**Item No.     11**

**Meeting Date:     Wednesday 11th June 2025**

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

**Report By:**     **Craig Cowan, Head of Business Development**

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| HSCP Performance Report Q4 2024/25 |
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| Purpose of Report: | To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 of 2024/25 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 Lead for Homelessness Services. |
| --- | --- |

| Background/Engagement: | The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance. |
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| Governance Route: | The matters contained within this paper have been previously considered by the following group(s) as part of its development.<br><br>HSCP Senior Management Team  ☒<br>Council Corporate Management Team  ☐<br>Health Board Corporate Management Team  ☐<br>Council Committee  ☐<br>Update requested by IJB  ☐<br>Other  ☐<br>Not Applicable  ☐ |
| --- | --- |

| Recommendations: | The IJB Finance, Audit and Scrutiny Committee is asked to:<br>a) Note the attached performance report,<br>b) Consider the exceptions highlighted in section 4.4; and<br>c) Review and discuss performance with the Strategic Lead for Homelessness Services. |
|---|---|

| 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 15). |
|---|---|

| 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 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 2024/25. 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 Lead for Homelessness Services.

## 2.    Background

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

## 3.    Reporting Format

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

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

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

   ii.    NHS Local 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 over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.

4.3 Longer term trend graphs have also been included for this quarter's Presentation Topic - Homelessness Services. This section has been located at the front of the report for ease of reference.

*Exceptions*

4.4 At Q4, 51 indicators were GREEN (56.0%); 35 RED (38.5%), 4 AMBER (4.4%) 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.

| *Homelessness* | |
|---|---|
| **3. Average number of weeks from assessment decision to settled accommodation (1, 2 and 3 apartment)** | 27 |
| 3. Average number of weeks from assessment decision to settled accommodation (5 apartment) | 27 |
| **5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.** | 32 |
| **6. Number of new Housing First tenancies created** | 34 |
| *Older People & Carers* | |
| **4. Provided Residential Care – Occupancy Rates** | 41 |
| **5. Provided Residential Care – Review Rates** | 42 |
| **8. Intermediate Care: Average Length of stay (Days)** | 45 |
| **9. Intermediate Care: Percentage of users transferred home** | 46 |
| *Unscheduled Care* | |
| **5. Total Number of Acute Delays** | 58 |

*Changes in RAG Status*

4.5 There has been a change in RAG status for **15** indicators since the last report. Of these, performance improved for **5** and declined for **10**.

### i. Performance Improved

| A) RED TO GREEN |
| --- |
| **Homelessness** |
| 3. Average number of weeks from assessment decision to settled accommodation – *4 apt* |
| **Older People & Carers** |
| 3. Day Care (provided) – Review Rates |
| **Children's Services** |
| 1. Uptake of the Ready to Learn Assessments – *North East* |
| **Business Processes** |
| 1. Percentage of NHS Stage 1 complaints responded to within timescale |
| **B) RED to AMBER** |
| **Children's Services** |
| 8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months |

### ii. Performance Declined

| A) GREEN TO RED |
| --- |
| **Sexual Health** |
| 5. Median waiting times for access to first TOPAR appointments |
| **Business Processes** |
| 2. Percentage of NHS Stage 2 Complaints responded to within timescale |
| **B) AMBER to RED** |
| **Homelessness** |
| 3. Average number of weeks from assessment decision to settled accommodation – 5 apt |
| **Children's Services** |
| 1. Uptake of the Ready to Learn Assessments – *South* |
| **Adult Mental Health** |
| 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Leverndale* |
| **Sexual Health** |
| 1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations |
| **Health Improvement** |
| 2. Smoking Quit Rates at 3 months (from the 40% most deprived areas) |
| **C) GREEN to AMBER** |
| **Older People & Carers** |
| 14. Telecare Call Handling – % Answered Within 60 Seconds |
| **Children's Services** |
| 6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training |
| **Adult Mental Health** |
| 1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – *North East* |

## 5. Recommendations

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

a) Note the attached performance report,
b) Consider the exceptions highlighted in section 4.4; and
c) Review and discuss performance with the Strategic Lead for Homelessness Services.

# CORPORATE PERFORMANCE REPORT

# QUARTER 4
# 2024/25

# 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 | | | |
|---|---|---|---|---|---|---|---|---|
| | 🔴 | 🔺 | ✅ | ⬜ | 🔴 | 🔺 | ✅ | ⬜ |
| Homelessness | 6 (54.5%) | 1 (9.1%) | 4 (36.4%) | | 6 (54.5%) | | 5 (45.5%) | |
| Older People & Carers | 5 (27.8%) | | 13 (72.2%) | | 4 (22.2%) | 1 (5.6%) | 13 (72.2%) | |
| Unscheduled Care | 2 (33.3%) | | 4 (66.7%) | | 2 (33.3%) | | 4 (66.7%) | |
| Primary Care | 1 (50%) | | 1 (50%) | | 1 (50%) | | 1 (50%) | |
| Children's Services | 5 (38.5%) | 1 (7.7%) | 7 (53.8%) | | 4 (30.8%) | 2 (15.4%) | 7 (53.8%) | |
| Adult Mental Health | 4 (40%) | 1 (10%) | 5 (50%) | | 5 (50%) | 1 (10%) | 4 (40%) | |
| Alcohol & Drugs | | | 1 (100%) | | | | 1 (100%) | |
| Sandyford Sexual Health | | 1 (20%) | 3 (60%) | 1 (20%) | 2 (40%) | | 2 (40%) | 1 (20%) |
| 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%) | | 1 (14.3%) | | 6 (85.7%) | |
| Human Resources | 5 (100%) | | | | 5 (100%) | | | |
| Business Processes | 5 (71.4%) | | 2 (28.6%) | | 5 (71.4%) | | 2 (28.6%) | |
| **TOTAL** No. and (%) | **33 (36.3%)** | **5 (5.5%)** | **52 (57.1%)** | **1 (1.1%)** | **35 (38.5%)** | **4 (4.4%)** | **51 (56.0%)** | **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 |
|---|---|---|---|---|---|
| **Homelessness** | | | | | |
| 1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation | | 95% | Q4 | 98% ✅ | ► |
| 2. Number of new resettlement plans completed - total to end of quarter (citywide) | | Annual target 4,000/1,000 per quarter | Q4 | 1,524 (Annual Total 5,562) ✅ | ▲ |
| 3. Average number of weeks from assessment decision to settled accommodation | 1 apt | 21 weeks | Q4 | 36 🛑 | ▼ |
| | 2 apt | 36 weeks | | 55 🛑 | ▼ |
| | 3 apt | 31 weeks | | 44 🛑 | ▼ |
| | 4 apt | 81 weeks | | 79 ✅ | ▲ 🛑 to ✅ |
| | 5 apt | 225 weeks | | 297 🛑 | ▼ ⚠️ to 🛑 |
| 4. Number of households reassessed as homeless or threatened with homelessness within 12 months. | | <480 per annum (<120 per quarter) | Q4 | 98 (Annual Total 414) ✅ | ▼ |

| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status |
|---|---|---|---|---|
| 5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made | 100% | Q4 | 51% 🔴 | ▲ |
| 6. Number of new Housing First tenancies created | 20 per quarter | Q4 | 4 (Annual Total 14) 🔴 | ▲ |
| 7. Number of Temporary Furnished Flats | 2,400 or less | Q4 | 2,402 ✅ | ▲ |
| **Older People & Carers** | | | | |
| *i. Home Care, Day Care and Residential Services* | | | | |
| 1. Percentage of service users who receive a reablement service following referral for a home care service | 75% | Q4 | Hosp. discharges 84.0% ✅ Community Referrals 90.7% ✅ | Hosp ▲ Comm ▲ |
| 2. Percentage of service users leaving the service following reablement period with no further home care support | >35% | Q4 | 42.4% ✅ | ▲ |
| 3. Day Care (provided) – Review Rates | 95% | Q4 | 98% ✅ | ▲ 🔴 to ✅ |
| 4. Provided Residential Care – Occupancy Rates | 95% | Q4 | 87% 🔴 | ▶ |
| 5. Provided Residential Care – Review Rates | 95% | Q4 | 85% 🔴 | ▼ |

| Indicator | | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status |
|---|---|---|---|---|---|
| *ii. Commissioned Services* | | | | | |
| 6. Number of Clustered Supported Living tenancies offered to Older People | | 75 per annum (19/quarter) | Year End (Q1-4) | 24 (Annual Total 85) ✅ | ▲ |
| 7. Intermediate Care: Percentage Occupancy | | 90% | Mar 25 | 93% ✅ | ▼ |
| 8. Intermediate Care: Average Length of stay (Days) | | < 42 days | Mar 25 | 69 days 🛑 | ▼ |
| 9. Intermediate Care: Percentage of users transferred home | | >30% | Mar 25 | 23% 🛑 | ▲ |
| *iii. HSCP Community Services* | | | | | |
| 10. Number of Future Care Plan summaries completed and shared with the patient's GP. | | 360 summaries per annum | Q4 | 280 (Annual total 605) ✅ | ▲ |
| 11. Occupational Therapy (OT) Assessments: % completed within 12 months of request | | 98% | Q4 | 98% ✅ | ▼ |
| 12. Number of Telecare referrals received by Reason for Referral | **(i) Outcome 1** Reducing risk of admission to acute, residential and nursing care settings | 560 per annum (140 per q) | Q4 | 695 (Annual total 2,536) ✅ | ▲ |

| Indicator | | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status |
|---|---|---|---|---|---|
| | (ii) Outcome 2 Avoiding hospital discharge delays | 650 per annum (163 per q) | Q4 | 166 (Annual total 670) ✅ | ▼ |
| | (iii) Outcome 3 Supporting Carers | 100 per annum (25 per q) | Q4 | 26 (Annual total 107) ✅ | ▲ |
| 13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls) | | 90% | Q4 | 98.4% ✅ | ▲ |
| 14. Telecare Call Handling – % Answered Within 60 Seconds | | 97.5% | Q4 | 93.7% 🔺 | ▼ ✅ to 🔺 |
| 15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement | | 1,900 per annum | Q4 | 782 (Annual total 2,748) ✅ | ▲ |
| **Unscheduled Care** | | | | | |
| 1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears) | | 161,155 (13,430 /month) | Apr – Dec 2024/25 | 111,718 (12,413 per month) ✅ | ▲ |
| 2. Number of Emergency Admissions (18+) (reported in arrears) | | 63,855 (5,321/month) | Apr – Dec 2024/25 | 44,186* (4,910* per month) *provisional ✅ | ▼ |

| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status |
|---|---|---|---|---|
| 3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears) | 507,633 (42,303/ month) | Apr – Dec 2024/25 | 384,887* (42,765* per month) *provisional ✅ | ▼ |
| 4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears) | 198,258 (16,522 per month) | Apr – Dec 2024/25 | 124,008* (13,779* per month) *provisional ✅ | ▼ |
| 5. Total number of Acute Delays | 120 | Mar 25 | 172 (Total) 96 (Non-AWI) 76 (AWI) 🛑 | Total ▼ Non-AWI ▼ AWI ▲ |
| 6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears) | 45,318 (monthly ave. 3,776) | Apr – Dec 2024/25 | 62,352 (6,928 per month) 🛑 | ▲ |
| **Primary Care** | | | | |
| 1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears) | 78% | Q3 | 72.65% 🛑 | ▼ |
| 2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears) | At/Below NHSGGC average | Dec 25 | £180.1 ✅ | ▼ |

| 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 25 | NE 94% ✅<br>NW 79% 🛑<br>S 89% 🛑 | NE ▲ 🛑 to ✅<br>NW ▼<br>S ▼🔺 to 🛑 |
| 2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears) | 95% | Jan 25 | NE 92% ✅<br>NW 93% ✅<br>S 95% ✅ | NE ▼<br>NW ▼<br>S ▲ |
| 3. Number of referrals being made to Healthier, Wealthier Children Service | 1,533 annually/ 383 per quarter across city | Total Q1-Q3 | year to date 1,764 ✅ | ▼ |
| 4. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review | 90% | Q4 | 54% 🛑 | ▲ |
| 5. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date | 60% | Q4 | 40% 🛑 | ▼ |
| 6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training | 75% | Q4 | 72% 🔺 | ▼<br>✅ to 🔺 |
| 7. Number of out of authority placements | 25 or fewer | Q4 | 24 ✅ | ▼ |

| 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 | 90.3% 🔺(yellow) | ▲ 🔴 to 🔺(yellow) |
| 9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears) | 95% | Q3 | 94.8% ✅ | ▼ |
| **Adult Mental Health** | | | | |
| 1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral. | 90% | Mar 25 | NE 85.7% 🔺(yellow)<br>NW 91.4% ✅<br>S 80.9% 🔴 | NE ▼ ✅ to 🔺(yellow)<br>NW ▼<br>S ▼ |
| 2. Average Length of Stay (Short Stay Adult Mental Health Beds) | 28 Days | Mar 25 | Stob 23.1 ✅<br>Lev 38.7 🔴<br>Gart 37.5 🔴 | Stob ▲<br>Lev ►<br>Gart ▼ |
| 3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) | <95% | Mar 25 | Stob 91.3% ✅<br>Lev 100.7% 🔴<br>Gart 96.7% ✅ | Stob ▲<br>Lev ▼ 🔺(yellow) to 🔴<br>Gart ▼ |
| 4. Total number of Adult and Older People Mental Health Delays | 20 | Mar 25 | 39 Total<br>25 (Non-AWI)/ 14 (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 | 97% ✅ | ▲ |
| **Sexual Health** | | | | |
| 1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations | 1,354 per quarter | Q4 | 1,175 🛑 | ▼ 🔺 to 🛑 |
| 2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations | 1,166 per quarter | Q4 | 1,687 ✅ | ▼ |
| 3. Median waiting times for access to first Urgent Care appointments. | 2 Working Days | Q4 | 2 days ✅ | ▼ |
| 4. Number of YP appointments offered across all Sandyford locations | TBC | Q4 | 352 ⬜ | ▼ |
| 5. Median waiting times for access to first TOPAR appointments. | 5 working days | Q4 | 6 🛑 | ▼ ✅ to 🛑 |
| **Criminal Justice** | | | | |
| 1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence | 80% | Q4 | 83% ✅ | ▼ |

| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status |
|---|---|---|---|---|
| 2. Percentage of Orders with a Case Management Plan within 20 days:<br>i) CPOs<br>ii). Drug Treatment and Testing Orders (DTTO) (Drug Court)<br>iii). Licences (Clyde Quay) | 85% | Q4 | 89% ✅ | ▼ |
| 3. Percentage of 3-month Reviews held within timescale | 75% | Q4 | 80% ✅ | ▼ |
| 4. Percentage of Unpaid Work (UPW) requirements completed within timescale | 70% | Q4 | 75% ✅ | ▼ |
| 5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court | 80% | Q4 | 80% ✅ | ▼ |
| 6. Throughcare Order Licences: Percentage of Post release interviews held within one day of release from prison | 80% | Q4 | 91% ✅ | ▼ |
| **Health Improvement** | | | | |
| 1. Alcohol Brief Intervention delivery (ABI) | 5,066 (annual) | Annual total | 2,203 (Q4) 10,376 (annual total) ✅ | ▼ |
| 2. Smoking Quit Rates at 3 (from the 40% most deprived areas) | 1,178 (mid-year target 583) | Total Quarters 1-3 | 792 🔴 | ▼ 🔺 to 🔴 |
| 3. Women smoking in pregnancy (general population) | 10% | Q4 | 5.5% ✅ | ▲ |

| Indicator | Target | Latest Period Reported | Actual/Status (City Wide) | Direction of Travel in Last period/Change in Status |
|---|---|---|---|---|
| 4. Women smoking in pregnancy (from 20% most deprived areas) | 14% | Q4 | 8.1% 🟢 | ▲ |
| 5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears) | 33% | Q3 | 32.7% 🟢 | ▲ |
| 6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas) | 24.4% | Q3 | 26.5% 🟢 | ▼ |
| 7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) | 29.1% | Q3 | 22% 🟢 | ▲ |
| **Human Resources** | | | | |
| 1. NHS Sickness absence rate (%) | <4% | Q4 | 8.11% 🔴 | ▲ |
| 2. Social Work Sickness Absence Rate (%) | <5% | Q4 | 9.6% 🔴 | ▲ |
| 3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF) | 80% | Q4 | 41.48% 🔴 | ▲ |
| 4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline | 100% | Q4 | 53.33% 🔴 | ▼ |
| 5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline | 100% | Q4 | 37.00% 🔴 | ▼ |

| 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 | 78.5% ✅ | ▲ 🛑 to ✅ |
| 2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears) | 70% | Q4 | 57.0% 🛑 | ▼ ✅ to 🛑 |
| 3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears) | 70% | Q3 | 70% ✅ | ▲ |
| 4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears) | 70% | Q3 | 59% 🛑 | ▼ |
| 5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears) | 100% | Q3 | 82% 🛑 | ▼ |
| 6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears) | 100% | Q3 | 28% 🛑 | ▲ |
| 7. Percentage of elected member enquiries handled within 10 working days | 80% | Q4 | 68% 🛑 | ▲ |

# HOMELESSNESS

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

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

| **Performance Trend** |
|---|
| During Q4 performance at City level, North East, South and in the Asylum & Refugee Team continued to exceed target. Performance in North West improved significantly with the RAG rating moving from AMBER to GREEN during the reporting period.<br><br>A total of 1,537 decisions were made during Q4; 27 (2%) were outwith timescale.<br><br>Back to Summary |

**Longer Term Trend**



Settled Accommodation: % Decisions Within 28 Days: City

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

| **Target** 24/25 4,000 per annum (1,000 per quarter) | **Total 20/21** | **Total 21/22** | **Total 22/23** | **Total 23/24** | **24/25** | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **22/23 & 23/24** 3,750 p a (938 p q) | | | | | **Q1** | **Q2** | **Q3** | **Q4** | **Total 24/25** |
| **21/22** 5,000 p a (1,250 p q) | **3,961 (R)** | **4,675 (R)** | **4,016 (G)** | **4,539 (G)** | **1,411 (G)** | **1,368 (G)** | **1,259 (G)** | **1,524 (G)** | **5,562 (G)** |

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

**Longer Term Trend**



Number of New Resettlement Plans Completed

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

| Apartment Size | Target | 24/25 | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| 1 apt | 21 weeks | 21 (G) | 26 (R) | 29 (R) | 36 (R) |
| 2 apt | 36 weeks | 41 (R) | 50 (R) | 47 (R) | 55 (R) |
| 3 apt | 31 weeks | 36 (R) | 34 (R) | 36 (R) | 44 (R) |
| 4 apt | 81 weeks | 82 (G) | 90 (R) | 135 (R) | 79 (G) |
| 5 apt | 225 weeks | 296 (R) | 277 (R) | 236 (A) | 297 (R) |

| Performance Trend |
|---|
| Revised KPI: From 24/25 the reporting is broken down by apartment size. No historical data is therefore shown for this KPI.<br><br>Performance in relation to 1, 2 and 3 apartment size accommodation remained RED during the reporting period. Performance in relation to 4 room apartments improved with the RAG rating moving from RED to GREEN. The number of weeks for 5 room apartments increased with the RAG rating moving from AMBER to RED between Q3 and Q4. |

| 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.<br><br>The number of lets secured in Q4 (2024/25) was slightly higher than in the previous quarter however demand for homelessness in Q4 significantly outstripped supply. There have been small increases noted in relation to the average length of time for 1, 2 and 3apts and a larger increase noted in relation to 5apt cases due to lack of turnover of properties of this size. |

In relation to 4apt properties, this measure has reduced back to previous timescales from a spike noted in Q3. In Q3, there were 27 4apt cases closed which were over 3 years (some over 5 years) which led to the sharp increase. In Q4, there were only 5 properties closed which were over 3 years.

**Actions to Improve Performance**

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

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

The HSCP will shortly be writing to RSLs setting out the requirement for a significant percentage of lets being provided to homeless households, likely to be similar to last year's ask of 67%. In 2024/25, the HSCP secured the highest number of settled lets for homeless households (3,591) which is a 7.5% increase on the number of lets secured in 2023/24.

Homelessness Services have also met with a number of key RSLs in the city (where performance has, historically, been lower than the LLP ask) with a view to increasing the number of lets secured from these RSLs

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

**Timescales for Improvement**

It is anticipated that the number of lets in Q1, and throughout 2025/26 will increase however demand is also likely to remain high which may mean that performance remains RED. It is unlikely that performance will return to GREEN until a sustained period of increased lets, coupled with reduced demand, is witnessed.

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## Longer Term Trend

**Ave. No. Wks from Assessment Decision to Settled Accommodation (1 Apt)**



- Actual
- Target (21 weeks or less)

**Ave. No. Wks from Assessment Decision to Settled Accommodation (2 Apt)**



- Actual
- Target (36 weeks or less)

**Ave. No Wks from Assessment Decision to Settled Accommodation (3 Apt)**



- Actual
- Target (31 weeks or less)

**Ave. No. Wks from Assessment Decision to Settled Accommodation (4 Apt)**



- Actual
- Target (81 weeks or less)

**Ave. No. Wks from Assessment Decision to Settled Accommodation (5 Apt)**



- Actual
- Target (225 weeks or less)

| Target/Ref | 4. Number of households reassessed as homeless or threatened with homelessness 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).<br><br>This indicator is intended to help ensure that teams are working to minimise the number of repeat homeless applications. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 7 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Leads | Frances McMeeking, Assistant Chief Officer, Operational Care Services<br>Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Target | Full Year Total 20/21 | Full Year Total 21/22 | Full Year Total 22/23 | 23/24 | | Full Year Total 23/24 | 24/25 | | | | Full Year Total 24/25 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Q3 | Q4 | | Q1 | Q2 | Q3 | Q4 | |
| <480 per annum (<120 per Quarter) | 420 (G) | 526 (R) | 406 (G) | 97 (G) | 75 (G) | 312 (G) | 99 (G) | 121 (G) | 96 (G) | 98 (G) | 414 (G) |

**Performance Trend**

The number of Repeats during Q4 continued to remain below the upper threshold (GREEN); the annual total for 24/25 was also below the upper threshold (GREEN).

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

Analysis of the 98 households reassessed during Q4 shows:

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

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**Longer Term Trend**

## Number of Households Reassessed as Homeless or Potentially Homeless Within 12 Months

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

| Target | 22/23 | | | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 100% | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 100% (G) | 70% (R) | 60% (R) | 58% (R) | 52% (R) | 53% (R) | 49% (R) | 51% (R) |

| Performance Trend |
|---|
| Performance in relation to emergency accommodation remained RED during Q4. This indicator relates to a statutory requirement. |

| Issues Affecting Performance |
|---|
| Given the increased demand, which is currently affecting Homelessness Services, particularly stemming from a significant increase in positive leave to remain decisions for asylum seekers, the service has not been in a position to offer emergency accommodation to all households on their first request. The above measure of 51% relates to the percentage of instances where temporary accommodation has been provided, rather than the number of households. |

| Actions to Improve Performance |
|---|
| There remain significant financial and capacity pressures on the HSCP's Homelessness Services, and it is likely both these pressures will continue throughout 2025/26.

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.

Homelessness Services are also working to bring two new accommodation projects on-line which will increase capacity within temporary accommodation in 2025/26/

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

| Timescales for Improvement |
|---|
| Given the current demands on Homelessness Services at this time, and the increase in demand, 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 and throughout 2025/26. |

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**Longer Term Trend**



% of Instances where Emergency Accommodation is Required and Offer is Made
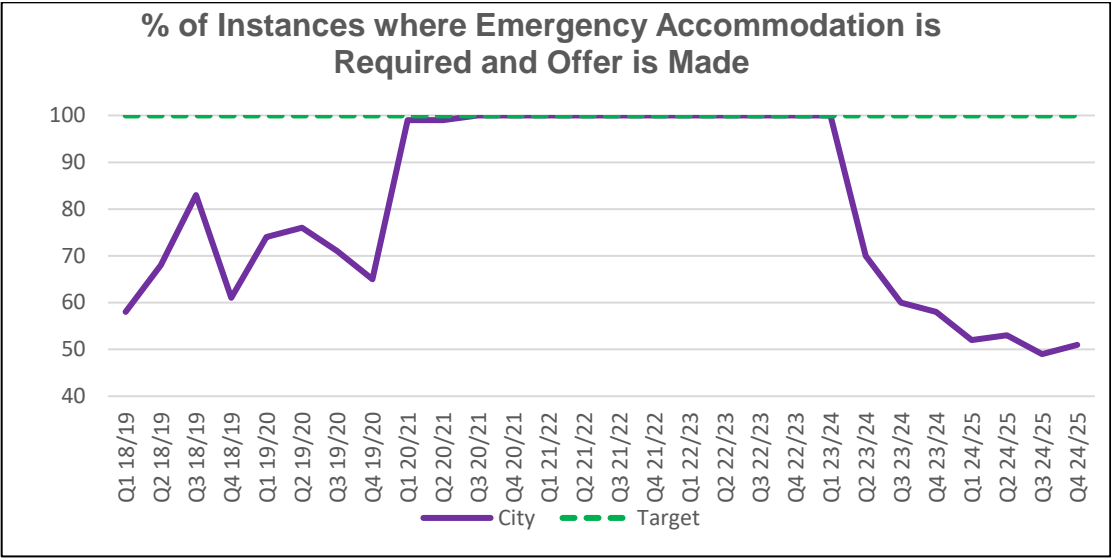
| Indicator | 6. Number of new Housing First tenancies created |
|---|---|
| Purpose | The Rapid Rehousing Transition Plan (RRTP) sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 7 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Leads | Frances McMeeking, Assistant Chief Officer, Operational Care Services<br>Jim McBride, Head of Adult Services (Homelessness & Complex Needs) |

| Target | | Base-line | 20/21 | 21/22 | 22/23 | 23/24 | 24/25 | | | | 24/25 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Start of 20/21 | Annual Total | Annual Total | Annual Total | Annual Total | Q1 | Q2 | Q3 | Q4 | Annual Total |
| 24/25 20 per quarter (392 by year end) | Number created during quarter | 0 | 76 | 61 | 34 | 22 | 3 | 5* | 2 | 4 | 14 |
| 23/24 350 at year-end 15 per quarter<br><br>22/23 year-end 280 | Cumu-lative Total | 119 | 195 (R) | 256 (R) | 290 (G) | 312 (R) | 315 (R) | 320* (R) | 322 (R) | 326 (R) | 326 (R) |

*Q2 figure has been revised from 4 to 5.

**Performance Trend**

Target revised for 24/25 to 20 new Housing First tenancies per quarter.

Performance during Q4 was below the new quarterly target of 20 Housing First tenancies per quarter (RED).

**Issues Affecting Performance**

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

Revised arrangements with key stakeholders are currently being finalised for the Housing First service moving forward aligned to the All in For Glasgow and forthcoming WayFinder recommissioning workstream.

**Actions to Improve Performance**

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

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

**Timescales for Improvement**

Given the input from Housing First managers at the Local Letting Communities and to HSCP Service areas, it is anticipated that the number of referrals and lets secured for Housing First will increase in Q1 2025/26.

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**Longer Term Trend**

### Number of New Housing First Tenancies Created

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

| Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 2,400 or less | 2,413 (G) | 2,415 (G) | 2,413 (G) | 2,407 (G) | 2,342 (G) | 2,344 (G) | 2,392 (G) | 2,429 (G) | 2,402 (G) |

| Performance Trend |
|---|
| Performance remained within the target range and GREEN during Quarter 4.<br><br>In order to reduce the number of households in B&B, the HSCP was looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24 and 24/25. A revised target for 25/26 will be agreed once the Revised Temporary Accommodation Strategy is complete in 2025/26.<br><br>Back to Summary |

**Longer Term Trend**



**Number of Temporary Furnished Flats (TFFs)**

# OLDER PEOPLE & CARERS

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

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

| Referral Source | Target | 22/23 Q4 Per 13 (Mar) % | 23/24* | | | | 24/25* | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| Hospital Discharges | **75%** | **70.1 (G)** | **76.6 (G)** | **77.8 (G)** | **79.0 (G)** | **73.9 (G)** | **73.9 (G)** | **80.2 (G)** | **82.0 (G)** | **84.0 (G)** |
| Community Referrals | (70% prior to 23/24) | **79.6 (G)** | **86.2 (G)** | **83.8 (G)** | **87.9 (G)** | **88.4 (G)** | **86.2 (G)** | **87.3 (G)** | **88.5 (G)** | **90.7 (G)** |

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

**Performance Trend**

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

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

| | | 22/23 | 23/24* | | | | 24/25* | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Locality** | **Target** | **Q4 Per 13 (Mar) %** | **Q1* %** | **Q2* %** | **Q3* %** | **Q4 %** | **Q1 %** | **Q2 %** | **Q3 %** | **Q4 %** |
| **City** | **>35%** | 36.2 (G) | 34.5 (G) | 34.6 (G) | 34.4 (G) | 37.5 (G) | 36.4 (G) | 42.8% (G) | 39.2% (G) | 42.4% (G) |
| North East | | 44.4 (G) | 38.7 (G) | 32.1 (R) | 32.5 (R) | 43.5 (G) | 39.2 (G) | 43.1% (G) | 40.7% (G) | 45.5% (G) |
| North West | | 38.1 (G) | 37.6 (G) | 34.9 (G) | 36.9 (G) | 38.2 (G) | 39.9 (G) | 43.4% (G) | 39.8% (G) | 43.0% (G) |
| South | | 31.3 (R) | 30.7 (R) | 35.6 (G) | 33.5 (A) | 33.4 (A) | 32.8 (R) | 43.9% (G) | 37.9% (G) | 39.9% (G) |

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

**Performance Trend**

Performance at city level and each locality improved during Q4 remaining above target and GREEN.

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OFFICIAL

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

| Target | 22/23 | | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| 95% | 93% (G) | 86% (R) | 92% (A) | 92% (A) | 89% (R) | 84% (R) | 94% (G) | 92% (A) | 89% (R) | 89% (R) | 98% (G) |

**Performance Trend**

There was significant improvement in respect of day care review rates during Q4 with performance moving from RED to GREEN during the reporting period.

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

|  | 22/23 | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Target** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| **95%** | **96% (G)** | **95% (G)** | **94% (G)** | **90.5% (A)** | **96% (G)** | **92% (A)** | **90.4% (A)** | **88% (R)** | **87% (R)** | **87% (R)** |

**Performance Trend**

Performance remained below target and RED during Quarter 4.

**Issues Affecting Performance**

There have been fewer referrals of potential residents living with advanced dementia, while most beds identified as vacant are within specialist residential dementia placements. This has continued as a pattern of referrals received despite raised awareness of vacancies across the assessment and hospital social work teams. Additionally, it is noteworthy that as new residents have moved in, there have been deaths and discharges which mean that the net occupancy remains lower than expected. The service has estimated that with natural attrition of residents, this will continue into Q1 and Q2 of 2025/26.

**Actions to Improve Performance**

Revision of admission processes to ensure that these are as streamlined as possible to avoid any delays in admission. This is an ongoing action from 24/25 and will continue for 25/26.

There is a review of bed based services currently ongoing – the outcomes of this will aim to improve this. A revised RAG process has been introduced to timeously identify prospective residents for admission to care homes.

**Timescales for Improvement**

Q2 of 25/26.

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

| | 22/23 | | | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Target** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| **95%** | 95% (G) | 95% (G) | 93% (G) | 89% (R) | 84% (R) | 92% (A) | 91% (A) | 91% (A) | 93% (G) | 85% (R) | 90% (R) | 85% (R) |

**Performance Trend**

Performance in relation to this KPI fell during Q4 with the RAG-rating remaining RED.

**Issues Affecting Performance**

Staff vacancies and sickness absence have had an impact on the planning of review activity for this Quarter. Additionally, a small number of residents are awaiting a statutory review involving a qualified social worker and there have been delays in finding a suitable date and time with them and the relevant family members/Power of Attorney. An additional contributory factor is residents who have been admitted to hospital, therefore missing a planned review and requiring this to be re-arranged.

**Actions to Improve Performance**

Reviews have been arranged for a proportion of residents for April 2025 which should lead to an improved position for Q1 of 2025/26.

Revised internal performance reporting will continue to monitor this on a monthly basis with Service Managers leading on service improvement plans for their respective care hub.

**Timescales for Improvement**

Improved position should be in place in advance of Q1 reporting.

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## ii. Commissioned Services

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

| Locality | Target | 21/22 Total | 22/23 Total | 23/24 Q3 | 23/24 Q4 | 23/24 Total | 24/25 Q1 | 24/25 Q2 | 24/25 Q3 | 24/25 Q4 | 24/25 Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| City | 75 per annum (19 per quarter) | 84 (G) | 83 (G) | 29 (G) | 16 (R) | 88 (G) | 25 (G) | 15 (R) | 21 (G) | 24 (G) | 85 (G) |
| North East | 25 per annum (6 per quarter) | 35 (G) | 21 (R) | 12 (G) | 5 (R) | 26 (G) | 6 (G) | 5 (R) | 7 (G) | 5 (R) | 23 (R) |
| North West | | 23 (R) | 25 (G) | 9 (G) | 2 (R) | 23 (R) | 9 (G) | 8 (G) | 8 (G) | 7 (G) | 32 (G) |
| South | | 26 (G) | 37 (G) | 8 (G) | 9 (G) | (39) (G) | 10 (G) | 2 (R) | 6 (G) | 12 (G) | 30 (G) |

**Performance Trend**

During Q4 performance in the city, North West and South remained on target and GREEN. In North East performance fell from GREEN to RED during the reporting period.

At year end, the city, North West and South exceeded the annual targets (GREEN); North East remained slightly outwith the target range and RED.

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| City | 90% | 69 (R) | 94 (G) | 83 (R) | 91 (G) | 81 (R) | 92 (G) | 95 (G) | 96 (G) | 96 (G) | 91 (G) | 93 (G) |
| North East | | 57 (R) | 90 (G) | 86 (A) | N/A | 100 (G) | 94 (G) | 93 (G) | 94 (G) | 99 (G) | 90 (G) | 93 (G) |
| North West | | 92 (G) | 97 (G) | 80 (R) | 94 (G) | 83 (R) | 90 (G) | 94 (G) | 97 (G) | 95 (G) | 98 (G) | 98 (G) |
| South | | 70 (R) | 94 (G) | 84 (R) | 89 (G) | 72 (R) | 91 (G) | 96 (G) | 97 (G) | 95 (G) | 89 (G) | 91 (G) |

**Performance Trend**

Performance in all localities has remained GREEN.

Note: The Burlington unit in the North East was closed during November and December 2023.

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| City | **<42 days** | 74 (R) | 53 (R) | 46 (R) | 53 (R) | 44 (R) | 45 (R) | 47 (R) | 51 (R) | 62 (R) | 52 (R) | 69 (R) |
| North East | | 101 (R) | 66 (R) | 44 (R) | N/A | 13 (G) | 47 (R) | 36 (G) | 55 (R) | 68 (R) | 46 (R) | 72 (R) |
| North West | | 57 (R) | 62 (R) | 80 (R) | 69 (R) | 74 (R) | 56 (R) | 56 (R) | 49 (R) | 83 (R) | 60 (R) | 48 (R) |
| South | | 69 (R) | 45 (R) | 33 (R) | 45 (R) | 41 (R) | 40 (G) | 47 (R) | 50 (R) | 51 (R) | 52 (R) | 75 (R) |

| *Performance Trend* |
|---|
| **Target has moved from <28 to <42 days for 2024/25.**<br>Performance has remained RED at a city level and in all localities in the last quarter. North West reduced slightly while the other localities and the city level figure increased. |

**Issues Affecting Performance**

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

**Actions to Improve Performance**

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

**Timescales for Improvement**

Performance actions remain the same for Q4 and improvement is expected to be ongoing throughout 25/26.

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

| Area | Destination | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Glasgow | **Home** | **30%** | 29 (A) | 29 (A) | 32 (G) | 22 (R) | 14 (R) | 22 (R) | 23 (R) | 14 (R) | 21 (R) | 34 (G) | 23 (R) |
| | Res/Nursing | N/A | 65 | 43 | 48 | 52 | 68 | 59 | 64 | 57 | 62 | 52 | 68 |
| | Readmissions | N/A | 6 | 14 | 19 | 17 | 14 | 19 | 9 | 29 | 7 | 7 | 3 |
| | Deceased | N/A | 0 | 14 | 0 | 9 | 5 | 0 | 5 | 0 | 10 | 7 | 6 |
| NE | **Home** | **30%** | 8 (R) | 57 (G) | 67 (G) | N/A | 0 (R) | 13 (R) | 25 (R) | 0 (R) | 17 (R) | 14 (R) | 30 (G) |
| | Res/Nursing | N/A | 83 | 43 | 17 | N/A | 33 | 75 | 75 | 50 | 67 | 57 | 70 |
| | Readmissions | N/A | 8 | 0 | 17 | N/A | 33 | 13 | 0 | 50 | 0 | 14 | 0 |
| | Deceased | N/A | 0 | 0 | 0 | N/A | 33 | 0 | 0 | 0 | 17 | 14 | 0 |
| NW | **Home** | **30%** | 18 (R) | 33 (G) | 14 (R) | 29 (G) | 0 (R) | 20 (R) | 25 (R) | 17 (R) | 43 (G) | 33 (G) | 50 (G) |
| | Res/Nursing | N/A | 73 | 33 | 71 | 57 | 100 | 40 | 75 | 50 | 43 | 50 | 50 |
| | Readmissions | N/A | 9 | 33 | 14 | 0 | 0 | 40 | 0 | 33 | 0 | 0 | 0 |
| | Deceased | N/A | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 0 | 14 | 17 | 0 |
| South | **Home** | **30%** | 44 (G) | 17 (R) | 28 (A) | 19 (R) | 21 (R) | 29 (A) | 21 (R) | 18 (R) | 13 (R) | 44 (G) | 16 (R) |
| | Res/Nursing | N/A | 52 | 44 | 50 | 50 | 64 | 57 | 57 | 64 | 69 | 50 | 68 |
| | Readmissions | N/A | 4 | 17 | 22 | 25 | 14 | 14 | 14 | 18 | 13 | 6 | 5 |
| | Deceased | N/A | 0 | 22 | 0 | 6 | 0 | 0 | 7 | 0 | 6 | 0 | 11 |

| **Performance Trend** |
|---|
| City wide performance improved in the last quarter but remained RED, as did North East and North West localities. The South declined and remained RED. |
| **Issues Affecting Performance** |
| <ul><li>Level of discharges reduced due to extended length of stay of clients and lower numbers discharged through this period, therefore percentage outcome of home skewed by lower numbers.</li><li>The performance is also dependent on the profile of the service users seen within each month and quarter – some patients have increased needs and complexity, and Intermediate Care is sometimes preferred prior to their transition home to ensure a safe and healthy return.</li></ul> |
| **Actions to Improve Performance** |
| <ul><li>Revised focus on rehabilitation group for Intermediate Care under discussion.</li><li>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.</li><li>Action plan focussing on maximising discharge home where possible.</li><li>Ongoing actions to promote discharge home, rehabilitation opportunities as part of action planning – this remains core practice of IC and also open to discharge to assess for those individuals we identify as relevant.</li></ul> |

| **Timescales for Improvement** |
| --- |
| Ongoing throughout 25/26. |
| [Back to Summary](#) |

## iii. HSCP Community Services

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

| Indicator | Target 24/25 | 21/22 | 22/23 | 23/24 | 2024/25 | | | | Total |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | Q1 | Q2 | Q3 | Q4 | |
| No. summaries completed and shared with GPs | 360 p.a./ 90 per quarter | 50 (R) | 276 (G) | 399 (G) | 116 (G) | 115 (G) | 94 (G) | 280 (G) | 605 (G) |

| **Performance Trend** |
|---|
| Target has been increased from 260 to 360 for 2024/25. This target has been exceeded. This relates to the number of completed Future Care Plan Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work.<br><br>Back to Summary |

## iii. HSCP Community Services

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

| Locality | Target | 23/24 | | 24/25 | | | |
|---|---|---|---|---|---|---|---|
| | | % completed within 12 months of request (Total number of completed Activities) | | | | | |
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| **City** | | 95% (A) 1,752 | 96% (G) 2,129 | 98% (G) 2,107 | 99% (G) 1,907 | 99% (G) 1,686 | 98% (G) 1,507 |
| Centre (Health and Social Care Connect) | | 100% (G) 1,044 | 100% (G) 1,369 | 100% (G) 1,403 | 100% (G) 1,289 | 100% (G) 1,089 | 100% (G) 888 |
| North East | **98%** | 91% (R) 243 | 81% (R) 217 | 99% (G) 226 | 100% (G) 203 | 100% (G) 181 | 99.5% (G) 183 |
| North West | | 98% (G) 214 | 98% (G) 256 | 100% (G) 248 | 100% (G) 177 | 100% (G) 197 | 94% (A) 199 |
| South | | 76% (R) 233 | 86% (R) 256 | 87% (R) 209 | 94% (A) 227 | 90% (R) 219 | 94% (A) 236 |
| Other (Learning Disability) | | 83% (R) 18 | 71% (R) 31 | 100% (G) 21 | 100% (G) 11 | - | 100% (G) 1 |

**Performance Trend**

New OT KPI for 24/25 which replaces the previous OT Waiting List KPI.

The target continued to be met at city level, at Centre and in North East (GREEN). Performance dropped in North West which moved from GREEN to AMBER and improved in South which moved from RED to AMBER during the reporting period.

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

| Reason for Referral/ Intended Outcome | Targets Annual (*Quarterly*) | 2023/24 Totals | 2024/25 | | | | 24/25 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** | **2,722 (G)** | **654 (G)** | **575 (G)** | **612 (G)** | **695 (G)** | **2,536 (G)** |
| **Outcome 2** Avoiding hospital discharge delays (Reason 4) | Annual **650** (*Quarterly*) **163** | **653 (G)** | **165 (G)** | **170 (G)** | **169 (G)** | **166 (G)** | **670 (G)** |
| **Outcome 3** Supporting Carers (Reason 5) | Annual **100** (*Quarterly*) **25** | **100 (G)** | **30 (G)** | **26 (G)** | **25 (G)** | **26 (G)** | **107 (G)** |
| Total number of Referrals | Annual **1,310** (*Quarterly*) **328** | **3,475 (G)** | **849 (G)** | **771 (G)** | **806 (G)** | **887 (G)** | **3,313 (G)** |

| **Performance Trend** |
|---|
| All quarterly and annual targets for Telecare referrals were comfortably met during the fourth quarter of 24/25 (GREEN).<br><br>Back to Summary |

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

| Indicator | Target | 2024/25 Performance (%) | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Response Time: % Arrived within 45 Minutes | 90% | **98.8% (G)** | **99.0% (G)** | **98.2% (G)** | **98.4% (G)** |

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

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

| Indicator | Target | 2024/25 Performance (%) | | | |
|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 |
| Call Handling: % within 60 Seconds | 97.5% | 96.0% (G) | 96.4% (G) | 95.2% (G) | 93.7% (A) |

| Performance Trend |
|---|
| **New indicator for 24/25.**<br><br>Performance fell slightly below target range during Q4 with the RAG-rating moving from GREEN to AMBER. |
| **Issues Affecting Performance** |
| The community alarm service transitioned from an analogue to digital call handling platform (Enovation's UMO) on 4th March 2025. This change impacted the Q4 call handling figures.<br><br>Prior to the new platform implementation, the service conducted 150 hours of live testing on the UMO platform. Live testing was carried out over 4 weeks in January and February 2025. There were additional challenges as, during testing, it was discovered that some analogue scheme equipment was incompatible with the new platform and had to be swapped over to digital prior to the go-live date.<br><br>Following the training and the live testing the system was implementation. Despite the extensive training and go live training, staff required time to become as proficient with this new system as the old one. Staff have been required to adopt new processes and methods of working. This period was essential for ensuring accuracy and efficiency but has inevitably impacted call handling performance in the short term. |
| **Actions to Improve Performance** |
| The management team of the Alarm Receiving Centre is currently using the report functionality to review where targets are being missed and have implemented changes which should see the service getting closer to achieving targets. These changes include:<br><br><ul><li>Reviewing call handling heat maps and staff performance at weekly KPI meetings with the RCM and SM.</li><li>Reallocating resources to allow call handlers to focus on handling priority calls.</li><li>Reviewing the set-up of the UMO system to clearly identify and prioritise priority calls.</li><li>Increasing call handling capacity at peak times and removing non-essential tasks from these times.</li></ul> |
| **Timescales for Improvement** |
| It is anticipated that an improvement in call handling figures will be seen in Quarter 1 of 2025/2026.<br>Back to Summary |

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

| Locality | Annual Target | 20/21 Full Year Total | 21/22 Full Year Total | 22/23 Full Year Total | 23/24 Full Year Total | 24/25 | | | | 24/25 Full Year Total |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Q1* | Q2 | Q3 | Q4 | |
| **Glasgow** | 1,900 (475 per Q) | 1928 (G) | 2,391 (G) | 2,533 (G) | 3,229 (G) | 709 (G) | 632 (G) | 625 (G) | 782 (G) | 2,748 (G) |
| North East | 633 (158 per Q) | 604 (A) | 801 (G) | 866 (G) | 1,016 (G) | 211 (G) | 217 (G) | 163 (G) | 287 (G) | 878 (G) |
| North West | 633 (158 per Q) | 445 (R) | 684 (G) | 777 (G) | 998 (G) | 221 (G) | 180 (G) | 189 (G) | 203 (G) | 793 (G) |
| South | 633 (158 per Q) | 879 (G) | 906 (G) | 890 (G) | 1,215 (G) | 277 (G) | 235 (G) | 273 (G) | 292 (G) | 1,077 (G) |

*Amended figures provided by the Service in April 25.

| **Performance Trend** |
|---|
| The quarterly and annual targets for this indicator were exceeded during the final quarter of 24/25 (GREEN) at both city-wide and locality level.<br><br>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 | 2024/25 Target | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Apr-Dec 2024 |
|---|---|---|---|---|---|---|---|
| Annual Total | 161,155 | 161,155 (A) | 113,633 (G) | 139,967 (G) | 141,753 (G) | 147,080 (G) | 111,718 (G) |
| Monthly Average | 13,430 | 13,430 (A) | 9469 (G) | 11,664 (G) | 11,813 (G) | 12,257 (G) | 12,413 (G) |

**Performance Trend**

Performance to Q3 remains GREEN. Monthly average to Q3 slightly above 2023/24 figure and continues trend upwards since 2020/21.

Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.

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

| Timescale | 2024/25 Target | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Apr-Dec 2024 |
|---|---|---|---|---|---|---|---|
| Annual Total | 63,855 | 63,855 (G) | 54,947 (G) | 59,197 (G) | 56,574 (G) | 58,579 (G) | 44,186* (G) |
| Monthly Average | 5,321 | 5,321 (G) | 4,579 (G) | 4,933 (G) | 4,715 (G) | 4,907 (G) | 4,910* (G) |

**\*Provisional**

| **Performance Trend** |
|---|
| Performance to Q3 remains GREEN. Monthly average to Q3 slightly above 2023/24 figure. Figures remain provisional at this stage.<br><br>Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.<br><br>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 this over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports. |
| Type of Indicator | Ministerial Strategic Group (MSG) Indicator 2 |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 6 (See Appendix 3) |
| HSCP Lead | Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services) |

| Timescale | 2024/25 Target | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Apr-Dec 2024 |
|---|---|---|---|---|---|---|---|
| Annual Total | 507,633 | 507,633 (R) | 450,954 (G) | 522,420 (R) | 546,937 (R) | 549,542 (R) | 384,887* (G) |
| Monthly Average | 42,303 | 42,303 (R) | 37,580 (G) | 43,535 (R) | 45,578 (R) | 45,795 (R) | 42,765* (G) |

*Provisional

| Performance Trend |
|---|
| Performance to Q3 slightly above target but remains GREEN. Monthly average to Q3 below 2023/24 figure.  Figures remain provisional at this stage.<br><br>Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.<br><br>Back to Summary |

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

| Timescale | 2024/25 Target | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Apr-Dec 2024 |
|---|---|---|---|---|---|---|---|
| Annual Total | 198,258 | 198,258 (R) | 181,881 (G) | 180,102 (G) | 181,660 (G) | 183,566* (G) | 124,008* (G) |
| Monthly Average | 16,522 | 16,522 (R) | 15,157 (G) | 15,009 (G) | 15,138 (G) | 15,297* (G) | 13,779* (G) |

**\*Provisional**

| Performance Trend |
|---|
| Performance to Q3 below target and remains GREEN. Monthly average to Q3 below 2023/24 figure. Figures remain provisional at this stage.<br><br>Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.<br><br>Back to Summary |

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| North East | **120** | 24 | 21 | 25 | 30 | 20 | 21 | 45 | 20 | 28 | 32 | 30 |
| North West | | 21 | 20 | 26 | 21 | 30 | 24 | 27 | 19 | 36 | 35 | 30 |
| South | | 48 | 24 | 38 | 33 | 33 | 31 | 33 | 31 | 35 | 41 | 36 |
| Other | | | | | | | | | | | 1 | |
| **Sub-Total (Included Codes)** | | **93** | **65** | **89** | **84** | **83** | **76** | **105** | **70** | **99** | **109** | **96** |
| North East | | 15 | 25 | 31 | 24 | 24 | 26 | 22 | 35 | 31 | 32 | 30 |
| North West | | 23 | 22 | 16 | 15 | 11 | 22 | 24 | 19 | 19 | 16 | 18 |
| South | | 11 | 14 | 20 | 25 | 22 | 22 | 23 | 26 | 27 | 33 | 28 |
| Other | | | | | | | | | | | | |
| **Sub-Total (Complex Codes)** | | **49** | **61** | **67** | **64** | **57** | **70** | **69** | **80** | **77** | **81** | **76** |
| **Overall Total** | | **142 (R)** | **126 (R)** | **156 (R)** | **148 (R)** | **140 (R)** | **146 (R)** | **174 (R)** | **150 (R)** | **176 (R)** | **190 (R)** | **172 (R)** |

| Performance Trend |
|---|
| Total numbers delayed increased between December and March. This has been as a result of included codes rising (+26) with complex codes actually reducing slightly (-4) |

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

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

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

**Actions to Improve Performance**

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

Performance continues to be managed using parameters above.

**Timescales for Improvement**

Agreed timescale up to Q4 2024/25. Improvement is ongoing into 25/26 at present.

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

| Timescale | 2024/25 Target | 2019/20 | 2020/21 | 2021/22 | 2022/23 | 2023/24 | Apr-Dec 2024 |
|---|---|---|---|---|---|---|---|
| Annual Total | 45,318 | 45,318 (R) | 49,902 (R) | 64,853 (R) | 74,875 (R) | 76,777 (R) | 62,352 (R) |
| Monthly Average | 3,776 | 3,776 (R) | 4,159 (R) | 5,404 (R) | 6,240 (R) | 6,398 (R) | 6,928 (R) |

| Performance Trend |
|---|

Performance to Q3 remains RED. Monthly average to Q3 above 2023/24 figure and continues trend upwards since 2019/20.

Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.

| Issues Affecting Performance |
|---|

See issues set out in KPI 5 above. (Under 65)

- Focused work and bespoke commissioning solutions are being sought for complex cases, and this includes under 65 and clinically complex patients.

| Actions to Improve Performance |
|---|

- Significant improvement on targeting long term delays – with statistical shift in the level of long-term bed days.
- Focussed work on complex cases.
- Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues.
- Reporting directly to ACO and strategic performance planning is ongoing.
- Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions.
- Targeted input to spinal unit in relation to Delayed Discharges within said unit.
- Current commissioning role expanded to include support from adult commissioning.
- Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions.
- An increase in the under 65 cohort open to adult services, development of cross-commissioned services.
- Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance.
- Chief Officer leading an action focussed improvement plan across key areas of delays, care home placement, SW resources supporting acute wards with highest levels of delay impact, access to HSCP Residential services.

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| Timescales for Improvement |
|---|
| Agreed timescale up to Q3/Q4 2024/25. This is still ongoing in Q4. |
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# PRIMARY CARE

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

| Locality | Target | 2022/23 | | 2023/24 | | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | 78% | 76.89 (G) | 76.41 (G) | 75.80 (A) | 71.88 (R) | 72.9 (R) | 73.52 (R) | 73.46 (R) | 73.19 (R) | 72.65 (R) |
| NE | | 77.48 (G) | 77.02 (G) | 76.32 (G) | 72.53 (R) | 73.48 (R) | 73.98 (R) | 73.98 (R) | 73.73 (R) | 73.13 (R) |
| NW | | 76.37 (G) | 75.87 (A) | 75.18 (A) | 71.48 (R) | 72.39 (R) | 72.96 (R) | 72.87 (R) | 72.63 (R) | 72.08 (R) |
| S | | 76.79 (G) | 76.32 (G) | 75.85 (A) | 71.63 (R) | 72.82 (R) | 73.56 (R) | 73.48 (R) | 73.17 (R) | 72.68 (R) |
| NHSGGC | | 76.85 | 76.45 | 75.77 | 72.03 | 73.75 | 73.9 | 73.91 | 73.63 | 73.23 |

| Performance Trend |
|---|
| During Q3, there was a slight decrease in performance at a city level and in all localities and all remained RED.

This indicator is reported one quarter in arrears. |
| **Issues Affecting Performance** |

New Issues:
- Recent increase in GLP1 medicines due to an increase in availability following long-term manufacturing issues. Work on guidance to support prescribing of these is currently underway.

Ongoing Issues:
- As part of ongoing review of medicines of low or limited clinical value, lidocaine plasters have been completely removed from the NHS GG&C formulary. More than 6,000 prescriptions were issued for lidocaine patches during Q3 in Glasgow City HSCP alone. Continuing prescribing improvement processes look to address this issue and continue the downward trend.
- In line with the board sustainability commitments and national guidance, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during Q1 of 2023/2024. Data supports that appropriate review, engagement and counselling with patients results in an overall reduction in salbutamol use following a switch

to a DPI, which offsets additional costs per unit. Gradual transition is continuing with Salbutamol MDI accounting for approximately 9% of non-preferred list prescribing with 58,960 inhalers dispensed in Glasgow City HSCP in 2024/25 Q3 alone.

- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and chronic kidney disease. Their use in primary care is increasing with medicines initiated both in primary care and by acute services. These are non-preferred list and will therefore reduce preferred list formulary compliance.

## Actions to Improve Performance

Ongoing actions/considerations:

- Real time prescribing data indicates an approximate 70% reduction in Ralvo items since Q1 2024/25 and the review programme will continue into 2025/2026.
- Pharmacy teams have commenced a phased cost-efficiency programme for 2025-26, focusing on cost-containment, quality prescribing improvement and polypharmacy reviews in patients on high-numbers of medicines.
- The gradual transition from salbutamol MDI to dry powder (DPI) continues in a structured way.
- SGLT2 inhibitors are subject to preferred list adoption processes. This has been highlighted to NHS GG&C.

## Timescales for Improvement

The 2025-26 cost-efficiency programme has commenced across Glasgow City HSCP with a more tailored programme in GP practices depending on patient demographics, prescribing patterns and other agree cost-containment measures. This will be supported by facilitated education sessions delivered to prescribers based within GP practices, focusing on appropriate deprescribing of medicines. Cost savings will be reported in real-time where data allows, and progress tracked across the financial year.

Lidocaine reviews will continue into 2025/2026.

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

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

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

| Locality | Target | 2022/23 | | 2023/24 | | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Dec | Mar | Jun | Sep | Dec | Mar | Jun | Sep | Dec |
| **City** | Cost below (or same) as Board average | £155.3 (G) | £160.2 (G) | £164.4 (G) | £175.4 (G) | £176.2 (G) | £179.8 (G) | £178.3 (G) | £178.9 (G) | £180.1 (G) |
| NE | | £162.1 (G) | £169.3 (G) | £173.7 (G) | £177.9 (G) | £179.1 (G) | £179.9 (G) | £181.7 (G) | £182 (G) | £183.9 (G) |
| NW | | £154.2 (G) | £157.8 (G) | £162.2 (G) | £164.9 (G) | £164.3 (G) | £172.9 (G) | £165.1 (G) | £165.8 (G) | £166.4 (G) |
| S | | £169.1 (G) | £174.1 (G) | £178.8 (G) | £182.6 (G) | £184.5 (G) | £185.6 (G) | £187.1 (G) | £188 (G) | £189.2 (G) |
| **NHSGGC** | | £181.7 | £187.7 | £193.4 | £197.5 | £198.3 | £199.4 | £200.6 | £201.3 | £202.5 |

| **Performance Trend** |
|---|
| Costs at city level and in all localities increased in the last quarter. All remained GREEN and are considerably below the Health Board average, which also increased slightly. |
| This indicator is reported one quarter in arrears. |
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# CHILDREN'S SERVICES

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| North East | | 78 (R) | 82 (R) | 88 (R) | 90 (A) | 88 (R) | 87 (R) | 85 (R) | 87 (R) | 90 (A) | 86 (R) | 94 (G) |
| North West | 95% | 87 (R) | 85 (R) | 87 (R) | 87 (R) | 91 (A) | 84 (R) | 87 (R) | 86 (R) | 80 (R) | 87 (R) | 79 (R) |
| South | | 85 (R) | 85 (R) | 83 (R) | 92 (A) | 88 (R) | 89 (R) | 90 (A) | 91 (A) | 93 (G) | 86 (R) | 89 (R) |

**Performance Trend**

Performance in the North East moved to GREEN in March with the North West remaining RED. The South moved from AMBER to RED, having been GREEN in January.

**Issues Affecting Performance**

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

**Actions to Improve Performance**

Performance in North-East was on target in March 2025, which is due to demographics as NW and South have a greater proportion of migrant families, which means a higher proportion of assessments take place out with the 27 – 30 month period. These families receive the same developmentally appropriate assessments for children, but these cannot be recorded as Ready to Learn assessments and are instead recorded as 'unscheduled' checks.

It was recently reported that 95% of asylum seekers in Scotland are living in Glasgow City, therefore this is likely to be a sign for children older than 30 months – which ensures that the

assessment is appropriate for the child's developmental stage – however, the recording of an 'unscheduled' assessment is not counted in the current performance indicator. Discussions are ongoing to review this, however, there are challenges in extracting this data from the system.

Team leaders are continuing to review caseloads to ensure that reviews are being carried out timeously. Monthly population reports are provided to team leaders which identify those 27-30 month assessments that are due and those that are not completed; this allows team leaders to explore the reasons in caseload management discussions. The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can then discuss this in monthly 1:1s with team leaders. In addition, there are some children on caseloads who are known not to be in country (GANA) therefore a 7 minute briefing has been developed to improve how this is managed in caseloads to ensure accuracy of data.
.

**Timescales for Improvement**

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

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

| Locality | Target | 2022/23 | | | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Sep 22 | Dec 22 | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 |
| North East | 95% | 97 (G) | 97 (G) | 94 (G) | 96 (G) | 98 (G) | 96 (G) | 95 (G) | 96 (G) | 95 (G) | 95 (G) | 92 (G) |
| North West | | 99 (G) | 96 (G) | 93 (G) | 97 (G) | 96 (G) | 98 (G) | 98 (G) | 95 (G) | 98 (G) | 98 (G) | 93 (G) |
| South | | 97 (G) | 96 (G) | 95 (G) | 97 (G) | 98 (G) | 97 (G) | 97 (G) | 95 (G) | 96 (G) | 99 (G) | 95 (G) |

**Performance Trend**

All areas remained GREEN. There is a time lag in the availability of this data so is reported 2 months behind.

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

| Locality | Annual Target | Quarterly Target | 21/22 Total | 22/23 Total | 23/24 Total | 2024/25 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Q1 | Q2 | Q3 | Q4 | Year to Date |
| City | 1,533 | 383 | 3,069 (G) | 3,227 (G) | 3,081 (G) | 800 (G) | 690 (G) | 274 (R) | | 1,764 (G) |
| NE | 344 | 86 | 860 (G) | 919 (G) | 916 (G) | 245 (G) | 259 (G) | 98 (G) | | 602 (G) |
| NW | 576 | 144 | 763 (G) | 852 (G) | 828 (G) | 212 (G) | 140 (A) | 58 (R) | | 410 (R) |
| S | 613 | 153 | 1,446 (G) | 1,456 (G) | 1,337 (G) | 343 (G) | 291 (G) | 118 (R) | | 752 (G) |

**Performance Trend**

Year-end targets have been met citywide. The service has not been accepting new referrals since the 1st of November and closed at the end of January 2025, due to its short-term funding streams coming to an end. NHS community staff have been encouraged instead to refer and signpost patients to local services and supports found in the Glasgow City HSCP Cost of Living Support Guide Oct 24 and work is ongoing to develop aligned financial support as part of the Council's Child Poverty Pathfinder programme and opportunities associated with the Whole Family Early Intervention Fund.

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| Indicator | 4. Percentage of looked after and accommodated children aged under 5 (who have been looked after for 6 months or more) who have had a permanency review |
|---|---|
| Purpose | To monitor the extent to which plans are being put in place to meet the needs of vulnerable young children under 5 who have been looked after and accommodated for more than 6 months, with the aim being to increase this percentage. The number of children under 5 (looked after for 6 months or more) who have *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 | Karen Dyball, Assistant Chief Officer (Children's Services) |

| Locality | Target | 22/23 | 23/24 | | | | 24/25 | | | Quarter 4 | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | % with review | Number *without* a Permanency Review |
| City | 90% | 61 (R) | 54 (R) | 61 (R) | 59 (R) | 59 (R) | 56 (R) | 55 (R) | 50 (R) | 54 (R) | 32 |
| North East | | 63 (R) | 61 (R) | 68 (R) | 69 (R) | 60 (R) | 58 (R) | 61 (R) | 52 (R) | 43 (R) | 13 |
| North West | | 64 (R) | 60 (R) | 56 (R) | 56 (R) | 59 (R) | 53 (R) | 61 (R) | 50 (R) | 71 (R) | 6 |
| South | | 56 (R) | 38 (R) | 50 (R) | 45 (R) | 53 (R) | 53 (R) | 40 (R) | 45 (R) | 52 (R) | 10 |

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

**Performance Trend**

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

At the end of March, a total of 32 children (of 70 children under 5 looked after for 6 months or more) have not yet had a permanency review.

**Issues Affecting Performance**

This key performance indicator is impacted by a number of factors out with our control, including court delays in establishing grounds, extended time to allocate families involved in the BEST/ GIFT trial which meant that assessments that should be considered at the permanency review were not concluded at the 6 month timeframe, increasing focus on rehabilitating children home, the absence of permanent foster carers and the increased governance role of locality Permanence Forums to agree efficient timescales for review. Given this, there has been work undertaken by the Permanence Steering Group to explore a permanence KPI that more directly measures HSCP performance. Furthermore, we are one of a small number of local authorities working in partnership with COSLA and the Promise Scotland to develop a suite of data measures which are reflective of the current research, legislative and practice context. This work is adopting a quality improvement approach, and recognises the importance of building relationships with families and of exhausting all options to support families to stay together before making permanence decisions, particularly when accommodating children away from their family is being considered.

Permanence work is recognised as the most significant decision making for families, amid increasing complexity of families' needs linked to the cost-of-living crisis, poverty, and social stressors that require immediate solutions.  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 families' ability to engage in the process in the context of complexity of needs, and balancing staff vacancies and absence, which often impacts longer term work.

There has been significant focus on the area of permanence, both locally and nationally, which has questioned the current timescales in permanence care planning, and we are embarking on some quality improvement work supported by the Promise Design School which will consider all aspects of permanence care planning and performance, post Permanence Review.

**Actions to Improve Performance**

- Increased governance responsibility of locality Permanence Forums, having oversight of all care experienced children and young people in foster care and Children's Houses.
- Locality Permanence Forum chairs are notified immediately when children become care experienced in order that they can track and have oversight of their care planning from the point of accommodation.
- Permanence Forum chairs determine when cases are ready to progress to Permanence Review – thus reducing the number of repeated Permanence Reviews for the same children.
- Permanence Forums report directly into the citywide Permanence Steering group.
- Increased chairing capacity with the introduction of Independent Reviewing Officers (IRO's) chairing Permanence Reviews.
- IRO's and ASM's now being allocated on Carefirst and having tracking responsibility for the children and young people whose meetings they chair.
- Quality Improvement work planned supported by Promise Design School to consider improvement in both practice and data measurement of permanence performance.
- Alternative KPI's proposed at Permanence Steering group – measuring performance of LAAC Reviews taking place for care experienced children and young people at 6 weeks, 3 months and 6 monthly (as determined by LAAC Regulations). These are considered to be more effective in improving permanence performance.

At the point a child is accommodated a 'tracking worker' is allocated and support is provided to the social worker to ensure plans are progressed timeously, with additional support from the Independent Reviewing Officers (IRO).  Additional IRO capacity has been secured via the Whole Family Early Intervention Fund, and work is ongoing to align the work of IROs and Assistant Service Managers in order to ensure consistency of practice for families, rolling out the trauma-informed approach to preparing for, chairing and debriefing following key decision-making meetings.

There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work in line with the needs of families, whilst juggling emergency crisis intervention work.

**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, with work ongoing to align the work of Assistant Service Managers and Independent Reviewing Officers and develop a citywide approach to supporting families. Additional investment in IRO capacity has been secured via the Whole Family Early Intervention Fund. In addition, a new suite of KPIs will be introduced, based on the outcome of the inspection and feedback from the Care Inspectorate.

In addition, a proposal is being developed, based on local and national discussions, to amend the permanence indicator to a more meaningful set of measures in terms of improving the child's permanence outcomes.  This will be part of a refreshed suite of KPIs being introduced after the inspection, based on feedback from the Care Inspectorate.

Back to Summary

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

| Locality | Target | 22/23 | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| City | 60% | 51 (R) | 56 (R) | 61 (G) | 59 (G) | 60 (G) | 48 (R) | 51 (R) | 46 (R) | 53 (R) | 40 (R) |
| North East | | 39 (R) | 48 (R) | 44 (R) | 60 (G) | 63 (G) | 76 (G) | 52 (R) | 58 (A) | 59 (G) | 32 (R) |
| North West | | 64 (G) | 42 (R) | 58 (A) | 47 (R) | 57 (R) | 31 (R) | 45 (R) | 38 (R) | 49 (R) | 53 (R) |
| South | | 48 (R) | 68 (G) | 72 (G) | 68 (G) | 63 (G) | 39 (R) | 53 (R) | 44 (R) | 51 (R) | 38 (R) |

**Performance Trend**

During Q4 performance was below target (RED) at city level and in each locality. Performance fell in North East with the RAG-rating moving from GREEN to RED during the reporting period.

The total number of new SCRA reports requested during Q4 was 166 (69 North East, 49 North West and 48 South).

**Issues Affecting Performance**

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

**Actions to Improve Performance**

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

**Timescales for Improvement**

The timescales for submitting new reports to SCRA will be kept under review, but the impact of vacancies and prioritisation of emergency work is continuing to impact on the rate of progress.

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 (EET). The aim is to increase this percentage to enhance the life opportunities for care leavers. |
| **Type of Indicator** | Local HSCP indicator |
| **Health & Wellbeing Outcome** | Outcome 4 (See Appendix 2) |
| **Strategic Priority** | Priority 2 (See Appendix 3) |
| **HSCP Lead** | Karen Dyball, Assistant Chief Officer (Children's Services) |

| Locality | Target | 22/23 | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| **City** | **75%** | 79% (G) | 80% (G) | 78% (G) | 80% (G) | 78% (G) | 77% (G) | 77% (G) | 75% (G) | 74% (G) | 72% (A) |
| North East | | 82% (G) | 81% (G) | 79% (G) | 79% (G) | 78% (G) | 81% (G) | 81% (G) | 75% (G) | 76% (G) | 70% (R) |
| North West | | 79% (G) | 80% (G) | 79% (G) | 80% (G) | 73% (A) | 74% (G) | 72% (A) | 69% (R) | 69% (R) | 70% (R) |
| South | | 84% (G) | 84% (G) | 82% (G) | 83% (G) | 82% (G) | 80% (G) | 81% (G) | 79% (G) | 75% (G) | 74% (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**

During Q4 performance in the city and North East fell with the RAG rating moving from GREEN to AMBER and GREEN to RED respectively. Performance in North West remained RED while South remained GREEN during the reporting period.

The recording of Employability status fell during Q4 with the number of young people who do not have their employability status recorded increasing from 18 to 42 between Q3 and Q4. Of these 42 young people, 32 are allocated to North East, 2 are allocated to South, and 8 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team

**Issues Affecting Performance**

Significant Team Leader absence, with Team Leaders responsible for quality assurance of recording, hence this is believed to be linked to record keeping as opposed to performance issues, with improvement expected in the next quarter due to increased Team Leader capacity.

**Actions to Improve Performance**

Accurate recording of performance.

**Timescales for Improvement**

Next quarter, based on increased Team Leader capacity.
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 | Karen Dyball, Assistant Chief Officer (Children's Services) |

| Target | 22/23 | | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1* | Q2* | Q3* | Q4 |
| 25 or fewer | 30 (G) | 30 (G) | 30 (G) | 26 (G) | 27 (A) | 26 (A) | 22 (G) | 20 (G) | 23 (G) | 24 (G) |
| *The service has revised these figures after identifying that some placements previously counted as outwith Glasgow were actually Glasgow-based. | | | | | | | | | | |
| **Performance Trend** | | | | | | | | | | |
| The out of authority placement numbers were below the 25 or less target at the end of quarter 4 (GREEN). <br><br> 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 | Karen Dyball, Assistant Chief Officer (Children's Services) |

| Locality | Target | 22/23 | | 2023/24 | | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| **City** | 95% | 92.43 (A) | 92.27 (A) | 92.14 (A) | 91.47 (A) | 91.55 (A) | 90.24 (R) | 90.9 (A) | 89.9 (R) | 90.3 (A) |
| North East | | 94.21 (G) | 92.72 (G) | 91.03 (A) | 92.27 (A) | 90.91 (A) | 88.21 (R) | 88.5 (R) | 87.6 (R) | 87.6 (R) |
| North West | | 92.36 (G) | 91.00 (A) | 92.84 (A) | 90.25 (A) | 91.37 (A) | 88.97 (R) | 94.5 (G) | 89 (R) | 91 (A) |
| South | | 91.23 (A) | 92.84 (G) | 92.45 (A) | 91.72 (A) | 92.15 (A) | 92.83 (G) | 90.1 (R) | 92.4 (A) | 91.9 (A) |

| **Performance Trend** |
|---|
| Performance improved slightly in the last quarter and moved from RED to AMBER at city level and in the North West. The North East remained the same and RED while the South declined slightly and remained AMBER. This indicator is reported in arrears. |
| **Issues Affecting Performance** |
| The World Health Organisation has raised concerns that vaccine uptake has declined internationally. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.' In this context, the rates being achieved in Glasgow City are regarded as good, in comparison to national trends. |
| **Actions to Improve Performance** |
| The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake, with targeted follow up and taking the service to families, as well as a nursery catch up programme. The vaccine bus has been used in some circumstances. For migrant families, it is difficult to track previous vaccinations and to calculate dosage based on vaccination history. Work is being done to mitigate this on a routine basis but is continuing to impact overall uptake rates. Specific videos have been produced for use with some marginalised communities. The team continue to recall and chase up families who have not attended for vaccines and Health Visitors continue to support these discussions. |
| **Timescales for Improvement** |
| Activity is ongoing throughout the year to provide dedicated planning for the vaccination programme. In response to the Measles outbreaks in England, Public Health Scotland developed an awareness campaign which has strengthened messaging in relation to vaccination, and Health Visitors' discussions with families. |
| 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** | Karen Dyball, Assistant Chief Officer (Children's Services) |

| Locality | Target | 2022/23 | | 2023/24 | | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| **City** | | 96.02 (G) | 94.86 (G) | 95.73 (G) | 95.55 (G) | 95.68 (G) | 94.97 (G) | 94.6 (G) | 95.1 (G) | 94.8 (G) |
| North East | 95% | 96.69 (G) | 93.26 (G) | 96.12 (G) | 94.56 (G) | 95.12 (G) | 95.75 (G) | 94.6 (G) | 95.8 (G) | 95 (G) |
| North West | | 94.91 (G) | 95.42 (G) | 96.3 (G) | 95.74 (G) | 96.21 (G) | 94.17 (G) | 93.1 (G) | 95.6 (G) | 95.6 (G) |
| South | | 96.25 (G) | 95.76 (G) | 95.01 (G) | 96.25 (G) | 95.73 (G) | 94.93 (G) | 95.7 (G) | 94.1 (G) | 94.2 (G) |

| **Performance Trend** |
|---|
| Performance declined slightly but remained GREEN at city level. There was a small increase in the last quarter in the South with the North East declining and the North West remaining the same. This indicator is reported in arrears.<br><br>Back to Summary |

# ADULT MENTAL HEALTH

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| North East | | 58 (R) | 45.5 (R) | 49 (R) | 74.1 (R) | 78.7 (R) | 77.3 (R) | 84.9 (R) | 91.7 (G) | 87.5 (A) | 85 (R) | 85.7 (A) |
| North West | 90% | 91.7 (G) | 96.7 (G) | 96.7 (G) | 100 (G) | 93.7 (G) | 94.4 (G) | 93.8 (G) | 95.7 (G) | 90.7 (G) | 88.9 (G) | 91.4 (G) |
| South | | 82.9 (R) | 89.1 (G) | 93 (G) | 78.4 (R) | 81.6 (R) | 82.3 (R) | 87.5 (A) | 84.6 (R) | 86.6 (A) | 84.4 (R) | 80.9 (R) |

| **Performance Trend** |
|---|
| Performance has declined in all localities since December, with the North East moving from GREEN to AMBER, while the North West remained GREEN and the South remained RED. |
| **Issues Affecting Performance** |
| There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering PT within the national 90% PT within 18 weeks LDP Standard addressing and eliminating long waits, especially those of 53+ weeks.<br><br>December performance activity was affected by Christmas and New Year.<br><br>Since March 2023, the NE has improved performance against the Standard, the NW has maintained delivery of the Standard, and the South has cumulative challenges in a number of its teams.<br><br>The above percentages do not reflect the volume of work being undertaken by staff. In the year to March 2025, the NE services started PT treatments with 867 patients, the NW services with 1,027 patients and the South services with 1,146 patients.<br><br>The Standard reflects the time the patient waits from referral to start of their PT. The Standard does not reflect the number of subsequent appointments to complete the treatment program. This number can be 4-8, 16-20 or even weekly for up to a year of PT treatment appointments. |

Some PT protocols have specific criteria in order to commence the intervention (i.e. cohort size) that can cause longer waits and batching (a short-term reduction of the proportion of people starting a PT treatment within the Standard).

The capacity to deliver PTs remains hugely influenced by operational matters including staff turnover, internal moves, vacancies, arranged and unexpected leave. The pressure on the available capacity to continue to meet demand often compound these factors, further contributing to lengthening the waiting times. Recruitment, when possible, has at times resulted in no applicants, or no appropriate applicants, reflecting the national lack of available clinically trained professionals.

Levels of demand vary across the full range of assessment and treatment waiting times. These require mitigation to prevent adverse effects on the waiting time standard.

Waiting list initiatives, with positive actions, such as group-based interventions to start a cohort of people who have waited for more than 18 weeks, rather than individual appointments, can result in batching.

There are continual stream of incoming referrals requiring a mental health assessment. Anyone assessed as suitable for a PT is added to the numbers still waiting to start a PT.

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

**Actions to Improve Performance**

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

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

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

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

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

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

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

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

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

**Timescales for Improvement**

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

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| Target/Ref | 2. Average Length of Stay (Short Stay Adult Mental Health Beds) |
|---|---|
| **Purpose** | To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required. |
| **Type of Indicator** | Local HSCP indicator |
| **Health & Wellbeing Outcome** | Outcome 2 (See Appendix 2) |
| **Strategic Priority** | Priority 3 (See Appendix 1) |
| **HSCP Lead** | Kelda Gaffney, Assistant Chief Officer (Adult Services) |

| Hospital | Target | 2022/23 | | | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| **Stobhill** | | 32.6 (R) | 28.9 (A) | 25.5 (G) | 34.2 (R) | 27.5 (G) | 24.3 (G) | 22.1 (G) | 23.9 (G) | 23.1 (G) | 26.5 (G) | 23.1 (G) |
| **Leverndale** | 28 days | 33.2 (R) | 33.5 (R) | 43.2 (R) | 35.4 (R) | 39.9 (R) | 32.3 (R) | 39.2 (R) | 38.7 (R) | 37.2 (R) | 29.1 (A) | 38.7 (R) |
| **Gartnavel** | | 28.9 (A) | 35.1 (R) | 27.8 (G) | 40.7 (R) | 34.8 (R) | 41 (R) | 34.9 (R) | 35 (R) | 34.9 (R) | 44.9 (R) | 37.5 (R) |

| **Performance Trend** |
|---|
| During the period since December, performance has remained GREEN in Stobhill and RED in both Leverndale and Gartnavel. |

| **Issues Affecting Performance** |
|---|
| In Q4 Inpatient wards pauses and closures to admissions across the system of inpatient mental health provision remained an impact. Despite this added pressure and fluctuations in the numbers of discharges on each of the three Glasgow City sites, performance in the quarter remained within the recent norms for the same three sites overall, lower than the previous years although above the pre-pandemic (from Mar 2020). Stobhill and Levendale have marginally but not significant reduced adult acute average length of stay from the previous two years. Although GRH has an increasing pressure on average length of stay, this partially reflects taking more people boarding into the site than all other hospitals. The average number of people with stays of over 6 months continues statistically within the usual high post pandemic range, although this maintains high pressure on inpatient ward daily operation and particularly affects Leverndale and a non GC site. Staffing remains an on-going key pressure on the delivery of care plans to optimise treatment and discharge. The current variation around the average length of stay is equally not significant statistically. Elsewhere the entirety of the NHSGGC system of adult short-stay inpatient care has seen a slight temporary change to the number of adult acute beds (now 280 beds from 285 beds) during environmental harm reduction design work. |

| **Actions to Improve Performance** |
|---|
| There remains ongoing operational review of boarders and options to further improve bed management and discharge co-ordination continue, including a non-GC site boarding into GRH. Operational responses prioritise maintaining safe care. Clinical leadership continues to be more operationally applied to support reducing the variance, including for observation, being used across wards and hospital sites. |

| **Timescales for Improvement** |
|---|
| Daily operational contingency continues and is applied to the fluid situation and location of pressure. The pressured position is expected to continue well into 2025/2026. Phased movement towards the adult acute admission bed strategy endpoint remains planned to progress towards the end of strategy implementation.<br>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 1) |
| HSCP Lead | Kelda Gaffney, Assistant Chief Officer (Adult Services) |

| Hospital | Target | 2022/23 | | | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| Stobhill | <95% | 98.2 (A) | 101.3 (R) | 99.6 (A) | 100.1 (R) | 101 (R) | 98 (A) | 95 (G) | 92.4 (G) | 94.1 (G) | 93.3 (G) | 91.3 (G) |
| Leverndale | | 101 (R) | 99.4 (A) | 99.9 (R) | 96.9 (G) | 101.2 (R) | 101.8 (R) | 99.9 (R) | 98.8 (A) | 95 (G) | 98.2 (A) | 100.7 (R) |
| Gartnavel | | 98.9 (A) | 99.4 (A) | 96.1 (G) | 98.5 (A) | 99.6 (A) | 99 (A) | 99 (A) | 90.3 (G) | 98.5 (A) | 100.3 (R) | 96.7 (G) |

| Performance Trend |
|---|
| During the period since December, performance has remained GREEN in Stobhill and Gartnavel and moved to RED in Leverndale (from AMBER). |

| Issues Affecting Performance |
|---|
| Boarders to an external Health Board during the quarter remain minimal. On-going planned ward movement to support anti-ligature work continues to impact on the sites. Wards outwith Glasgow City reduced bed numbers and moved to Glasgow located sites remains a factor. Taking this into account and the overall position for the quarter so far adult acute beds occupancy has slightly reduced, but with no significant statistical change. Overall occupancy remains far too high, service ability to admit those who require inpatient care continued to be maintained whilst pressure remained constant. The practice of transferring to other sites/types of mental health bed wards people whose condition is stable remains an option of last resort to facilitate a new admission remains anticipated as a contingency for 2025-26 when required. Despite the decrease in adult acute psychiatric capacity of 5 beds (1.75% reduction) occupancy has across the wider system of adult acute psychiatric beds has remained relatively unchanged. Community vacancy reduction is still yet to help in further reducing pressure on inpatient admissions. An anticipated reduction in occupancy is not yet indicated for 2025/26. |

| Actions to Improve Performance |
|---|
| The consistency of use of adult MH services for people in adult acute care across all sites including those approaching readiness for discharge from adult acute to allow new admissions to acute care remains an area of further work. Reducing vacancies during 25/26 in community and inpatient services remains a significant on-going operational issue whilst recognising the imperative to contribute to delivering financial planning requirements. |

| Timescales for Improvement |
|---|
| The discharge work and team service, reducing prolonged lengths of stay and reducing variance in site admission and discharge, boarding into other adult acute sites and average length of stay remain requirements throughout 2025-26. |

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| Indicator | 4. Total number of Adult and Older People Mental Health Delays |
|---|---|
| Purpose | To monitor the extent to which Adult and Older People Mental Health patients are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to patients within Mental Health beds coded as general psychiatry and psychiatry of old age and it excludes Forensic Mental Health and Learning Disability. Source of data is the monthly Health Board Delayed Discharges Mental Health Census Summary. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 9 (See Appendix 2) |
| Strategic Priority | Priority 6 (See Appendix 1) |
| HSCP Leads | Kelda Gaffney, Assistant Chief Officer (Adult Services) |

## Adults and Older People

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| N. East | | 10 | 5 | 5 | 9 | 9 | 20 | 14 | 12 | 17 | 14 | 8 |
| N. West | | 10 | 4 | 4 | 3 | 11 | 7 | 11 | 5 | 8 | 7 | 7 |
| South | | 13 | 10 | 12 | 13 | 11 | 16 | 15 | 12 | 17 | 15 | 9 |
| City | | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 1 |
| Sub-Total (Included Codes) | | 33 | 19 | 21 | 25 | 33 | 43 | 40 | 29 | 43 | 37 | 25 |
| N. East | | 3 | 0 | 2 | 3 | 4 | 3 | 3 | 2 | 2 | 2 | 7 |
| N. West | | 2 | 2 | 1 | 4 | 5 | 2 | 2 | 2 | 2 | 2 | 1 |
| South | | 4 | 4 | 4 | 2 | 3 | 1 | 2 | 3 | 3 | 3 | 6 |
| City | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sub-Total (Complex Codes) | | 9 | 6 | 7 | 9 | 12 | 6 | 7 | 7 | 7 | 7 | 14 |
| All Delays | 20 | 42 (R) | 25 (R) | 28 (R) | 34 (R) | 45 (R) | 49 (R) | 47 (R) | 36 (R) | 50 (R) | 44 (R) | 39 (R) |

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

## Adults

| Locality | 2022/23 | | 2023/24 | | | | 2024/25 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| North East | 6 | 2 | 2 | 4 | 4 | 7 | 1 | 3 | 5 | 7 | 3 |
| North West | 8 | 3 | 2 | 2 | 7 | 6 | 7 | 3 | 4 | 4 | 5 |
| South | 8 | 5 | 3 | 7 | 3 | 6 | 7 | 5 | 8 | 7 | 5 |
| City | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sub-Total (Included Codes) | 22 | 10 | 7 | 13 | 14 | 19 | 15 | 11 | 17 | 18 | 13 |
| North East | 1 | 0 | 1 | 2 | 2 | 1 | 2 | 1 | 1 | 1 | 2 |
| North West | 1 | 1 | 0 | 3 | 4 | 2 | 2 | 2 | 2 | 2 | 1 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **South** | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 0 |
| **City** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Sub-Total (Complex Codes)** | 2 | 1 | 1 | 5 | 9 | 4 | 4 | 3 | 3 | 3 | 3 |
| **All Delays** | 24 | 11 | 8 | 18 | 23 | 23 | 19 | 14 | 20 | 21 | 16 |

## Older People

| **Locality** | **2022/23** | | **2023/24** | | | | **2024/25** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mar 23 | Jun 23 | Sep 23 | Dec 23 | Mar 24 | Jun 24 | Sep 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 |
| **North East** | 4 | 3 | 3 | 5 | 5 | 13 | 13 | 9 | 12 | 7 | 5 |
| **North West** | 2 | 1 | 2 | 1 | 4 | 1 | 4 | 2 | 4 | 3 | 2 |
| **South** | 5 | 5 | 9 | 6 | 8 | 10 | 8 | 7 | 9 | 8 | 4 |
| **City** | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 1 |
| **Sub-Total (Included Codes)** | 11 | 9 | 14 | 12 | 19 | 24 | 25 | 18 | 26 | 19 | 12 |
| **North East** | 2 | 0 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 5 |
| **North West** | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| **South** | 4 | 4 | 4 | 2 | 0 | 0 | 2 | 3 | 3 | 3 | 6 |
| **City** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Sub-Total (Complex Codes)** | 7 | 5 | 6 | 4 | 3 | 2 | 3 | 4 | 4 | 4 | 11 |
| **All Delays** | 18 | 14 | 20 | 16 | 22 | 26 | 28 | 22 | 30 | 23 | 23 |

| **Performance Trend** |
|---|
| Performance remains RED with an increase overall in the last quarter (+3).  Within this, adult delays increased by 2 while older people delays increased by 1 between December and March. |
| **Issues Affecting Performance** |
| Ongoing issues continue around those with complex care needs. Resource availability and individual needs require regular communication to find appropriate placements for those fit for discharge. Overall delays have decreased slightly for this period. There continues to be issues with placements Some of the patients with complex needs continue to require ongoing inpatient care and other options continue to be explored. |
| **Actions to Improve Performance** |
| The discharge team review has concluded. Next steps will look at amalgamating staff into a central Glasgow city team consisting of social work and health staff. Management arrangements and staffing skill mix currently being looked at in line with available budget options as the revised arrangements will include adults and older people. This will be reported to the Adult Core Leadership Team for approval prior to implementing any recommended changes.<br><br>Regular meetings continue with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital. |
| **Timescales for Improvement** |
| Performance improvement will be sought in 2025/26 financial year factoring the financial challenges being forecast.<br><br>Back to Summary |

# ALCOHOL AND DRUGS

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

| Locality | Target | 22/23 | | 23/24 | | | | 24/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| **City** | **90%** | 94% (G) | 96% (G) | 98% (G) | 96% (G) | 96% (G) | 93% (G) | 92% (G) | 94% (G) | 97% (G) |
| North East ADRS | | 100% (G) | 98% (G) | 99% (G) | 98% (G) | 100% (G) | 98% (G) | 99% (G) | 99% (G) | 100% (G) |
| North West ADRS | | 80% (R) | 76% (R) | 95% (G) | 92% (G) | 82% (R) | 88% (G) | 89% (G) | 92% (G) | 96% (G) |
| South ADRS | | 99% (G) | 100% (G) | 100% (G) | 98% (G) | 97% (G) | 96% (G) | 99% (G) | 100% (G) | 98% (G) |
| **Performance Trend** | | | | | | | | | | |
| **This indicator is reported one quarter in arrears.** | | | | | | | | | | |

All localities exceeded the 90% target during Q3 (GREEN).

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# SEXUAL HEALTH SERVICES

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| **City** | | **1202** | **1110** | **1189** | **1118** | **1322** | **1361** | **1319** | **1137** | **1027** |
| NE | | 294 | 210 | 182 | 190 | 266 | 275 | 312 | 227 | 130 |
| NW | | 758 | 750 | 817 | 786 | 883 | 892 | 801 | 756 | 797 |
| S | | 150 | 150 | 190 | 142 | 173 | 194 | 206 | 154 | 100 |
| **NHSGGC** | **1354 per Quarter** | **1509 (G)** | **1393 (G)** | **1471 (G)** | **1304 (A)** | **1524 (G)** | **1562 (G)** | **1479 (G)** | **1308 (A)** | **1175 (R)** |
| **DNA rate (%)** | | 8.21 | 11.25 | 11.09 | 8.69 | 10.03 | 11.2 | 11.76 | 11.85 | 12.17 |

| **Performance Trend** |
|---|
| Performance has reduced in Q4 and moved from AMBER to RED. |

| **Issues Affecting Performance** |
|---|
| The service in Parkhead shut over the Christmas and New Year holiday period to maximise staffing at other services. It then remained closed while the move to the new Parkhead Hub took place, and did not reopen until mid-February. |

| **Actions to Improve Performance** |
|---|
| Services are fully open and normal attendance numbers should resume. |

| **Timescales for Improvement** |
|---|
| July 2025. Back to Summary |

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

| Locality | Target | 2022/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| City | | 1169 | 1069 | 1168 | 1011 | 1167 | 1243 | 1533 | 1208 | 1070 |
| NE | | 323 | 253 | 200 | 209 | 300 | 333 | 451 | 371 | 175 |
| NW | | 667 | 552 | 650 | 546 | 541 | 580 | 736 | 613 | 699 |
| S | | 179 | 264 | 318 | 256 | 326 | 330 | 346 | 224 | 196 |
| NHSGGC | 1166 per quarter | 1776 (G) | 1859 (G) | 2090 (G) | 2004 (G) | 1916 (G) | 2190 (G) | 2203 (G) | 1848 (G) | 1687 (G) |
| DNA rate (%) | | 15.54 | 19.47 | 18.92 | 19.5 | 14.68 | 15 | 16.8 | 18.07 | 15.64 |

| **Performance Trend** |
|---|
| Performance has reduced in Q4 but remains GREEN. |

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| City | 2 working days | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 2 (G) |
| NE | | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) |
| NW | | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 2 (G) |
| S | | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) | 1 (G) |
| NHSGGC | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 |

| Performance Trend |
|---|
| Waiting times went up in the North West but performance remains GREEN in all localities and city wide. Target based on median rather than average waiting times as small numbers of outliers were distorting the figures.<br><br>Back to Summary |

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| City | | 478 | 474 | 385 | 385 | 404 | 470 | 486 | 429 | 352 |
| NE | | 91 | 67 | 56 | 53 | 62 | 119 | 118 | 99 | 48 |
| NW | | 339 | 353 | 253 | 258 | 279 | 284 | 294 | 252 | 230 |
| S | | 48 | 54 | 76 | 74 | 63 | 67 | 74 | 78 | 74 |
| NHSGGC | TBC | 640 | 676 | 601 | 575 | 560 | 617 | 622 | 571 | 542 |
| DNA rate (%) | | 26.09 | 31.66 | 24.29 | 26.26 | 26.96 | 28.2 | 30.55 | 28.9 | 28.04 |

| Performance Trend |
|---|
| The service has reviewed this indicator, and it now relates to the number of appointments offered to Young People in the specialist clinics. Work underway to determine appropriate target.<br><br>Back to Summary |

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

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

| **Performance Trend** |
|---|
| Performance declined during Q4 and moved from GREEN to RED. |

| **Issues Affecting Performance** |
|---|
| Demand for TOP continues to increase – an increase in completed terminations from Sandyford of 31% since 2020.<br><br>There has been no change in staffing, and any staff absence (planned or unplanned) has an impact on waiting times. The number of staff qualified to scan has decreased recently, and while there are a number of staff in training at present, this has been delayed due to a lack of scan courses available nationally.<br><br>Quarter 4 of each year very often has a slightly increased wait, partly due to increased seasonal demand exacerbated by 4 days loss of service due to public holidays.<br><br>There has recently been a resource transfer from Acute service and Sandyford now provides full Early Medical Abortion at Home to all women across Glasgow and Clyde, therefore activity likely to continue to increase. |

| **Actions to Improve Performance** |
|---|
| Planned discussions to consider the strategy for increased service provision, as well as to consider new national guidelines (RCOG targets regarding waiting times for termination). |

| **Timescales for Improvement** |
|---|
| Q1-Q2 25/26. |

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# CRIMINAL JUSTICE

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

| Locality | Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| City | 80% | 89 (G) | 85 (G) | 83 (G) | 87 (G) | 90 (G) | 85 (G) | 84 (G) | 86 (G) | 83 (G) |
| North East | | 91 (G) | 90 (G) | 90 (G) | 86 (G) | 93 (G) | 83 (G) | 84 (G) | 87 (G) | 89 (G) |
| North West | | 87 (G) | 81 (G) | 81 (G) | 88 (G) | 87 (G) | 86 (G) | 87 (G) | 85 (G) | 81 (G) |
| South | | 89 (G) | 86 (G) | 81 (G) | 87 (G) | 90 (G) | 87 (G) | 82 (G) | 87 (G) | 81 (G) |

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

City-wide a total of 636 CPOs (North East, North West, South, Caledonian Team) were made during Q4; a similar number to those made during Q3 (642).

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

| Locality/ Team | Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| **City (All)** | | 97 (G) | 99 (G) | 91 (G) | 90 (G) | 93 (G) | 91 (G) | 90 (G) | 91 (G) | 89 (G) |
| North East (CPOs) | | 93 (G) | 100 (G) | 86 (G) | 87 (G) | 91 (G) | 90 (G) | 93 (G) | 88 (G) | 84 (G) |
| North West (CPOs) | | 100 (G) | 100 (G) | 94 (G) | 94 (G) | 97 (G) | 90 (G) | 90 (G) | 93 (G) | 91 (G) |
| South (CPOs) | 85% | 99 (G) | 97 (G) | 91 (G) | 88 (G) | 91 (G) | 95 (G) | 88 (G) | 92 (G) | 89 (G) |
| Caledonian Team (CPOs) | | 97 (G) | 100 (G) | 94 (G) | 96 (G) | 100 (G) | 75 (R) | 75 (R) | 90 (G) | 91 (G) |
| Drug Court Team (DTTOs) | | 100 (G) | 100 (G) | 93 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) |
| Clyde Quay (Throughcare Licenses) | | 100 (G) | 100 (G) | 100 (G) | 80 (R) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) |
| **Performance Trend** | | | | | | | | | | |
| During Q4 performance met target in all teams and localities (GREEN).<br><br>Back to Summary | | | | | | | | | | |

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

| Locality/ Team | Target | 22/23 Q4 % | 23/24 Q1 % | Q2 % | Q3 % | Q4 % | 24/25 Q1 % | Q2 % | Q3 % | Q4 % |
|---|---|---|---|---|---|---|---|---|---|---|
| **City (All)** | 75% | 83 (G) | 85 (G) | 81 (G) | 78 (G) | 84 (G) | 83 (G) | 78 (G) | 84 (G) | 80 (G) |
| North East (CPOs) | | 84 (G) | 88 (G) | 83 (G) | 76 (G) | 77 (G) | 83 (G) | 79 (G) | 81 (G) | 77 (G) |
| North West (CPOs) | | 84 (G) | 93 (G) | 88 (G) | 85 (G) | 86 (G) | 82 (G) | 81 (G) | 84 (G) | 82 (G) |
| South (CPOs) | | 82 (G) | 83 (G) | 77 (G) | 74 (G) | 88 (G) | 85 (G) | 83 (G) | 87 (G) | 82 (G) |
| Caledonian Team (CPOs) | | 84 (G) | 65 (R) | 77 (G) | 82 (G) | 100 (G) | 82 (G) | 78 (G) | 84 (G) | 65 (R) |
| Drug Court Team (DTTOs) | | 100 (G) | 71 (R) | 71 (R) | 88 (G) | 75 (G) | 80 (G) | 89 (G) | 60 (R) | 83 (G) |
| Clyde Quay (Throughcare Licenses) | | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 91 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) |

**Performance Trend**

During Q4 the target for reviews was exceeded at city level and in all localities and teams (GREEN) with the exception of the Caledonian Team where performance slipped from GREEN to RED between Q3 and Q4. Performance in the Drug Court Team improved during the reporting period with the RAG-rating moving from RED to GREEN.

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

| Locality | Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| City | 70% | 85 (G) | 85 (G) | 85 (G) | 82 (G) | 82 (G) | 84 (G) | 83 (G) | 79 (G) | 75 (G) |
| North East | | 90 (G) | 87 (G) | 85 (G) | 81 (G) | 83 (G) | 82 (G) | 87 (G) | 85 (G) | 73 (G) |
| North West | | 84 (G) | 87 (G) | 79 (G) | 80 (G) | 85 (G) | 84 (G) | 82 (G) | 76 (G) | 82 (G) |
| South | | 83 (G) | 81 (G) | 89 (G) | 82 (G) | 77 (G) | 85 (G) | 80 (G) | 76 (G) | 70 (G) |

**Performance Trend**

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

Excluding awaiting breaches gives the following figures: NE 77%, NW 89% and South 75% (City 80%).

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

| Locality/Team | Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| **City** | 80% | 80 (G) | 79 (G) | 79 (G) | 79 (G) | 79 (G) | 81 (G) | 80 (G) | 81 (G) | 80 (G) |
| North East | | 78 (A) | 78 (A) | 80 (G) | 77 (A) | 80 (G) | 82 (G) | 79 (G) | 83 (G) | 79 (G) |
| North West | | 83 (G) | 85 (G) | 82 (G) | 82 (G) | 81 (G) | 80 (G) | 81 (G) | 83 (G) | 83 (G) |
| South | | 80 (G) | 77 (A) | 79 (G) | 78 (A) | 78 (A) | 82 (G) | 82 (G) | 82 (G) | 81 (G) |
| Caledonian Team | | 77 (A) | 71 (R) | 70 (R) | 84 (G) | 84 (G) | 80 (G) | 81 (G) | 69 (R) | 78 (A) |
| Drug Court Team | | 82 (G) | 36 (R) | 52 (R) | 74 (R) | 70 (R) | 72 (R) | 67 (R) | 50 (R) | 48 (R) |

| **Performance Trend** |
|---|
| During Q4 performance was maintained in the city and the 3 localities all of which remained GREEN. Performance improved in the Caledonian Team which moved from RED to AMBER during the reporting period. The Drug Court Team remained outwith the target range (RED) during Q4.<br><br>The drug court continues to face a number of challenges in getting service users to attend for court report interviews due to the nature of their chaotic drug use and transient lifestyle. It often takes several attempts to meet with someone, which results in letters being sent to Court. We have seen some improvements in this area, but this remains a challenging performance target for the team to maintain.<br><br>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 as per national standards. The data shown below excludes Extended Sentence Licenses. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 4 (See Appendix 2) |
| Strategic Priority | Priority 4 (See Appendix 3) |
| HSCP Leads | Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services) |

| Locality /Team | Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % | Q1 % | Q2 % | Q3 % | Q4 % |
| City | | 98 (G) | 100 (G) | 97 (G) | 98 (G) | 100 (G) | 100 (G) | 97 (G) | 92 (G) | 91 (G) |
| North East | | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 90 (G) |
| North West | 80% | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 83 (G) | 83 (G) | 100 (G) |
| South | | 100 (G) | 100 (G) | 86 (G) | 83 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 71 (R) |
| Clyde Quay | | 93 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 100 (G) | 92 (G) | 93 (G) |

| Performance Trend |
|---|
| During Q4 all localities and Teams continued to exceed target in relation to post release interviews (GREEN) with the exception of South where performance dipped from GREEN to RED during the reporting period.<br><br>Back to Summary |

# HEALTH IMPROVEMENT

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

| Locality | Annual Target | Quarterly Target | 22/23 Total | 23/24 Total | Q1 | Q2 | Q3 | Q4 | Year to Date |
|---|---|---|---|---|---|---|---|---|---|
| City | 5066 | 1267 | 8,966 (G) | 10,479 (G) | 2,754 (G) | 3,009 (G) | 2,410 (G) | 2,203 (G) | 10,376 (G) |

| Performance Trend |
|---|
| Performance for the year significantly exceeded the annual target.<br><br>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 quintiles and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings. |
| Type of Indicator | NHS LDP (Local 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 | Annual Target | Target to Q3 | 22/23 Total | 23/24 Total | 2024/25 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | To Q1 | To Q2 | To Q3 | To Q4 | Year to Date |
| City | 1178 | 845 | 1050 (R) | 1,097 (R) | 299 (G) | 567 (A) | 792 (R) | | 792 (R) |
| NE | 515 | 370 | 358 (R) | 407 (R) | 119 (A) | 229 (R) | 304 (R) | | 304 (R) |
| NW | 314 | 225 | 303 (R) | 338 (R) | 91 (G) | 172 (G) | 249 (G) | | 249 (G) |
| S | 349 | 250 | 389 (G) | 352 (G) | 89 (G) | 166 (A) | 239 (A) | | 239 (A) |

**Performance Trend**

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

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

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

**Issues Affecting Performance**

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

In addition, following the pandemic, clients continue to present at the QYW (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 has affected all three locality teams.

**Actions to Improve Performance**

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

and resolve current challenges. Face-to-face community clinics 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 which has been going well, improving links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription.

**Timescales for Improvement**

Improvements will be monitored by the NHS GG&C Tobacco Planning and Implementation Group and City Tobacco Group on an ongoing basis.

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| City | 10% | 8.4% (G) | 9.5% (G) | 6.1% (G) | 7.2% (G) | 7.3% (G) | 6.4% (G) | 7.7% (G) | 6% (G) | 5.5% (G) |
| North East | | 10.6 | 12.2 | 6.1 | 7.9 | 8.8 | 8.5 | 8.3 | 7.5 | 5.4 |
| North West | | 6.4 | 8.8 | 6.6 | 5.8 | 7.2 | 6.5 | 8.2 | 7.2 | 4.1 |
| South | | 8.2 | 8.1 | 5.7 | 7.9 | 6.4 | 4.7 | 6.8 | 4.1 | 6.5 |

| **Performance Trend** |
|---|
| Performance at city level and in the North East and North West improved in the last quarter. Performance declined in the South, but all localities remain GREEN.

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

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| City | 14% | 13.9% (G) | 14% (G) | 15.6% (R) | 11.4% (G) | 10.8% (G) | 10% (G) | 12.3% (G) | 8.5% (G) | 8.1% (G) |
| North East | | 14.9 | 14.6 | 17.4 | 11.2 | 11.0 | 11.5 | 10.8 | 9.4 | 7.2 |
| North West | | 11.2 | 12.3 | 13.8 | 8.1 | 11.4 | 10.7 | 13.4 | 9.9 | 6.3 |
| South | | 15.2 | 14.9 | 15.2 | 14.6 | 10.3 | 8.1 | 12.8 | 6.5 | 10.3 |

| Performance Trend |
|---|
| Performance at city level and in the North East and North West improved in the last quarter. Performance declined in the South, but all localities remain GREEN.<br><br>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 | 22/23 | | 23/24 | | | | 2024/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 |
| City | | 28.7 (R) | 31.1 (R) | 30.3 (R) | 32.1 (G) | 30.7 (R) | 30.7 (R) | 31.2 (R) | 33.9 (G) | 32.7 (G) |
| North East | 33% | 21.0 | 23.3 | 22.6 | 24 | 21.7 | 24.5 | 22.1 | 27.6 | 25.6 |
| North West | | 34.9 | 36 | 34.4 | 37.4 | 34.4 | 34.9 | 37.9 | 37.9 | 40.6 |
| South | | 30.3 | 34 | 33.4 | 34.7 | 34.7 | 32.2 | 33.3 | 36.4 | 32.8 |

| **Performance Trend** |
|---|
| Performance remained GREEN at a city level in the last quarter reducing slightly, with performance improving in the North West and declining in the North East and South.<br><br>[Back to Summary](#) |

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

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

| **Performance Trend** |
|---|
| Performance at city level moved remained GREEN in the last quarter, with increases seen across the city and in all localities. |

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

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

**Performance Trend**

Targets have been set to achieve 10% reduction in drop off rates over the period to the end of 24/25. Data is reported in arrears.

Performance remained below the trajectory target and GREEN at city and locality levels in the last quarter.

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# 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 |

| Area | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Overall Total | | 7.01% | 6.54% | 6.94% | 7.21% | 7.66% | 7.80% | 7.78% | 8.22% | 8.11% |
| | | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) |
| Adult Services | | 7.26% | 6.51% | 7.21% | 7.30% | 7.86% | 7.73% | 7.73% | 7.75% | 7.65% |
| | | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) |
| Children's Services | | 7.65% | 7.05% | 6.51% | 7.84% | 9.03% | 8.63% | 8.24% | 9.19% | 9.40% |
| | | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) |
| Primary Care/ Health Improvement | 4% | 5.66% | 4.44% | 5.71% | 5.23% | 4.00% | 4.39% | 5.14% | 8.92% | 4.30% |
| | | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) |
| Older People | | 7.04% | 6.88% | 6.97% | 7.23% | 7.70% | 8.67% | 8.51% | 9.42% | 9.28% |
| | | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) |
| Resources | | 3.69% | 2.87% | 3.39% | 4.15% | 4.11% | 5.36% | 4.56% | 5.30% | 8.32% |
| | | (G) | (G) | (G) | (R) | (R) | (R) | (R) | (R) | (R) |
| Public Protection/ Complex Care | | 6.15% | 9.21% | 9.07% | 10.21% | 8.79% | 8.57% | 8.92% | 8.02% | 10.08% |
| | | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) | (R) |

| Performance Trend |
|---|
| Q4 2024/25 has shown a slight decrease in absence consistent with the time of year. However, there remains consistently high sickness absence levels across both Health and Social Work, both exceeding their respective targets. |

| Issues Affecting Performance |
|---|
| These figures reveal growing pressures across several key services, especially in frontline areas such as Older People and Children's Services. This trend underscores the need for targeted strategies to address the increasing absence rates and support workforce resilience. |

| Actions to Improve Performance |
|---|
| 1. Performance Improvement Groups were established across the HSCP management teams in February to focus on various compliance and improvement targets and Absence is a key area for all ACO's and HOS. These groups will identify specific actions to support improved management of absence and feeding into Performance review group chaired by Chief Officer. |

2.HSCP HR Team have updated the Wellbeing and Attendance Action Plan to co-ordinate and implement a consistent, effective approach to Attendance Management and support the wellbeing of staff.  Ensuring that appropriate early interventions and adjustments are made as well as fostering a culture that promotes employee wellbeing and attendance.

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

4. The HR Team are progressing and supporting /feeding into NHSGGC initiatives including delivery of further Attendance Management awareness sessions and additional opportunities for managers to join the People Management Programme.

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

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

**Timescales for Improvement**

The performance Improvement groups are anticipated to last for 12 months and will encourage improvements. Early indications at end of quarter 4 is incremental, month on month improvement in each area.

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

| Area | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| **Overall Total** | | **10.30 (R)** | **10.30 (R)** | **10.38 (R)** | **11.2 (R)** | **11.5 (R)** | **11.0 (R)** | **10.5 (R)** | **10.3 (R)** | **9.6 (R)** |
| Resources | | 5.8 | 6 | 6.5 | 6.9 | 6.3 | 5.7 | 7.0 | 6.6 | 6 |
| Adult | **5%** | 7.9 | 10.3 | 10.0 | 9.9 | 8.6 | 11 | 10.8 | 9.6 | 9.3 |
| Public Protection | | 5.9 | 7.8 | 7.3 | 7.7 | 7.4 | 9.4 | 7.3 | 8.6 | 8 |
| Children | | 7.9 | 9.1 | 9.8 | 10.4 | 11.3 | 11 | 10.3 | 9.9 | 8.6 |
| Older People | | 7 | 6.3 | 5.7 | 6.1 | 6.7 | 5.8 | 5.2 | 8.4 | 7.7 |
| Care Services | | 14.4 | 13.3 | 13.2 | 14.5 | 15.3 | 13.8 | 12.5 | 12.0 | 11.6 |

**Performance Trend**

All Care Groups continue to report absence above the 5% target.  However, 2024/25 Quarter 4 overall percentage absence figure is the lowest quarterly figure achieved for Social Work in 3 years (ie. since Quarter 2 2021/22), with our largest Care Group, Care Services, achieving a significant reduction of 3.7% in the quarter, compared to Quarter 4 last year.

**Issues Affecting Performance**

There are a range of complex factors that are influencing absence performance including the emotional and physical demands of social care roles, alongside age-related health challenges such as musculoskeletal issues and chronic conditions.  In light of these challenges and the ongoing financial pressures within GCHSCP, reviewing and developing our Attendance Management Action Plan is critical to empower managers in supporting employee wellbeing and effectively manage absence.

**Actions to Improve Performance**

The Attendance Management Action Plan is being refreshed for 2025/26, which includes the newly established HR Sub-Teams bringing a fresh approach to addressing short-term intermittent absence, long term absence, whilst prioritising the leading causes of absence: psychological, stress and musculoskeletal and absence reasons.

Greater focus will be given to employee wellbeing, with ongoing exploration of interventions and initiatives to help employees maintain consistent attendance. Additionally, efforts will continue to support manager development and strengthen their confidence in applying GCC policy and procedures effectively.

**Timescales for Improvement**

The 2025/26 Attendance Management Action Plan will require a few months to embed in some of the changes, but it is hoped that Social Work's overall quarterly percentage absence figure continues to achieve a downward trend this year.
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| Indicator | 3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)) |
|---|---|
| Purpose | To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 8 (See Appendix 2) |
| Strategic Priority | Priority 5 (See Appendix 3) |
| HSCP Lead | Tracy Keenan, Assistant Chief Officer, HR |

| Area | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 - 22/23 | Q1 - 23/24 | Q2 - 23/34 | Q3 - 23/24 | Q4 - 23/24 | Q1 - 24/25 | Q2 - 24/25 | Q3 - 24/25 | Q4 - 24/25 |
| Overall Total | 80% | 32.00% (R) | 35.48% (R) | 34.68% (R) | 35.39% (R) | 36.37% (R) | 38.09% (R) | 39.54% (R) | 39.76% (R) | 41.48% (R) |
| Adult | | 26.00% (R) | 29.89% (R) | 28.84% (R) | 29.75% (R) | 29.45% (R) | 30.56% (R) | 31.18% (R) | 30.60% (R) | 32.63% (R) |
| Children's Services | | 49.00% (R) | 52.02% (R) | 57.50% (R) | 52.87% (R) | 51.78% (R) | 54.44% (R) | 58.58% (R) | 61.13% (R) | 59.73% (R) |
| Primary Care/ Health Improvement | | 39.00% (R) | 36.67% (R) | 40.97% (R) | 48.30% (R) | 61.47% (R) | 61.03% (R) | 66.97% (R) | 67.75% (R) | 61.77% (R) |
| Older People | | 26.00% (R) | 31.61% (R) | 32.35% (R) | 35.34% (R) | 39.21% (R) | 41.62% (R) | 42.59% (R) | 42.43% (R) | 45.99% (R) |
| Public Protection/ Complex Care | | 26.00% (R) | 24.77% (R) | 24.19% (R) | 26.73% (R) | 29.49% (R) | 34.05% (R) | 34.58% (R) | 35.84% (R) | 36.25% (R) |
| Resources | | 41.00% (R) | 52.13% (R) | 48.51% (R) | 41.75% (R) | 30.29% (R) | 30.47% (R) | 38.83% (R) | 43.85% (R) | 25.94% (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 quarter by quarter. There are wide variations across services however all services require significant improvement to move towards target performance. This is now being addressed though the creation of Performance Improvement Groups focusing on Absence, KSF and HSE compliance.

**Issues Affecting Performance**

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

**Actions to Improve Performance**

1. Performance Improvement Groups have been set up across the HSCP management teams to focus on the following compliance and improvement targets: Absence, KSF and HSE compliance. These groups commenced in February identifying specific actions to support improved management of absence and feed into a monthly Performance review group chaired by the Chief Officer. Early

indications are of incremental improvement across all areas As previously reported other actions also include:

2. An annual trajectory reporting (updated monthly) for the HSCP
3. Guidance issued to managers on ensuring staff are aligned correctly to reviewers on TURAS system
4. Monthly communications issued to line managers advising of KSF review status for all employee's
5. 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
6. Regular training provided by L&E colleagues communicated to all staff.

**Timescales for Improvement**

In cognisance of the poor performance in this area a 12 month focus has been given to absence levels, HSE and KSF compliance.

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

| Area | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Glasgow | 100% | 50.00 (R) | 44.33 (R) | 38.33 (R) | 37.33 (R) | 50.00 (R) | 55.33 (R) | 61.67 (R) | 55.33 (R) | 53.33 (R) |

| **Performance Trend** |
|---|
| Performance remains RED having fallen slightly in the last two quarters after rising in Q1 and Q2. |

| **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. <br><br> 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. <br> 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting. <br> 3. HR providing compliance updates to Core Leadership Groups |

| **Timescales for Improvement** |
|---|
| Ongoing improvement will be sought through the above steps. Given the stagnant position this will be picked up with leadership groups. <br><br> 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. The aim is to increase uptake and to achieve a target of 100%. |
| Type of Indicator | Local HSCP indicator |
| Health & Wellbeing Outcome | Outcome 8 (See Appendix 2) |
| Strategic Priority | Priority 2 (See Appendix 3) |
| HSCP Lead | Tracy Keenan, Assistant Chief Officer, HR |

| Area | Target | 2022/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 |
| Glasgow | 100% | 52.67 (R) | 43.00 (R) | 49.00 (R) | 63.00 (R) | 46.33 (R) | 57.67 (R) | 43.00 (R) | 57.67 (R) | 37.00 (R) |

| **Performance Trend** |
|---|
| Performance remains RED and continues to fluctuate. While Q3 saw an increase, Q4 is the worst reported compliance over the period shown above and will be picked up with management teams as a matter of concern. |
| **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. <br> 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting. |
| **Timescales for Improvement** |
| Given the deteriorating picture, a focus in this area has been identified for the next quarter <br><br> 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 (on or within 5 working days for stage 1). |
| **Type of Indicator** | Scottish Public Services Ombudsman (SPSO) Statutory Indicator |
| **Health & Wellbeing Outcome** | Outcome 3 (See Appendix 2) |
| **Strategic Priority** | Priority 2 (See Appendix 3) |
| **HSCP Lead** | Craig Cowan, Head of Business Development |

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % *of* no. | Q1 % *of* no. | Q2 % *of* no. | Q3 % *of* no. | Q4 % *of* no. | Q1 % *of* no. | Q2 % *of* no. | Q3 % *of* no. | Q4 % *of* no. |
| City | | 78.8 (G) 128 | 89.9 (G) 168 | 88.2 (G) 170 | 90 (G) 120 | 84.5 (G) 142 | 90 (G) 175 | 82 (G) 88 | 64.3 (R) 157 | 78.5 (G) 107 |
| North East | | 76.9 (G) 13 | 66.7 (A) 9 | 55.6 (R) 18 | 100 (G) 6 | 80 (G) 10 | 70 (G) 20 | 65 (R) 20 | 60.9 (R) 23 | 69 (G) 16 |
| North West | 70% | 69.2 (G) 39 | 80 (G) 50 | 83.3 (G) 24 | 89.6 (G) 29 | 67.8 (A) 28 | 83 (G) 36 | 65 (R) 26 | 72.1 (G) 43 | 70 (G) 30 |
| South | | 100 (G) 1 | N/A 0 | N/A 0 | N/A 0 | 0 (R) 1 | N/A 0 | N/A 0 | N/A 0 | 67 (A) 3 |
| Prisons | | 84.6 (G) 65 | 96.3 (G) 109 | 93.8 (G) 128 | 89.4 (G) 85 | 90.3 (G) 103 | 94.9 (G) 119 | 100 (G) 42 | 61.5 (R) 91 | 86.2 (G) 58 |

| **Performance Trend** |
|---|
| Performance at city level improved during Q4 with the RAG rating moving from RED to GREEN. The majority of complaints relate to prisons; these largely determine overall HSCP performance.<br><br>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 | Craig Cowan, Head of Business Development |

| Locality | Target | 22/23 | 2023/24 | | | | 2024/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Q4 % of no. | Q1 % of no. | Q2 % of no. | Q3 % of no. | Q4 % of no. | Q1 % of no. | Q2 % of no. | Q3 % of no. | Q4 % of no. |
| City | | 80.5 (G) 77 | 65.3 (R) 95 | 76 (G) 92 | 80 (G) 140 | 78.4 (G) 102 | 85 (G) 95 | 36 (R) 99 | 79.5 (G) 44 | 57 (R) 30 |
| North East | | 80 (G) 5 | 100 (G) 4 | 100 (G) 4 | 100 (G) 1 | 88.9 (G) 9 | 100 (G) 5 | 60 (R) 5 | 100 (G) 3 | 100 (G) 2 |
| North West | 70% | 84.2 (G) 19 | 66.7 (A) 12 | 66.6 (A) 27 | 75 (G) 24 | 60.9 (R) 23 | 72 (G) 25 | 52 (R) 25 | 64.7 (R) 17 | 56 (R) 16 |
| South | | 100 (G) 3 | N/A 0 | N/A 0 | N/A 0 | 100 (G) 4 | 100 (G) 2 | N/A 0 | N/A 0 | 50 (R) 4 |
| Prisons | | 68 (G) 50 | 63.3 (R) 79 | 78.7 (G) 61 | 80.9 (G) 115 | 81.2 (G) 66 | 88.9 (G) 63 | 29 (R) 69 | 87.5 (G) 24 | 50 (R) 8 |

**Performance Trend**

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

**Issues Affecting Performance**

The main issues affecting performance are varied including delays in responses being provided by investigating managers and staff being on annual/sick leave, causing delays in getting statements from staff in order to enable responses to be completed.

**Actions to Improve Performance**

The Health Board Corporate Servies Manager has raised the issue with the relevant sectors and will continue to monitor. Complaints Teams will continue to send chasers for updates and responses. Investigating Managers will continue to prioritise all aspects of their workloads.

**Timescales for Improvement**

As soon as possible, with improvement hoped for in Q1 of 2025/26.

Back to Summary

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

| Locality | Target | 22/23 | | 23/24 | | | | 24/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 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 | | 62% (R) 117 | 62% (R) 133 | 67% (A) 134 | 73% (G) 191 | 77% (G) 237 | 71% (G) 199 | 67% (A) 186 | 69% (G) 177 | 70% (G) 159 |
| North East | | 81% (G) 16 | 75% (G) 8 | 71% (G) 14 | 62% (R) 13 | 73% (G) 11 | 47% (R) 15 | 82% (G) 11 | 69% (G) 16 | 69% (G) 16 |
| North West | | 45% (R) 11 | 27% (R) 15 | 87% (G) 15 | 64% (R) 11 | 35% (R) 17 | 67% (A) 12 | 36% (R) 11 | 36% (R) 11 | 50% (R) 4 |
| South | 70% | 26% (R) 23 | 29% (R) 21 | 14% (R) 14 | 35% (R) 17 | 50% (R) 14 | 47% (R) 19 | 35% (R) 23 | 40% (R) 30 | 35% (R) 17 |
| Home-lessness | | 75% (G) 8 | 45% (R) 11 | 57% (R) 14 | 60% (R) 25 | 65% (R) 23 | 57% (R) 28 | 50% (R) 24 | 52% (R) 21 | 68% (A) 31 |
| Home Care | | 75% (G) 53 | 82% (G) 67 | 77% (G) 62 | 88% (G) 96 | 90% (G) 155 | 83% (G) 109 | 89% (G) 90 | 92% (G) 78 | 87% (G) 69 |
| Centre | | 67% (A) 6 | 64% (R) 11 | 60% (R) 15 | 66% (R) 29 | 71% (G) 17 | 69% (G) 16 | 48% (R) 27 | 57% (R) 21 | 64% (R) 22 |

**Performance Trend**

This indicator is reported **one quarter in arrears**.
During Q3 performance at city level, in North East and in the Home Care team continued to meet target (GREEN). North West, South and the Centre Team continue to be below target and RED. Performance in the Homelessness Team improved significantly moving from RED to AMBER during the reporting period.

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

| | 21/22 | 22/23 | | | | 23/24 | | | | 24/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Target** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** |
| | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. | %<br>_of_<br>no. |
| 70% | 80%<br>(G)<br>81 | 73%<br>(G)<br>56 | 64%<br>(R)<br>84 | 57%<br>(R)<br>70 | 56%<br>(R)<br>85 | 66%<br>(R)<br>59 | 53%<br>(R)<br>90 | 73%<br>(G)<br>62 | 52%<br>(R)<br>109 | 53%<br>(R)<br>91 | 64%<br>(R)<br>87 | 59%<br>(R)<br>118 |

| **Performance Trend** |
|---|
| This indicator is reported one quarter in arrears.<br><br>Performance in relation to stage 2 complaints continued to remain below target and RED during Q3. |

| **Issues Affecting Performance** |
|---|
| The ongoing issue affecting performance in Q3 is the high volume of Stage 2 complaints received – the highest number of Stage 2 complaints in a single quarter, and almost twice as many as Q3 in the previous year. In addition, the team responsible for the investigation of these complaints remains in a position whereby priority is given to Subject Access Request (SAR) processing, and during this period staff were involved in audit activity undertaken by the Information Commissioner's Office in relation to that function due to the backlog caused by excessive demand over a prolonged period. |

| **Actions to Improve Performance** |
|---|
| At present, the focus of the team is on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which are often more resource-intensive than any other complaints activity. Due to ongoing enforcement action by the ICO and staff absence, resource to improve performance is strictly limited. |

| **Timescales for Improvement** |
|---|
| Due to resource limitations, and some expectation of a general increase and unpredictability in complaint volumes, it is not currently viable to provide a specific timescale for improvement to the 70% target – this is dependent on progress addressing the SAR backlog and on resource/demand. However, despite the team challenges, it should be noted that while this is |

drop in percentage of S2 complaints completed in time, it does represent – at 70 cases – the highest number of Stage 2 cases completed in time per one quarter over the period noted above. Even during quarters where target has been reached, the number of complaints responded to in time have been significantly lower in each previous quarter, and so this represents a performance increase despite a continued failure to meet target.

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

| | 21/22 | 22/23 | | | | 23/24 | | | | 24/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Target | Q4 | Q1 | Q2 | 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. | % of no. | % of no. | % of no. |
| 100% | 97% (G) 108 | 96% (A) 77 | 95% (R) 99 | 89% (R) 135 | 90% (R) 143 | 93% (R) 103 | 97% (G) 130 | 91% (R) 138 | 94% (R) 126 | 90% (R) 126 | 90% (R) 126 | 82% (R) 114 |

| Performance Trend |
|---|
| This indicator is reported one quarter in arrears.<br><br>Performance in relation to FOIs fell during Q3 (RED). |

| Issues Affecting Performance |
|---|
| The central Complaints, FOI and Investigations Team (CFIT) are continuing to process an extremely large volume of Subject Access Requests (SARs), and so this is having a direct impact on performance across all workstreams. In addition to this, and the additional demand around Stage 2 complaints handling, there are a couple of issues impacting on performance. Slow responses from some areas – primarily Finance – have had some impact. The key performance issue in this quarter, however, has been traced to a series of actions outwith the direct control of CFIT. Firstly, requests that should not be classed as FOI activity are being directed by applicants to the GCC FOI email inbox, which is managed by the GCC's Customer Care Centre (CCC). From there, CCC staff are required to act as though these requests were valid FOI requests due to them having been directed to GCC as such. This creates a situation for CFIT where they are required to refuse these as FOI requests, and process these instead as Subject Access Requests. Historically, as these can immediately be identified as incompetent FOI requests for information exempt under FOISA 2002, CFIT have closed these down and moved to SAR processes as a formality, however Legal Services have now determined that CFIT must first determine whether information is or is not held before proceeding to close these particular FOI requests. This requires carrying out a search with Glasgow Life, and this process is not subject to any KPI/SLA and can take considerably more than the four weeks CFIT have to respond to an FOI request. There were also issues of administrative error in relation to some cases – errors both within and outwith CFIT. |

| 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, and no further resource is available to address FOI demand. |

However, these issues will be discussed with Legal and with Glasgow Life to determine whether any process improvements are possible to reduce late FOI responses as a result of bureaucratic processes. In addition, feedback will be provided to other areas regarding slow responses to FOI requests, reiterating the necessity of prompt responses to requests for information, and CFIT staff will be reminded to set clear deadlines when requesting information.

**Timescales for Improvement**

No clear timescale for improvement can currently be estimated due to ongoing high demand in relation to SAR workstream and increasing demand in relation to Complaints workstream, and due to some of the issues impacting performance relating to matters outwith SWS, however further consideration will be given to any potential process improvements or resource availability.

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

| Target | 22/23 | | | | 23/24 | | | | 24/25 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Q1 | Q2 | 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. | % *of* no. | % *of* no. |
| **100%** | 13% (R) 249 | 18% (R) 256 | 34% (R) 182 | 40% (R) 200 | 45% (R) 217 | 42% (R) 243 | 38% (R) 185 | 38% (R) 175 | 42% (R) 175 | 22% (R) 220 | 28% (R) 218 |

| **Performance Trend** |
|---|
| This indicator is reported one quarter in arrears.<br><br>Performance in relation to Subject Access Requests continued to remain RED during the reporting period. |

| **Issues Affecting Performance** |
|---|

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand driven primarily by demand for records to support applications for redress via Redress Scotland. Demand has remained at the same level as in Q2, 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. As mentioned above, the ICO undertook an audit during this period and feedback from the ICO was that CFIT staff were diligent and hard-working, and that it was clear that there was a determination across the team to complete the SAR work the team are

responsible for in the right way despite the level of demand, however it was identified that there was insufficient resource to meet demand.

**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.

CFIT management continue to engage with the DPO with regards a formal improvement plan, and various options are under consideration in terms of addressing the outstanding issues. While not known at the time, it has now been confirmed (as of 22/04/25) that recruitment can proceed for additional staff, on a fixed term basis, to address the backlog of work that has accumulated. In addition, CFIT continue to seek to implement new software that will increase efficiency of processing.

**Timescales for Improvement**

It is not anticipated these issues will be fully resolved until 25/26 at the earliest, as demand continues to outstrip the capacity of the team to address it. The intention is for planned recruitment to be completed by August 2025, and for new software to be introduced prior to that, and resolution of the backlog is projected around 18 months from that point. Thereafter, CFIT should be sufficiently resourced to address typical demand.

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

| Locality | Target | 22/23 | 23/24 | | | | 24/25 | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 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 | | 73% (R) 421 | 80% (G) 478 | 79% (G) 518 | 74% (R) 455 | 70% (R) 451 | 75% (R) 433 | 70% (R) 280 | 67% (R) 300 | 68% (R) 436 |
| North East | | 89% (G) 81 | 97% (G) 87 | 97% (G) 98 | 92% (G) 103 | 87% (G) 102 | 92% (G) 73 | 79% (G) 67 | 78% (A) 60 | 73% (R) 73 |
| North West | | 90% (G) 94 | 94% (G) 71 | 89% (G) 111 | 67% (R) 89 | 80% (G) 56 | 75% (R) 73 | 73% (R) 51 | 71% (R) 42 | 66% (R) 74 |
| South | 80% | 59% (R) 85 | 67% (R) 87 | 60% (R) 110 | 65% (R) 77 | 63% (R) 84 | 56% (R) 95 | 63% (R) 52 | 45% (R) 67 | 38% (R) 73 |
| Centre | | 61% (R) 157 | 73% (R) 220 | 73% (R) 187 | 66% (R) 167 | 58% (R) 186 | 77% (A) 172 | 65% (R) 103 | 69% (R) 118 | 75% (R) 190 |
| Care Services (prev. Cordia) | | 100% (G) 4 | 92% (G) 13 | 83% (G) 12 | 100% (G) 19 | 96% (G) 23 | 90% (G) 20 | 86% (G) 7 | 92% (G) 13 | 96% (G) 26 |

## Performance Trend

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

The number of enquiries received during Q4 (436) was significantly higher than the number received during Q2 (280) and Q3 (300) although similar to the number received in Q1 (433).

## Issues Affecting Performance

Assumed that level of demand, limited resource/staffing issues and short timescale for response has led to challenges for staff to respond in time. Demand has increased significantly across all areas, leading to highest level of demand for YTD. Further information required as to nature of requests and reasons for delays in response.

## Actions to Improve Performance

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

complaints system and SAR improvement plan. Issue flagged with MLU staff responsible for administration of these requests.

**Timescales for Improvement**

Q1 25/26.

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## 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', which we may try to influence, but are delivered by external organisations and we do not have managerial control over.

### 1. MINISTERIAL STRATEGIC GROUP INDICATORS

| Indicator | Area | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 | 22/23 | 23/24 | Target |
|---|---|---|---|---|---|---|---|---|---|
| MSG 5. % of Last 6 months of life spent in the Community* | Glasgow | 87% | 87.2% | 87.4% | 89.3% (G) | 89.1% (G) | 87.9% (G) | 87.5%* (G) | 87.4% |
| | Scotland | 88.0% | 88.0% | 88.2% | 90.2% | 89.7% | 88.9% | 88.9%* | N/A |
| MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+) | Glasgow | 95% | 94.9% | 94.9% | 95.2% (G) | 95.3% (G) | 95% (G) | 95.1% (G) | 94.9% |
| | Scotland | 96% | 96% | 96.1% | 96.4% | 96.5% | 96.4% | 91.5% | 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 INDICATORS

| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|---|---|---|---|---|---|---|---|---|
| 1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks | Local HSCP indicator Outcome 9 | 90% within 4 weeks | Mar 25 | 39% (R) | N/A | N/A | N/A | This service is hosted by West Dunbartonshire HSCP. Increased from 36% in September. Produced quarterly. |
| 2. AHP Waiting Times – Podiatry - % seen within 4 weeks | Local HSCP indicator Outcome 9 | 90% within 4 weeks | Q4 | 89.75% (G) | N/A | N/A | N/A | This service is hosted by Renfrewshire HSCP. Decreased slightly from Q3 when was 89.9%. Produced quarterly. |
| 3. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks | Local HSCP indicator Outcome 9 | 100% within 12 weeks | Mar 24 | 98.2% (G) | N/A | N/A | N/A | This service is hosted by the Acute Sector. Increased from 94.7% in December. Produced quarterly. |
| 4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks | Local HSCP indicator Outcome 9 | 100% | Q4 | 96.4% (A) | 95.5% (A) | 93.3% (R) | 99.4% (G) | This service is hosted by East Dunbartonshire HSCP. Figures for Q3 were 99.5% (City); 99.3% (NE); 100% (NW); 99.5% (S). Produced quarterly. |
| 5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral | Local HSCP indicator Outcome 4 | 100% | Q4 | 57% (R) (Under 5s) | | | | This service is hosted by East Dunbartonshire HSCP. Figures for Q3 were 80% (under 5s) and 96% (over 5s). Produced quarterly. |
| | | 100% | Q4 | 92% (R) Aged 5-18 | | | | |

| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|---|---|---|---|---|---|---|---|---|
| 6. Percentage of those invited who undertake bowel screening | Local HSCP indicator Outcome 1 | 60% | Apr22 to Mar24 | 56.2% (R) | 56% (R) | 56.8% (R) | 55.8% (R) | HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Previous figures for 2021-23 were 55.6% (citywide); NE 55.2%; NW 56.2%; S 55.3%. Next report due Mar 26. |
| 7. Percentage of women invited who attend for breast screening | Local HSCP indicator Outcome 1 | 70% | Apr21 to Mar24 | 70.4% (G) | 68.3% (G) | 70% (G) | 72.6% (G) | 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 Mar 2025. Last report was for Apr 20 to Mar 23 when was 64.1% (citywide); NE 61.2%:  NW 62.7%; S 67.9%. Next report due Mar 26. |
| 8. Percentage of women invited who attend for cervical screening (all ages) | Local HSCP indicator Outcome 1 | 80% | 2023/ 24 | 58.5% (R) | 60.5 (R) | 49.9% (R) | 66.4% (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 Mar 2025. Previous figures for 22/23 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Mar 2626. |
| 9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months | Local HSCP indicator Outcome 1 | 75% | 2023-24 | 75.5% (G) | 75.8% (G) | 71.3% (G) | 78.5% (G) | HSCP not directly responsible but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Previous figures for 22/23 were 76.2% (citywide); NE 75.3%; NW 76.4%; S 76.6%. Next report due Mar 2026 |

| Indicator | Type/ Outcome | Target | Date | City | North East | North West | South | Comments |
|---|---|---|---|---|---|---|---|---|
| 10.% of 0-2 year olds registered with a dentist | Local HSCP indicator Outcome 1 | 55% | Sep 24 | 64.36 (G) | 67.94 (G) | 61.51 (G) | 63.69 (G) | Provisional figures shown for Sep 24. Figures for Mar 24 are 44.12% (City); and for localities 48.57% (NE); 41.99% (NW); 42.27% (S). |
| 11. % of 3-5 year olds registered with a dentist | Local HSCP indicator Outcome 1 | 90% | Sep 24 | 58.37 (R) | 59.76 (R) | 56.36 (R) | 58.77 (R) | Provisional figures shown for Sep 24. Figures for Mar 24 are 74.71% (City); and for localities 76.35% (NE); 72.48% (NW); 75.06% (S). |

## APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

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

Priority 1    Prevention, early intervention, and well-being

Priority 2    Supporting greater self-determination and informed choice

Priority 3    Supporting people in their communities

Priority 4    Strengthening communities to reduce harm

Priority 5    A healthy, valued and supported workforce

Priority 6    Building a sustainable future

**APPENDIX 4 – APR KPIs**

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

1. Number of Future Care Plan summaries completed and shared with the patient's GP

2. Number of Clustered Supported living tenancies offered

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

4. Number of Telecare referrals received by Reason for Referral

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

6. Intermediate Care: % Users Transferred Home

7. New Accident and Emergency Attendances (18+)

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

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

10. Total number of Acute Delays

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

12. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement

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

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

15. Number of out of authority placements (children)

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

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

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

19. Number of households reassessed as homeless or threatened with homelessness within 12 months.

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

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

22. Alcohol Brief Intervention Delivery

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

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

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

26. NHS Sickness Absence rate (%)

27. Social Work Sickness Absence Rate (%)