



Item No. 12

Meeting Date: Wednesday 11th September 2024

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

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HSCP Performance Report Q1 2024/25

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 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 Children's 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.

Governance Route:

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

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

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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the attached performance report; b) consider the exceptions highlighted in section 4.3; and c) review and discuss performance with the Strategic Lead for Children's Services.
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Relevance to Integration Joint Board Strategic Plan:	The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.
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Implications for Health and Social Care Partnership:

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

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 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 Children's 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.

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

4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels, including trends over time. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement; as well as for those indicators which have changed their RAG status in a positive direction.

Exceptions

- 4.3 At Q1, 52 indicators were GREEN (55.3%); 37 RED (39.4%) and 5 AMBER (5.3%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Older People & Carers	Page
8. Intermediate Care: Average Length of stay (Days)	30
9. Intermediate Care: Percentage of users transferred home	31
Unscheduled Care	
3. Number of Unscheduled Hospital Bed Days	40
5. Total Number of Acute Delays	42
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	44
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	45
Children's Services	
1. Uptake of the Ready to Learn Assessments - North East and South	48
1. Uptake of the Ready to Learn Assessments – North West	48
4. % looked after & accommodated children under 5 who have had a Permanency Review	52
5. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	54
7. Number of out of authority placements (excluding Foster Care placements)	57
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months	59

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Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral - <i>North East and South</i>	61
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - <i>Leverndale and Gartnavel</i>	63
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Leverndale</i>	65
4. Total number of Adult and Older People Mental Health Delays	67
Sexual Health (Sandyford)	
5. Number of individual young people attending all Sandyford services aged 16-17 (Male)	73
7. Number of individual young people attending all Sandyford services aged 16-17 (Female)	73
Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (2, 3 and 5 apartment)	79
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	82
6. Number of new Housing First tenancies created	84
Health Improvement	
2. Smoking Quit Rates at 3 months from the 40% most deprived areas	93
5. Exclusive Breastfeeding at 6-8 weeks (general population)	97
Human Resources	
1. NHS Sickness absence rate	102
2. Social Work Sickness Absence Rate	104
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	105
4. % of NHS staff who have completed the standard induction training within the agreed deadline	106
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	107
Business Processes	
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	111
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	112
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	113
7. Percentage of elected member enquiries handled within 10 working days	115

Changes in RAG Status

4.4 There has been a change in RAG status for **13** indicators since the last report. Of these, performance improved for **7** and declined for **6**.

i. Performance Improved

A) RED TO GREEN	
Older People & Carers	
7. Intermediate Care: Percentage Occupancy	
Sexual Health	
4. Number of individual young people attending all Sandyford services aged 13-15 (Male)	

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6. Number of individual young people attending all Sandyford services aged 13-15 (Female)
Health Improvement
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones)
B) RED to AMBER
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill
Homelessness
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation
C) AMBER to GREEN
Older People & Carers
5. Provided Residential Care – Review Rates

ii. Performance Declined

A) GREEN TO RED
Unscheduled Care
3. Number of Unscheduled Hospital Bed Days - Acute (18+)
Business Processes
4. Percentage of Social Work Stage 2 Complaints responded to within timescale
B) AMBER to RED
Children's Services
1. Uptake of the Ready to Learn Assessments (North West)
7. Number of out of authority placements
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
C) GREEN to AMBER
Older People & Carers
3. Day Care (provided) – Review Rates

5. Recommendations

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

- a) note the attached performance report;
- b) consider the exceptions highlighted in section 3.4; and
- d) review and discuss performance with the Strategic Lead for Children's Services.

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CORPORATE PERFORMANCE REPORT

**QUARTER 1
2024/25**

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1. PERFORMANCE SUMMARY

1. Key to the Report









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

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

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2a. Summary

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

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Older People & Carers	4 (23.5%)	2 (11.8%)	10 (58.8%)	1 (5.9%)	2 (11.1%)	2 (11.1%)	14 (77.8%)	
Unscheduled Care	2 (28.6%)		5 (71.4%)		3 (50%)		3 (50%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	3 (23.1%)	3 (23.1%)	7 (53.8%)		7 (53.8%)		6 (46.2%)	
Adult Mental Health	8 (80%)		2 (20%)		6 (60%)	2 (20%)	2 (20%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	4 (50%)		4 (50%)		2 (25%)		6 (75%)	
Homelessness	6 (66.7%)		3 (33.3%)		5 (45.5%)	1 (9%)	5 (45.5%)	
Criminal Justice			6 (100%)				6 (100%)	

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CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Health Improvement	3 (42.9%)		4 (57.1%)		2 (28.6%)		5 (71.4%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	3 (42.9%)		4 (57.1%)		4 (57.1%)		3 (42.9%)	
TOTAL No. and (%)	39 (42.4%)	5 (5.4%)	47 (51.1%)	1 (1.1%)	37 (39.4%)	5 (5.3%)	52 (55.3%)	0 (0%)









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2b. Performance at a Glance

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

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Older People & Carers				
<i>Home Care, Day Care and Residential Services</i>				
1. Percentage of service users who receive a reablement service following referral for a home care service	increased from 70% to 75% for 23/24	Q1	<u>Hosp. discharges</u> 73.9% <u>Community Referrals</u> 86.2%	Hosp Comm
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q1	36.4% 	
3. Day Care (provided) – Review Rates	95%	Q1	92% 	to
4. Provided Residential Care – Occupancy Rates	95%	Q1	90.4% 	
5. Provided Residential Care – Review Rates	95%	Q1	93% 	to
<i>ii. Commissioned Services</i>				
6. Number of Clustered Supported Living tenancies offered to Older People	75 per annum	Q1	25 	

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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
		(19/quarter)			
7. Intermediate Care: Percentage Occupancy		90%	Jun 24	92% 	 ▲ to 
8. Intermediate Care: Average Length of stay (Days)		< 42 days	Jun 24	45 days 	▼
9. Intermediate Care: Percentage of users transferred home		>30%	Jun 24	22% 	▲
iii. HSCP Community Services					
10. Number of Anticipatory Care Plan (ACP) summaries completed and shared with the patient's GP.		Target has increased for 24/25 from 260 to 360 summaries per annum	Q1	116 	▼
11. Occupational Therapy (OT) Assessments: % completed within 12 months of request		98%	Q1	98% 	N/A
12. Number of Telecare referrals received by Reason for Referral	(i) Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings	560 per annum	Q1	654 	▼
















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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	Q1	165 	▼
	(iii) Outcome 3 Supporting Carers	100 per annum	Q1	30 	▲
13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q1	98.8% 	N/A
14. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q1	96.0% 	N/A
15. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement		1,900 per annum	Q1	592 	▼
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		153,791 (12,816/month)	Full Year 2023/24	147,080 (12,257 per month) 	▲
2. Number of Emergency Admissions (18+) (reported in arrears)		66,624 (5552/month)	Full Year 2023/24	58,866* (4,906* per month) *provisional 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	507,633 (42,303/month)	Full Year 2023/24	526,739* (43,895* per month) *provisional 	 to 
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	181,371 (15,114 per month)	Full Year 2023/24	168,924* (14,077* per month) *provisional 	
5. Total number of Acute Delays	120	Jun 24	146 (Total) 76 (Non-AWI) 70 (AWI) 	Total  Non-AWI  AWI 
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	39,919 (Monthly ave 3,327)	Full Year 2023/24	76,777 (6,398 per month) 	
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q4	73.52% 	
2. Prescribing Costs: Annualised cost per weighted list size (reported in arrears)	At/Below NHSGGC average	Mar 24	£179.8 	




























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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%	Jun 24	NE 87% NW 84% S 89%	NE ▼ NW ▼ to S ▲
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Mar 24	NE 95% NW 98% S 97%	NE ▼ NW ► S ►
3. Number of referrals being made to Healthier, Wealthier Children Service	1,533 annually/ 383 per quarter across city	Q1	800	▼
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%	Q1	56%	▼
5. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q1	51%	▲
6. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q1	77%	►
7. Number of out of authority placements	25 or fewer by end March 2024	Q1	29	▼ to

















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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%	Q4	90.24% 	 to 
9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	94.97% 	
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 24	NE 77.3%  NW 94.4%  S 82.6% 	NE  NW  S 
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Jun 24	Stob 24.3  Lev 32.3  Gart 41 	Stob  Lev  Gart 
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Jun 24	Stob 98%  Lev 101.8%  Gart 99% 	Stob   to  Lev  Gart 
4. Total number of Adult and Older People Mental Health Delays	20	Jun 24	49 Total 43 (Non-AWI)/ 6 (AWI) 	

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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%	Q4	93% 	▼
Sexual Health				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered	1,354 per quarter	Q1	1,562 	▲
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered	1,166 per quarter	Q1	2,190 	▲
3. Median waiting times for access to Urgent Care appointments.	2 Working Days	Q1	1 day 	▶
4 & 5. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male)	4 (13-15) 27 (16-17)	Q1	11  (13-15) 23  (16-17)	▲ (13-15)  to  ▲ (16-17)
6 & 7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Female)	75 (13-15) 195 (16-17)	Q1	91  (13-15) 164  (16-17)	▲ (13-15)  to  ▼ (16-17)
8. Waiting times for access to TOPAR appointments	5 working days	Q1	3 	▲
Homelessness				
1. Percentage of decisions made within 28 days of initial presentation: Settled Accommodation	95%	Q1	91% 	▲  to 









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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q1	1,411 	▲
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q1	21 	n/a
	2 apt	36 weeks		41 	n/a
	3 apt	31 weeks		36 	n/a
	4 apt	81 weeks		82 	n/a
	5 apt	225 weeks		296 	n/a
4. Number of households reassessed as homeless or potentially homeless within 12 months (reported in arrears)		<480 per annum (<120 per quarter)	Q1	99 	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q1	52% 	▼
6. Number of new Housing First tenancies created		20 per quarter	Q1	3 	▼
7. Number of Temporary Furnished Flats		2,400 or less	Q1	2,344 	▶













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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q1	85% 	▼
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)	85%	Q1	91% 	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q1	83% 	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q1	84% 	▲
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q1	81% 	▲
6. Throughcare order licences: Percentage of Post release interviews held within one day of release from prison	80%	Q1	100% 	▶
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,754 	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas. (reported in arrears)	1,224 for 23/24	Full Year 23/24	1,097 	▲










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Women smoking in pregnancy (general population)	10%	Q1	6.4% 	▲
4. Women smoking in pregnancy (most deprived quintile)	14%	Q1	10% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q4	30.7% 	▶
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones) (reported in arrears)	24.4%	Q4	24.2% 	▲  to 
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks) (reported in arrears)	29.5% for 23/24	Q4	21.4% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Jun 24	7.56% 	▼
2. Social Work Sickness Absence Rate (%)	<5%	Q1	11% 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))	80%	Jun 24	38.4% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Jun 24	73% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Jun 24	60% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q1	90% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	85% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q4	71% 	▼
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	52% 	▼  to 
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q4	94% 	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q4	38% 	▶
7. Percentage of elected member enquiries handled within 10 working days	80%	Q1	75% 	▲

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

Referral Source	Target	22/23				23/24*				24/25
		Q1 Per 4 (Jun) %	Q2 Per 7 (Sept) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1* %	Q2* %	Q3* %	Q4 %	Q1 %
Hospital Discharges	75% (23/24)	66.3 (R)	67.6 (A)	75.6 (G)	70.1 (G)	76.6 (G)	77.8 (G)	79.0 (G)	73.9 (G)	73.9 (G)
Community Referrals	(70% prior to 23/24)	72.3 (G)	76.7 (G)	77.2 (G)	79.6 (G)	86.2 (G)	83.8 (G)	87.9 (G)	88.4 (G)	86.2 (G)

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

Performance Trend

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

Performance in relation to both Hospital Discharges and Community Referrals remained GREEN during Quarter 1.

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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. Information is reported by calendar monthly financial period.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

		22/23				23/24*				24/25
Locality	Target	Q1 Per 4 (Jun) %	Q2 Per 7 (Sep) %	Q3 Per 10 (Dec) %	Q4 Per 13 (Mar) %	Q1* %	Q2* %	Q3* %	Q4 %	Q1 %
City	>35%	36.5 (G)	36.3 (G)	41.1 (G)	36.2 (G)	34.5 (G)	34.6 (G)	34.4 (G)	37.5 (G)	36.4 (G)
North East		40.0 (G)	36.5 (G)	39.5 (G)	44.4 (G)	38.7 (G)	32.1 (R)	32.5 (R)	43.5 (G)	39.2 (G)
North West		38.6 (G)	46.4 (G)	47.3 (G)	38.1 (G)	37.6 (G)	34.9 (G)	36.9 (G)	38.2 (G)	39.9 (G)
South		33.0 (R)	29.4 (R)	37.8 (G)	31.3 (R)	30.7 (R)	35.6 (G)	33.5 (A)	33.4 (A)	32.8 (R)

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

Performance Trend

At city level and in North East and North West performance remained above target and GREEN at Quarter 1. Performance in South dropped slightly between year-end and Q1 with the RAG rating moving from AMBER to RED during the reporting period.

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

	20/21	21/22			22/23				23/24				24/25
Target	Q1-4	Q1-3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
95%	N/A*	N/A*	91% (A)	93% (G)	93% (G)	86% (R)	92% (A)	92% (A)	89% (R)	84% (R)	94% (G)	92% (A)	

Performance Trend

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

During Q1 performance in relation to this indicator fell slightly with the RAG rating moving from GREEN to AMBER.

Issues Affecting Performance

There has been a slight reduction in review rates for day care service users since Q4. This has been due to minimal challenges in setting review dates with appropriate key workers.

Actions to Improve Performance

Managers of day centres monitor levels of review activity in all centres on a weekly basis.

Timescales for Improvement

Q2 of 2024/25.

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OFFICIAL

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

Target	21/22		22/23				23/24				24/25
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
95%	97% (G)	96% (G)	97% (G)	96% (G)	96% (G)	95% (G)	94% (G)	90.5% (A)	96% (G)	92% (A)	90.4% (A)

Performance Trend

Performance in relation to residential occupancy during Q1 remained outwith the target range and AMBER.

Issues Affecting Performance

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

Actions to Improve Performance

Increased awareness of vacancies raised with assessment and hospital social work teams. Revision of admission processes to ensure that these are as streamlined as possible to avoid any delays in admission. This is an on-going action from Q4 of 23/24.

Timescales for Improvement

Q2 of 2024/25

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Target/Ref	5. Provided Residential Care – Review Rates
Purpose	To monitor the extent to which reviews for care home residents are being undertaken within the target 6-month period. This indicator reports on the review of residents in our own local authority residential care homes.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Robin Wallace, Head of Residential and Day Care Services

	21/22			22/23				23/24				24/25
Target	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
95%	96% (G)	97% (G)	99% (G)	95% (G)	95% (G)	93% (G)	89% (R)	84% (R)	92% (A)	91% (A)	91% (A)	93% (G)
Performance Trend												
Performance in relation to this KPI improved during the first quarter with the RAG-rating moving from AMBER to GREEN.												
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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				23/24 Total	24/25 Q1
				Q1	Q2	Q3	Q4		
City	75 per annum (19 per quarter)	84 (G)	83 (G)	32 (G)	11 (R)	29 (G)	16 (R)	88 (G)	25 (G)
North East	25 per annum (6 per quarter)	35 (G)	21 (R)	7 (G)	2 (R)	12 (G)	5 (R)	26 (G)	6 (G)
North West		23 (R)	25 (G)	8 (G)	4 (R)	9 (G)	2 (R)	23 (R)	9 (G)
South		26 (G)	37 (G)	17 (G)	5 (R)	8 (G)	9 (G)	(39) (G)	10 (G)

Performance Trend

The quarterly target was met at city level and in each of the localities during the first quarter of 2024/25 (GREEN).

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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	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
City	90%	74 (R)	70 (R)	97 (G)	69 (R)	94 (G)	83 (R)	91 (G)	81 (R)	91 (G)	92 (G)	92 (G)
North East		84 (R)	89 (G)	98 (G)	57 (R)	90 (G)	86 (A)	N/A	100 (G)	95 (G)	93 (G)	94 (G)
North West		86 (A)	66 (R)	98 (G)	92 (G)	97 (G)	80 (R)	94 (G)	83 (R)	94 (G)	90 (G)	90 (G)
South		51 (R)	65 (R)	95 (G)	70 (R)	94 (G)	84 (R)	89 (G)	72 (R)	87 (A)	93 (G)	91 (G)

Performance Trend
<p>Performance has improved in the last quarter and has moved from RED to GREEN at a city level and in the North West and South, while remaining GREEN in the North East.</p> <p>The Burlington unit in the North East was closed during November and December 2024.</p> <p>Back to Summary</p>

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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	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
City	<42 days	56 (R)	48 (R)	35 (R)	74 (R)	53 (R)	46 (R)	53 (R)	44 (R)	42 (G)	55 (R)	45 (R)
North East		76 (R)	55 (R)	32 (R)	101 (R)	66 (R)	44 (R)	N/A	13 (G)	40 (G)	40 (G)	47 (R)
North West		60 (R)	73 (R)	68 (R)	57 (R)	62 (R)	80 (R)	69 (R)	74 (R)	53 (R)	63 (R)	56 (R)
South		23 (R)	44 (R)	31 (R)	69 (R)	45 (R)	33 (R)	45 (R)	41 (R)	40 (G)	59 (R)	40 (G)

Performance Trend

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

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

The Burlington unit in the North East was closed during November and December 2024.

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

Quarter 1 25/26.

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

Area	Destination	Target	21/22				2022/23				2023/24		
			Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Glasgow	Home	30%	26 (R)	24 (R)	28 (R)	29 (R)	29 (A)	32 (G)	22 (R)	14 (R)	27 (R)	34 (G)	22 (R)
	Res/Nursing	N/A	59	66	48	65	43	48	52	68	59	55	59
	Readmissions	N/A	11	10	20	60	14	19	17	14	14	8	19
	Deceased	N/A	4	0	4	0	14	0	9	5	0	3	0
NE	Home	30%	43 (G)	0 (R)	25 (R)	8 (R)	57 (G)	67 (G)	N/A	0 (R)	44 (G)	33 (G)	13 (R)
	Res/Nursing	N/A	43	75	50	83	43	17	N/A	33	56	56	75
	Readmissions	N/A	14	25	25	8	0	17	N/A	33	0	0	13
	Deceased	N/A	0	0	0	0	0	0	N/A	33	0	11	0
NW	Home	30%	25 (R)	0 (R)	0 (R)	18 (R)	33 (G)	14 (R)	29 (G)	0 (R)	25 (R)	33 (G)	20 (R)
	Res/Nursing	N/A	75	100	100	73	33	71	57	100	75	56	40
	Readmissions	N/A	0	0	0	9	33	14	0	0	0	11	40
	Deceased	N/A	0	0	0	0	0	0	14	0	0	0	0
South	Home	30%	17 (R)	32 (R)	33 (G)	44 (G)	17 (R)	28 (A)	19 (R)	21 (R)	11 (R)	35 (G)	29 (A)
	Res/Nursing	N/A	58	59	39	52	44	50	50	64	56	55	57
	Readmissions	N/A	17	9	22	4	17	22	25	14	33	10	14
	Deceased	N/A	8	0	6	0	22	0	6	0	0	0	0

Performance Trend

City wide performance improved in the last quarter but remains RED. All areas also improved with the South moving from RED to AMBER.

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

Quarter 1 25/26

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iii. HSCP Community Services

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

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

Performance Trend
<p>Target has been increased from 260 to 360 for 2024/25.</p> <p>Performance for Q1 continues to be above target and GREEN. This relates to the number of completed ACP Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work.</p> <p>Back to Summary</p>

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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	
		Q3		Q4		Q1	
		Number of completed Activities	% completed within 12 months of request	Number of completed Activities	% completed within 12 months of request	Number of completed Activities	% completed within 12 months of request
City	98%	1,752	95% (A)	2,129	96% (G)	2,107	98% (G)
Centre (Health and Social Care Connect)		1,044	100% (G)	1,369	100% (G)	1,403	100% (G)
North East		243	91% (R)	217	81% (R)	226	99% (G)
North West		214	98% (G)	256	98% (G)	248	100% (G)
South		233	76% (R)	256	86% (R)	209	87% (R)
Other (Learning Disability)		18	83% (R)	31	71% (R)	21	100% (G)
Performance Trend							
New OT KPI for 24/25 which replaces the previous Waiting List KPI.							
At Q1 the target was met at city level and in all localities and teams (GREEN) with the exception of South which remained outwith the target range (RED).							
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Target/Ref	12. Number of Telecare referrals received by Reason for Referral
Purpose	<p>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.</p> <ol style="list-style-type: none"> 1. Due to a fall within the last year 2. For safety and reassurance within the home 3. To maintain independence 4. Carer Support 5. To assist a return from hospital.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend

All quarterly targets for Telecare referrals were comfortably met during the first quarter of 24/25 (GREEN).

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

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

Performance Trend
<p>New indicator</p> <p>Performance above target and GREEN in the first quarter.</p> <p>Back to Summary</p>

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

Performance Trend
<p>New indicator</p> <p>Performance above target and GREEN in the first quarter.</p> <p>Back to Summary</p>

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

Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23 Full Year Total	23/24				23/24 Full Year Total	24/25	
					Q1	Q2	Q3	Q4		Q1	Q2
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	2,533 (G)	783 (G)	853 (G)	725 (G)	868 (G)	3,229 (G)	592 (G)	
North East	633 (158 per Q)	604 (A)	801 (G)	866 (G)	217 (G)	290 (G)	231 (G)	278 (G)	1,016 (G)	178 (G)	
North West	633 (158 per Q)	445 (R)	684 (G)	777 (G)	257 (G)	241 (G)	220 (G)	280 (G)	998 (G)	186 (G)	
South	633 (158 per Q)	879 (G)	906 (G)	890 (G)	309 (G)	322 (G)	274 (G)	310 (G)	1,215 (G)	228 (G)	

Performance Trend

Both the city-wide and locality targets for this indicator were exceeded during the first quarter of 24/25 (GREEN).

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UNSCHEDULED CARE

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

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Total	153,791	161,155 (A)	113,633 (G)	139,967 (G)	141,753 (G)	147,080 (G)
Monthly Average	12,816	13,430 (A)	9469 (G)	11,664 (G)	11,813 (G)	12,257 (G)

Performance Trend

Performance for 2023/24 was GREEN although the monthly average has continued to increase over the last three years after falling during the pandemic (20/21).

New revised target will be introduced within the Q2 report relating to 24/25 data.

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

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Total	66,624	63,855 (G)	54,947 (G)	59,197 (G)	56,574 (G)	58,866* (G)
Monthly Average	5,552	5,321 (G)	4,579 (G)	4,933 (G)	4,715 (G)	4,906* (G)

*Provisional

Performance Trend
<p>Performance is below target and GREEN for 2023/24 although these figures are provisional at this stage. The monthly average for 2023/24 shows an increase from 2022/23.</p> <p>New revised target using 19/20 as the baseline will be introduced within the Q2 report relating to 24/25 data.</p> <p>Back to Summary</p>

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

Timescale	2023/24 Target	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Total	507,633	507,633 (R)	450,954 (G)	522,420 (R)	546,937 (R)	526,739* (R)
Monthly Average	42,303	42,303 (R)	37,580 (G)	43,535 (R)	45,578 (R)	43,895* (R)

*Provisional

Performance Trend
<p>Performance is RED and above target and although they appear to have reduced since 2022/23, these figures are provisional at this stage.</p> <p>The 23/24 target has been amended to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures; and this approach will be replicated across Unscheduled Care metrics for 2024/25 in order to demonstrate progress towards pre-pandemic performance.</p> <p>New revised target using 19/20 as the baseline will be introduced within the Q2 report relating to 24/25 data.</p>
Issues Affecting Performance
<p>Provisional figures indicate a reduction from the previous reporting cycle. Initiatives continue to reduce emergency bed days across the system. The complexity of admissions and increasing issues around mental capacity continue to impact on longer lengths of stay for older people in particular.</p>
Actions to Improve Performance
<p>A range of programmes have been trialled to prevent admission or reduce the length of stay of emergency admissions. Home First, Discharge Without Delay, Call Before You Convey and Hospital at Home have formed a wide use of programmes to support earlier discharge and admission avoidance. Work is ongoing to reduce the bed days associated with patients with issues around their mental capacity including case tracking of individuals progressing through the complex legal process to support discharge. Winter planning is underway to plan for further activity aimed at reducing admissions, managing throughput and providing appropriate support on discharge including homecare, rehabilitation and the use of intermediate care options.</p>
Timescales for Improvement
Q4 2024/25
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Indicator	4. Number of Unscheduled Hospital Bed Days – Mental Health (18+)
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Timescale	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Total	181,371	198,258 (R)	181,881 (G)	180,102 (G)	181,660 (G)	168,924 (G)
Monthly Average	15,114	16,522 (R)	15,157 (G)	15,009 (G)	15,138 (G)	14,077* (G)

*Provisional

Performance Trend
Performance is below target and GREEN. Figures for 2023/24 are provisional at this stage.
New revised target using 19/20 as the baseline will be introduced within the Q2 report relating to 24/25 data.
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Indicator	5. Total number of Acute Delays
Purpose	To monitor the extent to which people are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to Adult Acute beds (excluding Mental Health beds which are covered in the Mental Health section of this report). Source of data is the monthly Health Board Census Summary figures.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
North East	120	21	32	26	24	21	25	30	20	43	29	21
North West		17	25	16	21	20	26	21	30	25	31	24
South		34	40	24	48	24	38	33	33	24	24	31
Other												
Sub-Total (Included Codes)		72	97	66	93	65	89	84	83	92	84	76
North East		21	22	20	15	25	31	24	24	21	25	26
North West		20	22	19	23	22	16	15	11	17	19	22
South		27	23	29	11	14	20	25	22	21	25	22
Other												
Sub-Total (Complex Codes)		68	67	68	49	61	67	64	57	58	69	70
Overall Total		140 (R)	164 (R)	134 (R)	142 (R)	126 (R)	156 (R)	148 (R)	140 (R)	150 (R)	153 (R)	146 (R)

Performance Trend
Total numbers delayed have increased slightly in the last quarter and remain RED. Included codes delays fell by 7 but complex codes increased by 13.
Issues Affecting Performance
<ul style="list-style-type: none"> • Awaiting care home places – Lack of availability, impact of patient & family choice, engagement required to liaise and progress discharge. • Increase in Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process. • Delays linked to issues which may not have an HSCP locus such as house cleans, equipment, housing factors etc. • Increase in homelessness linked cases, reflecting the wider housing crisis in the city. • Increased complexity of referrals. • Ongoing staffing issues – general sickness/absence.

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These trends continue for this quarter.

Actions to Improve Performance

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

Performance continues to be managed using parameters above.

Timescales for Improvement

Agreed timescale up to Q3/Q4 2024/25.

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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	2022/23 Target	2019/20	2020/21	2021/22	2022/23	2023/24
Annual Total	39,919	45,318 (R)	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)
Monthly Average	3,327	3776 (R)	4159 (R)	5404 (R)	6240 (R)	6398 (R)

Performance Trend
Bed Days lost increased over the last four years after falling in 2019/20 due to the pandemic and are RED for 2023/24. New revised target will be introduced within the Q2 report relating to 24/25 data.
Issues Affecting Performance
See issues set out in KPI 5 above.
Actions to Improve Performance
<ul style="list-style-type: none"> • 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. <p>Performance continues to be monitored in line with above parameters.</p>
Timescales for Improvement
Agreed timescale up to Q3/ Q4 2024/25. Back to Summary

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PRIMARY CARE

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

Locality	Target	2021/22	2022/23				2023/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	78%	75.96 (A)	76.17 (G)	76.54 (G)	76.89 (G)	76.41 (G)	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)
NE		76.67 (G)	77.01 (G)	77.24 (G)	77.48 (G)	77.02 (G)	76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)
NW		75.33 (A)	75.45 (A)	75.85 (A)	76.37 (G)	75.87 (A)	75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)
S		75.86 (A)	75.92 (A)	76.50 (G)	76.79 (G)	76.32 (G)	75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)
NHSGGC		75.96	76.87	76.54	76.85	76.45	75.77	72.03	73.75	73.9

Performance Trend

During Q4, there was an increase in performance across all parts of the city and at Health Board level, but all areas remained RED.

This indicator is reported one quarter in arrears.

Issues Affecting Performance

No key new issues identified during this quarter.

Emerging issue:

- Our 2024/2025 prescribing efficiencies programme necessitates changes to first line products during 2023/24 Q4 and 2024/25 Q1. We anticipate a temporary dip in respiratory, cardiology and diabetes preferred list compliance relating to large scale switch programmes, which will recover throughout 2024/25 as we move to the new preferred products.

Ongoing issues:

- In line with the board sustainability commitments, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler to a dry powder inhaler (DPI). This gradual transition is ongoing. Respiratory preferred list compliance increased from 52-54% during this quarter and supports much of the overall increase across the HSCP.
- Shortages of carbomer eye products have required prescribers to switch between brands or prescribe hypromellose or hyaluronate products instead. There remains ongoing generic prescribing of carbomer with a reduction in alternatives.
- SGLT2 inhibitors are licensed for diabetes, and more recently also for heart failure and CKD (Chronic Kidney Disease) and their use is increasing. These are non-preferred list and so will be contributing to the trend in compliance.

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Actions to Improve Performance
Ongoing actions/considerations: <ul style="list-style-type: none">• The gradual transition from salbutamol MDI to dry powder continues in a structured way.• Prescribers were issued guidance on managing the carbomer shortage and this is supported by ScriptSwitch based on product availability.• SGLT2 inhibitors are subject to preferred list adoption processes. No single SGLT2 inhibitor medication has a clear cost or clinical benefit at this time and so there is no preferred option.
Timescales for Improvement
<p>Salbutamol will take a number of years to fully convert to DPI's. This work is being led by the Primary Care Sustainability (Climate) Group. Pilot work is being undertaken at several practice sites across the city however genuine culture change among clinicians and patients will take a number of years to embed.</p> <p>Carbomer shortages had not resolved during the timeframe expected. Work will continue in Q1 and Q2 to revert patients to their original prescription where possible.</p> <p>Back to Summary</p>

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

Locality	Target	2021/22	2022/23				2023/24			
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
City	Cost below (or same) as Board average	£154.2 (G)	£156.8 (G)	£159.7 (G)	£155.3 (G)	£160.2 (G)	£164.4 (G)	£175.4 (G)	£176.2 (G)	£179.8 (G)
NE		£151.1 (G)	£158.3 (G)	£163.1 (G)	£162.1 (G)	£169.3 (G)	£173.7 (G)	£177.9 (G)	£179.1 (G)	£179.9 (G)
NW		£150.9 (G)	£149.9 (G)	£150.5 (G)	£154.2 (G)	£157.8 (G)	£162.2 (G)	£164.9 (G)	£164.3 (G)	£172.9 (G)
S		£160.7 (G)	£161.4 (G)	£165.0 (G)	£169.1 (G)	£174.1 (G)	£178.8 (G)	£182.6 (G)	£184.5 (G)	£185.6 (G)
NHSGGC		£173.0	£174.7	£178.0	£181.7	£187.7	£193.4	£197.5	£198.34	£199.4

Performance Trend
Costs at city level and in all areas increased in the last quarter but remained GREEN. All remain considerably below the Health Board average, which also increased this quarter.
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	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
North East	95%	84 (R)	89 (R)	91 (A)	78 (R)	82 (R)	88 (R)	90 (A)	88 (R)	88 (R)	82 (R)	87 (R)
North West		80 (R)	87 (R)	88 (R)	87 (R)	85 (R)	87 (R)	87 (R)	91 (A)	88 (R)	83 (R)	84 (R)
South		89 (R)	90 (A)	89 (R)	85 (R)	85 (R)	83 (R)	92 (A)	88 (R)	85 (R)	86 (R)	89 (R)

Performance Trend
Performance remains RED across the city. In the North East and South, performance remained similar in the last quarter, while the North West moved from AMBER to RED.
Issues Affecting Performance
The service has completed an analysis of factors affecting the uptake of Ready to Learn Assessments. As an example, looking at the NW dashboard of 27-30 month assessments not completed in March 2023, non-completion was due to: children who recently transferred into caseloads who had moved from out with the board area and had not had assessment prior to transfer; a small number of declined assessments; and a small number where the template (from which the data is extracted) had not been completed although the assessment had been completed. This means that in the majority of cases, performance was impacted by circumstances out with our control.
Actions to Improve Performance
The plan is to continue to carry out developmentally appropriate assessments for children who missed their 27–30 month Ready to Learn Assessment. These are recorded as 'unscheduled' checks for children older than 30 months – which ensures that the assessment is appropriate for the child's developmental stage – however, the recording of an 'unscheduled' assessment is not counted in the current performance indicator. Discussions are ongoing to review this.
Team leaders are continuing to review caseloads to ensure performance continues to improve, where the factors are within the control of the service. Monthly population reports are provided to team leads which identifies those 27-30 month assessments that are due and those that are not

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completed; this allows team leads to explore the reasons in caseload management discussions. This data is being enhanced and will allow us to update this data at the time of the review. The use of Microsoft Strategy supports analysis of the data and identifies patterns in performance at a team and service level and Service Managers can then discuss this in monthly 1:1s with team leaders. In addition, there are some children on caseloads who are known not to be in country (GANA) – a 7 minute briefing has been developed to improve how this is managed in caseloads.

Timescales for Improvement

Ongoing work is progressing to assess children who have missed their 27–30 month assessment, 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	2021/22	2022/23					2023/24				2024/25	
		Mar 22	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	
North East	95%	97 (G)	96 (G)	97 (G)	97 (G)	94 (G)	96 (G)	98 (G)	96 (G)	95 (G)			
North West		97 (G)	97 (G)	99 (G)	96 (G)	93 (G)	97 (G)	96 (G)	98 (G)	98 (G)			
South		97 (G)	98 (G)	97 (G)	96 (G)	95 (G)	97 (G)	98 (G)	97 (G)	97 (G)			

Performance Trend
All areas remained GREEN during the last quarter. There is a time lag in the availability of this data so is reported a quarter 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)				
NE	344	86	860 (G)	919 (G)	916 (G)	245 (G)				
NW	576	144	763 (G)	852 (G)	828 (G)	212 (G)				
S	613	153	1,446 (G)	1,456 (G)	1,337 (G)	343 (G)				

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

Locality	Target	22/23				23/24				24/25	
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Quarter 1	
										% with review	Number <i>without</i> a Permanency Review
City	90%	59 (R)	61 (R)	63 (R)	61 (R)	54 (R)	61 (R)	59 (R)	59 (R)	56 (R)	27*
North East		59 (R)	65 (R)	64 (R)	63 (R)	61 (R)	68 (R)	69 (R)	60 (R)	58 (R)	10
North West		56 (R)	56 (R)	67 (R)	64 (R)	60 (R)	56 (R)	56 (R)	59 (R)	53 (R)	7
South		58 (R)	58 (R)	57 (R)	56 (R)	38 (R)	50 (R)	45 (R)	53 (R)	53 (R)	9

*1 child is currently allocated to a hospital team.

Performance Trend

Performance at city and locality level remained below target and RED during Quarter 1.

At the end of June, a total of 27 children (of 62 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

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

In addition, the introduction of the new family connections plan, in line with the aspirations of The Promise, has been an adjustment for staff, and as part of a suite of assessment processes feeding into

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the Permanence Review, may be adding some delay as staff familiarise themselves with the new process.

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

Actions to Improve Performance

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

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

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

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

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

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

Timescales for Improvement

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

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

Locality	Target	21/22	22/23				23/24				24/25
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	60%	51 (R)	55 (R)	58 (A)	51 (R)	56 (R)	61 (G)	59 (G)	60 (G)	48 (R)	51 (R)
North East		45 (R)	58 (A)	55 (R)	39 (R)	48 (R)	44 (R)	60 (G)	63 (G)	76 (G)	52 (R)
North West		70 (G)	53 (R)	53 (R)	64 (G)	42 (R)	58 (A)	47 (R)	57 (R)	31 (R)	45 (R)
South		40 (R)	52 (R)	62 (G)	48 (R)	68 (G)	72 (G)	68 (G)	63 (G)	39 (R)	53 (R)

Performance Trend

During Q1 performance at city level remained RED. Performance improved in North West and South although the RAG-rating remained RED. In North East performance fell moving from GREEN to RED during the reporting period.

The total number of new SCRA reports requested during Q1 was 184 (50 North East, 55 North West and 79 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 currently running with over 30 vacancies, which impacts 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.

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

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It is anticipated that there will be continuous improvement in the timescales for submitting new reports to SCRA, but the impact of vacancies and prioritisation of emergency work is continuing to impact on the rate of progress.

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Indicator	6. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education, or training. 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	21/22	22/23				23/24				24/25
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	75%	80% (G)	78% (G)	80% (G)	79% (G)	80% (G)	78% (G)	80% (G)	78% (G)	77% (G)	77% (G)
North East		83% (G)	83% (G)	84% (G)	82% (G)	81% (G)	79% (G)	79% (G)	78% (G)	81% (G)	81% (G)
North West		80% (G)	75% (G)	80% (G)	79% (G)	80% (G)	79% (G)	80% (G)	73% (A)	74% (G)	72% (A)
South		85% (G)	84% (G)	84% (G)	84% (G)	84% (G)	82% (G)	83% (G)	82% (G)	80% (G)	81% (G)

Notes

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

Performance Trend

The target was met (GREEN) in the city overall and in the North East and South localities during Q1. Performance in North West fell slightly moving from GREEN to AMBER during the reporting period.

The recording of Employability status improved during Q1 with the number of young people who do not have their employability status recorded dropping from 25 to 12 between year-end and Q1. Of these 12 young people, 3 are allocated to North East, 1 to South while the other 8 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team. All young people in North West have their status recorded.

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

Target	22/23		23/24				24/25
	Q3	Q4	Q1	Q2	Q3	Q4	Q1
25 or fewer by end March 24	30 (G)	30 (G)	30 (G)	26 (G)	27 (A)	26 (A)	29 (R)

Performance Trend

Placement numbers increased by 3 to 29 during Q1 meaning that the RAG rating moved from AMBER to RED.

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

Issues Affecting Performance

At quarter 1, there were 29 young people in Out of Authority Placements, which is an increase of 3 and reflects the increasing challenge in sourcing appropriate, alternative placements for young people. The children's houses have been impacted by staff absence, increased annual leave during the school holidays, and vacancies (with a cohort of new staff starting in August 2024, following a successful recruitment campaign).

Actions to Improve Performance

The staffing situation in children's houses has improved due to close joint working between HR and residential colleagues to manage a significant recruitment process and address absence. This is helping to create some capacity in children's houses in order to support children within the City as opposed to utilising out of authority placements, where appropriate. As the complexity of children and young people's needs increases, there is a need to balance this with additional staff, and therefore a review is currently being undertaken to develop the model within the children's residential estate in order to meet the full range of young people's needs and reduce the need for external placements.

The rate of admissions into Out of Authority placements will be counterbalanced by the number of young people moving on from Out of Authority placements given the age profile of young people accommodated.

Timescales for Improvement

The trajectory of young people in Out of Authority placements has increased due to the complexity of need within children's houses, and the capacity to meet needs in the context of current staffing challenges. It is expected that the situation will improve following the review of the model within residential services, and some young people will also be moving on due to the age profile of the children accommodated. The greatest risk to meeting this target is the pressure in relation to meeting the needs of children with complex disabilities with the lack of available community resources increasing the risk of family breakdown. A health and disability development session took place last month to explore solutions to meeting families' needs, with further work planned.

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

Locality	Target	2021/22	2022/23				2023/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	95%	93.01 (G)	95.59 (G)	92.62 (G)	92.43 (A)	92.27 (A)	92.14 (A)	91.47 (A)	91.55 (A)	90.24 (R)
North East		91.87 (A)	96.04 (G)	90.15 (R)	94.21 (G)	92.72 (G)	91.03 (A)	92.27 (A)	90.91 (A)	88.21 (R)
North West		93.94 (G)	94.03 (G)	93.89 (G)	92.36 (G)	91.00 (A)	92.84 (A)	90.25 (A)	91.37 (A)	88.97 (R)
South		93.24 (G)	96.36 (G)	93.5 (G)	91.23 (A)	92.84 (G)	92.45 (A)	91.72 (A)	92.15 (A)	92.83 (G)

Performance Trend
Performance declined in the last quarter and moved from AMBER to RED at a city level and in the North East and North West. Performance in the South improved slightly and moved from AMBER to GREEN.
Issues Affecting Performance
The World Health Organisation has raised concerns that vaccine uptake across all areas has declined. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.' In this context, the rates being achieved across the City as regarded as good, in the context of national trends.
Actions to Improve Performance
The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake. The vaccine bus has been used in some circumstances. Specific videos have been produced for use with some marginalised communities. The team continue to recall and chase up families who have not attended for vaccines and Health Visitors support with these discussions.
Timescales for Improvement
Activity is ongoing throughout the year to provide dedicated planning for the vaccination programme. In addition, in response to the Measles outbreaks in England, Public Health Scotland is focussing on this to try to prevent the same situation in Scotland, and this awareness campaign may increase uptake rates.
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Indicator	9. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	2021/22	2022/23				2023/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	95%	94.84 (G)	95.57 (G)	95.44 (G)	96.02 (G)	94.86 (G)	95.73 (G)	95.55 (G)	95.68 (G)	94.97 (G)
North East		94.77 (G)	95.74 (G)	94.86 (G)	96.69 (G)	93.26 (G)	96.12 (G)	94.56 (G)	95.12 (G)	95.75 (G)
North West		95.40 (G)	95.25 (G)	95.35 (G)	94.91 (G)	95.42 (G)	96.3 (G)	95.74 (G)	96.21 (G)	94.17 (G)
South		94.50 (G)	95.67 (G)	95.98 (G)	96.25 (G)	95.76 (G)	95.01 (G)	96.25 (G)	95.73 (G)	94.93 (G)

Performance Trend
<p>Performance remains GREEN across the city. There was a small decrease in the last quarter at a city level and in the North West and South. North East improved slightly. This indicator is reported in arrears.</p> <p>Back to Summary</p>

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ADULT MENTAL HEALTH

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

Locality	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
North East	90%	56.5 (R)	49.4 (R)	60 (R)	58 (R)	45.5 (R)	49 (R)	74.1 (R)	78.7 (R)	81.8 (R)	86.8 (A)	77.3 (R)
North West		79.2 (R)	84.5 (R)	91.7 (G)	91.7 (G)	96.7 (G)	96.7 (G)	100 (G)	93.7 (G)	91.8 (G)	96.9 (G)	94.4 (G)
South		87.6 (A)	81.7 (R)	85.5 (R)	82.9 (R)	89.1 (G)	93 (G)	78.4 (R)	81.6 (R)	85.2 (R)	86.3 (A)	82.3 (R)

Performance Trend
Performance has remained RED in the North East and South in the last quarter, while remaining GREEN in the North West.
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.
There are waiting list initiatives focusing on starting PT treatment for patients assessed as suitable for a PT treatment and are waiting the longest.
These initiatives, with positive actions, such as group-based interventions to start a cohort of people who have waited for more than 18 weeks, rather than individual appointments, can result in a short-term reduction of the proportion of people starting a PT treatment within the Standard.
In most cases, whilst all PTs commencing will stop the “waiting time” clock, PT treatment protocols outline a series of appointments, over a period of time, to complete the full course of a PT treatment.
NHSGGC PT activity is typically between 4-8 PT treatment appointments. Many highly specialist interventions can routinely take between 16-20 appointments. Some PT treatments require an appointment every week for a year or more.
The care process is dynamic. There are continual incoming referrals requiring assessment. Anyone assessed as suitable for a PT is added to the numbers still waiting to start.

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

Some PT protocols have specific criteria in order to commence the intervention (i.e. cohort size)

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

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

Actions to Improve Performance

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

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

Peripatetic psychology team are utilised by pooling this additional resource to teams with 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.

The Board wide PT Group team co-facilitate digital-based group PTs with CMHT colleagues.

The digital platform (SilverCloud) offers a wider range of interventions with additional clinical supervision and has provided access to cCBT for people with Long Term Conditions.

Heads of Service and Professional Leads routinely monitor team's 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 through 2024-25.
- Appointing people waiting 36+ weeks through 2024.

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

Hospital	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Stobhill	28 days	40.6 (R)	37.3 (R)	26.4 (G)	32.6 (R)	28.9 (A)	25.5 (G)	34.2 (R)	27.5 (G)	26 (G)	28 (G)	24.3 (G)
Leverndale		36.9 (R)	37.4 (R)	39.8 (R)	33.2 (R)	33.5 (R)	43.2 (R)	35.4 (R)	39.9 (R)	37 (R)	35.4 (R)	32.3 (R)
Gartnavel		33.4 (R)	33.0 (R)	26.3 (G)	28.9 (A)	35.1 (R)	27.8 (G)	40.7 (R)	34.8 (R)	35.1 (R)	33.8 (R)	41 (R)

Performance Trend

Performance has improved but remained RED in Leverndale. Performance in Gartnavel has declined and remained RED. Stobhill's performance has improved and has remained GREEN.

Issues Affecting Performance

In Q1 Inpatient wards continue to be affected by pauses and closures to admissions across the system of inpatient mental health provision. Staffing is an on-going key pressure point impacting on the delivery of care plans to optimise treatment and discharge. The anticipated variation around the average length of stay continues to give a representative guideline as to what to expect from the way services currently operate. Statistical variance for each site continues and the average number of people with stays of over 6 months continues (at circa 12 per site in Glasgow City located adult acute wards) to create pressure on inpatient ward daily operation. Elsewhere across the system of adult short-stay inpatient care across GGC indicates a decrease in the number of people with stays of over 6 months, although this is anticipated to be due to a temporary revised bed complement on a site outwith Glasgow City. Despite this pressure and fluctuations in the numbers of discharges on each of the three Glasgow City sites discharges overall in the quarter are within the recent norms for the same three sites overall.

Length of stay remains a significant pressure.

Actions to Improve Performance

Operational responses prioritise maintaining safe care. These lengths of stay were anticipated to continue into 2024-25. Clinical leadership continues to be more operationally applied to support reducing the variance including for observations being used across wards and hospital sites.

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

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Timescales for Improvement

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

On-going pressures continue with vacancies, leave and supporting staff absences. This position is continuing in 2024-25. Initial phased movement towards the adult acute admission bed strategy endpoint will still not be planned to progress during early steps for strategy implementation. The tight margins still require delivery of a steadier state than is currently possible and planning will include implementation of the reduced bed base for adult acute care overall towards the end of the strategy implementation period.

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

Hospital	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Stobhill	<95%	98.9 (A)	103 (R)	85 (G)	98.2 (A)	101.3 (R)	99.6 (A)	100.1 (R)	101 (R)	102.5 (R)	99.9 (R)	98 (A)
Leverndale		99.1 (A)	100 (R)	98 (A)	101 (R)	99.4 (A)	99.9 (R)	96.9 (G)	101.2 (R)	102.7 (R)	101.4 (R)	101.8 (R)
Gartnavel		98.8 (A)	96.2 (G)	89.2 (G)	98.9 (A)	99.4 (A)	96.1 (G)	98.5 (A)	99.6 (A)	99.3 (R)	99.6 (A)	99 (A)

Performance Trend

Since March, performance has improved and moved from RED to AMBER in Stobhill; declined slightly and remained RED in Leverndale; while improving slightly and remaining AMBER in Gartnavel.

Issues Affecting Performance

Boarder to an external Health Board occurred during the quarter. The number of days used boarded to an external health board increased to 97 days for the quarter. This remains very small as a total and in the last month of the quarter was zero. Admissions to hospital for people admitted outwith the usual or primary hospital for their catchment community team continues to impact on usual links between community teams and inpatient teams and on bed occupancy. Boarding still usually occurs as an outcome of the primary ward and hospital for their community service catchment not having an empty bed to which a person can be admitted.

Occupancy for the quarter remains too high. This is partly impacted by the ongoing fluctuation in the average number of people with lengths of stay over 6 months remaining quite high for the quarter which also affects % occupancy. The high % occupancy as an indicative index of inpatient care means services can run for short periods of time, however the optimum “mechanical service” efficiency ideally should still be significantly lower.

Overall service ability to admit those who require inpatient care has been maintained and is still under constant pressure. People whose condition and progress/response to treatment is more stable also still continue, where absolutely required, to be transferred to vacant space on other sites and to other types of mental health bed wards, as a last resort to facilitate a new admission. The previously anticipated practice continuing well into 2024 2025 is expected to continue. Percentage occupancy for the way the system of care is working is anticipated to remain at close to 99%. Community vacancy improvement is yet to deliver anticipated assistance in reducing pressure on inpatient admissions.

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Actions to Improve Performance

The range of discharge work for people with prolonged lengths of stay impacting on % occupancy continues as a focus of work to reduce the number of people with longer stays including those over 6 months during 24/25. Integrated discharge capacity and adult mental health social care options still continue. The over-reliance on the use of rehab and older adult MH services for people approaching readiness for discharge from adult acute to allow new admissions to acute care remains. Reducing vacancies during 24/25 in community and inpatient services is an on-going operational challenge. Integrated discharge capacity, senior bed manager option, and adult mental health social care options continue to be pursued during 2024/2025, along with attempts to shorten the time for approval to replace vacancies, although the contrition to financial position is recognised.

Timescales for Improvement

The discharge work and team service and reducing prolonged lengths of stay will require to continue throughout 2024-25.

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

Adults and Older People

Locality	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
North East		11	11	6	10	5	5	9	9	8	17	20
North West		10	9	10	10	4	4	3	11	14	8	7
South		14	9	12	13	10	12	13	11	12	14	16
City		2	1	0	0	0	0	0	2	1	1	0
Sub-Total (Included Codes)		37	30	28	33	19	21	25	33	35	40	43
North East		1	1	1	3	0	2	3	4	3	3	3
		1	0	0	2	2	1	4	5	3	3	2
South		1	1	1	4	4	4	2	3	2	2	1
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		3	2	2	9	6	7	9	12	8	8	6
All Delays	20	40 (R)	32 (R)	30 (R)	42 (R)	25 (R)	28 (R)	34 (R)	45 (R)	43 (R)	48 (R)	49 (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		
	Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
North East	4	3	4	6	2	2	4	4	2	7	7
North West	4	5	6	8	3	2	2	7	10	6	6
South	6	3	4	8	5	3	7	3	3	5	6
City	1	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	15	11	14	22	10	7	13	14	15	18	19

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North East	1	1	0	1	0	1	2	2	1	1	1
North West	1	0	0	1	1	0	3	4	3	3	2
South	0	0	0	0	0	0	0	3	2	2	1
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	2	1	0	2	1	1	5	9	6	6	4
All Delays	17	12	14	24	11	8	18	23	21	24	23

Older People

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

Performance Trend

Performance remains RED and there has been an increase since March.

Issues Affecting Performance

As previous reporting period, there continues to be a delay in accessing particular types of community placements for more complex patients as well as delays for some patients who have legal/AWI issues.

Regular meetings with service managers and discharge teams continue with a focus on communication and updates to ensure people can leave hospital as soon as appropriate support is in place.

Actions to Improve Performance

Regular meetings also continue with commissioning and service managers to ensure that we progress as quickly as possible with patients who are deemed fit for discharge. Discussion and planning is continuing to look at the structure and management of the discharge

Timescales for Improvement

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

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ALCOHOL AND DRUGS

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

Locality	Target	21/22		22/23				23/24			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	90%	94% (G)	95% (G)	93% (G)	96% (G)	94% (G)	96% (G)	98% (G)	96% (G)	96% (G)	93% (G)
North East ADRS		Locality information was unavailable for this indicator during these quarters.				100% (G)	98% (G)	99% (G)	98% (G)	100% (G)	98% (G)
North West ADRS		80% (R)	76% (R)	95% (G)	92% (G)	82% (R)	88% (G)				
South ADRS		99% (G)	100% (G)	100% (G)	98% (G)	97% (G)	96% (G)				

Performance Trend

This indicator is reported one quarter in arrears.

All localities either exceeded target or were within the target range during Q4. Performance improved in North West ADRS with the RAG rating moving from RED to GREEN during the reporting period.

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SEXUAL HEALTH SERVICES

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

Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		921	1019	1191	1202	1110	1189	1118	1322	1361
NE		249	362	326	294	210	182	190	266	275
NW		582	651	706	758	750	817	786	883	892
S		90	96	159	150	150	190	142	173	194
NHSGGC	1354 per Quarter	1164 (R)	1427 (G)	1527 (G)	1509 (G)	1393 (G)	1471 (G)	1304 (A)	1524 (G)	1562 (G)
DNA rate (%)		6	9.9	9.61	8.21	11.25	11.09	8.69	10.03	11.2

Performance Trend
Performance has continued to improve in Q1 and remains GREEN.
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Indicator	2. Number of vLARC Implant appointments offered across all Sandyford locations
Purpose	To establish if clinical capacity is being maximised.
National/ Corporate/ Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City		1128	1629	1611	1169	1069	1168	1011	1167	1243
NE		383	413	279	323	253	200	209	300	333
NW		625	1044	1167	667	552	650	546	541	580
S		120	172	165	179	264	318	256	326	330
NHSGGC	1166 per quarter	1587 (G)	2035 (G)	2210 (G)	1776 (G)	1859 (G)	2090 (G)	2004 (G)	1916 (G)	2190 (G)
DNA rate (%)		10	13	18.75	15.54	19.47	18.92	19.5	14.68	15

Performance Trend
Performance has improved in Q1 and remains GREEN.
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Indicator	3. Median waiting times for access to Urgent Care appointments.
Purpose	To monitor waiting times for access to first appointment at Urgent Care services across all Sandyford locations. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely skewing the results.
Type of Indicator	National Indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

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

Performance Trend
Performance remains GREEN in all localities and city and Board wide. Target based on median rather than average waiting times as small numbers of outliers were distorting the figures.
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Indicator	4-7. Number of individual young people attending all Sandyford services aged 13-15 and 16-17 (Male & Female)
Purpose	Improved service access across all Sandyford services for young people aged under 18
National/Corporate/Local	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1(See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Male

Area	Age	Target	2022/23				2023/24				2024/25
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	13-15	4	4 (G)	5 (G)	3 (R)	4 (G)	7 (G)	8 (G)	4 (G)	2 (R)	11 (G)
NHSGGC		13	14 (G)	15 (G)	13 (G)	13 (G)	14 (G)	13 (G)	16 (G)	5 (R)	27 (G)
City	16-17	27	20 (R)	20 (R)	23 (R)	20 (R)	23 (R)	17 (R)	16 (R)	13 (R)	23 (R)
NHSGGC		49	21 (R)	39 (R)	43 (R)	39 (R)	40 (R)	36 (R)	36 (R)	31 (R)	56 (G)

Female

Area	Age	Target	2022/23				2023/24				2024/25
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	13-15	75	44 (R)	53 (R)	70 (R)	59 (R)	71 (R)	78 (G)	62 (R)	61 (R)	91 (G)
NHSGGC		143	104 (R)	113 (R)	127 (R)	122 (R)	143 (G)	128 (R)	119 (R)	121 (R)	174 (G)
City	16-17	195	127 (R)	178 (R)	165 (R)	147 (R)	150 (R)	173 (R)	151 (R)	178 (R)	164 (R)
NHSGGC		358	241 (R)	324 (R)	320 (R)	296 (R)	297 (R)	324 (R)	307 (R)	333 (R)	339 (R)

Performance Trend

Performance varies between age groups and over time. During Q1, performance moved from RED to GREEN for 13-15 year old Males and Females at City and NHSGGC level, as well as for 16-17 year old Males at NHSGGC level. Performance for 16-17 year Males and Females in the city remained RED, as it did for 16-17 year old Females in NHSGGC.

Issues Affecting Performance

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

Walk in clinics have been trialled in both Parkhead, Central and Woodside, however despite having walk in clinics available at these three locations for 1 calendar year this did not show any significant improvement. More recently we have started to trial a walk in clinic at Paisley as it is felt a walk in there will be successful – this is currently being piloted.

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A digital promotion campaign to raise awareness throughout 2023 has concluded. Despite over 10,000 click-throughs to the YP website at Sandyford, there has been no increase in the number of YP people attending clinics.

Unfortunately, due to staffing issues within the service we have been offering fewer appointments at some sites than we would like to. This has been a particular issue at the Paisley clinic which is historically well attended. We hope staffing levels at this location will improve soon.

Actions to Improve Performance

Sandyford management Team have finalised their Service Plan for 2024-26, which pledges to continue to evaluate and adapt to improve attendance at young people's integrated sexual health services, especially in areas of highest need. This includes developing an online chat service for young people as an addition to traditional methods of communication within the service, using an approach similar to that provided by NHS Highland. This is currently in development, and we hope will be able to launch before the end of 2024.

As mentioned, the service has removed the walk in clinics which had been piloted as they made no improvement to attendance at clinic. In some sites we have reduced capacity from two to one clinic lists from June, thus freeing up some resource to increase outreach capacity to residential children's units, cover the increased workload of child protection work in the service, and cover the online chat when available. Outreach work has increased already with outreach being provided to each of the three secure children units in NHSGGC on a monthly basis, and also to several residential units throughout Glasgow City when required. If capacity allows, we plan to start offering outreach to residential units within GGC area.

The Health Improvement and Communication team are working on digital images with QR codes which we hope will be displayed in schools and third sector organisations after the school summer holiday. The QR code will direct young people to the Sandyford website clinic times. We hope this increased advertising might attract more young people to engage with the service.

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

Timescales for Improvement

Throughout 2024.

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

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

Performance Trend
Performance remained on target during Q1 (GREEN).
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HOMELESSNESS

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

Locality	Target	21/22	22/23				23/24				24/25
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	99% (G)	98% (G)	99% (G)	84% (R)	91% (A)
North East		100% (G)	100% (G)	100% (G)	100% (G)	99% (G)	100% (G)	99% (G)	97% (G)	51% (R)	87% (R)
North West		99% (G)	99% (G)	98% (G)	97% (G)	97% (G)	98% (G)	98% (G)	99% (G)	94% (G)	98% (G)
South		98% (G)	99% (G)	99% (G)	99% (G)	99% (G)	100% (G)	95% (G)	100% (G)	96% (G)	86% (R)
Asylum & Refugee Team (ARST)		100% (G)	99% (G)	98% (G)	99% (G)	99% (G)	98% (G)	99% (G)	100% (G)	95% (G)	95% (G)

Performance Trend

During Q1 city level performance improved significantly with the RAG rating moving from RED to AMBER. Although remaining RED, performance also improved significantly in North East. There was a drop in performance in South which moved from GREEN to RED during the reporting period. Performance in North West and the Asylum & Refugee Team remained on target and GREEN.

A total of 2,303 decisions were made during Q1.

Issues Affecting Performance

The citywide percentage has increased from 84% in Q4 (2023/24) to 91% in Q1 (2024/25) moving from RED to AMBER. In Q4 last year, performance was impacted by one specific locality team which reduced the citywide performance. This locality has improved performance significantly (from 51% to 87%) however performance within another locality has decreased meaning the citywide percentage has not returned to GREEN.

Resource issues within these localities has affected the ability for staff to make assessment decisions within the statutory timeframes.

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Actions to Improve Performance

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

Timescales for Improvement

It is anticipated that this indicator will return to target in Q2 of 2024/25.

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

Target 24/25 4,000 per annum (1,000 per quarter)	Total 19/20	Total 20/21	Total 21/22	Total 22/23	23/24				Total 23/24	24/25
					Q1	Q2	Q3	Q4		
22/23 & 23/24 3,750 p a (938 p q)										
21/22 5,000 p a (1,250 p q)	3,774 (R)	3,961 (R)	4,675 (R)	4,016 (G)	1,007 (G)	1,027 (G)	1,212 (G)	1,293 (G)	4,539 (G)	1,411 (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 was exceeded during the first quarter of 24/25 (GREEN).
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Indicator	3. Average number of weeks from assessment decision to settled accommodation
Purpose	A core element of the Council's Rapid Rehousing Development Plan is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement. The measure reported has changed from an overall figure for all sizes of apartment to being reported by apartment size for 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)

Apartment Size	Target	24/25			
		Q1	Q2	Q3	Q4
1 apt	21 weeks	21 (G)			
2 apt	36 weeks	41 (R)			
3 apt	31 weeks	36 (R)			
4 apt	81 weeks	82 (G)			
5 apt	225 weeks	296 (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.
During Quarter 1 the target number of weeks was met in relation to 1 and 4 apartment accommodation (GREEN) while the 2, 3 and 5 apartment accommodation did not meet their respective targets (RED).
Issues Affecting Performance
Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process.
The number of lets secured in Q1 (2024/25) was lower than in the previous quarter which will increase the average length of time from assessment decision to settled accommodation.
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.

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

The HSCP has an increased ask of 67% of RSLs in 2024/25 which takes into consideration both the increase in demand as well as a reduction in turnover within the social housing sector. The current percentage of lets to homeless households is approximately 54% which is the highest percentage achieved by the HSCP however remains lower than the current request. Work is on-going in relation to engagement with identified RSLs to increase this percentage of the total number of lets to homeless households.

Timescales for Improvement

It is anticipated that the number of lets in Q2 will increase which will reduce the number of weeks from assessment decision to settled accommodation.

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

Target	Full Year Total 20/21	Full Year Total 21/22	22/23			Full Year Total 22/23	23/24				Full Year Total 23/24	24/25
			Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1
<480 per annum (<120 per Quarter)	420 (G)	526 (R)	107 (G)	93 (G)	110 (G)	406 (G)	75 (G)	65 (G)	97 (G)	75 (G)	312 (G)	99 (G)

Performance Trend

During Q1 the number of Repeats was higher than the Q4 figure (75) however the number remained below the upper threshold (120) and GREEN for the 10th consecutive quarter.

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 99 households reassessed during Q1 shows:

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

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Target/Ref	5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.
Purpose	This indicator monitors progress against strategic commitments to prevent and alleviate homelessness and rough sleeping across the city. It demonstrates the ability of the Council to meet its statutory duty to provide temporary accommodation for homeless households while their application is being assessed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	21/22			22/23				23/24				24/25
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	70% (R)	60% (R)	58% (R)	52% (R)

Performance Trend

Performance in relation to emergency accommodation remained RED during Q1. This indicator relates to a statutory requirement.

Issues Affecting Performance

Given the increased demand, which is currently affecting Homelessness Services, particularly stemming from positive leave to remain decisions for asylum seekers, the service has not been in a position to offer emergency accommodation to all households on their first request. The above measure of (52%) relates to the number of instances where temporary accommodation is not provided, not the number of households.

Even though accommodation is not always provided at first request, the HSCP has had to significantly increase its use of B&B accommodation from 697 units at the end of Q2 (2023/24) to 1,312 units at the end of Q1 (2024/25).

Actions to Improve Performance

There remain significant financial and capacity pressures on the HSCP's Homelessness Services, and it is likely both these pressures will continue throughout the remainder of 2024/25.

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

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

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Timescales for Improvement

Given the current demands on Homelessness Services at this time, and the increase in demand as a result of the streamlined asylum process, it is likely that the HSCP will be unable to offer temporary accommodation on first request for all households.

It is likely that this will continue into Q2 in 2024/25.

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Indicator	6. Number of new Housing First tenancies created
Purpose	The RRTP sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		Baseline	20/21	21/22	22/23	23/24				24/25
		Start of 20/21	Year End (Q4)	Year End (Q4)	Year End (Q4)	Q1	Q2	Q3	Q4	Q1
24/25 20 per quarter	Number created during quarter	0	32	10	3	3	7	3	9	3
23/24 350 at year-end 15 per quarter	Cumulative Total	119	195 (R)	256 (R)	290 (G)	293 (R)	300 (R)	303 (R)	312 (R)	315 (R)
22/23 year-end 280										

Performance Trend
Target revised for 24/25 to 20 new Housing First tenancies per quarter.
Performance during Q1 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 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, it is anticipated that the number of lets secured for Housing First will increase in Q2 in 2024/25.
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Indicator	7. Number of Temporary Furnished Flats (TFFs)
Purpose	The RRTP sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	22/23				23/24				24/25
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
22/23 & 23/24 2,400 or less	2,338 (G)	2,348 (G)	2,365 (G)	2,413 (G)	2,415 (G)	2,413 (G)	2,407 (G)	2,342 (G)	2,344 (G)

Performance Trend
<p>Performance remained on target and GREEN during Quarter 1.</p> <p>In order to reduce the number of households in B&B, the HSCP is looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24. A revised target for 24/25 will be agreed once the Revised Temporary Accommodation Strategy is complete. This is anticipated to be completed by the end Q2 2024/25.</p> <p>Back to Summary</p>

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CRIMINAL JUSTICE

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

Locality	Target	22/23				23/24				24/25
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	89 (G)	88 (G)	89 (G)	89 (G)	85 (G)	83 (G)	87 (G)	90 (G)	85 (G)
North East		94 (G)	93 (G)	88 (G)	91 (G)	90 (G)	90 (G)	86 (G)	93 (G)	83 (G)
North West		81 (G)	84 (G)	83 (G)	87 (G)	81 (G)	81 (G)	88 (G)	87 (G)	86 (G)
South		90 (G)	89 (G)	95 (G)	89 (G)	86 (G)	81 (G)	87 (G)	90 (G)	87 (G)

Performance Trend

During Q1 performance continued to exceed target (GREEN) at city level and in all localities.

A total of 727 CPOs (North East, North West and South) were made during Q1; a significant increase of almost 20% in comparison with Q4 (607). In addition, 23 CPOs were made by the Caledonian Team during the reporting period.

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Indicator	2. Percentage of Orders with a Case Management Plan within 20 days: i) Community Payback Orders (CPOs) (By locality and for the Caledonian Domestic Abuse Programme) ii) Drug Treatment and Testing Orders (DTTO) (Drug Court) iii) Throughcare Licences (Clyde Quay, Sex Offender Criminal Justice Services)
Purpose	To monitor the extent to which CPOs, DTTOs and Throughcare Licences have a case management plan within 20 working days of the requirement being imposed. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
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
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City (All)	85%	87 (G)	98 (G)	85 (G)	97 (G)	99 (G)	91 (G)	90 (G)	93 (G)	91 (G)
North East (CPOs)		83 (G)	100 (G)	77 (R)	93 (G)	100 (G)	86 (G)	87 (G)	91 (G)	90 (G)
North West (CPOs)		90 (G)	97 (G)	94 (G)	100 (G)	100 (G)	94 (G)	94 (G)	97 (G)	90 (G)
South (CPOs)		88 (G)	99 (G)	80 (R)	99 (G)	97 (G)	91 (G)	88 (G)	91 (G)	95 (G)
Caledonian Team (CPOs)		85 (G)	93 (G)	86 (G)	97 (G)	100 (G)	94 (G)	96 (G)	100 (G)	75 (R)
Drug Court Team (DTTOs)		100 (G)	100 (G)	80 (R)	100 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	80 (R)	100 (G)	100 (G)
Performance Trend										
During Q1 performance exceeded target in all teams and localities (GREEN) with the exception of the Caledonian Team which fell below target moving from GREEN to RED during the reporting period.										
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Indicator	3. Percentage of 3-month Reviews held within timescale (CPOs, DTTOs and Throughcare Licenses).
Purpose	CPOs, DTTOs and Licenses should be reviewed at regular intervals and revised where necessary. This indicator monitors the proportion of reviews held within the 3-month standard.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	22/23				23/24				24/25
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City (All)	75%	90 (G)	87 (G)	81 (G)	83 (G)	85 (G)	81 (G)	78 (G)	84 (G)	83 (G)
North East (CPOs)		88 (G)	86 (G)	86 (G)	84 (G)	88 (G)	83 (G)	76 (G)	77 (G)	83 (G)
North West (CPOs)		97 (G)	95 (G)	89 (G)	84 (G)	93 (G)	88 (G)	85 (G)	86 (G)	82 (G)
South (CPOs)		91 (G)	83 (G)	71 (R)	82 (G)	83 (G)	77 (G)	74 (G)	88 (G)	85 (G)
Caledonian Team (CPOs)		78 (G)	78 (G)	81 (G)	84 (G)	65 (R)	77 (G)	82 (G)	100 (G)	82 (G)
Drug Court Team (DTTOs)		100 (G)	89 (G)	100 (G)	100 (G)	71 (R)	71 (R)	88 (G)	75 (G)	80 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	91 (G)	100 (G)
Performance Trend										
<p>During Q1 the target for reviews continued to be exceeded at city level and in all localities and teams (GREEN).</p> <p>Back to Summary</p>										

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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
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	70%	83 (G)	83 (G)	84 (G)	85 (G)	85 (G)	85 (G)	82 (G)	82 (G)	84 (G)
North East		85 (G)	85 (G)	92 (G)	90 (G)	87 (G)	85 (G)	81 (G)	83 (G)	82 (G)
North West		82 (G)	82 (G)	79 (G)	84 (G)	87 (G)	79 (G)	80 (G)	85 (G)	84 (G)
South		82 (G)	81 (G)	83 (G)	83 (G)	81 (G)	89 (G)	82 (G)	77 (G)	85 (G)
Performance Trend										
<p>Performance was maintained during Q1 with all localities continuing to exceed target (GREEN).</p> <p>Excluding breaches gives the following figures: NE 87%, NW 90% and South 89% (City 89%).</p> <p>Back to Summary</p>										

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

Locality/Team	Target	22/23				23/24				24/25
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	79 (G)	79 (G)	84 (G)	80 (G)	79 (G)	79 (G)	79 (G)	79 (G)	81 (G)
North East		78 (A)	79 (G)	87 (G)	78 (A)	78 (A)	80 (G)	77 (A)	80 (G)	82 (G)
North West		83 (G)	83 (G)	85 (G)	83 (G)	85 (G)	82 (G)	82 (G)	81 (G)	80 (G)
South		77 (A)	77 (A)	81 (G)	80 (G)	77 (A)	79 (G)	78 (A)	78 (A)	82 (G)
Caledonian Team		75 (R)	72 (R)	87 (G)	77 (A)	71 (R)	70 (R)	84 (G)	84 (G)	80 (G)
Drug Court Team		79 (G)	68 (R)	57 (R)	82 (G)	36 (R)	52 (R)	74 (R)	70 (R)	72 (R)

Performance Trend

During Q1 performance was maintained in the city, North East, North West and in the Caledonian Team all of which remained GREEN. Performance in South improved moving from AMBER to GREEN during the reporting period. The Drug Court Team remained outwith the target range (RED).

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

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

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

Locality /Team	Target	22/23				23/24				24/25
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	88 (G)	98 (G)	98 (G)	98 (G)	100 (G)	97 (G)	98 (G)	100 (G)	100 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
North West		75 (R)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
South		88 (G)	91 (G)	93 (G)	100 (G)	100 (G)	86 (G)	83 (G)	100 (G)	100 (G)
Clyde Quay		100 (G)	100 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)

Performance Trend
<p>During Q1 all post release interviews were held within one day of release from prison for all teams and localities within the city (GREEN).</p> <p>Back to Summary</p>

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HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local 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	2024/25				Year to Date
					Q1	Q2	Q3	Q4	
City	5066	1267	8966 (G)	10,479 (G)	2,754 (G)				

Performance Trend
Performance for Q1 remains GREEN and significantly exceeds the quarterly target.
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Indicator	2. Smoking Quit Rates at 3 months from the 40% most deprived areas
Purpose	To monitor the extent to which people in receipt of smoke free services are successfully quitting smoking after their intervention. This relates to those in the 40% most deprived quintile and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	21/22 Total	22/23 Total	23/24 Total	Annual Target	23/24 Target Year to Date	2023/24 Cumulative Totals			
						Q1	Q2	Q3	Q4
City	1,260 (G)	1,050 (R)		1,224	1,224	231 (R)	511 (R)	753 (R)	1,097 (R)
NE	452 (R)	358 (R)		480	480	82 (R)	183 (R)	271 (R)	407 (R)
NW	411 (G)	303 (R)		388	388	76 (R)	159 (R)	237 (R)	338 (R)
S	456 (G)	389 (G)		356	356	73 (R)	169 (A)	245 (R)	352 (G)

Performance Trend

This indicator is reported in arrears and complete data for 2023/24 is now available and is shown above. Performance is below target and RED city wide and in the North East and North West. South has moved from AMBER to RED.

Issues Affecting Performance

This indicator includes all Quit Your Way (QYW) Services (Acute, Community, Maternity, Mental Health and Pharmacy), the majority of which are managed by the Board QYW Team. QYW Community Service for Glasgow City is included within the reported figures above and this service is managed locally.

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

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

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

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Actions to Improve Performance

Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. Face-to-face community clinics now operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, a face-to-face clinic has been set up in a local Pharmacy to test out if this alternative venue helps to improve links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription. In total, there are 10 face-to-face clinics operating across the City. The teams have been piloting the use of a Smoke Free App to provide a digital support option for clients which is engaging and accessible. Initial uptake by clients across the City is positive.

Timescales for Improvement

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

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

Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Q3	10%	7.9% (G)	9.9% (G)	8.3% (G)	8.4% (G)	9.5% (G)	6.1% (G)	7.2% (G)	7.3% (G)	6.4% (G)
North East		10.5	11.7	9.4	10.6	12.2	6.1	7.9	8.8	8.5
North West		6.4	9.7	7.3	6.4	8.8	6.6	5.8	7.2	6.5
South		6.8	8.8	8.4	8.2	8.1	5.7	7.9	6.4	4.7

Performance Trend

Performance at city level improved between Q4 and Q1 and remained GREEN.

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

Locality	Target	2022/23				2023/24				2024/25
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	14%	12.1% (G)	16% (A)	13.8% (G)	13.9% (G)	14% (G)	15.6% (R)	11.4% (G)	10.8% (G)	10% (G)
North East		15.8	14.5	13.6	14.9	14.6	17.4	11.2	11.0	11.5
North West		8.2	17.4	14.6	11.2	12.3	13.8	8.1	11.4	10.7
South		11.3	16.5	13.2	15.2	14.9	15.2	14.6	10.3	8.1

Performance Trend
Performance at city level improved between Q4 and Q1 and remained GREEN.
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Indicator	5. Exclusive Breast feeding at 6-8 weeks (general population)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the population as a whole. The aim is to increase rates given the evidence of health benefits, with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	21/22	22/23				23/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	33%	28 (R)	29.4 (R)	28.0 (R)	28.7 (R)	31.1 (R)	30.3 (R)	32.1 (G)	30.7 (R)	30.7 (R)
North East		22	24.3	20.3	21.0	23.3	22.6	24	21.7	24.5
North West		30.9	33.9	32.6	34.9	36	34.4	37.4	34.4	34.9
South		30.4	29.9	31.2	30.3	34	33.4	34.7	34.7	32.2

Performance Trend
Performance remained RED at a city level in the last quarter, with performance improving in the North East, while remaining the same in the North West and declining in the South.
Data is reported in arrears.
Issues Affecting Performance
August 2024:
Staffing: There continues to be issues with reduced staffing across Health Visiting and Family Nurse teams in the City with activities such as the test of change in South continuing to be on hold. Staffing levels across Maternity Services are also very low which is impacting on the time staff have available to support breastfeeding. The Board Infant Feeding Teams across acute, and community continue to experience staffing shortages. Within maternity services, Infant Feeding Advisors are all part time workers and the staffing shortages for over the last 15 months have resulted in reduced capacity resulting in 7 day per week cover across units being unavailable. The community infant feeding team also continue to operate at 2/3 capacity due to the long-term absence of a full-time post.
Training: Maternity Services continue to offer monthly training availability for Midwives, Maternity Care Assistants and Health Care Support Workers. Uptake at these is low as due to staffing shortages many staff are unable to be released to attend. Maternity Services do not have any breastfeeding mentors who will support recently trained staff to complete their workbooks and consolidate their learning as due to capacity; staff are unable to be released for training.

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Problem Solving Clinics: Increases in referral numbers to the Specialist Breastfeeding Problem Solving Clinic continue to be seen with approximately 20-24 referrals per week. The Community IFA currently have 8 appointments available per week and Maternity Services have 4 per week. The continued reduced capacity alongside increased referrals is likely to result in an increased waiting time for appointments in future.

Community Support: The Breastfeeding Telephone Support Service delivered by Breastfeeding Network on behalf of the city ceased as of 31/3/24 as no further funding was available to continue the service. Breastfeeding Network were also delivering face-to-face infant feeding groups in the city supported by a mix of paid and volunteer peer supporters. Funding from the HSCP for delivery of this ended on 31st March 2024. More of the groups are now led by unpaid peer volunteers due to reduced funding not allowing for as many paid staff hours. This has resulted in some cancellations of groups and other groups being offered term time only.

Actions to Improve Performance

August 2024:

Staffing: Maternity Services are interviewing for a 30-hour post which will contribute to increasing capacity in the team. All Maternity Services in GGC are due UNICEF reassessment next year.

Training: Maternity Services: The focus for maternity Services will be to continue to offer Monthly training dates for staff end to encourage attendance. The IFAs in acute have contacted the University to review the training package for pre-registration Midwifery Students and the focus going forward will be to ensure that all staff are up to date with training.

Community: Staff Training and updates continue to be offered and uptake of training from staff is good. Community IFAs have linked with the University to ensure pre-registration HV training is as up to date as possible.

Problem Solving Clinics: The board infant feeding team (community and maternity) continue to offer a minimum of 12 Appointments per week. All appointments are triaged by the Infant Feeding Coordinator and community IFA. To manage referral numbers, appointments in the community are offered via a mix of face-to-face, online and, when needed, home visits. With the aim of increasing skills and reducing the number of referrals to clinics from community staff, newly qualified as well as existing Health Visiting and Family Nurse Staff are encouraged to shadow at the Problem-Solving Clinics.

Community Support: As above, Breastfeeding Network (BFN) continue to offer the face-to-face groups in the city funded by the external funding they sourced. BFN continue to seek other sources of funding and Health Improvement are supporting this by signposting to funding sources and continuing to have discussions at senior management level re viable options for funding or exploring alternative methods of delivering this support in future.

The Breastfeeding Early Intervention Pilot in the North East of the city which targets families living in G21 area continues. Participants receiving an assigned Support Worker who provides an antenatal visit and then additional visits in the 1st 10 days and up to 6-8 weeks.

Health Improvement staff in the city continue to support activities to maintain UNICEF standards in communities including work to maintain the standards such as supporting Audit, WHO code audits, Roll out of the BF Scotland and BF Early years Scheme and provision of the breast pump Loan scheme. HI staff also coordinate and monitor community BF support activity.

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Timescales for Improvement

It is difficult to give a precise timeline for improvement in relation to the impact of staffing capacity on this work. It is hoped that the post in Maternity services will increase capacity somewhat. With regards to funding, we will continue to explore opportunities for funding to sustain our face-to-face groups.

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

Locality	Target	21/22	22/23				23/24			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	24.4%	20.6 (R)	23.3 (A)	20.8 (R)	18.8 (R)	25.0 (G)	21.6 (R)	24.1 (G)	22.7 (R)	24.2 (G)
North East		21.2	25.7	16.8	17.2	21.8	20.8	21.4	21.7	26.9
North West		23.3	21.5	25.5	18.9	26.3	20.5	26.7	23.9	24.6
South		17.7	22.3	22.6	20.4	28.0	23.7	25.3	22.7	24.2

Performance Trend
Performance at city level moved from RED to GREEN in the last quarter, improving in all localities. Data is reported in arrears.
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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	23/24 Target	21/22	22/23				23/24			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	32.3%	29.5%	29.0 (G)	23.5 (G)	24.4 (G)	24.7 (G)	22.4 (G)	23.8 (G)	21.6 (G)	24.6 (G)	21.4 (G)
NE	39.9%	36.5%	37.7	28.0	29.2	28.5	26.9	27.0	23.9	31.9	17.2
NW	27.2%	24.9%	20.1	19.2	20.1	22.3	17.7	22.2	20.8	20.1	24.2
S	31.3%	28.6%	29.9	24.0	24.3	23.8	22.6	22.8	20.8	23.5	21.4

Performance Trend

Performance remains below the trajectory target for 2023/24 and GREEN at city and locality levels in Q4. Data is reported in arrears. Targets have been set to achieve 10% reduction in drop off rates over the period to 24/25.

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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

Locality	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Grand Total	4%	6.38 (R)	7.61 (R)	8.09 (R)	7.01 (R)	6.82 (R)	6.80 (R)	7.17 (R)	7.02 (R)	7.69 (R)	8.16 (R)	7.56 (R)
Adult Services		6.58 (R)	8.24 (R)	8.76 (R)	7.06 (R)	7.06 (R)	7.12 (R)	7.52 (R)	7.35 (R)	7.78 (R)	8.06 (R)	7.36 (R)
Children's Services		5.98 (R)	7.17 (R)	7.26 (R)	7.79 (R)	7.99 (R)	6.92 (R)	7.75 (R)	7.97 (R)	8.66 (R)	9.06 (R)	8.18 (R)
Health Improvement		5.48 (R)	4.10 (R)	5.51 (R)	7.11 (R)	2.69 (G)	4.67 (R)	5.24 (R)	2.48 (G)	3.39 (G)	5.36 (R)	4.42 (R)
Older People		7.56 (R)	8.10 (R)	6.57 (R)	7.27 (R)	6.56 (R)	6.82 (R)	6.67 (R)	7.21 (R)	8.41 (R)	8.99 (R)	8.60 (R)
Resources		4.90 (R)	5.97 (R)	6.60 (R)	3.18 (G)	4.18 (R)	3.80 (G)	3.54 (G)	4.03 (R)	4.50 (R)	6.70 (R)	4.89 (R)
Public Protection and Complex Care		- (R)	6.25 (R)	7.44 (R)	6.38 (R)	8.64 (R)	8.97 (R)	10.32 (R)	6.90 (R)	8.37 (R)	8.15 (R)	9.20 (R)

Performance Trend
Variations across areas and over time but performance overall remains above target for the HSCP and it has increased across all areas in the last quarter. The average level for this quarter is 7.76%, an increase from 6.38% the previous quarter. There is also a slight increase in the level of absence in comparison with the same quarter last year.
Issues Affecting Performance
Absence for Children's Services, Older People and Public Protection increased significantly during this quarter. Long term absence remains at a higher level than short term absence, although there was a slight increase in short term absence (In June 2024 Long Term absence accounted for 4.2% and short-term absence was 3.3%).
Absences recorded as 'Psychological' (which includes all stress related absence) remains the most used absence reason. In June, this accounted for 30% of sickness absence, down by 1% from previous month and in line with the 12m average of 30%. 'Viral' accounted for 12% of absence in June, up 5% from previous month.

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

Actions to Improve Performance

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

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

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

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

Timescales for Improvement

Ongoing - subject to agreed review periods.

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

Area	Target	2022/23			2023/24				2024/25	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Social Work	5%	11.10 (R)	10.60 (R)	10.30 (R)	10.30 (R)	10.38 (R)	11.2 (R)	11.5 (R)	11 (R)	
Resources		7.0	6.6	5.8	6	6.50	6.9	6.3	5.7	
Adult		11.30	9	7.9	10.3	10.00	9.9	8.6	11	
Public Protection		8.10	5.8	5.9	7.8	7.30	7.7	7.4	9.4	
Children		9.30	7.7	7.9	9.1	9.80	10.4	11.3	11	
Older People		8.50	6.9	7	6.3	5.70	6.1	6.7	5.8	
Care Services		13.95	14.2	14.4	13.3	13.35	14.5	15.3	13.8	

Performance Trend

- All Care Groups continue to report absence above the 5% target.
- Quarter 1 is 0.7% higher than the same quarter Q1 last year, however, has reduced 0.5% compared to Quarter 4
- All Care Groups show an increase with the exception of Resources and Older People, compared to Q1 last year.

Issues Affecting Performance

There are a range of complex factors that are impacting on absence performance with over 50% of our workforce over the age of 50 and in roles predominantly frontline. Long Term absence remains the main contributor to overall attendance levels.

Actions to Improve Performance

A new Attendance Management Action Plan for 2024/25 was approved by SMT on 12th June 2024.

This brings a focus to both priority areas where absence is consistently high and the main contributors for absence are psychological and musculoskeletal, as well as circumstances where poor overall attendance is a factor.

The action plan supports activity in line with the GCHSCP Staff Mental Health and Wellbeing Action Plan, considering improved accessibility for all staff particularly non pc facing workers.

A refreshed robust approach along with HR Briefings and Guidance, supported by management information are included to try and achieve an improvement in performance.

Timescales for Improvement

The Action Plan covers an extensive list of actions in the process of being implemented and there is an expectation that improvements will be achieved within 2024/25.

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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	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Glasgow	80%	32.0 (R)	31 (R)	29.6 (R)	35.1 (R)	35.4 (R)	35.0 (R)	36.6 (R)	36.7 (R)	37.3 (R)	38.5 (R)	38.4 (R)
Adult		24.3 (R)	24 (R)	23.4 (R)	26.7 (R)	29.9 (R)	29.4 (R)	31.1 (R)	29.3 (R)	30.0 (R)	31.1 (R)	30.6 (R)
Children's Services		48.4 (R)	46 (R)	46 (R)	50.2 (R)	57.6 (R)	53.2 (R)	52.4 (R)	52.0 (R)	53.2 (R)	56.4 (R)	53.8 (R)
Health Improvement		52.1 (R)	49 (R)	38.7 (R)	38.1 (R)	43.2 (R)	45.1 (R)	58.7 (R)	57.9 (R)	56.9 (R)	61.1 (R)	65.0 (R)
Older People		31.3 (R)	27 (R)	25 (R)	28.4 (R)	32.8 (R)	34.2 (R)	37.3 (R)	40.2 (R)	40.9 (R)	41.3 (R)	42.7 (R)
Public Protection & Complex Care		20.9 (R)	19 (R)	23.9 (R)	24.4 (R)	21.2 (R)	28.3 (R)	27.2 (R)	33.3 (R)	33.5 (R)	33.9 (R)	34.7 (R)
Resources		33.1 (R)	32 (R)	38.6 (R)	50.6 (R)	50.5 (R)	42.9 (R)	33.9 (R)	28.8 (R)	31.1 (R)	29.8 (R)	30.5 (R)

Performance Trend
Performance has improved slightly in the last quarter. There are wide variations across services, however all services require significant improvement to move towards target performance.
Issues Affecting Performance
Completion of KSF reviews across the HSCP had stalled since Covid 19 pandemic. There are reported issues around the use of the TURAS system and service pressures that impact on compliance.
Actions to Improve Performance
<ol style="list-style-type: none"> 1. An annual trajectory (updated monthly) has been created for the HSCP. 2. Guidance issued to managers on ensuring staff are aligned correctly to reviewers on TURAS system. 3. Monthly communications are issued to line managers advising of KSF review status for all employees. 4. Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a “wellbeing” conversation with staff and that it also includes “financial wellbeing”, so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation. 5. Regular training provided by L&E colleagues communicated to all staff.
Timescales for Improvement
Improvements sought in future quarters.
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Indicator	4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline
Purpose	To monitor the provision of standard induction training provided to staff. The aim is to provide this within the agreed deadline.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Locality	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Glasgow	100%	56% (R)	42% (R)	29% (R)	62% (R)	52% (R)	36% (R)	30% (R)	54% (R)	50% (R)	43% (R)	73% (R)

Performance Trend
Performance fluctuates but has improved in the last quarter, though remained RED.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods. Managers receive notification of the induction due date and 2 further reminders.
Actions to Improve Performance
<ol style="list-style-type: none"> 1. Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement. 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting. 3. HR providing compliance updates to Core Leadership Groups
Timescales for Improvement
Ongoing improvement will be sought through the above steps. Back to Summary

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

Locality	Target	2022/23				2023/24				2024/25		
		Jun 22	Sep 22	Dec 22	Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Apr 24	May 24	Jun 24
Glasgow	100%	83% (R)	68% (R)	60% (R)	58% (R)	44% (R)	33% (R)	64% (R)	23% (R)	46% (R)	67% (R)	60% (R)

Performance Trend

Performance fluctuates but has improved in the last quarter, though remained RED.

Issues Affecting Performance

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

Actions to Improve Performance

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

Timescales for Improvement

Ongoing improvement will be sought through the above steps.

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BUSINESS PROCESSES

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

Locality	Target	2022/23			2023/24				2024/25
		Q1 % <i>of</i> no.	Q2/3* % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.
City	70%	91.8 (G) 159	86 (G) 115	85.2 (G) 196	97.6 (G) 168	97.1 (G) 170	90 (G) 120	94.6 (G) 148	90 (G) 175
North East		95 (G) 20	100 (G) 7	100 (G) 13	100 (G) 9	100 (G) 18	100 (G) 6	100 (G) 11	70 (G) 20
North West		97 (G) 39	78 (G) 40	92.3 (G) 39	98 (G) 50	95.8 (G) 24	89.6 (G) 29	84.8 (G) 33	83 (G) 36
South		100 (G) 22	84 (G) 19	100 (G) 1	N/A 0	N/A 0	N/A 0	100 (G) 1	N/A 0
Prisons		85.9 (G) 78	91.8 (G) 49	81.8 (G) 143	97.2 (G) 109	96.9 (G) 128	89.4 (G) 85	98 (G) 103	95.8 (G) 119

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

Performance Trend
<p>HSCP at a city level remained GREEN although performance decreased slightly. The majority of complaints relate to prisons, so these largely determine overall HSCP performance.</p> <p>Back to Summary</p>

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

Locality	Target	2022/23			2023/24				2024/25
		Q1 % of no.	Q2/3* % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.
City	70%	49 (R) 147	69 (G) 124	80.5 (G) 77	65.3 (R) 95	76 (G) 92	80 (G) 140	78.4 (G) 102	85 (G) 95
North East		0 (R) 3	100 (G) 3	80 (G) 5	100 (G) 4	100 (G) 4	100 (G) 1	88.9 (G) 9	100% (G) 5
North West		69 (G) 32	58 (R) 26	84.2 (G) 19	66.7 (A) 12	66.6 (A) 27	75 (G) 24	60.9 (R) 23	72% (G) 25
South		56 (R) 18	71 (G) 17	100 (G) 3	N/A 0	N/A 0	N/A 0	100 (G) 4	100% (G) 2
Prisons		42.5 (R) 94	70.5 (G) 78	68 (G) 50	63.3 (R) 79	78.7 (G) 61	80.9 (G) 115	81.2 (G) 66	88.9% (G) 63

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

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

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

Locality	Target	21/22	22/23				23/24			
		Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.
City	70%	71% (G) 106	67% (A) 84	68% (A) 102	62% (R) 117	62% (R) 133	67% (A) 134	73% (G) 191	77% (G) 237	71% (G) 199
North East		60% (R) 10	73% (G) 11	43% (R) 7	81% (G) 16	75% (G) 8	71% (G) 14	62% (R) 13	73% (G) 11	47% (R) 15
North West		57% (R) 7	80% (G) 10	67% (A) 6	45% (R) 11	27% (R) 15	87% (G) 15	64% (R) 11	35% (R) 17	67% (A) 12
South		55% (R) 11	63% (R) 8	29% (R) 7	26% (R) 23	29% (R) 21	14% (R) 14	35% (R) 17	50% (R) 14	47% (R) 19
Homelessness		38% (R) 13	60% (R) 10	61% (R) 18	75% (G) 8	45% (R) 11	57% (R) 14	60% (R) 25	65% (R) 23	57% (R) 28
Home Care		87% (G) 60	64% (R) 44	76% (G) 58	75% (G) 53	82% (G) 67	77% (G) 62	88% (G) 96	90% (G) 155	83% (G) 109
Centre		75% (G) 5	100% (G) 1	56% (R) 6	67% (A) 6	64% (R) 11	60% (R) 15	66% (R) 29	71% (G) 17	69% (G) 16

Performance Trend

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

During Q4 performance at city level and in the Home Care and Centre Teams remained above target and GREEN. Performance improved in North West with the RAG rating moving from RED to AMBER. Performance dropped in North East which moved from GREEN to RED during the reporting period. South and the Homelessness Team continued to remain below target and RED.

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

Target	21/22				22/23				23/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
70%	87% (G) 52	78% (G) 67	70% (G) 53	80% (G) 81	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90	73% (G) 62	52% (R) 109

<p>Performance Trend</p> <p>This indicator is reported one quarter in arrears.</p> <p>Performance in relation to stage 2 complaints fell during the reporting period with the RAG rating moving from GREEN to RED.</p>
<p>Issues Affecting Performance</p> <p>The primary issue affecting performance in Q4 was the marked increase in Stage 2 complaints received – 76% increase in number of complaints received, and the highest volume of complaints received in a single quarter for over three years. This is likely related, in part, to the high number of Stage 1 complaints in the previous quarter. In addition, the team responsible for the investigation of these complaints remains in a position whereby priority is given to Subject Access Request (SAR) processing.</p>
<p>Actions to Improve Performance</p> <p>At present, the focus of the team is on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which are time-consuming. Due to ongoing enforcement action by the ICO and staff absence, resource to improve performance is strictly limited.</p>
<p>Timescales for Improvement</p> <p>Due to resource limitations, and some expectation of a general increase in complaint volumes, it is not currently viable to provide a specific timescale for improvement – this is dependent on progress addressing the SAR backlog and on demand.</p> <p>Back to Summary</p>

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

Target	21/22				22/23				23/24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
100%	98% (G) 83	98% (G) 98	98% (G) 90	97% (G) 108	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126

Performance Trend
This indicator is reported one quarter in arrears .
Performance in relation to FOIs remained slightly outwith the target range during Q4 (RED).
Issues Affecting Performance
The central Complaints, FOI and Investigations Team (CFIT) are continuing to process an extremely large volume of Subject Access Requests (SARs), and so this is having a direct impact on performance across all workstreams. Demand remains high in comparison to average demand over the past three years.
Actions to Improve Performance
Staff are unable to prioritise FOI requests at this time due to ICO intervention with regards SAR performance, as the priority of the team is now and will remain addressing the significant backlog of SAR casework. No further resource is available to address FOI demand, and as such the current performance is considered above expectations at this time.
Timescales for Improvement
No clear timescale for improvement can currently be estimated due to ongoing high demand in relation to SAR workstream and increasing demand in relation to Complaints workstream.
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Indicator	6. Percentage of Social Work Data Protection Subject Access Requests (SARs) completed within the required timescale
Purpose	This indicator monitors social work performance in relation to the timescale for the completion of Data Protection Subject Access Requests; it is reported one quarter in arrears.
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Target	21/22			22/23				23/24			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
100%	33% (R) 116	38% (R) 129	35% (R) 200	13% (R) 249	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185	38% (R) 175

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

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The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing.

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

Timescales for Improvement

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

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

Locality	Target	22/23				23/24				24/25
		Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.	Q2 % <u>of</u> no.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.	Q1 % <u>of</u> no.
City	80%	79% (G) 435	80% (G) 452	72% (R) 425	73% (R) 421	80% (G) 478	79% (G) 518	74% (R) 455	70% (R) 451	75% (R) 433
North East		93% (G) 91	93% (G) 116	89% (G) 92	89% (G) 81	97% (G) 87	97% (G) 98	92% (G) 103	87% (G) 102	92% (G) 73
North West		95% (G) 83	85% (G) 72	86% (G) 121	90% (G) 94	94% (G) 71	89% (G) 111	67% (R) 89	80% (G) 56	75% (R) 73
South		68% (R) 102	76% (R) 88	60% (R) 108	59% (R) 85	67% (R) 87	60% (R) 110	65% (R) 77	63% (R) 84	56% (R) 95
Centre		65% (R) 136	68% (R) 160	48% (R) 97	61% (R) 157	73% (R) 220	73% (R) 187	66% (R) 167	58% (R) 186	77% (A) 172
Care Services (prev. Cordia)		91% (G) 23	100% (G) 16	100% (G) 7	100% (G) 4	92% (G) 13	83% (G) 12	100% (G) 19	96% (G) 23	90% (G) 20

Performance Trend

During Q1 performance at city level and in South continued to remain below target and RED. Care Services and North East continued to exceed target (GREEN). Performance improved significantly in Centre which moved from RED to AMBER during the reporting period. In North West performance fell with the RAG-rating moving from GREEN to RED.

The number of enquiries received during Q1 (433) was slightly lower than the number received during Q4 (451); however, the level of demand has continued to remain high since Q4 21/22.

Issues Affecting Performance

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

Actions to Improve Performance

Review of processes with the aim of improving recording of reasons for delays in relation to both Members Enquiries and Stage 1 complaints is ongoing, with the ultimate aim of developing a tool

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that can identify the reasons for delays as a first step towards addressing this failure, however, there have been delays to this as a result of separate development work on a new council-wide complaints system and SAR improvement plan.

Timescales for Improvement

Q2 24/25.

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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’. The latter are a mix of indicators which include those locally delivered but which are only annually/biennially reported; others which are delivered by external organisations; as well as population statistics which we seek to influence but which we do not have sole control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

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3. OTHER INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Externally Delivered Services								
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Jun 24	37% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 43% in March. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q1	91.2% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Decreased slightly from Q4 when was 91.7%. Produced quarterly.
3. AHP Waiting Times – Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Jun 24	99.5% (G)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Increased from 78.8% in March. Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q1	97.3% (G)	98.3% (G)	98.6% (G)	95.7% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 98.9% (City); 97.5% (NE); 99.37% (NW); 99.56% (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%	Q1	88% (R) (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 86% (under 5s) and 96% (over 5s) so slight increase for under 5s and decrease for 5-18. Produced quarterly.
		100%	Q1	88% (A) Aged 5-18				

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
Population Statistics								
6. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr21 to Mar23	55.6% (R)	55.2% (R)	56.2% (R)	55.3% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 2020-22 were 56.3% (citywide); NE 55.9%; NW 57.1%; S 56.1%. Next report due Dec 24.
7. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr 20 to Mar 23	64.1% (R)	61.2% (R)	62.7% (R)	67.9% (A)	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Last report was for Apr 19 to Mar 22 when was 65.3% (citywide); NE 62.5%; NW 63.7%; S 68.5%. Next report due Dec 24.
8. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2022/23	59.2% (R)	61% (R)	51.5% (R)	65.9% (R)	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 20/21 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Dec 24.
9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2022-23	76.2% (G)	75.3% (G)	76.4% (G)	76.6% (G)	From Annual NHSGGC screening report last produced Dec 2023. Previous figures for 21/22 were 77.3% (citywide); NE 73.6%; NW 76.3%; S 80.9%. Next report due Dec 24.

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Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
10.% of 0-2 year olds registered with a dentist	Local HSCP indicator Outcome 1	55%	Mar 24	61.66 (G)	65.17 (G)	59.35 (G)	60.62 (G)	Provisional figures shown for Mar 24. Figures for Sep 23 are 40.94% (City); and for localities 45.23% (NE); 39.82% (NW); 38.51% (S so all have increased.
11. % of 3-5 year olds registered with a dentist	Local HSCP indicator Outcome 1	90%	Sep 23	57.96 (R)	61.09 (R)	55.77 (R)	57.11 (R)	Provisional figures shown for Mar 24. Figures for Sep 23 are 72.75% (City); and for localities 75.14% (NE); 71% (NW); 72.14% (S) so all have decreased.
12. % of P1 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2020	60.1% (G)				Performance below the Health Board average of 68.7% in 2020. A 2022 report has since been produced which is at Health Board level only due to Covid and shows a figure of 69.1%. Normally produced 2 yearly by Public Health Scotland, next one due 2024 not known when.
13. % of P7 children with no obvious decay experience	Local HSCP indicator Outcome 1	60%	Oct 2023 For 22/23	77.9% (G)				Performance has increased since 2019 when was 72.8%. Slightly below Health Board average of 78.6% which also rose from 73.1% in 2017. Produced 2 yearly by Public Health Scotland but Covid-19 meant that the current 2023 figure is the first update since 2019. Next due Oct 2025.

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APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

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APPENDIX 4 – APR KPIs

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

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

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

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