		76.2 (G) **42**	92.3 (G) 78	71.2 (G) **80**	80.8 (G) **78**	89 (G) **100**	89.5 (G) **48**	83 (G) **53**	77 (G) **61**
South		85.7 (G) 14	100 (G) **44**	78.9 (G) **38**	100 (G) **2**	N/A **0**	N/A **0**	N/A **0**	50 (R) **2**
Prisons		98 (G) **100**	84.6 (G) **156**	85.7 (G) **98**	82.7 (G) **208**	97.2 (G) **218**	95.3 (G) **256**	84.5 (G) **200**	94.2% (G) **206**

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

Performance Trend

HSCP at a city level remained GREEN and increased slightly. Variations across localities and over time and South is RED but this relates to only 2 complaints. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.

Back to Summary

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

Locality	Target	20/21	2022/23			2023/24			
		Q4 % *of* no.	Q1 % *of* no.	Q2/3* % *of* no.	Q4 % *of* no.	Q1 % *of* no.	Q2 % *of* no.	Q3 % *of* no.	Q4 % *of* no.
City	**70%**	**58 (R) 151**	**49 (R) 147**	**69 (G) 124**	**80.5 (G) 77**	**65.3 (R) 95**	**76 (G) 92**	**80 (G) 140**	**78.4 (G) 102**
North East		**80 (G) 5**	**0 (R) 3**	**100 (G) 3**	**80 (G) 5**	**100 (G) 4**	**100 (G) 4**	**100 (G) 1**	**88.9 (G) 9**
North West		**67 (A) 24**	**69 (G) 32**	**58 (R) 26**	**84.2 (G) 19**	**66.7 (A) 12**	**66.6 (A) 27**	**75 (G) 24**	**60.9 (R) 23**
South		**64 (R) 11**	**56 (R) 18**	**71 (G) 17**	**100 (G) 3**	**N/A 0**	**N/A 0**	**N/A 0**	**100 (G) 4**
Prisons		**54.1 (R) 111**	**42.5 (R) 94**	**70.5 (G) 78**	**68 (G) 50**	**63.3 (R) 79**	**78.7 (G) 61**	**80.9 (G) 115**	**81.2 (G) 66**

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

Performance Trend

HSCP as a whole remained GREEN in the last quarter decreasing slightly, while the North West moved from GREEN to AMBER. North East, South and Prisons GREEN. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.

Back to Summary

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

Locality	Target	21/22		22/23				23/24		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
		% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
City	70%	74% (G) **121**	71% (G) **106**	67% (A) **84**	68% (A) **102**	62% (R) **117**	62% (R) **133**	67% (A) **134**	73% (G) **191**	77% (G) **237**
North East		71% (G) 17	60% (R) 10	73% (G) 11	43% (R) 7	81% (G) 16	75% (G) 8	71% (G) 14	62% (R) 13	73% (G) 11
North West		64% (R) 11	57% (R) 7	80% (G) 10	67% (A) 6	45% (R) 11	27% (R) 15	87% (G) 15	64% (R) 11	35% (R) 17
South		45% (R) 22	55% (R) 11	63% (R) 8	29% (R) 7	26% (R) 23	29% (R) 21	14% (R) 14	35% (R) 17	50% (R) 14
Home-lessness		100% (G) 10	38% (R) 13	60% (R) 10	61% (R) 18	75% (G) 8	45% (R) 11	57% (R) 14	60% (R) 25	65% (R) 23
Home Care		51% (R) 55	87% (G) 60	64% (R) 44	76% (G) 58	75% (G) 53	82% (G) 67	77% (G) 62	88% (G) 96	90% (G) 155
Centre		100% (G) 6	75% (G) 5	100% (G) 1	56% (R) 6	67% (A) 6	64% (R) 11	60% (R) 15	66% (R) 29	71% (G) 17

Performance Trend

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

During Q3 performance at city level and in the Home Care Team remained above target and GREEN. Performance improved in North East and Centre with the RAG rating moving from RED to GREEN. Performance continued to remain below target and RED in North West, South and Homelessness Team.

Back to Summary

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

	21/22				22/23				23/24			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Target	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**
70%	**87% (G)** 52	**78% (G)** 67	**70% (G)** 53	**80% (G)** 81	**73% (G)** 56	**64% (R)** 84	**57% (R)** 70	**56% (R)** 85	**66% (R)** 59	**53% (R)** 90	**73% (G)** 62	

Performance Trend

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

Performance in relation to stage 2 complaints improved significantly during Q3 with the target being met and the RAG rating moving from RED to GREEN.

Back to Summary

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

	21/22				22/23				23/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.
100%	**98% (G) 83**	**98% (G) 98**	**98% (G) 90**	**97% (G) 108**	**96% (A) 77**	**95% (R) 99**	**89% (R) 135**	**90% (R) 143**	**93% (R) 103**	**97% (G) 130**	**91% (R) 138**	

Performance Trend

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

Performance in relation to FOIs fell during Q3 with the RAG rating moving from GREEN to RED during the reporting period.

Issues Affecting Performance

The central Complaints, FOI and Investigations Team (CFIT) are continuing to process an extremely large volume of Subject Access Requests (SARs), and so this is having a direct impact on performance across all workstreams. There has also been an increase in demand – while Q3 of 23/24 closely mirrors Q3 of 22/23, there have been more FOI requests received year to date than in in 22/23, and Q3 demand in 23/24 represents a 53% increase from the same quarter in 21/22.

Actions to Improve Performance

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

Timescales for Improvement

No clear timescale for improvement can currently be estimated due to ongoing high demand in relation to SAR workstream.

Back to Summary

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

	21/22				22/23				23/24		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Target	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.	% ***of*** no.
100%	41% (R) 144	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185

Performance Trend

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

Performance in relation to Subject Access Requests continued to remain RED during Q3.

Issues Affecting Performance

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand - for historic archived social work files in particular - associated with rising public interest in researching personal / family history and ongoing national abuse inquiries. Demand has decreased in Q3 however remains at a level far beyond the capacity of the team to address, particularly in the context of a large backlog of cases numbering in the hundreds.

This large rolling backlog is a direct consequence of Scottish Government advice to Redress Scotland applicants to submit SARs to Local Authorities to support their applications. The figures above only report on the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above. The figures above reflect the proportionate closure of *new* cases within time, with the remainder being channelled into the backlog. Those cases cannot ordinarily be prioritised over ones already in the backlog. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog.

Despite these figures, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high.

Actions to Improve Performance

The focus of the team will continue to be SAR processing, and in particular processing requests that have been awaiting response for the longest period of time.

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

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

Locality	Target	21/22	22/23				23/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
City	80%	**83% (G) 408**	**79% (G) 435**	**80% (G) 452**	**72% (R) 425**	**73% (R) 421**	**80% (G) 478**	**79% (G) 518**	**74% (R) 455**	**70% (R) 451**
North East		**86% (G)** 78	**93% (G)** 91	**93% (G)** 116	**89% (G)** 92	**89% (G)** 81	**97% (G)** 87	**97% (G)** 98	**92% (G)** 103	**87% (G)** 102
North West		**87% (G)** 100	**95% (G)** 83	**85% (G)** 72	**86% (G)** 121	**90% (G)** 94	**94% (G)** 71	**89% (G)** 111	**67% (R)** 89	**80% (G)** 56
South		**75% (R)** 100	**68% (R)** 102	**76% (R)** 88	**60% (R)** 108	**59% (R)** 85	**67% (R)** 87	**60% (R)** 110	**65% (R)** 77	**63% (R)** 84
Centre		**79% (G)** 106	**65% (R)** 136	**68% (R)** 160	**48% (R)** 97	**61% (R)** 157	**73% (R)** 220	**73% (R)** 187	**66% (R)** 167	**58% (R)** 186
Care Services (prev. Cordia)		**100% (G)** 24	**91% (G)** 23	**100% (G)** 16	**100% (G)** 7	**100% (G)** 4	**92% (G)** 13	**83% (G)** 12	**100% (G)** 19	**96% (G)** 23

Performance Trend

During Q4 performance at city level, in South and at Centre continued to remain below target and RED. Care Services and North East continued to exceed target (GREEN). Performance improved in North West which met target and moved from RED to GREEN during the reporting period.

The number of enquiries received (451) remained similar to the number received during Q3 (455); however, the level of demand has continued to remain high since Q4 21/22.

Issues Affecting Performance

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

Actions to Improve Performance

Review of processes with the aim of improving recording of reasons for delays in relation to both Members Enquiries and Stage 1 complaints is ongoing, with the ultimate aim of developing a tool that can identify the reasons for delays as a first step towards addressing this failure, however,

there have been delays to this as a result of separate development work on a new council-wide complaints system and SAR improvement plan.
Timescales for Improvement
Q1 24/25. Back to Summary

APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and 'Other Indicators'. 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	16/17	17/18	18/19	19/20	20/21	21/22	22/23	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	86.7%	87%	87.2%	87.4%	**89.3% (G)**	**89.1% (G)**	**88%* (G)**	**87.8%**
	Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.1%	**N/A**
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.7%	95%	94.9%	94.9%	**95.2% (G)**	**95.3% (G)**	**95% (G)**	**95.4%**
	Scotland	95.8%	96%	96%	96.1%	96.4%	96.5%	96.3%	**N/A**

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

3. OTHER CORPORATE/LOCAL INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Local HSCP Services								
1. % able to make an appointment with a doctor three or more working days in advance	Local HSCP Indicator Outcome 9	N/A	21/22	**57%**	N/A	N/A	N/A	Performance above the Scottish average (48%). This has reduced from the 2019/20 figure of 72% (from 21/22 Health & Care Experience Survey).
2. % able to able to see or speak to a doctor or nurse within two working days	NHS LDP Standard Outcome 9	N/A	21/22	**85%**	N/A	N/A	N/A	Performance the same as the Scottish average. This compares to 92% in 2019/20 (from 21/22 Health & Care Experience Survey).
3. Antibiotic Prescribing: Total Antibiotic Use - Items per 1,000 list size per day	Local HSCP Indicator Outcome 9	50%	Jan-Mar 22	**N/A**	**78.1% (G)**	**78.4% (G)**	**60.9% (G)**	Target is at least 50% of practices to attain <1.65 items per 1000 patients per day or a reduction of >0.13 items per 1000 patients in the last year. Target is based on Scottish lower quartile and measured Jan-March annually. Figures in 2022 were 100% (NE); 96.08% (NW); 98% (S). Next update due for Jan-Mar 2024 in June 2024.
Externally Delivered Services								
4. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Mar 24	**43% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Increased from 34% in December. Produced quarterly.
5. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q4	**91.7% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased from Q3 when was 88%. Produced quarterly.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks -	Local HSCP indicator Outcome 9	100% within 12 weeks	Mar 24	**78.8% (R)**	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decreased from 97.6% in December. Produced quarterly.
7. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q4	**98.9% (G)**	**97.5% (G)**	**99.37% (G)**	**99.56% (G)**	This service is hosted by East Dunbartonshire HSCP. Figures for Q3 were 97.8% (City); 97.7% (NE); 96.1% (NW); 99.2% (S). Produced quarterly.
8. Percentage of looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral	Local HSCP indicator Outcome 4	100%	Q4	**86% (R)** (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q3 were 57% (under 5s) and 88% (over 5s) so both have increased. Produced quarterly.
		100%	Q4	**96% (A)** Aged 5-18				
9. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr21 to Mar23	**55.6% (R)**	**55.2% (R)**	**56.2% (R)**	**55.3% (R)**	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 2020-22 were 56.3% (citywide); NE 55.9%; NW 57.1%; S 56.1%. Next report due Dec 24.
10. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr 20 to Mar 23	**64.1% (R)**	**61.2% (R)**	**62.7% (R)**	**67.9% (A)**	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Last report was for Apr 19 to Mar 22 when was 65.3% (citywide); NE 62.5%: NW 63.7%; S 68.5%. Next report due Dec 24.

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
11. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2022/ 23	**59.2% (R)**	**61% (R)**	**51.5% (R)**	**65.9% (R)**	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 20/21 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Dec 24.
12. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2022-23	**76.2% (G)**	**75.3% (G)**	**76.4% (G)**	**76.6% (G)**	From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 21/22 were 77.3% (citywide); NE 73.6%; NW 76.3%; S 80.9%. Next report due Dec 24.
Population Statistics								
13.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Sep 23	**40.92 (R)**	**45.19 (R)**	**39.82 (R)**	**38.48 (R)**	Provisional figures shown for Sep 23. Figures for Mar 23 (also still provisional) are 36.87% (City); and for localities 41.05% (NE); 36.19% (NW); 34.2% (S).
14. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Sep 23	**73.45 (R)**	**75.93 (R)**	**71.54 (R)**	**72.9 (R)**	Provisional figures shown for Sep 23. Figures for Mar 23 (also still provisional) are 72.59% (City); and for localities 75.09% (NE); 71.72% (NW); 71.25% (S).
15. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	**60.1% (G)**				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a figure of 69.1%. Normally produced 2 yearly by Public Health Scotland, next one due 2024.

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

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1 Prevention, early intervention, and well-being

Priority 2 Supporting greater self-determination and informed choice

Priority 3 Supporting people in their communities

Priority 4 Strengthening communities to reduce harm

Priority 5 A healthy, valued and supported workplace

Priority 6 Building a sustainable future

APPENDIX 4 – APR KPIs

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

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

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