Glasgow City
Integration Joint Board

Report By:	**Allison Eccles, Head of Business Development**
Contact:	**Duncan Goldie, Performance Planning Manager**
Tel:	**0141 287 8751**

**HEALTH AND SOCIAL CARE PARTNERSHIP
QUARTER 1 PERFORMANCE REPORT 2018/19**

Purpose of Report:	To present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2018/19.

Background/Engagement:	The IJB have previously agreed that a Performance report would be produced and presented to them on a quarterly basis.

Recommendations:	The Integration Joint Board is asked to: a) note the attached performance report for Quarter 1 of 2018/19.

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 on page 47 of the Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focussed.

Personnel:	None

Carers:	Operational performance in respect to carers is outlined within the carers section of the attached report.

Provider Organisations:	None

Equalities:	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.

Financial:	None

Legal:	The Integration Joint Board is required by statute to produce an Annual Performance Report within four months of the end of each financial year and to have routine performance management arrangements in place.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Council.

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes performance indicators previously reported to the Health Board.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 The purpose of this report is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 1 2018/19.

2. Background

2.1 The Integration Joint Board noted an initial draft performance report on 21st March 2016, which brought together the performance indicators previously produced separately for Health and Social Work, within a single draft Joint Performance Report. This report captured the performance of the Health and Social Care Partnership, in relation to a range of key performance indicators across Health and Social Work Services.

2.2 At this meeting, it was suggested that indicators which were too operationally focused and those which are updated annually/biennially were removed from the framework of the Integration Joint Board performance report, which the Board felt should be more strategically focussed.

2.3 The first full Joint Performance report was then presented to the Integration Joint Board on the 21 September 2016, relating to the period Q1 2016/17. It was agreed that this would be produced on a quarterly basis going forward. The latest performance report for Quarter 1 of 2018/19 is now attached.

2.4 In addition to these Integration Joint Board Performance reports, Scottish Government Statutory Guidance makes it clear that Health and Social Care Partnerships are expected to have routine performance management arrangements in place, with regular performance reports produced for internal scrutiny by their respective management teams.

2.5 A more detailed Joint Performance report has, therefore, been developed in order to enable scrutiny of operational performance by Health and Social Care Partnership Management Teams and the Finance and Audit Committee. This is similar to the attached Integration Joint Board report, but includes a wider set of more operational performance indicators. It also contains detailed performance data for all indicators and localities, whereas the attached report summarises performance, then provides more detailed information on an exception basis for those indicators which are below target, and those which have changed their RAG (Red/Amber/Green) status in a positive direction.

2.6 It should be noted that these reports and performance management processes 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

2.7 It should also be noted that in addition to these quarterly performance reports, Annual Performance Reports - as required by the Public Bodies (Joint Working) (Scotland) Act 2014 - have been published and are available on the Partnership website for 2017/18 and 2018/19.

3. Reporting Format

3.1 In the performance summary section of the attached report, a summary table is provided which for each care group, notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods and highlights those indicators which have changed status. 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.

3.2 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.

3.3 In the main body of the report, for those indicators which are AMBER or RED at a city level, a more detailed analysis including locality information and status; performance trends; improvement actions; and timelines for improvement are provided.

3. 4 For all indicators, their purpose is described, along with an indication of which National Integration Outcome they most closely impact upon, and whether they have been defined at a local, corporate, or national level as outlined below:

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

- 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).

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

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

4.   Recommendations

4.1   The Integration Joint Board is asked to:

   a)   note the attached performance report for Quarter 1 of 2018/19.

CORPORATE PERFORMANCE REPORT
(Integration Joint Board)

QUARTER 1
2018/19

CONTENTS

PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

The table below presents a summary of performance of the measures contained within the body of this Combined Performance Report. It reports changes in RAG rating between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available.

CARE GROUPS/AREAS	Quarter 4 RAG Rating				Quarter 1 RAG Rating				Changes in Status (Last 2 Periods)
	🛑	⚠️	✅	⬜	🛑	⚠️	✅	⬜	
Older People (No. and %)	**2** 33.3%	**1** 16.7%	**3** 50%		**2** 33.6%		**4** 60%		**Amber ⇨ Green** 4. Percentage of service users who receive a reablement service following referral for a home care service (Hospital Discharge)
Primary Care (No. and %)			**1** 100%				**1** 100%		None
Unscheduled Care (No. and %)	**3** 60%			**2** 40%	**3** 60%			**2** 40%	None
Carers (No. and %)			**1** 100%				**1** 100%		None
Children's Services (No. and %)	**1** 25%	**1** 25%	**6** 75%		**2** 25%		**6** 75%		**Amber ⇨ Red** 4. Access to specialist Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks

Adult Mental Health (No. and %)	**1** 25%	**1** 25%	**2** 50%		**2** 50%		**2** 50%		**Red ⇨ Green** 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Gartnavel) **Amber ⇨ Green** 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North West) **Green ⇨ Red** 1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral (North East) 2. Average Length of Stay (Short Stay Adult Mental Health Beds) (Stobhill)
Alcohol & Drugs (No. and %)			**1** 100%				**1** 100%		None
Homelessness (No. and %)			**1** 50%	**1** 50%			**1** 50%	**1** 50%	None
Criminal Justice (No. and %)	**2** 100%				**1** 50%		**1** 50%		**Red ⇨ Green** 2. Percentage of Community Payback Orders (CPOs) with a Case Management Plan within 20 days

Health Improvement (No. and %)	**2** 33.4%		**4** 66.6%		**1** 16.7%		**5** 83.3%		**Red ⇨ Green** 2. Smoking Quit Rates at 3 months from the 40% most deprived areas.
Human Resources (No. and %)	**2** 100%				**2** 100%				None
Business Processes (No. and %)	**3** 60%		**2** 40%		**3** 60%		**2** 40%		No changes in status
TOTAL (No. and %)	**16** 37.2%	**3** 7%	**21** 48.8%	**3** 7%	**16** 37.2%	**0** 0%	**24** 55.8%	**3** 7%	**8 changes in status**

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. 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
Older People				
1. Number of community service led Anticipatory Care Plans in Place.	900 for 2018/19	Q1	280 ✅	▲
2. Number of people in supported living services.	830 by the end of 2018/19 (24 per quarter increase)	Q1	765 ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
3. Percentage of service users who receive a reablement service following referral for a home care service.	75%	Cordia Period 4	77.9% (Hosp) ✅ 77.6% (Comm) ✅	▲ Hospital ▼ Community
4. Total number of Older People Mental Health patients delayed (Excluding AWI)	0	May 18	11 🛑	►
5. Intermediate Care: Percentage of users transferred home.	>30%	Jun 18	22% 🛑	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List.	78%	Q4	✅ 79.45%	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (All ages)	197,542 for 18/19	2017/18	205,642 ⬜	▼
2. Number of emergency admissions (All ages)	75,750 for 18/19	2017/18	69,697 ⬜	▲
3. Total number of Acute Delays	20	May 18	64 (exc AWI) 15 (AWI) 🛑	▼
4. Total Number of Acute Bed Days Lost to Delayed Discharge (Older People 65+).	10,000 for 18/19	2017/18	10,982 🛑	▲
5. Total Number of Acute Bed Days lost to delayed discharge for Adults with Incapacity (AWI) (Older People 65+).	1910 for 18/19	2017/18	2098 🛑	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Carers				
1. Number of New Carers identified during the quarter that have gone on to receive a Carers Support Plan or Young Carer Statement	1,650 per annum/413 per quarter	Q1	515 ✅	▲
Children's Services				
1. Percentage of HPIs allocated by Health Visitors by 24 weeks.	95%	Apr 18	NE - 96% ✅ NW - 94% ✅ S - 96% ✅	**NE▲** **NW▼** **S ▲**
2. Access to CAMHS services – percentage seen with 18 weeks	100%	Apr 18	92.9% 🛑	▼
3. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training.	75%	Q1	68% 🛑	▲
4. Number of high cost placements	Reduction of 20 in 2018/19 to 47	Q1	61 ✅	▼
5i. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months.	95%	Q4	93.9% ✅	▲
5ii. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years.	95%	Q4	96.0% ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 18	NE 83.1% 🔴 NW 93.8% ✅ South 96.5% ✅	NW ▲ NE & South ▼
2. Total number of Adult Mental Health delays	0	May 18	14 (exc AWI) 5 (AWI) 🔴	▲
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.	90%	Q4	92% ✅	▼
Homelessness				
1. Number of households reassessed as homeless or potentially homeless within 12 months.	<480 per annum for 17/18	Q4	84 ✅	▲
2. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	65.5% ⬜	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence.	80%	Q1	72% 🔴	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
2. Percentage of Community Payback Orders (CPO) with a Case Management Plan within 20 days.	85%	Q1	91% ✅	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI).	1,266 (to Q1)	Q1	1,279 ✅	▲
2. Smoking Quit Rates at 3 months from the 40% most deprived areas.	1,388 per annum	Annual Total 17/18	1,398 ✅	▲
3. Women smoking in pregnancy (general population)	13%	Q1 18/19	11.3% ✅	▲
4. Women smoking in pregnancy (most deprived quintile).	19%	Q1 18/19	16.7% ✅	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population)	24.0% (HSCP)	Q2 17/18	27.5% ✅	▲
6. Exclusive Breastfeeding at 6-8 weeks (15% most deprived data zones).	21.6% (HSCP)	Q2 17/18	19.8% 🛑	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Mar 18	5.90% 🛑	▼
2. Social Work Sickness Absence Rate (Average Days Lost)	<2.53 ADL (average days lost) per employee	Q4	3.3 ADL 🛑	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale	70%	Q1	97% ✅	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale	70%	Q1	74% ✅	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.	70%	Q4	61% 🛑	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	70%	Q4	29% 🛑	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days.	100%	Q4	99% ✅	▲

1. OLDER PEOPLE

Indicator	4. Total number of Older People Mental Health patients delayed (Excluding AWI)
Purpose	To monitor the extent to which Older Mental Health patients are being unnecessarily delayed in hospital with the aim that these are reduced. The figures shown relate to the Health Board monthly census date. These relate to patients coded to 'G4' - the psychiatry of old age. Figures for patients coded G1 – general psychiatry – are in the adult mental health section later in this report. These figures exclude AWI (Adults with Incapacity).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

TARGET	AREA	Apr 16	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
0	NE	0 (G)	0 (G)	2 (R)	1 (R)	5 (R)	3 (R)	5 (R)
	NW	7 (R)	1 (R)	2 (R)	2 (R)	4 (R)	1 (R)	2 (R)
	South	4 (R)	10 (R)	7 (R)	8 (R)	7 (R)	7 (R)	10 (R)
	City	11 (R)	11 (R)	11 (R)	11 (R)	16 (R)	11 (R)	17 (R)

Performance Trend

Numbers vary across localities and over time and have remained RED. South has had the highest number of delays over the period since January 2018.

Actions to Improve Performance

Our performance in this area remains a concern and revised improvement plans are being developed and implemented as part of the HSCP's older people transformation programme. There is a regular and robust scrutiny process in place for all cases involving clinicians, hospital managers, bed managers and both health and social work service managers. Work will continue to ensure reductions going forward.

Timeline for Improvement

Improvements towards meeting the target are anticipated by the end of Q2 in 2018/19.

Indicator	5. 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 Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality			Targets	Apr 16	Apr 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
Glasgow	**Home**		30%	21% (R)	25% (R)	34% (G)	24% (R)	26% (R)	21% (R)	34% (G)	23% (R)	22% (R)
		Res/Nursing	N/A	52%	62%	43%	60%	55%	66%	45%	61%	57%
		Readmissions	N/A	25%	10%	15%	9%	6%	12%	12%	12%	16%
		Deceased	N/A	2%	1%	8%	7%	3%	1%	5%	4%	5%
NE	**Home**		30%	22% (R)	30% (G)	38% (G)	33% (G)	28% (A)	16% (R)	33% (G)	25% (R)	13% (R)
		Res/Nursing	N/A	39%	59%	43%	52%	62%	43%	50%	50%	58%
		Readmissions	N/A	33%	7%	10%	25%	10%	15%	16%	25%	25%
		Deceased	N/A	6%	0%	10%	2%	1%	8%	0%	0%	4%
NW	**Home**		30%	21% (R)	22% (R)	32% (G)	21% (R)	25% (R)	34% (G)	27% (R)	33% (G)	31% (G)
		Res/Nursing	N/A	57%	57%	48%	52%	62%	43%	57%	59%	53%
		Readmissions	N/A	21%	17%	16%	25%	10%	15%	11%	7%	11%
		Deceased	N/A	0%	4%	4%	2%	1%	8%	4%	0%	4%
South	**Home**		30%	21% (R)	22% (R)	32% (G)	21% (R)	25% (R)	34% (G)	39% (G)	13% (R)	22% (R)
		Res/Nursing	N/A	58%	70%	39%	52%	62%	43%	33%	70%	59%
		Readmissions	N/A	21%	7%	18%	25%	10%	15%	9%	6%	11%
		Deceased	N/A	0%	0%	11%	2%	1%	8%	9%	10%	7%

Performance Trend
Variations across localities and over time. Performance was RED in the North East, South and city-wide in the last 2 months of the quarter; over the same period performance in North West was GREEN. Variations between periods at a citywide level can be explained largely by the fact that the numbers are relatively small, so that the effects of changes in these numbers can appear magnified in percentage terms.
Actions to Improve Performance
Performance in the North East continues to be a concern and remains RED although performance improved in the last quarter. North West remains GREEN. Further scrutiny will be undertaken in respect of this area of performance.
Timeline for Improvement
Ongoing. Further improvements are expected into 2018/19

UNSCHEDULED CARE

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

	Target	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East		10	12	10	23	26	20
North West		6	9	9	15	15	15
South		14	9	17	12	23	17
Sub-Total (Included Codes)		**30**	**30**	**36**	**50**	**64**	**52**
North East		2	0	1	2	2	3
North West		5	1	4	4	9	7
South		4	8	2	4	4	7
Sub-Total (Complex Codes)		**11**	**9**	**7**	**10**	**15**	**17**
All Delays	**20**	**41 (R)**	**39 (R)**	**43 (R)**	**60 (R)**	**79 (R)**	**69 (R)**

Performance Trend
Numbers vary across localities and over time and have risen over the last three months, though fell in June.
Actions to Improve Performance
The weekly operational meeting continues to manage delays involving HSCP operational & commissioning leads, Acute Operational Managers and discharge management representation to ensure all actions to improve performance are progressed. While there has been an increase in overall delays, the majority extend to a few days with longer delays relating to complex care placement, capacity assessment, health equipment delays and house cleans. Implementation of Home is Best (dedicated SW hospital team) will assist to ensure a focus on responding to early referrals and effective partnership working with Acute. The level of complex discharge needs and requirement for intermediate care capacity has however presented a challenge and has impacted on the number of delays. An Intermediate Care (IC) Improvement plan has been developed to ensure best use of IC beds and effective flow and service user outcomes. The focus on IC performance has already impacted on reducing IC length of stay.
Timescale for Improvement
Sustainable improvements will be sought going forward. Performance is constantly monitored to ensure performance is maintained as close as possible to target. Intermediate Care Improvement Plan ongoing and target date for Home is Best implementation is Oct 2018.

Indicator	4. Total number of Acute Bed Days Lost to Delayed Discharge (Older People 65 +)
Purpose	To monitor the extent to which acute beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced. This relates to beds occupied by older people only and includes those occupied by older people who are classified as AWI under the requirements of the Adults with Incapacity Act 2000. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Apr 18	May 18	Jun 18	Year to Date
HSCP	21,288	15,557	10,982	10,000	1226 (R)	1552 (R)		2778 (R)
NE	5777	4058	3002	N/A	398	587		985
NW	8034	6406	3372	N/A	380	451		831
S	7477	5093	4608	N/A	448	514		962

Performance Trend

For the city as a whole, there has been a significant reduction over the last two years, contributed to by the reclassification of the AWI beds in 2016/17 (see indicator 8 below).

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 10,000 bed days for the year (monthly average of 833).

During 2018/19, they have increased so far, with a monthly average of 1389 (compared with an average of 915 for 17/18).

Actions to Improve Performance

Acute bed days lost is a function of delays themselves and so an increase in delays recently (see indicator 6 trends) has resulted in an increase in bed days lost. The actions described at indicator 6 above to reduce delays will have an impact on bed days lost

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted at indicator 6 above

Indicator	5. Total number of Acute Bed Days lost to Delayed Discharge for Adults with Incapacity (Older People 65+).
Purpose	To monitor the extent to which acute beds are occupied unnecessarily be older people who are medically fit for discharge and who are classified as Adults with Incapacity (AWI) under the terms of the Adults with Incapacity Act 2000. This indicator is a subset of indicator 7 above. Source is Health Board Information Team.
Type of Indicator	Local HSCP indicator/ Ministerial Strategic Group (MSG) Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Leads	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

AREA	15/16 Total	16/17 Total	17/18 Total	Target for 18/19	Apr 18	May 18	Jun 18	Year to Date
HSCP	10,715	6050	2098	1910	269 (R)	397 (R)		666 (R)
NE	3590	1647	336	N/A	81	95		176
NW	3558	2995	816	N/A	82	197		279
S	3910	1408	946	N/A	106	105		211

Performance Trend

For the city as a whole, there has been a significant reduction over the last three years, contributed to by the reclassification of the AWI beds in 2016/17 which the HSCP commission in community settings in line with national guidance, which meant they were no longer included.

The HSCP has set a trajectory for 2018/19 which is based upon a reduction to 1910 bed days for the year (monthly average of 159).

During 2018/19, they have increased so far, with a monthly average of 333.

Actions to Improve Performance

The actions described at indicator 6 above to reduce delays will have an impact on bed days lost

Timescale for Improvement

An improved performance is expected later in the year as a result of the actions highlighted at indicator 6 above

CHILDREN'S SERVICES

Indicator	2. Access to Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks.
Purpose	To monitor waiting times for accessing child and adolescent mental health services. The aim is to minimise waiting times and ensure all children are seen within 18 weeks.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Area	Target	Apr-16	Apr-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
North Glasgow	100%	100% (G)	100% (G)	99.6% (G)	98.3% (G)	98.1% (G)	98.3% (R)	99.6% (G)
South Glasgow	100%	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	100% (G)	99.4% (G)
East Glasgow	100%	100% (G)	100% (G)	97.1% (A)	97.1% (A)	97.6% (G)	93.4% (R)	91.2% (R)
West Glasgow	100%	100% (G)	100% (G)	97.9% (G)	92% (R)	89.2% (R)	84.6% (R)	84.2% (R)
Glasgow HSCP	100%	100% (G)	100% (G)	98.5% (G)	96.6% (A)	96% (A)	93.6% (R)	92.9% (R)

Performance Trend

Variations exist across localities and over time. Performance has moved to RED for East and West Glasgow and the city over the last two months.

Actions to Improve Performance

The drop in percentage of children seen within 18 weeks in East and West Glasgow arose due to a number of factors, including significant workforce issues and changes implemented to increase the level of accepted referrals, which in turn created increased demand.

A number of approaches have been undertaken to address this, including temporarily extending our core hours of business to include early evenings and weekend work and the introduction of a Quality Improvement Programme. The Quality Improvement Programme is focusing on four distinct work streams: 1.Review of overall service provision, leadership and culture, 2. Service Improvements, 3. Training and support, 4. Supervision and Leadership, and is being led by the CAMHS SMT members.

The Quality Improvement Programme will launch its main initiative on 1st October, which will involve working towards a full booking system and the introduction of a Central Choice Team.

Further, as part of wider Scottish Governments plans, we have been working on the

reduction of rejected referrals. Over the last six months, GGC have reduced their rejected referrals from 35% to 19%, which is now under the UK and Scottish averages. As noted, this has had an additional effect on RTT performance. The Quality Improvement Programme will ensure that all appropriate children and young people will be accepted to Choice, which will further reduce the rejected referral rate to less than 10%, whilst improving the RTT as above.

Timeline for Improvement

The CAMHS Glasgow City Quality Improvement Programme has been underway since April 2018. The temporary changes to core working hours have been in place since January 2018. Based on more recent (unconfirmed) figures, we anticipate month on month improvements. We forecast that by the end of December 2018, there will be a significant decrease in the longest waiting time and number of children waiting, with CAMHS meeting the RTT by then.

Indicator	3. Percentage of young people currently receiving an aftercare service who are known to be in employment, 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 Leads	Mike Burns, Assistant Chief Officer (Children's Services)

Target	Locality	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
75%	North East	56% (R)	65% (R)	72% (A)	76% (G)	71% (R)	77% (G)	73% (A)
75%	North West	52% (R)	49% (R)	54% (R)	67% (R)	66% (R)	50% (R)	62% (R)
75%	South	66% (R)	68% (R)	67% (R)	67% (R)	68% (R)	73% (A)	68% (R)
75%	**Glasgow**	58% (R)	61% (R)	65% (R)	70% (R)	69% (R)	67% (R)	68% (R)

Performance Trend

Performance at city level increased slightly between year-end and Q1. Although still RED, there was a significant increase in performance in the North West, rising from 50% to 62%. Performance slipped slightly from GREEN to AMBER in North East and from AMBER to RED in South during the quarter.

It should be noted that at Q1, the proportion of young care leavers without a destination recorded was NE 16%, NW 2%, and South 7%, giving an overall Glasgow City figure of 10 %. It should also be noted that Scottish Government statistics https://www.gov.scot/Publications/2018/03/6242/downloads) show that the city has performed better than the national average. Nationally, at 31 July 2017, 47% of those receiving aftercare for whom current activity was known were in education, training or employment; compared to 61% for Glasgow. Performance in Glasgow has also improved over time, with this rising from 51% in 2011/12.

Notes on data

-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.
- These figures exclude care leavers who have a barrier to employment (for example, pregnancy, mental/physical health problems).

Actions to Improve Performance

We recognise this as ongoing challenge and as a consequence we have recently appointed an experienced service manager to the intensive services' post. This post will focus on improving performance and will include responsibility for the central leaving care team, which will strengthen the relationship with the centrally based employability resource

and will support locality based services to support more young people to achieve positive destinations.

In the medium to longer term we expect to see improvements in the numbers of young people moving into positive destinations as this is a key objective of our "Transformation Programme" for children's services and our Corporate Parenting Action Plan. We are also looking at how resources are deployed across the City to ensure that we address variations between localities.

Timeline for Improvement

Localities continue to focus on the 75% target and remain confident that this is achievable.

ADULT MENTAL HEALTH

Target/Ref	1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral
Purpose	To monitor waiting times for people accessing a psychological therapy treatment, with the target being for 90% of patients to be seen within 18 weeks. This indicator relates to all adults and older people and to people who have been seen.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Jackie Kerr, Assistant Chief Officer (Adult Services)

Locality	HSCP Target	% of People who started treatment within 18 weeks of referral						
		Apr 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
NE	90%	87.1% (A)	82.6% (R)	93.1% (G)	88.3% (G)	87% (A)	84.5% (R)	83.1% (R)
NW	90%	81.7% (R)	79.1% (R)	81.3% (R)	87.1% (A)	83.1% (R)	94.1% (G)	93.8% (G)
S	90%	96.5% (G)	97.3% (G)	98% (G)	96.5% (G)	94.7% (G)	92.2% (G)	95.5% (G)

Performance Trend

Performance information now available again after the transfer over from PIMS to EMISWeb. Performance remains at GREEN in the South, has moved to GREEN in the North West and has moved to RED in the North East over the last two months.

Actions to Improve Performance

The Primary Care Mental Health (PCMH) teams are relatively small in workforce but large in the volume of provided psychological therapy treatments to patients. As a result, a few clinical and admin vacancies, long term leave and retirals produces a significant impact on performance. Re-recruitment is a lengthy process and these factors are impacting on the PCMH and the Community Mental Health teams that provide a more specialist range of psychological interventions.

There remains a focus on addressing the recruitment to existing vacancies across all three localities. It is likely that there will be an impact on performance, however teams are mindful of the issues and are working to provide a short term response to provide a service within the target timeframes.

Timeline for Improvement

Performance will be impacted on by recruitment issues over the next quarter. Where recruitment to posts has been possible and staff are in place then performance will improve.

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

	Target	Apr 17	Feb 18	Mar 18	Apr 18	May 18	Jun 18
North East		2	4	5	3	4	3
North West		1	6	9	8	5	3
South		1	9	8	7	5	7
Sub-Total (Included Codes)		4 (R)	19 (R)	22 (R)	18 (R)	14 (R)	13 (R)
North East		0	4	3	3	2	2
North West		3	2	3	4	3	4
South		0	0	0	0	0	0
Sub-Total (Complex Codes)		3 (R)	6 (R)	6 (R)	7 (R)	5 (R)	6 (R)
All Delays	0	7 (R)	25 (R)	28 (R)	25 (R)	19 (R)	19 (R)

Performance Trend
Numbers vary across localities and over time.

Actions to Improve Performance
Actual adult mental health delayed discharges continues to see an expected overall fluctuation month on month. Additional fortnightly meetings have been in place since mid Q1 and this is now beginning to show some improvement in performance. A system has been put in place to discuss lessons learned and improvements that can be made in the process for moving patients on from hospital based care.

Timeline for Improvement
This continues to be an on-going area of focus during 2018/2019.

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 9 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Ann Marie Rafferty, Assistant Chief Officer (Public Protection and Complex Needs) Jim McBride, Head of Adult Services (Homelessness & Criminal Justice)

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
80%	North East	63% (R)	63% (R)	67% (R)	68% (R)	58% (R)	82% (G)
80%	North West	70% (R)	67% (R)	65%(R)	65% (R)	76% (R)	71% (R)
80%	South	63% (R)	75% (R)	67%(R)	66% (R)	65% (R)	62% (R)
80%	Glasgow	65% (R)	68% (R)	66%(R)	67% (R)	67% (R)	72% (R)

Performance Trend

At Q1 North East (GREEN) exceeded the target for this indicator, while performance for the other localities and city-wide remained below target and RED.

Actions to Improve Performance

We continue to improve signposting via court liaison meetings, and a recent pilot commenced in June 2018 by the Fast Track Team to provide a presence in court at Glasgow Sheriff Court.

Timeline for Improvement

We continue to place an emphasis on this indicator and it is hoped that improvements will be seen by Q4. However, Level 1 orders are imposed by the courts without prior social work involvement so there is no pre-sentence opportunity to provide reporting instructions to attend fast track and we are dependent on courts signposting to Fast Track team. Level 2 orders require submission of a report from social work and therefore we can provide pre-sentence reporting instructions to the offender to ensure immediacy of attendance at Fast Track and consequently placement.

HEALTH IMPROVEMENT

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

TARGET	AREA	Apr 15 - Mar 16	Jan 16- Dec 16	Apr 16 - Mar 17	Jul 16 - Jun 17	Oct 16 – Sep 17
19.5%	NE	15.0% (R)	16.3% (R)	17.9% (R)	17.4% (R)	18.4% (R)
23.9%	NW	21.2% (R)	18.3% (R)	19.7% (R)	20% (R)	21.1% (R)
22.8%	S	18.1% (R)	21% (A)	19.7% (R)	18.3% (R)	20.5% (R)
21.6%	**HSCP**	18.2% (R)	18.4% (R)	19.0% (R)	18.4% (R)	19.8% (R)

Performance Trend

Performance remains RED for the HSCP and all areas. Glasgow City and Greater Glasgow and Clyde have, however, seen an upward trend in overall breastfeeding rates recently, which are not being mirrored in other parts of Scotland.

Actions to Improve Performance

- UNICEF UK Baby friendly Standards: All 3 sectors in Glasgow City accredited as UNICEF Baby Friendly in 2011 and reaccredited in 2016. Ongoing mechanisms in place re-audit and monitoring processes, Annual report and associated action plans submitted to UNICEF to evidence compliance. Glasgow City, working toward the UNICEF Achieving Sustainability (Gold award) over the next 12 months and required managers training commenced.
- Support to Breastfeeding mothers: Currently 9 Breastfeeding support Groups in Glasgow City. The Baby Cafe (in conjunction with NCT) is a peer support model In North East Glasgow, Breastfeeding Network (BFN) funded to recruit and train local volunteers and to support local Breastfeeding groups. BFN and NCT peers supporters also provide support via maternity and neonatal units providing a bridge of support from hospital to community for mothers.
- Breastfeeding Public Acceptability: Work to challenge negative attitudes to breastfeeding and to normalise it in our communities. Includes Breastfeeding Friendly Nursery & Breastfeeding Welcome award: As of Dec 17 88% of nurseries in Glasgow

city have received training and 84 % have the full award.
- <u>Breastfeeding Welcome award</u>: Training offered to wider partners such as Glasgow Life as well as local venues and key partners. Training provided to NC, HNC and HND students undertaking Childcare courses. In 2017, 868 members of staff from a range of partner organisations have received training as part of the Breastfeeding Welcome Award and Breastfeeding Friendly Nursery programmes

- <u>Health and Social Care Centres</u>: All Glasgow City Health Centre admin, clerical and caretaking staff have received breastfeeding awareness training. In order to provide updates for staff. A Learnpro module for staff updates being developed.

- <u>Antenatal and work with vulnerable groups</u>: In NE Glasgow, Health Improvement has input into breastfeeding workshops and facilitates Cafe Stork which provides a range of services including BF workshops. NW Glasgow funds and inputs into 3D Drumchapel to provide a range of perinatal services. In South - input into Tummy Tots a group in Gorbals targeting expectant parents and new families and work with Home Start re antenatal sessions aimed at dads (and mums)planned. Close working links established with the new Family Nurse Partnership team based in the locality.

Timeline for Improvement

As before, gradual improvement expected but anticipate may not achieve in the next year.

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 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Sybil Canavan, Head of People and Change

HSCP	Target	Mar-16	Mar-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
HSCP Central	4%	5.5% (R)	7.24% (R)	7.78% (R)	6.01% (R)	6.27% (R)	4.01% (G)	6.36% (R)	9.38% (R)
North East	4%	5.8% (R)	6.51% (R)	8% (R)	6.34% (R)	5.99% (R)	5.15% (R)	6.16% (R)	6.03% (R)
North West	4%	6.0% (R)	6.45% (R)	7.9% (R)	5.53% (R)	5.23% (R)	4.45% (R)	5.88% (R)	5.77% (R)
South	4%	7.8% (R)	6.26% (R)	8.28% (R)	7.18% (R)	5.59% (R)	5.60% (R)	5.60% (R)	6.34% (R)
Mental Health Central	4%	3.3% (G)	2.21% (G)	3.21% (G)	2.43% (G)	1.41% (G)	1.6% (G)	1.83% (G)	1.16% (G)
Glasgow City	**4%**	6.3% (R)	6.19% (R)	7.77% (R)	6.08% (R)	5.42% (R)	4.81% (R)	5.69% (R)	5.90% (R)

Performance Trend

Variations across areas and over time. Having peaked in January, performance improved significantly at the start of the quarter (April, 4.81%) before rising again at the end (June, 5.90%). This presents an improved picture on the same period last year.

Actions to Improve Performance

The absence levels for the HSCP have historically remained above the national target. The current action plan to support managers in reducing absence include the following:-

- The primary reasons for recent absence remain mental health related, musculoskeletal and respiratory issues. People and Change Managers maintain an overview of attendance for each locality, looking at 'hotspots'; monitoring trends and patterns; and providing reports to Locality Management Team meetings, highlighting where management actions are required. The Head of People & Change also reviews the absence statistics and reports to the HSCP Senior Management Team and H R performance meeting and the health board.

- People and Change Managers continue to engage with senior management teams to shift the focus onto 'promotion of attendance'. This is achieved by reviewing reasons for

absence; identifying patterns and trends through workforce information; and encouraging managers to anticipate peaks and the early interventions which could be applied. Additional support is available from the HR Support Unit and Specialist Services including Occupational Health, and Health & Safety which are promoted to line managers and staff.

Timeline for Improvement

All areas have been asked to confirm a trajectory to reduce absence to attain the 4% target. Discussions are in place across all care groups and localities to confirm this detail for the coming year.

Indicator	2. Social Work Sickness Absence Rate (Average Days Lost)
Purpose	To monitor the level of sickness absence across Social Work Services. Lower sickness absence levels are desirable for service delivery and efficiency. The Social Work target is for sickness levels to be below target.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Christina Heuston, Head of Corporate Services

Social Work absence rates are measured on average days lost (ADL) per employee rather than a percentage figure.

	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1
Average Days Lost (ADL)	Target 2.64	Target 2.53	Target 2.45	Target 2.58	Target 2.64	Target 2.53	Target 2.45
North East	2.6 (G)	3.4 (R)	1.9 (G)	2.9 (R)	4.0 (R)	4.9 (R)	5.3 (R)
North West	3.5 (R)	2.8 (R)	3.2 (R)	2.8 (R)	2.0 (G)	3.3 (R)	3.2 (R)
South	4.0 (R)	3.9 (R)	2.6 (R)	2.8 (R)	3.1 (R)	3.9 (R)	4.5 (R)
Glasgow City	3.3 (R)	2.7 (R)	2.6 (R)	2.6 (R)	3.2 (R)	3.3 (R)	3.8 (R)

Below shows the Social Work trend using the average days lost calculator.

Chart 1
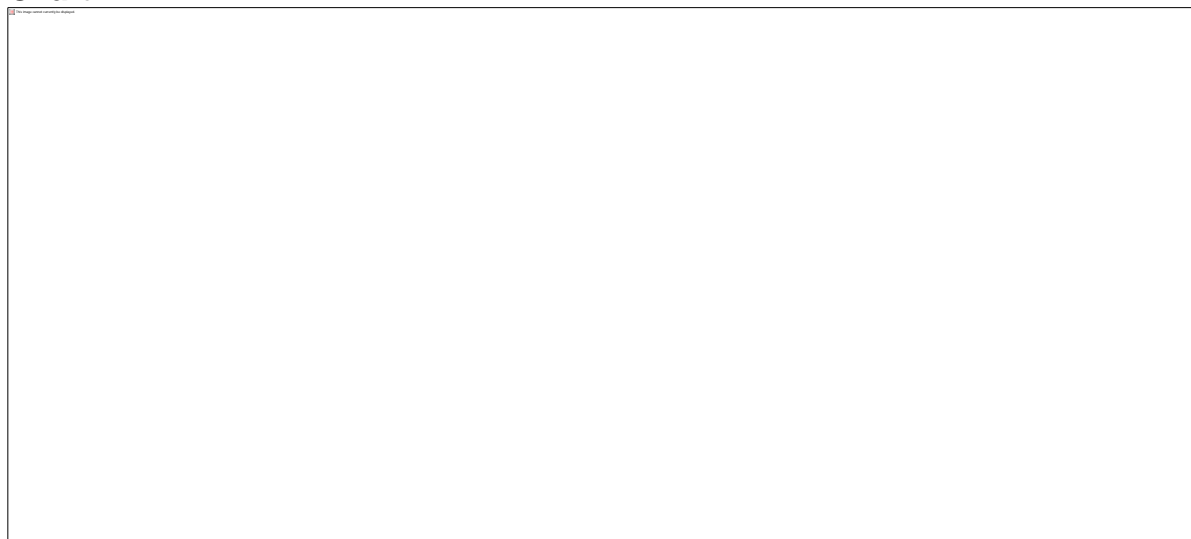
Below shows percentage absence trends for both Social Work and Health.

Chart 2

Absence Levels (%)
July 2014 to July 2018
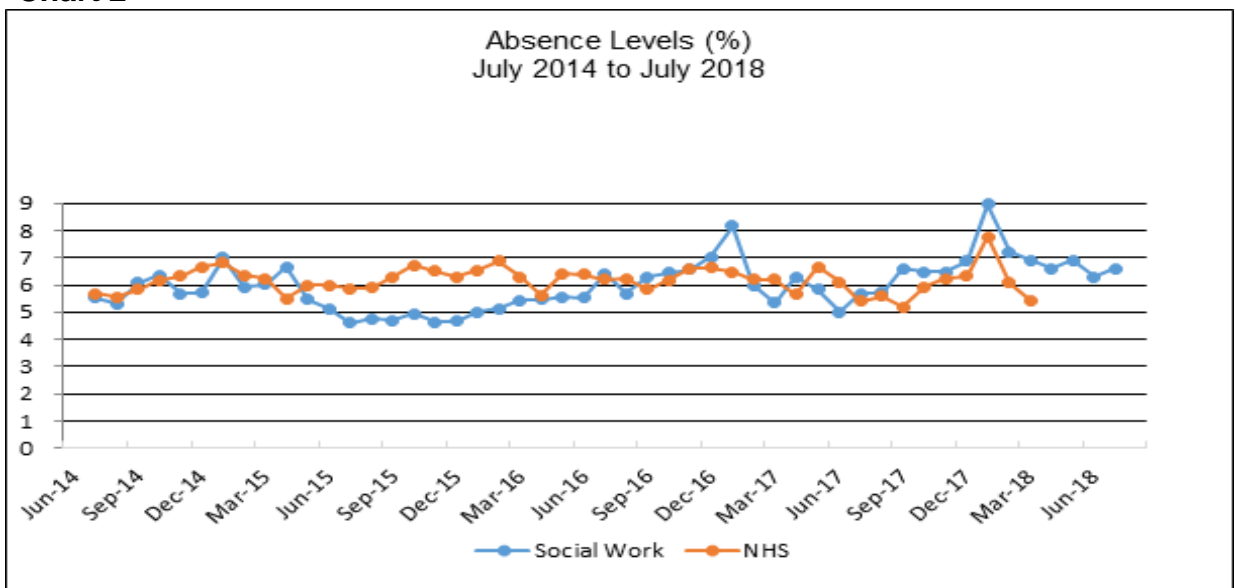
Chart 1 highlights a more accurate trend for social work as absence rates are measured on average days lost (ADL) per employee and does not take annual leave into account.

Chart 2 does not give an accurate account of sickness absence for Social Work as it also takes into account annual leave. As annual leave increases at year end, this skews the levels for sickness absence around this period.

Performance Trend
Quarter 1 sees a reduction in average days lost at 3.11 days per employee, down from 3.3 days in the previous quarter (Quarter 4). Average days lost have increased in comparison to Quarter 1 last year which was reported at 2.6 average days per employee. Early analysis shows that an increase in psychological absence is main reason for the overall rise in average days lost in Quarter 1 this year, when compared to the year before. Whilst the number of musculoskeletal absences remain high, employees are being supported back to work at an earlier stage, reflected in a reduced long term percentage rate for musculoskeletal absence.
Actions to Improve Performance
Further analysis will be carried out on reasons for absence, with a particular focus on stress and other psychological absences, and a review of existing absence management strategies will be undertaken over the next quarter to identify scope for improvement. HR issue performance reports to the Senior Management Team, 4 weekly. These reports will be reviewed and developed in the next quarter to enable senior managers to take more targeted action to help tackle absence in their service area.
Timeline for Improvement
As stated above

BUSINESS PROCESSES

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	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4	
		No.	%	No.	%	No.	%	No.	%
70%	North East	23	65% (R)	43	81% (G)	27	74% (G)	31	71% (G)
70%	North West	31	52% (R)	29	69% (G)	15	73% (G)	22	52% (R)
70%	South	36	64% (R)	35	66% (A)	35	47% (R)	33	61% (R)
70%	Centre	12	67% (R)	15	47% (R)	20	26% (R)	9	43% (R)
70%	Glasgow	**102**	61% (R)	**122**	70% (G)	**97**	55% (R)	95	61% (R)

Performance Trend
This indicator is reported **one quarter in arrears**. Although city-wide performance remained RED there was some improvement between Q3 and Q4. North East met target for the third consecutive quarter.
Actions to Improve Performance
Although there was a slight improvement in performance there is still a general failure of teams to deal with certain complaints within 5 working days. There is a facility within social work processes to extend complaints handling at the first stage to 15 working days at the manager's discretion in appropriate circumstances. This is seldom applied. Of those complaints that were not answered within time, 80% were answered within the 15-day extension period and performance targets would have been readily exceeded had this been correctly applied. Senior managers simply need to communicate to their complaints-handling staff the requirement to apply extensions in relevant circumstances and formally notify both complainers and the central complaints team of that fact. Recorded performance would then immediately be within acceptable standards with no additional resource requirement.
Timeline for Improvement
If managers act upon this information with immediate effect then improvement should be seen in the last two quarters of 2018/19.

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	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	17/18 Q1		17/18 Q2		17/18 Q3		17/18 Q4	
		No.	%	No.	%	No.	%	No.	%
70%	Glasgow	29	**21% (R)**	30	**37% (R)**	32	**56% (R)**	37	**29% (R)**

Performance Trend

This indicator is reported **one quarter in arrears**.
Performance in relation to this indicator slipped significantly between Q3 and Q4.

Actions to Improve Performance

Stage 2 complaints are not broken down by locality as all stage 2 complaints are executed by a small central complaints (rights and enquiries) team. These are complex and rising in numbers. Poor performance in stage 2 request handling is a product of staffing and capacity issues currently being addressed through a recruitment exercise. The team also deals with FOI and Subject Access Requests (indicators below). As this work is the most complex and time-consuming of the range of activities the team undertakes, it is most susceptible to capacity and staffing issues.

Timeline for Improvement

The team is expecting to recruit 2 new senior officers in August 2018 which is anticipated to lead to marked improvement in complaints handling in the third and fourth quarters of 2018/19.

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 5 (See Appendix 3)
HSCP Lead	Allison Eccles, Head of Business Development

Target	Locality	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1 no.	18/19 Q1 %
80%	North East	100% (G)	100% (G)	99% (G)	98% (G)	100% (G)	103	99% (G)
80%	North West	95% (G)	90% (G)	91% (G)	79% (G)	93% (G)	77	92% (G)
80%	South	95% (G)	96% (G)	98% (G)	90% (G)	94% (G)	110	86% (G)
80%	Centre	83% (G)	72% (R)	82% (G)	77% (A)	86% (G)	88	85% (G)
80%	Glasgow	92% (G)	90% (G)	92% (G)	84% (G)	94% (G)	378	91% (G)
Performance Trend								
All localities exceeded target (GREEN) at Q1.								