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Item No. 9

Meeting Date: Wednesday 15th April 2026

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

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HSCP Performance Report Q3 2025/26

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 3 of 2025/26 for noting. The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care.

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 4.4; and c) Review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care.
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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.

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 3 2025/26. The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care.

2. Background

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

3. Reporting Format

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

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- v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.
- 3.3 Along with the National Integration 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 the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The attached report provides details of performance for all indicators at city and locality levels over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.
- 4.3 Longer term trend graphs have also been included for this quarter's presentation topics – Older People, Carers and Unscheduled Care Services. This section has been located at the front of the report for ease of reference.

Exceptions

- 4.4 At Q3, 52 indicators were GREEN (57.8%); 34 RED (37.8%) and 4 AMBER (4.4%). 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.

<i>Older People & Carers</i>	
7. Intermediate Care: Percentage Occupancy	33
8. Intermediate Care: Average Length of stay (Days)	35
<i>Unscheduled Care</i>	
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	56
<i>Primary Care</i>	
1. Prescribing Costs: Compliance with Formulary Preferred List	58
<i>Children's Services</i>	
1. Uptake of the Ready to Learn Assessments - North West	61
3. % looked after & accommodated children under 5 who have had a Permanency Review	64
4. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	67

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Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral – North West and South	74
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – Stobhill	76
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – Leverndale and Gartnavel	76
4. Total number of Adult and Older People Mental Health Delays	80
Sexual Health	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	84
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	85
4. Number of YP appointments offered across all Sandyford locations	87
5. Median waiting times for access to first TOPAR appointments.	88
Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (1 and 2 apartment)	91
3. Average number of weeks from assessment decision to settled accommodation (3 and 5 apartment)	91
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	94
6. Number of new Housing First tenancies created	96
Health Improvement	
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)	106
Human Resources	
1. NHS Sickness absence rate	113
2. Social Work Sickness Absence Rate	115
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	116
4. % of NHS staff who have completed the standard induction training within the agreed deadline	118
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	120
Business Processes	
2. Percentage of NHS Stage 2 Complaints responded to within timescale	123
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	126
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	128
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	130
7. Percentage of elected member enquiries handled within 10 working days	132

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Changes in RAG Status

4.5 There has been a change in RAG status for **16** indicators since the last report. Of these, performance improved for **8** and declined for **8**.

i. Performance Improved

A) RED TO GREEN
Unscheduled Care
5. Total Number of Acute Delays
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel
Homelessness
3. Average number of weeks from assessment decision to settled accommodation- 4 Apt
Criminal Justice
4. Percentage of Unpaid Work (UPW) requirements completed within timescale
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale
B) RED to AMBER
Children's Services
1. Uptake of the Ready to Learn Assessments – North East
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
C) AMBER to GREEN
Children's Services
1. Uptake of the Ready to Learn Assessments – South

ii. Performance Declined

A) GREEN TO RED
Older People & Carers
7. Intermediate Care: Percentage Occupancy
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - <i>Stobhill</i>
Sexual Health
4. Number of YP appointments offered across all Sandyford locations
5. Median waiting times for access to first TOPAR appointments.
Homelessness
3. Average number of weeks from assessment decision to settled accommodation- 3 Apt and 5 apt
B) AMBER to RED
Sexual Health
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations
C) GREEN to AMBER
Children's Services
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training

5. Recommendations

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

- a) Note the attached performance report;
- b) Consider the exceptions highlighted in section 4.4; and
- c) Review and discuss performance with the Strategic Leads for Older People, Carers and Unscheduled Care.

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CORPORATE PERFORMANCE REPORT

**QUARTER 3
2025/26**

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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	1 (5.6%)		17 (94.4%)		2 (11.1%)		16 (88.9%)	
Unscheduled Care	2 (33.3%)		4 (66.7%)		1 (16.7%)		5 (83.3%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	5 (41.7%)	1 (8.3%)	6 (50.0%)		3 (25%)	3 (25%)	6 (50%)	
Adult Mental Health	6 (60%)	1 (10%)	3 (30%)		6 (60%)	1 (10%)	3 (30%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	1 (20%)	1 (20%)	3 (60%)		4 (80%)		1 (20%)	
Homelessness	5 (45.5%)		6 (54.5%)		6 (54.5%)		5 (45.5%)	
Criminal Justice	1 (16.7%)		5 (83.3%)				6 (100%)	

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CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Health Improvement	1 (14.3%)		6 (85.7%)		1 (14.3%)		6 (85.7%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	6 (85.7%)		1 (14.3%)		5 (71.4%)		2 (28.6%)	
TOTAL No. and (%)	34 (37.8%)	3 (3.3%)	53 (58.9%)	0 (0%)	34 (37.8%)	4 (4.4%)	52 (57.8%)	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>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	75%	Q3	<u>Hosp. discharges</u> 85.5%  <u>Community Referrals</u> 89.6% 	Hosp ▲ Comm ▼
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q3	38.6% 	▼
3. Day Care (provided) – Review Rates	95%	Q3	93% 	▶
4. Provided Residential Care – Occupancy Rates	95%	Q3	94.7% 	▼
5. Provided Residential Care – Review Rates	95%	Q3	93% 	▼
<i>ii. Commissioned Services</i>				

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Q3	19 	▶
7. Intermediate Care: Percentage Occupancy	90%	Dec 25	71% 	▼ to
8. Intermediate Care: Average Length of stay (Days)	< 42 days	Dec 25	51 days 	▼
9. Intermediate Care: Percentage of users transferred home	>30%	Dec 25	40% 	▲
iii. HSCP Community Services				
10. Number of Future Care Plan summaries completed and shared with the patient's GP.	360 summaries per annum	Q3	192 (Total Q1-3: 649)	▼
11. Occupational Therapy (OT) Assessments: % completed within 12 months of request	98%	Q3	99.6% 	▲
12. Number of Telecare referrals received by Reason for Referral	(i) Outcome 1 Reducing risk of admission to acute, residential and nursing care settings	560 per annum (140 per q)	Q3 685 	▲
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum (163 per q)	Q3 165 	▲








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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
	(iii) Outcome 3 Supporting Carers	100 per annum (25 per q)	Q3	30 	▲
13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q3	99% 	▼
14. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q3	97.3% 	▼
15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement		1,900 per annum	Q3	608 	▼
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		161,155 (13,430 /month)	Q2 25/26	76,612 (12,769 per month) 	▼
2. Number of Emergency Admissions (18+) (reported in arrears)		63,855 (5,321/month)	Q1 25/26	14,230* (4,743* per month) *provisional 	▲
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)		507,633 (42,303/month)	Q1 25/26	125,180* (41,727* 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
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	Q1 25/26	81,342* (13,577* per month) *provisional 	▲
5. Total number of Acute Delays	160	Dec 25	155 (Total) 97 (Non-AWI) 58 (AWI) 	Total ▲  to  Non-AWI ► AWI ▲
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	Q2 25/26	42,711 (7,119 per month) 	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q3	72.88% 	▲
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Dec 25	£176.1 	▲
Children's Services				


















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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Uptake of the Ready to Learn Assessments	95%	Dec 25	NE 91%  NW 86%  S 94% 	NE   to  NW  S   to 
2. Percentage of HPis allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Sep 25	NE 95%  NW 99%  S 97% 	NE  NW  S 
3. % 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%	Q3	59% 	
4. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q3	50% 	
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q3	72% 	  to 
6. Number of out of authority placements	25 or fewer	Q3	22 	

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q2	90.6% 	 ▲ to 
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q2	94.1% 	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Dec 25	NE 91.9%  NW 42.5%  S 83.5% 	NE ▲ NW ▼ S ▼
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Dec 25	Stob 32.5  Lev 46.7  Gart 38.3 	Stob ▼  to  Lev ▼ Gart ▼
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Dec 25	Stob 89.8%  Lev 98.4%  Gart 94.3% 	Stob ▲ Lev ▲ Gart ▲  to 
4. Total number of Adult and Older People Mental Health Delays	20	Dec 25	74 Total 69 (Non-AWI) 5 (AWI)	Total ▼ Non-AWI ▼ AWI ▲

















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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q2	93% 	▶
Sexual Health				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	1,670 per quarter	Q3	1,076 	▼ to
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	1,338 per quarter	Q3	1,119 	▲
3. Median waiting times for access to first Urgent Care appointments.	2 Working Days	Q3	1 day 	▶
4. Number of YP appointments offered across all Sandyford locations	504 per quarter	Q3	438 	▼ to
5. Median waiting times for access to first TOPAR appointments.	5 working days	Q3	6 	▼ to
Homelessness				

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Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q3	97% 	▶
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q3	1,399 	▲
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q3	47 	▼
	2 apt	36 weeks		67 	▼
	3 apt	31 weeks		39 	▼  to 
	4 apt	81 weeks		76 	▲  to 
	5 apt	225 weeks		253 	▼  to 
4. Number of households reassessed as homeless or threatened with homelessness within 12 months.		<480 per annum (<120 per quarter)	Q3	106 	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q3	52% 	▼
6. Number of new Housing First tenancies created		20 per quarter	Q3	10 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Number of Temporary Furnished Flats	2,400 or less	Q3	2,441 	▼
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q3	87% 	▼
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%	Q3	93% 	▶
3. Percentage of 3-month Reviews held within timescale	75%	Q3	82% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q3	71% 	▲ to 
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q3	83% 	▲
6. Throughcare Order Licences: Percentage of Post release interviews held within one day of release from prison	80%	Q3	98% 	▼
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q3	2,666 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	1,190 (annual)	Q2	509 (Q1 and 2 Total) 	▲
3. Women smoking in pregnancy (general population)	10%	Q3	5.2% 	▲
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q3	7.7% 	▲
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q2	35.5% 	▼
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q2	31.2% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q2	20.5% 	▼
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Q3	8.26% 	▼
2. Social Work Sickness Absence Rate (%)	<5%	Q3	10.0% 	▼
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))	80%	Q3	61.85% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q3	26% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q3	46% 	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q3	80.0% 	▼
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	49% 	▲
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q2	79% 	▲ to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	60% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q2	80% 	▼
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q2	21% 	▼
7. Percentage of elected member enquiries handled within 10 working days	80%	Q3	67% 	▼

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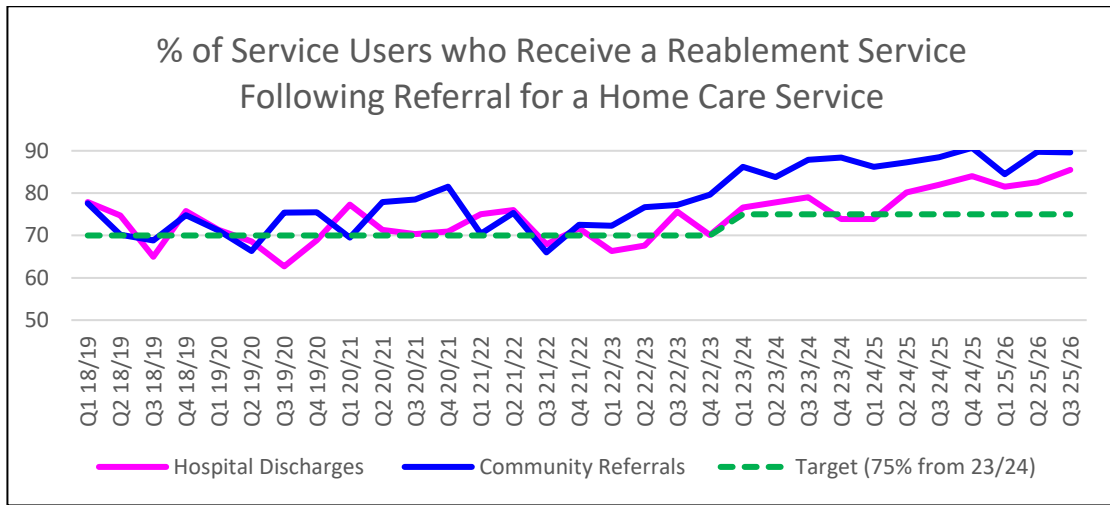
OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Referral Source	Target	23/24		24/25				25/26		
		Q3* %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
Hospital Discharges	75%	79.0 (G)	73.9 (G)	73.9 (G)	80.2 (G)	82.0 (G)	84.0 (G)	81.5 (G)	82.6 (G)	85.5 (G)
Community Referrals	(70% prior to 23/24)	87.9 (G)	88.4 (G)	86.2 (G)	87.3 (G)	88.5 (G)	90.7 (G)	84.5 (G)	89.8 (G)	89.6 (G)
<p>*Reporting for these KPIs was revised at Q3 23/24: The performance figures for 23/24 and going forward has been reported by quarter rather than by period/month.</p>										
Performance Trend										
<p>Performance in relation to both Hospital Discharges and Community Referrals remained above target and GREEN during the third quarter of 2025/26.</p> <p>Back to Summary</p>										

Longer Term Trend



OFFICIAL

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

		23/24		24/25				25/26		
Locality	Target	Q3* %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	>35%	34.4 (G)	37.5 (G)	36.4 (G)	42.8% (G)	39.2% (G)	42.4% (G)	44.1% (G)	40.5% (G)	38.6% (G)
North East		32.5 (R)	43.5 (G)	39.2 (G)	43.1% (G)	40.7% (G)	45.5% (G)	47.7% (G)	41.8% (G)	42.4% (G)
North West		36.9 (G)	38.2 (G)	39.9 (G)	43.4% (G)	39.8% (G)	43.0% (G)	47.1% (G)	42.8% (G)	44.0% (G)
South		33.5 (A)	33.4 (A)	32.8 (R)	43.9% (G)	37.9% (G)	39.9% (G)	40.1% (G)	38.2% (G)	31.6% (R)

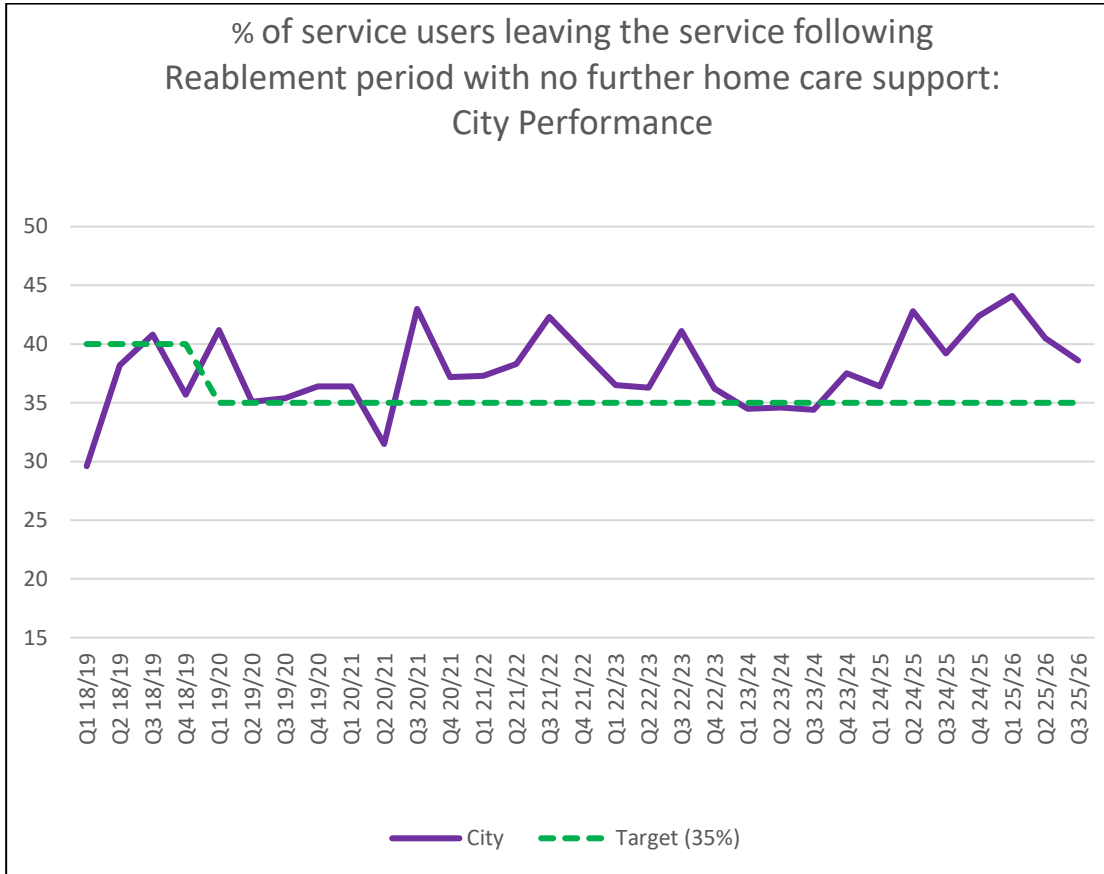
*Reporting for this KPI was revised in Q3 23/24: The performance figures for 23/24 and going forward have been reported by quarter rather than by period/month.

Performance Trend

Performance remained above target during Q3 (GREEN) at city level and in North East and North West however performance in South slipped from GREEN to RED during the reporting period.

[Back to Summary](#)

Longer Term Trend



OFFICIAL

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

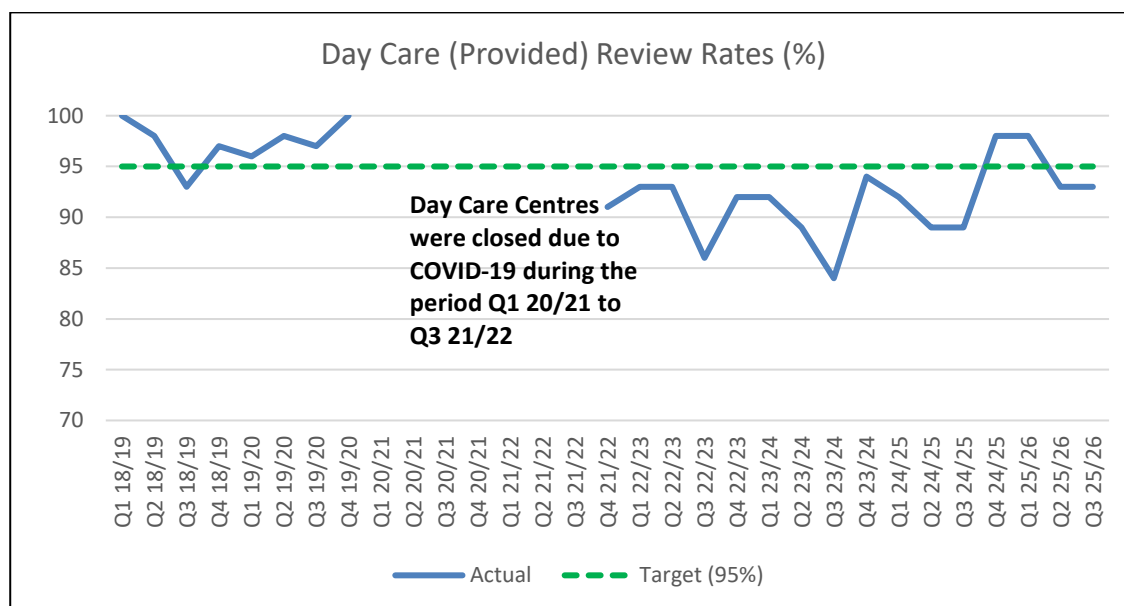
Target	23/24				24/25				25/26		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	92% (A)	89% (R)	84% (R)	94% (G)	92% (A)	89% (R)	89% (R)	98% (G)	98% (G)	93% (G)	93% (G)

Performance Trend

Performance in relation to day care review rates remained within the target range and GREEN during Quarter 3.

[Back to Summary](#)

Longer Term Trend



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

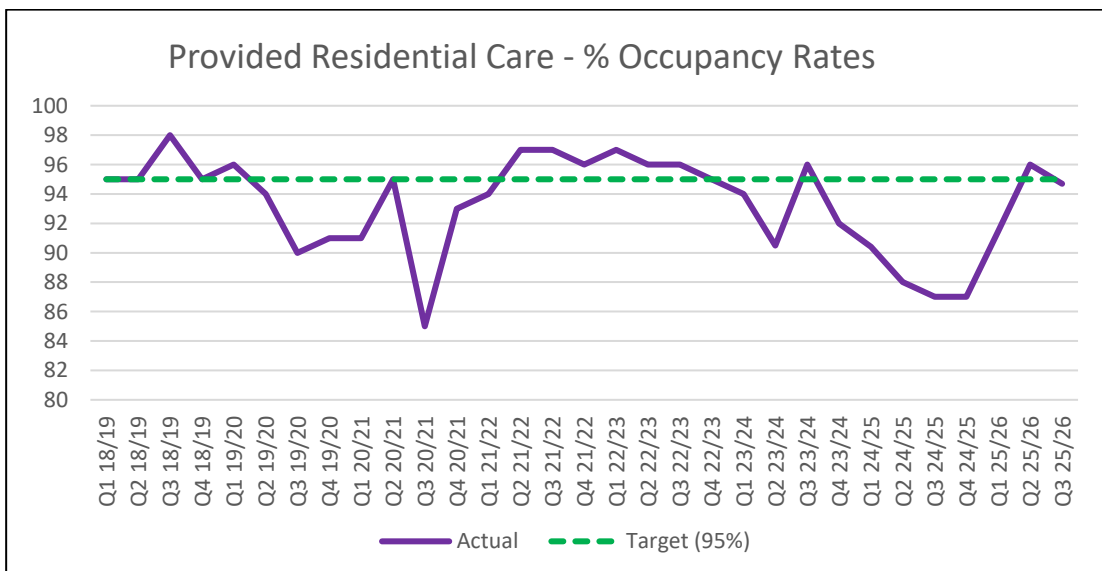
Target	23/24				24/25				25/26		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	94% (G)	90.5% (A)	96% (G)	92% (A)	90.4% (A)	88% (R)	87% (R)	87% (R)	91.5% (A)	96% (G)	94.7% (G)

Performance Trend

Performance in relation to occupancy rates remained within the target range and GREEN during Quarter 3.

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Longer Term Trend



OFFICIAL

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

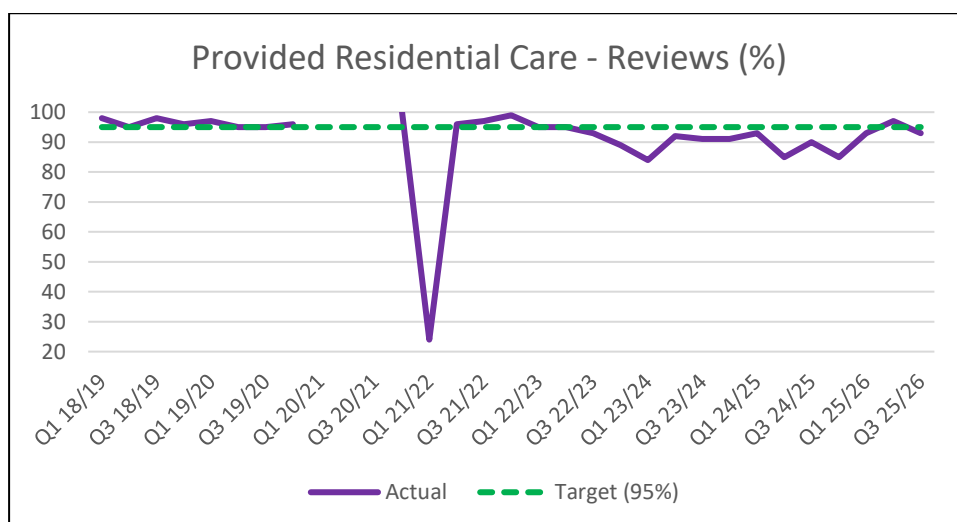
	22/23	23/24				24/25				25/26		
Target	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
95%	89% (R)	84% (R)	92% (A)	91% (A)	91% (A)	93% (G)	85% (R)	90% (R)	85% (R)	93% (G)	97% (G)	93% (G)

Performance Trend

Performance in relation to residential review rates for older people fell slightly but remained within the target range during Quarter 3 (GREEN).

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Longer Term Trend



N.B. Quarters 1-3 2020-21

No face-to-face reviews were carried out in our Care Homes during Quarters 1 to 3 of 2020/21 because of the ongoing Covid-19 pandemic and consequently data is not available for this period.

OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

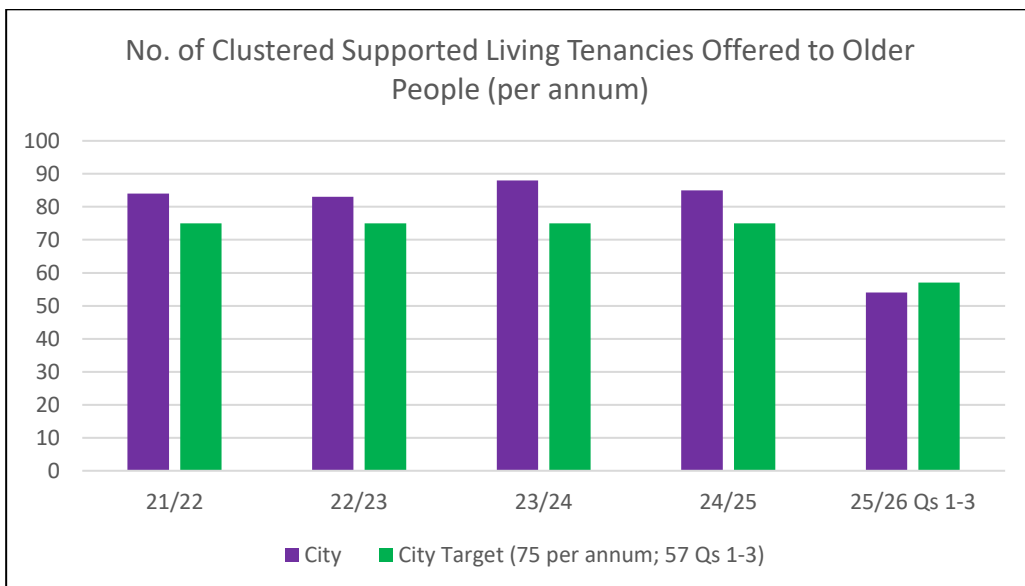
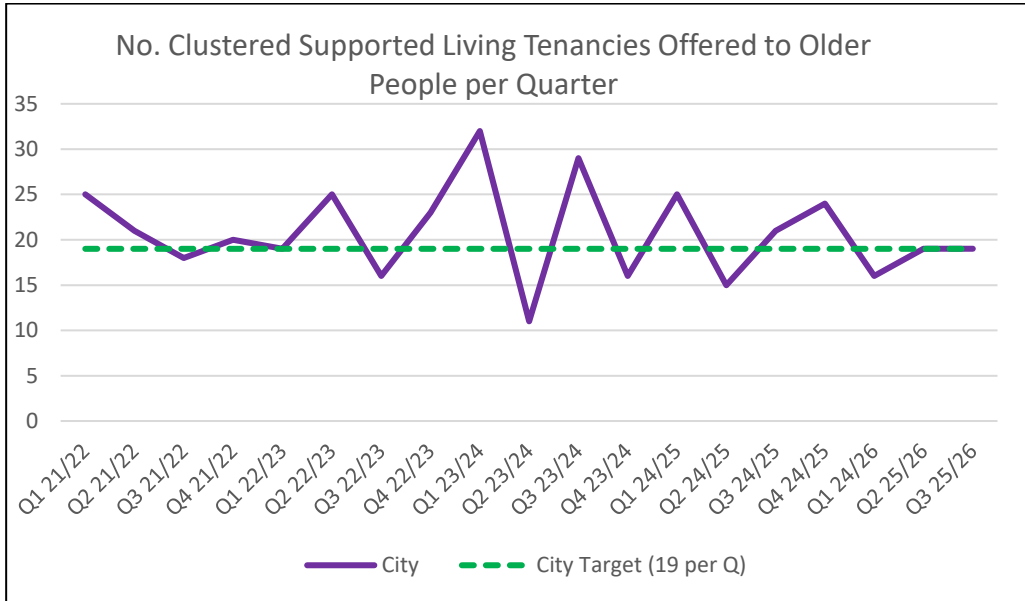
Locality	Target	22/23 Total	23/24 Total	24/25				24/25 Total	25/26		
				Q1	Q2	Q3	Q4		Q1	Q2	Q3
City	75 per annum (19 per quarter)	83 (G)	88 (G)	25 (G)	15 (R)	21 (G)	24 (G)	85 (G)	16 (R)	19 (G)	19 (G)
North East	25 per annum (6 per quarter)	21 (R)	26 (G)	6 (G)	5 (R)	7 (G)	5 (R)	23 (R)	7 (G)	7 (G)	8 (G)
North West		25 (G)	23 (R)	9 (G)	8 (G)	8 (G)	7 (G)	32 (G)	5 (R)	10 (G)	6 (G)
South		37 (G)	(39) (G)	10 (G)	2 (R)	6 (G)	12 (G)	30 (G)	4 (R)	2 (R)	5 (R)

Performance Trend

Performance in the city, North East and North West continued to meet target (GREEN) during Q3. South remained RED and slightly below target, however an increase has been reported since Quarter 2.

[Back to Summary](#)

Longer Term Trend



OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People’s Services and Primary Care)

Locality	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
City	90%	91 (G)	81 (R)	92 (G)	95 (G)	96 (G)	93 (G)	89 (G)	94 (G)	92% (G)	88% (G)	71% (R)
North East		N/A	100 (G)	94 (G)	93 (G)	94 (G)	93 (G)	94 (G)	95 (G)	92% (G)	86% (A)	68% (R)
North West		94 (G)	83 (R)	90 (G)	94 (G)	97 (G)	98 (G)	94 (G)	97 (G)	99% (G)	96% (G)	83% (R)
South		89 (G)	72 (R)	91 (G)	96 (G)	97 (G)	91 (G)	83 (R)	92 (G)	89% (G)	84% (R)	66% (R)

Performance Trend

Performance at city level and in all localities has declined and moved from GREEN to RED. Note: The Burlington unit in the North East was closed during November and December 2023.

Issues Affecting Performance

The contracts for all of the IC Units came to an end in January 2026 without renewal; there was a managed move away from IC to Discharge to Assess beds which will explain the Nov 25 – Dec 25 reduction.

Actions to Improve Performance

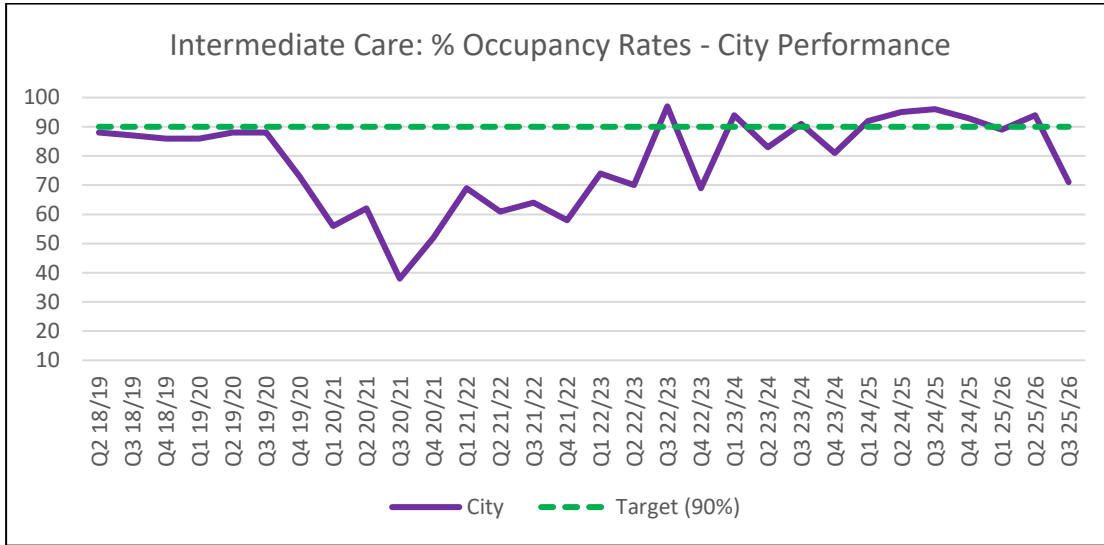
This is no longer applicable as all of the IC units ceased operations on 30th January 2026.

Timescales for Improvement

This is no longer applicable as all of the IC units ceased operations on 30th January 2026.

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Longer Term Trend



OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People’s Services and Primary Care)

Locality	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
City	<42 days	53 (R)	44 (R)	45 (R)	47 (R)	51 (R)	69 (R)	48 (R)	45 (R)	60 (R)	55 (R)	51 (R)
North East		N/A	13 (G)	47 (R)	36 (G)	55 (R)	72 (R)	48 (R)	65 (R)	75 (R)	61 (R)	51 (R)
North West		69 (R)	74 (R)	56 (R)	56 (R)	49 (R)	48 (R)	48 (R)	62 (R)	61 (R)	60 (R)	75 (R)
South		45 (R)	41 (R)	40 (G)	47 (R)	50 (R)	75 (R)	49 (R)	36 (G)	51 (R)	52 (R)	45 (R)

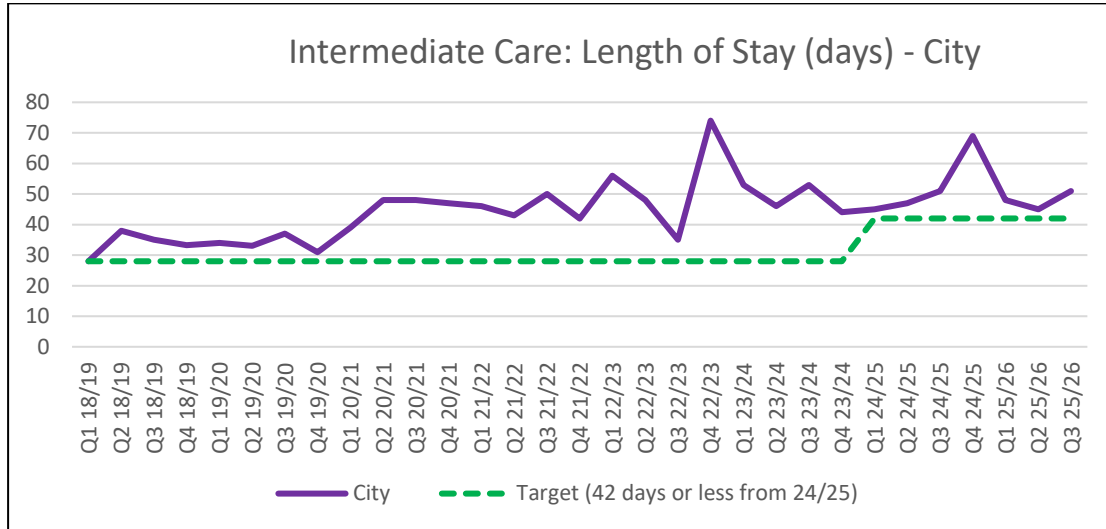
Performance Trend
Performance has remained RED across the city in the last quarter, with length of stay increasing in the North West and South, while reducing in the North East. Note: Target moved from <28 to <42 days for 2024/25.
Issues Affecting Performance
<ul style="list-style-type: none"> The narrative below remains current during the reporting period however all of the units ceased to exist from 30th January, and these have been replaced with an increased focus on Discharge to assess beds with less focus on institutional rehab and offering increased resident and family choice of homes. Complexity continues to remain a feature for those admitted into IMC (Intermediate Care) – age profile more under 65’s being admitted into IMC, service users have higher needs requiring more time for arrangements to be in place to get to final destination. Housing and AWI remain themes impacting on length of stay throughout this quarter. The hospital team are also seeing an increase in demand for discharge to assess option for those who are likely to require long term care, with care home of choice being the preferred option. Increase in demand to services leading to more complex cases taking longer.
Actions to Improve Performance
<ul style="list-style-type: none"> Focus on progressing AWI cases in a timely manner, from identification of need for order, to achieving that through Court processes – there has been a recent increase on cases through Court, and the number of AWI cases has reduced significantly. Actions through the IMC Improvement Group and identifying opportunities to improve decision making processes and opportunities to progress discharge, remains ongoing.

Timescales for Improvement

As above, this is no longer applicable as all of the IC units ceased to operate on 30th January 2026.

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Longer Term Trend



OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Area	Destination	Target	2023/24		2024/25				2025/26				
			Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
Glasgow	Home	30%	22 (R)	14 (R)	22 (R)	23 (R)	14 (R)	23 (R)	42 (G)	33 (G)	33 (G)	12 (R)	40 (G)
	Res/Nursing	N/A	52	68	59	64	57	68	39	33	59	73	44
	Readmissions	N/A	17	14	19	9	29	3	13	24	4	8	8
	Deceased	N/A	9	5	0	5	0	6	6	10	4	8	8
NE	Home	30%	N/A	0 (R)	13 (R)	25 (R)	0 (R)	30 (G)	13 (R)	33 (G)	63 (G)	0 (R)	40 (G)
	Res/Nursing	N/A	N/A	33	75	75	50	70	63	33	25	71	40
	Readmissions	N/A	N/A	33	13	0	50	0	13	33	0	14	20
	Deceased	N/A	N/A	33	0	0	0	0	13	0	13	14	0
NW	Home	30%	29 (G)	0 (R)	20 (R)	25 (R)	17 (R)	50 (G)	43 (G)	50 (G)	29 (G)	33 (G)	33 (G)
	Res/Nursing	N/A	57	100	40	75	50	50	29	50	57	33	67
	Readmissions	N/A	0	0	40	0	33	0	14	0	14	0	0
	Deceased	N/A	14	0	0	0	0	0	14	0	0	33	0
South	Home	30%	19 (R)	21 (R)	29 (G)	21 (R)	18 (R)	16 (R)	56 (G)	29 (G)	17 (R)	13 (R)	43 (G)
	Res/Nursing	N/A	50	64	57	57	64	68	31	29	83	81	36
	Readmissions	N/A	25	14	14	14	18	5	13	29	0	6	7
	Deceased	N/A	6	0	0	7	0	11	0	14	0	0	14

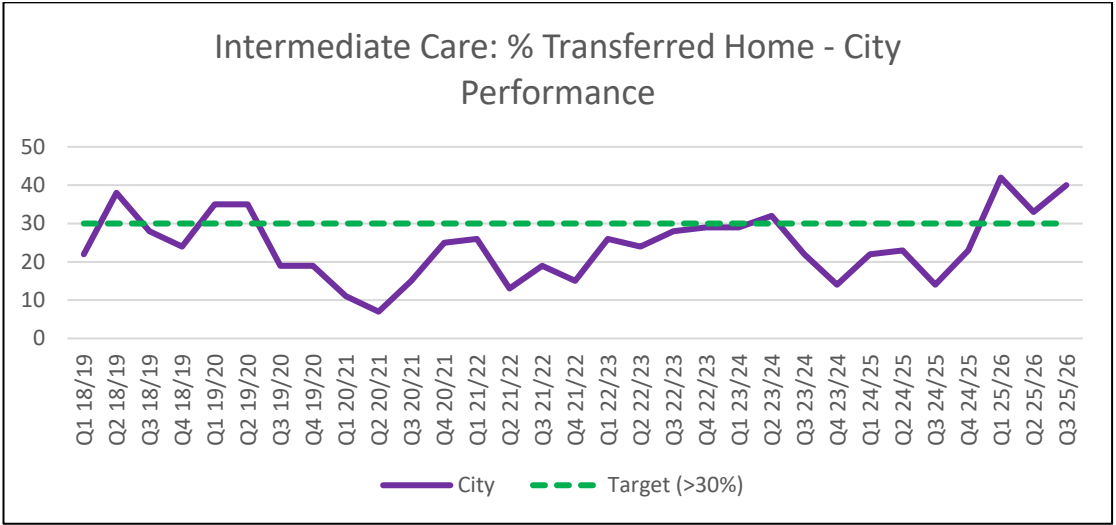
Performance Trend

City wide performance fluctuated but increased between September and December and was GREEN in both months, having moved to RED in November. This was the same pattern as in North East and South. North West remained GREEN throughout although reduced between September and December.

Cessation of this specific service is as noted above at Indicator 8.

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Longer Term Trend



iii. HSCP Community Services

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

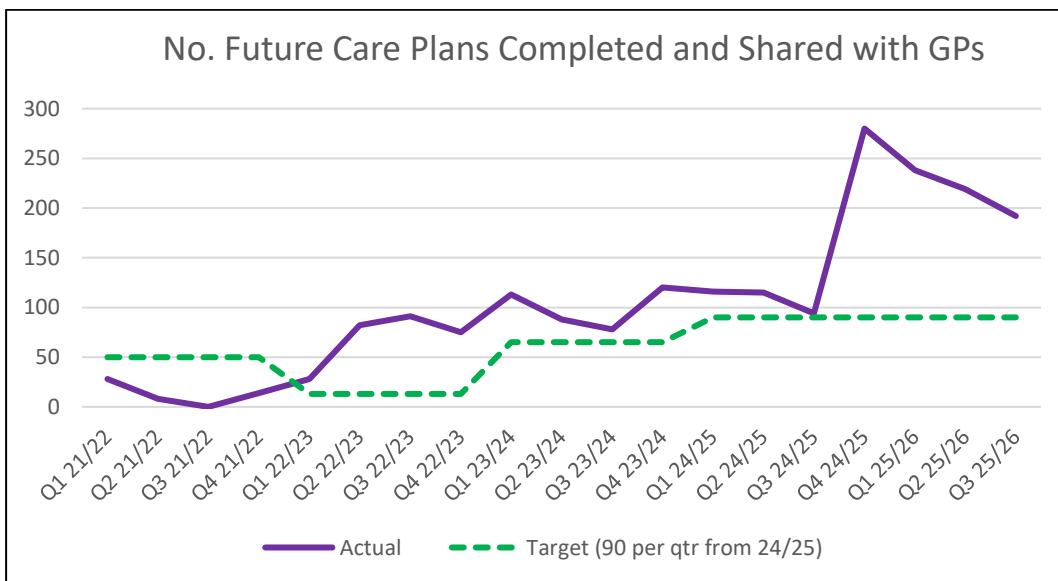
Indicator	Target 25/26	21/22	22/23	23/24	24/25	2025/26				
						Q1	Q2	Q3	Q4	Total
No. summaries completed and shared with GPs	360 p.a./90 per quarter	50 (R)	276 (G)	399 (G)	605 (G)	238 (G)	219 (G)	192 (G)		649 (G)

Performance Trend

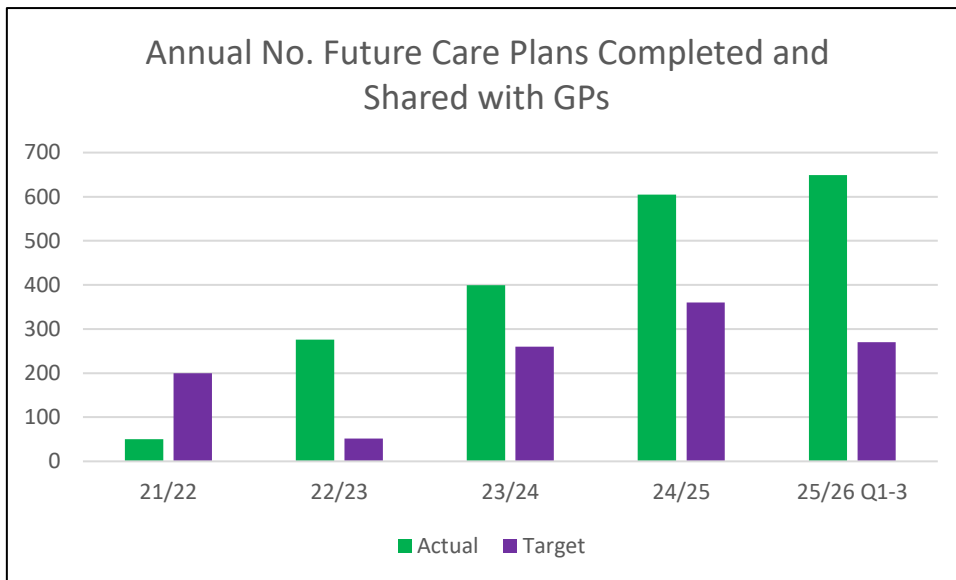
Target for the year has already been exceeded. This relates to the number of completed Future Care Plan Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work.

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Longer Term Trend



OFFICIAL



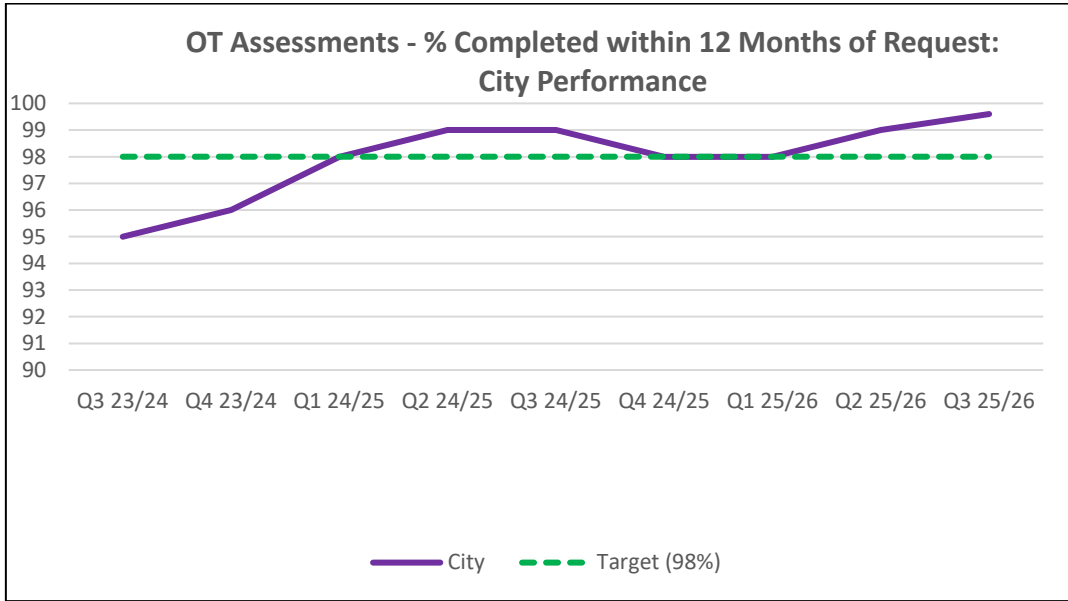
N.B. 25/26 to date (total of Quarters 1-3; 649) has been included for comparison.

OFFICIAL

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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Locality	Target	23/24	24/25				25/26			
		% completed within 12 months of request (Total number of completed Activities)								
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	
City	98%	96% (G) 2,129	98% (G) 2,107	99% (G) 1,907	99% (G) 1,686	98% (G) 1,507	98% (G) 1,571	99% (G) 1,589	99.6% (G) 1,414	
Centre HSCC		100% (G) 1,369	100% (G) 1,403	100% (G) 1,289	100% (G) 1,089	100% (G) 888	99% (G) 967	100% (G) 971	100% (G) 919	
North East		81% (R) 217	99% (G) 226	100% (G) 203	100% (G) 181	99.5% (G) 183	98% (G) 182	99% (G) 210	99% (G) 152	
North West		98% (G) 256	100% (G) 248	100% (G) 177	100% (G) 197	94% (A) 199	96% (G) 210	100% (G) 192	100% (G) 176	
South		86% (R) 256	87% (R) 209	94% (A) 227	90% (R) 219	94% (A) 236	96% (G) 211	97% (G) 216	98% (G) 167	
Other (Learning Disability)		71% (R) 31	100% (G) 21	100% (G) 11	-	100% (G) 1	100% (G) 1	-	-	
Performance Trend										
At Q3 the target continued to be met at city level, at Centre and in all localities (GREEN). Back to Summary										

Longer Term Trend



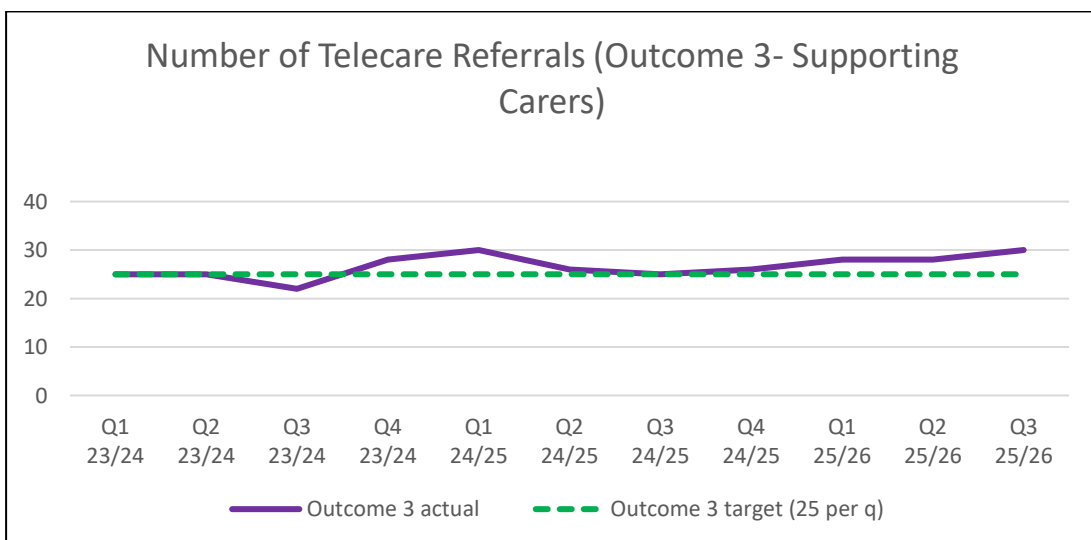
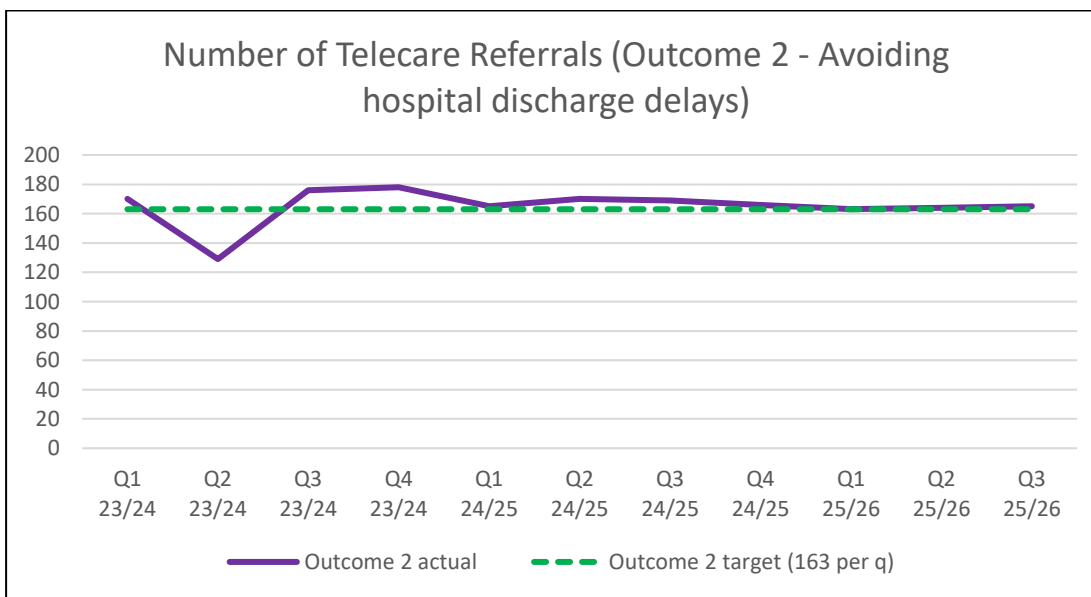
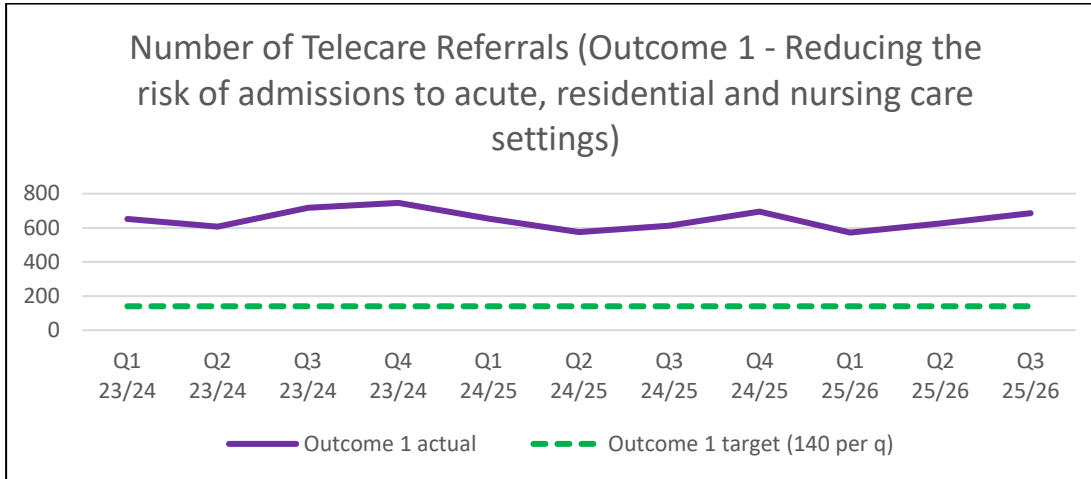
OFFICIAL

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. <p>The aim is to maximise the number of people using technology and associated services in conjunction with other formal and informal care and support to maintain greater numbers of people at home rather than in a care home setting. This also can relieve pressure in the acute sector by facilitating early and safe discharge.</p>
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Reason for Referral/ Intended Outcome	Targets Annual (Quarterly)	2023/24 Totals	2024/25				24/25 Total	2025/26		
			Q1	Q2	Q3	Q4		Q1	Q2	Q3
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual 560 (Quarterly) 140	2,722 (G)	654 (G)	575 (G)	612 (G)	695 (G)	2,536 (G)	572 (G)	626 (G)	685 (G)
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual 650 (Quarterly) 163	653 (G)	165 (G)	170 (G)	169 (G)	166 (G)	670 (G)	163 (G)	164 (G)	165 (G)
Outcome 3 Supporting Carers (Reason 5)	Annual 100 (Quarterly) 25	100 (G)	30 (G)	26 (G)	25 (G)	26 (G)	107 (G)	28 (G)	28 (G)	30 (G)
Total number of Referrals	Annual 1,310 (Quarterly) 328	3,475 (G)	849 (G)	771 (G)	806 (G)	887 (G)	3,313 (G)	763 (G)	818 (G)	880 (G)

Performance Trend
All quarterly targets for Telecare referrals were met during the third quarter of 25/26 (GREEN). Back to Summary

Longer Term Trend



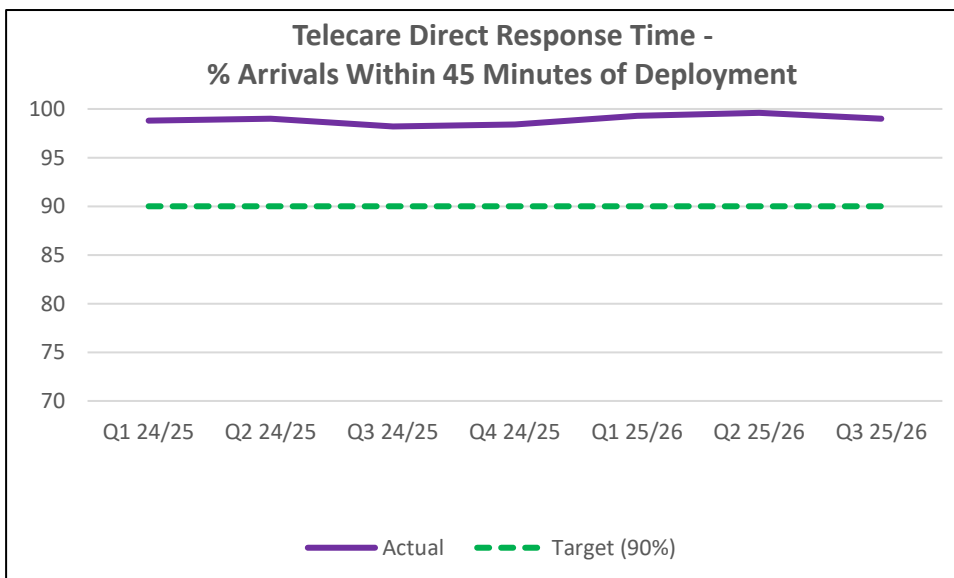
OFFICIAL

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				2025/26		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Response Time: % Arrived within 45 Minutes	90%	98.8% (G)	99.0% (G)	98.2% (G)	98.4% (G)	99.3% (G)	99.6% (G)	99.0% (G)

Performance Trend
Performance remained above target and GREEN in the third quarter of 25/26.
Back to Summary

Longer Term Trend



OFFICIAL

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 contacting the Telecare Service.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

Indicator	Target	2024/25				2025/26		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
Call Handling: % within 60 Seconds	97.5%	96.0% (G)	96.4% (G)	95.2% (G)	93.7% (A)	96.9% (G)	98.2% (G)	97.3% (G)

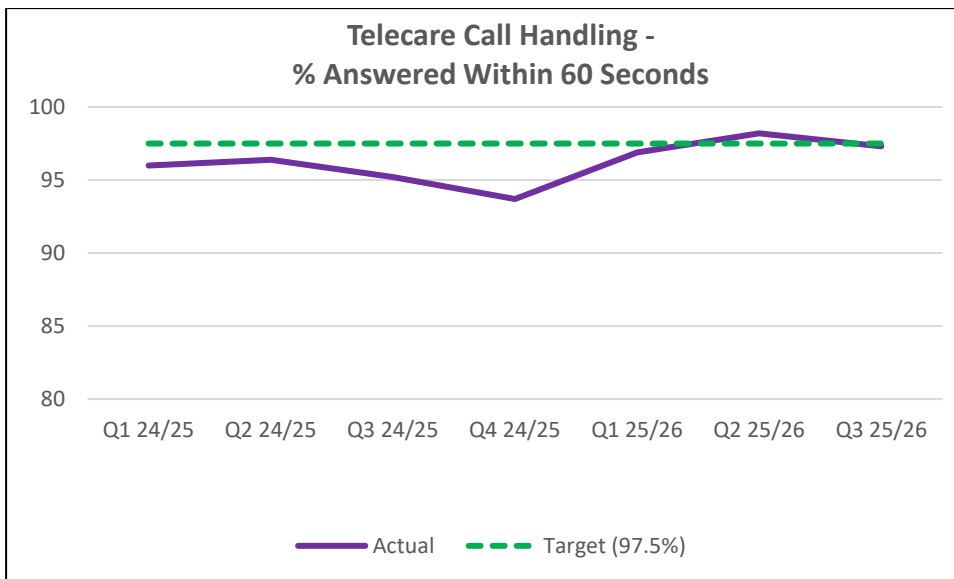
Performance Trend

Performance remained within the target range during Q3 (GREEN).

The slight dip below target is consistent with a peak of installation activity, during which staff were required to manage increased operational demands associated with a significant rise in installations and swap-outs to support the A2D (Analogue to Digital) programme. Nevertheless, performance levels remained robust throughout, demonstrating sustained service continuity, strong call-prioritisation, and high operational efficiency.

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Longer Term Trend



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

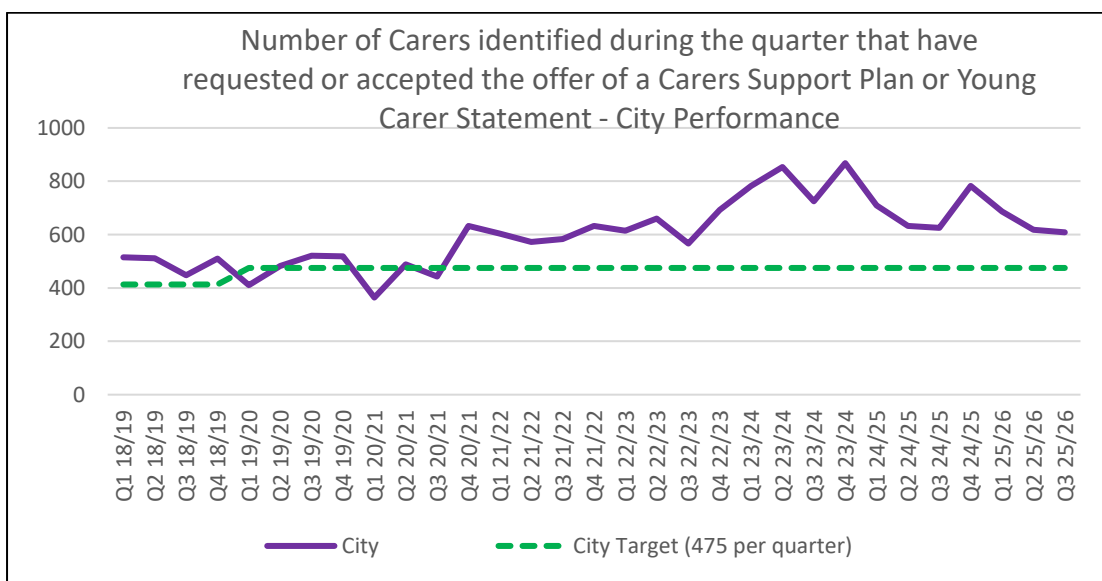
Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23 Full Year Total	23/24 Full Year Total	24/25 Full Year Total	25/26		
							Q1	Q2	Q3
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	2,533 (G)	3,229 (G)	2,748 (G)	687 (G)	618 (G)	608 (G)
North East	633 (158 per Q)	604 (A)	801 (G)	866 (G)	1,016 (G)	878 (G)	247 (G)	206 (G)	198 (G)
North West	633 (158 per Q)	445 (R)	684 (G)	777 (G)	998 (G)	793 (G)	196 (G)	186 (G)	176 (G)
South	633 (158 per Q)	879 (G)	906 (G)	890 (G)	1,215 (G)	1,077 (G)	244 (G)	226 (G)	234 (G)

Performance Trend

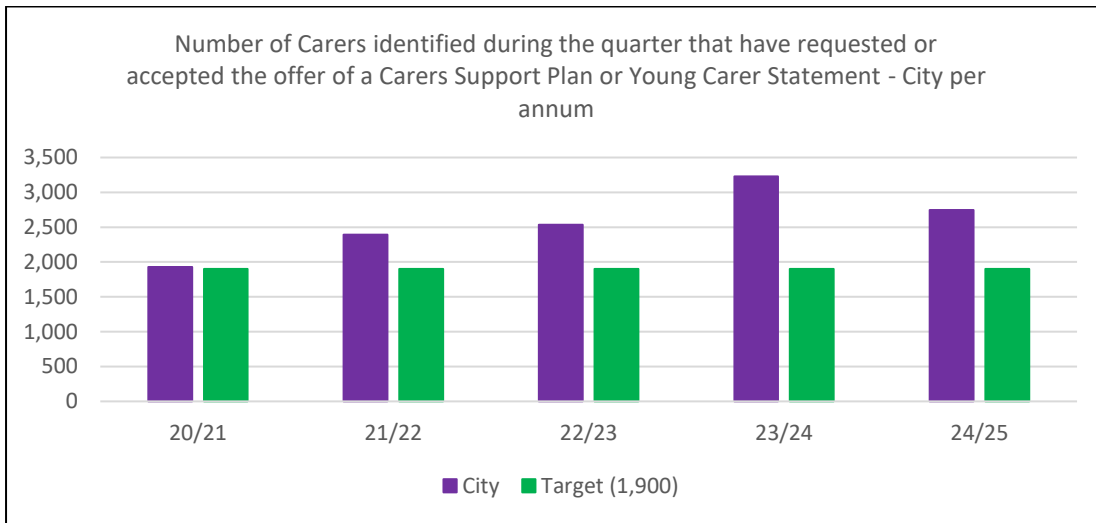
The quarterly targets for this indicator were exceeded during Quarter 3 (GREEN) at both city-wide and locality level.

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Longer Term Trend



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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	Caroline Sinclair, Assistant Chief Officer (Older People’s Services and Primary Care)

Timescale	2025/26 Target	2020/21	2021/22	2022/23	2023/24	2024/25	To Q2 2025/26
Annual Total	161,155	113,633 (G)	139,967 (G)	141,753 (G)	147,080 (G)	146,996 (G)	76,612 (G)
Monthly Average	13,430	9469 (G)	11,664 (G)	11,813 (G)	12,257 (G)	12,250 (G)	12,769 (G)

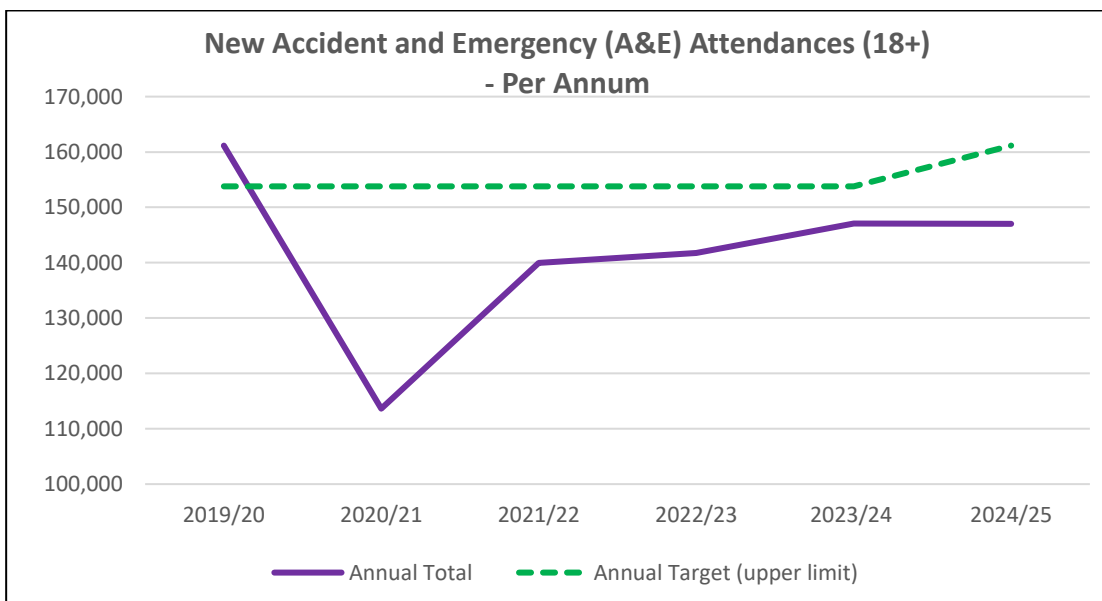
Performance Trend

Performance to Q2 of 2025/26 remains GREEN, although the monthly average is slightly above the 2024/25 average.

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

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Longer Term Trend



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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	Caroline Sinclair, Assistant Chief Officer (Older People’s Services and Primary Care)

Timescale	2024/25 Target	2020/21	2021/22	2022/23	2023/24	2024/25	To Q1 2025/26*
Annual Total	63,855	54,947 (G)	59,197 (G)	56,574 (G)	58,878 (G)	57,732 (G)	14,230* (G)
Monthly Average	5,321	4,579 (G)	4,933 (G)	4,715 (G)	4,907 (G)	4,811 (G)	4743* (G)

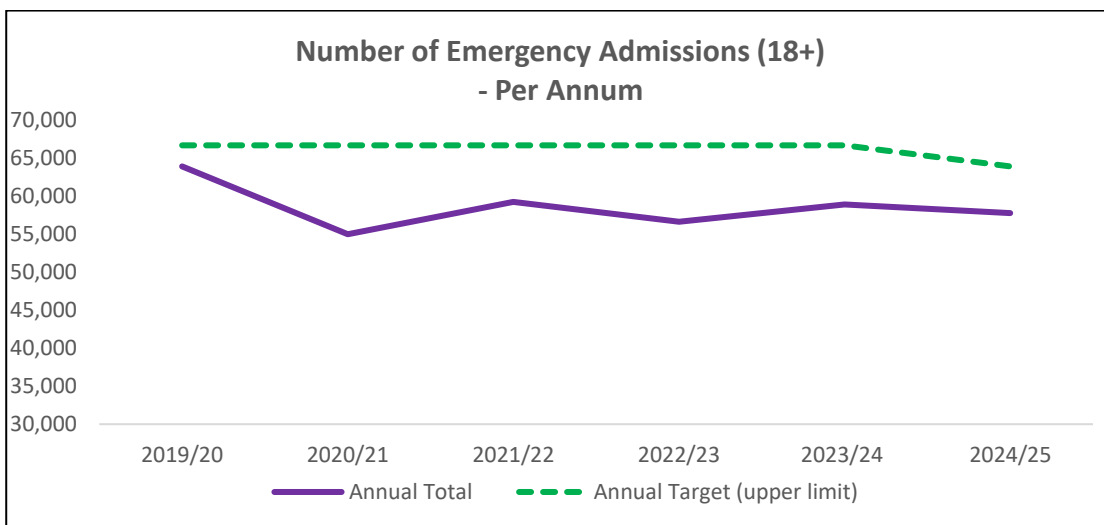
Performance Trend

Data for 25/26 is reported in arrears and remains provisional at this stage but is GREEN to Q1 with a lower monthly average than 2024/25. Performance for 2024/25 has been finalised since the last report and shows a slight reduction in emergency admissions compared to 2023/24.

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

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Longer Term Trend



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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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Timescale	2024/25 Target	2020/21	2021/22	2022/23	2023/24	2024/25	To Q1 2025/26
Annual Total	507,633	450,954 (G)	522,500 (R)	548,108 (R)	553,550 (R)	547,042 (R)	125,180 (G)
Monthly Average	42,303	37,580 (G)	43,542 (R)	45,676 (R)	46,129 (R)	45,587 (R)	41,727 (G)

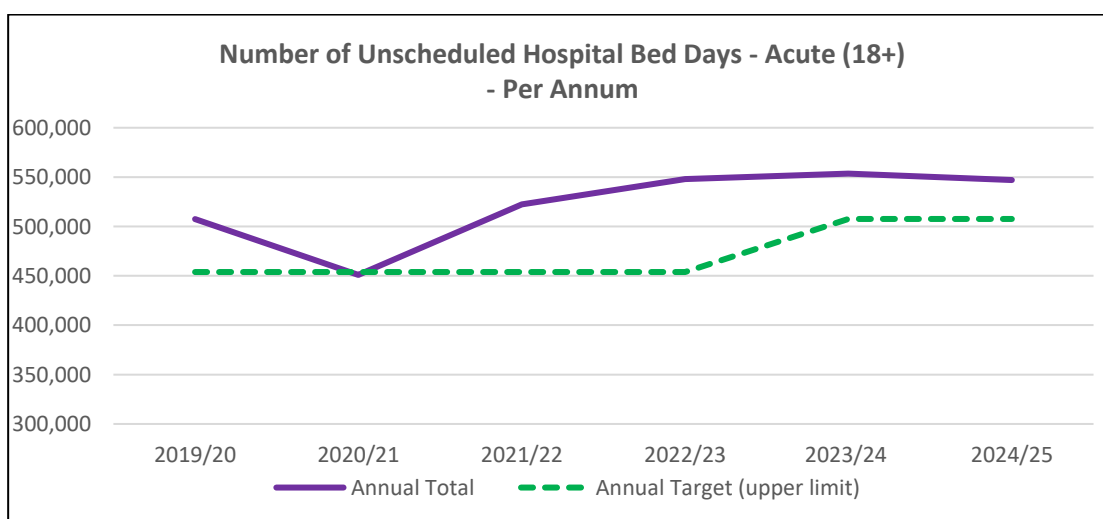
Performance Trend

Data for 25/26 is reported in arrears and is GREEN to Q1 with the monthly average below that of 2024/25. Performance for 2024/25 has been finalised since the last report and remained RED but was slightly below the 2023/24 figure.

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

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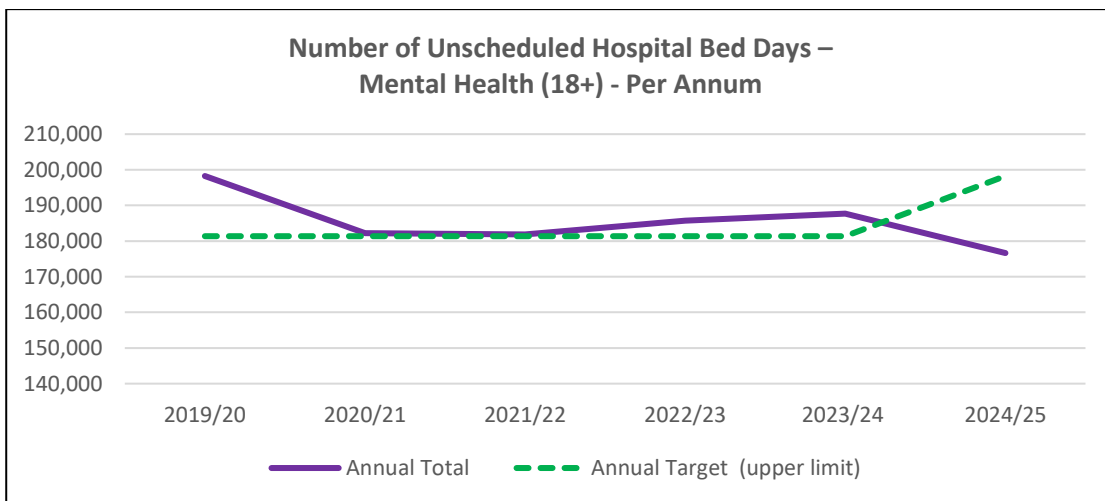
Indicator	4. Number of Unscheduled Hospital Bed Days – Mental Health (18+)
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting 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	Karen Lockhart, Assistant Chief Officer (Adult Services)

Timescale	2024/25 Target	2020/21	2021/22	2022/23	2023/24	2024/25*	To Q1 2025/26*
Annual Total	198,258	182,185 (G)	181,869 (G)	185,739 (G)	187,665 (G)	176,639* (G)	81,342* (G)
Monthly Average	16,522	15,182 (G)	15,156 (G)	15,478 (G)	15,639 (G)	14,636* (G)	13,577* (G)

*Provisional

Performance Trend
To date in 2025/26, performance remains GREEN though is reported in arrears and is provisional at this stage. Performance for 2024/25 also remains provisional at this stage and is GREEN.
Note: Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.
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Indicator	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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Locality	Target	2023/24			2024/25			2025/26				
	160	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
North East		30	20	21	45	20	30	28	29	35	33	28
North West		21	30	24	27	19	30	38	28	39	46	33
South		33	33	31	33	31	36	29	40	42	49	36
Other												
Sub-Total (Included Codes)			84	83	76	105	70	96	95	97	116	128
North East		24	24	26	22	35	30	31	30	24	25	19
North West		15	11	22	24	19	18	16	16	19	14	15
South		25	22	22	23	26	28	30	27	24	22	24
Other												
Sub-Total (Complex Codes)		64	57	70	69	80	76	77	73	67	61	58
Overall Total		148 (R)	140 (R)	146 (R)	174 (R)	150 (R)	172 (R)	172 (R)	170 (R)	183 (R)	189 (R)	155 (G)

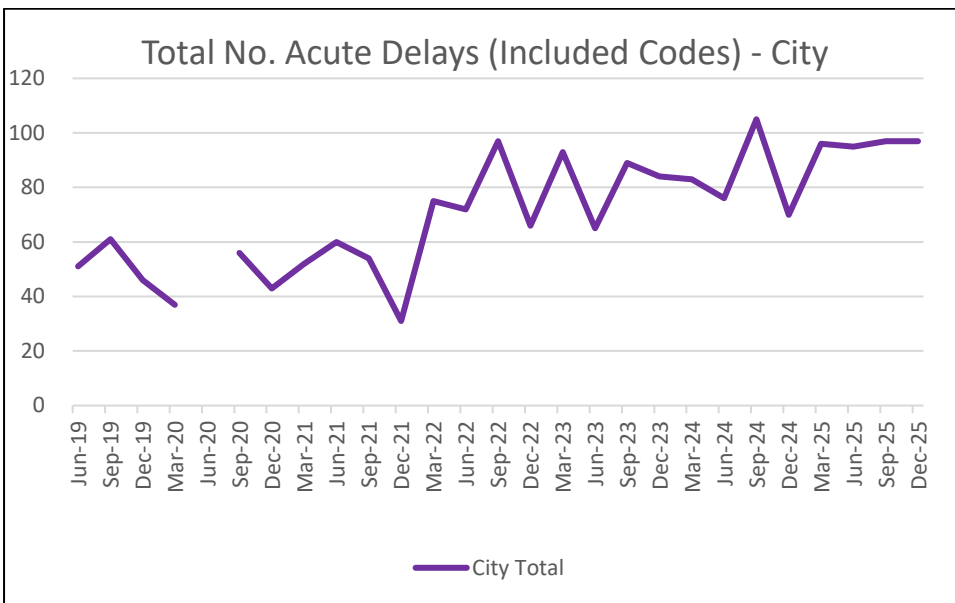
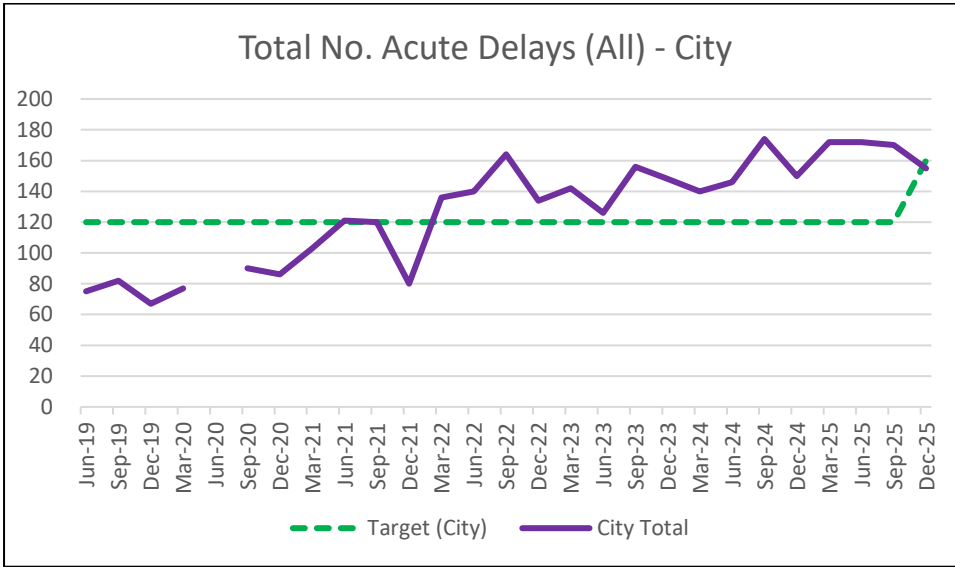
Performance Trend

Performance improved significantly between November and December 2025 after increasing in the first two months of Q3. This fall was exclusively within complex codes with included codes remaining the same. The target has been adjusted from 120 to 160 since the last report with performance in December classified as GREEN in relation to this new target.

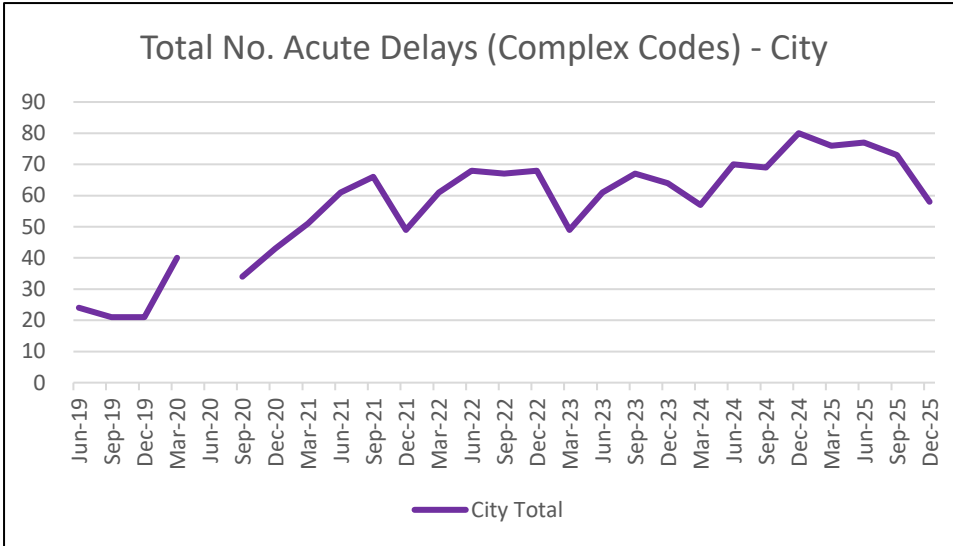
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Longer Term Trend (N.B. Data was unavailable for June 2020 because of the pandemic)



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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	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Timescale	2025/26 Target	2020/21	2021/22	2022/23	2023/24	2024/25	To Q2 2025/26
Annual Total	45,318	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)	83,528 (R)	42,711 (R)
Monthly Average	3,776	4,159 (R)	5,404 (R)	6,240 (R)	6,398 (R)	6,961 (R)	7119 (R)

Performance Trend
Performance to Q2 of 2025/26 remains RED, with monthly average above that for 2024/25. Note: Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.
Issues Affecting Performance
See issues set out in KPI 5 above. (Under 65) <ul style="list-style-type: none"> NHS in patient system has been very busy. Focused work and bespoke commissioning solutions are being sought for complex cases, and this includes under 65 and clinically complex patients. High level of complex cases and increased level of referrals to SW for assessment. Recognition that private applications for Guardianship take significant time. Increase again in longer term delays due to complexity and provision required to support discharge.
Actions to Improve Performance
Targeted funding being used for a number of actions to reduce numbers of delays and associated bed days lost: <ul style="list-style-type: none"> Appointment of two additional qualified social workers to undertake case work and additional SW hours being utilised to increase capacity for assessment. Recruitment of additional legal capacity to speed up private applications for Guardianship. Implementation of Partnership with British Red Cross as of October 25 to accelerate / facilitate discharge home where capacity is a feature. Chief Officer continues to lead joint work with GCHSCP and Acute colleagues to progress opportunities to accelerate discharge and prevent / mitigate delays. 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.

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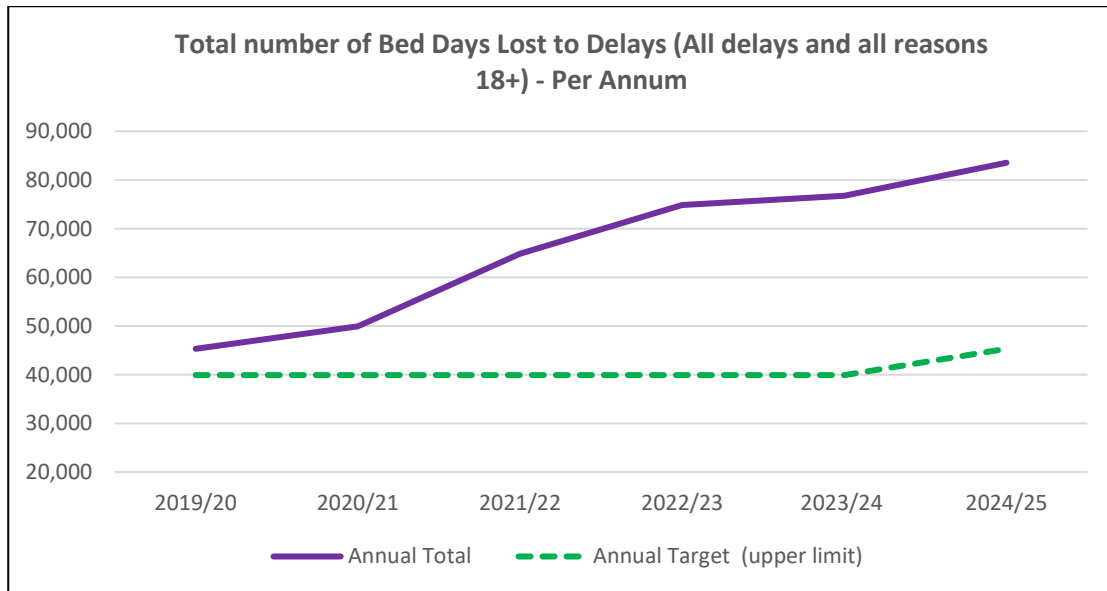
- Reporting directly to ACO and strategic performance planning is ongoing.
- Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions.
- Engagement in NHS Quest meetings daily to understand and help to decompress the system where possible.
- Current commissioning role expanded to include support from adult commissioning.
- Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions.
- An increase in the under 65 cohort open to adult services, development of cross-commissioned services.
- Ongoing actions linked with Scot Gov will improvement plan and above improvements.

Timescales for Improvement

Agreed timescale up to Quarter 4 25/26. This is still ongoing.

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Longer Term Trend



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PRIMARY CARE

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

Locality	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	78%	72.9 (R)	73.52 (R)	73.46 (R)	73.19 (R)	72.65 (R)	72.81 (R)	72.72 (R)	72.83 (R)	72.88 (R)
NE		73.48 (R)	73.98 (R)	73.98 (R)	73.73 (R)	73.13 (R)	73.26 (R)	73.25 (R)	73.34 (R)	73.36 (R)
NW		72.39 (R)	72.96 (R)	72.87 (R)	72.63 (R)	72.08 (R)	72.24 (R)	72.08 (R)	72.24 (R)	72.27 (R)
S		72.82 (R)	73.56 (R)	73.48 (R)	73.17 (R)	72.68 (R)	72.89 (R)	72.76 (R)	72.86 (R)	72.94 (R)
NHSGGC		73.75	73.9	73.91	73.63	73.23	73.4	73.35	73.42	73.54

Performance Trend
During Q3 there was a very slight improvement in performance at a city level and in all localities, with all remaining RED. This indicator is reported one quarter in arrears.
Issues Affecting Performance
<p>Updated issue:</p> <ul style="list-style-type: none"> As noted in previous reports, prescribing of newer anti-diabetic agents continues to increase. During Q3 dapagliflozin (an SGLT2 Inhibitor primarily utilised for diabetes) came off patent. Our primary care teams are undertaking a proactive switch from other SGLT2 inhibitors to dapagliflozin. We also anticipate increased prescribing due to the benefits in heart failure and chronic kidney disease following guideline updates. SGLT2's as a class are the third most commonly prescribed 'total formulary' medications. (>1% of total prescribing as a drug class) <p>Potential future issue:</p> <ul style="list-style-type: none"> During Q1 2026, there has been notification of a national shortage of co-codamol 30/500 tablets. Advice has been given to utilise individual ingredients but it's likely that some

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patients will benefit from using alternate strengths or combined painkillers which are not preferred list products. This shortage is anticipated to last until June 2026. The intent remains to encourage de-prescribing of painkillers if appropriate or ensure that long-term prescribing reverts to the preferred list product.

Ongoing Issues:

- The pace and volume changes to formulary are proving challenging for prescribers to keep up with at a patient level. e.g. during 2024/2025 all asthma patients on a combined inhaled corticosteroid/long acting beta agonist inhaler were switched to a preferred brand. Our teams are again being asked to move this large cohort to a new preferred brand. Multiple smaller switches result in a compound effect.
- In line with the board sustainability commitments and national guidance, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during Q1 of 2023/2024. Salbutamol MDI remains the most commonly prescribed non-preferred list item. (1.7% of total items)
- Colecalciferol (vitamin D) is the second most commonly prescribed non-preferred product. Vitamin D is included in the total formulary, however, there is not currently a preferred list product. (1.2% of total items)

Actions to Improve Performance

Ongoing actions/considerations:

- Pharmacy teams are progressing with a cost-efficiency programme for 2025-26, focusing on cost-containment, prescribing improvement and polypharmacy reviews in patients on high-numbers of medicines. Formulary status is also considered. A 2026-2027 programme has now been developed.
- Dapagliflozin has been proposed as a preferred list SGLT2 product as part of the move to the regional formulary.
- Those patients who currently receive a salbutamol MDI are considered for a switch to a DPI or to using a single inhaler for maintenance and reliever therapy (MART) where clinically appropriate.
- Proposals have been developed for a preferred vitamin D product.

Timescales for Improvement

The 2025-26 cost-efficiency programme continues across Glasgow City HSCP with a more tailored programme in GP practices depending on patient demographics, prescribing patterns and other agree cost-containment measures. The 2026-27 programme will focus on SGLT2s, inhalers and a large number of smaller switches which align with formulary preferred list prescribing.

Due to current financial pressures, it is unlikely that the volume and pace of formulary changes will slow.

The transition away from salbutamol MDIs will take a number of years. Genuine culture change will be required among patients and clinicians to move towards maintenance and reliever therapy (MART) and/or dry powder inhalers.

Adoption of a preferred list vitamin D product is subject to NHS GG&C formulary approval processes. Adoption of a preferred list SGLT2 is subject to the development of the West Region Formulary.

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Indicator	2. Prescribing Costs: Annualised cost per weighted registered patient
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The Annualised cost per weighted registered patient is an indicator which monitors medicines management. While some of the variation between GP practices and localities in this indicator is expected due to differences in the patients treated, some is due to differences in medicines management with a lower cost per treated patient expected in practices where medicines management practices are fully implemented. Figures shown are for the last 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 1)
Strategic Priority	Priority 6 (See Appendix 2)
HSCP Leads	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Locality	Target	2023/24		2024/25				2025/26		
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
City	Cost below (or same) as Board average	£176.2 (G)	£179.8 (G)	£178.3 (G)	£178.9 (G)	£180.1 (G)	£179.3 (G)	£178.6 (G)	£176.7 (G)	£176.1 (G)
NE		£179.1 (G)	£179.9 (G)	£181.7 (G)	£182 (G)	£183.9 (G)	£182.7 (G)	£182 (G)	£180.3 (G)	£180.5 (G)
NW		£164.3 (G)	£172.9 (G)	£165.1 (G)	£165.8 (G)	£166.4 (G)	£166.1 (G)	£165.5 (G)	£162.7 (G)	£161.6 (G)
S		£184.5 (G)	£185.6 (G)	£187.1 (G)	£188 (G)	£189.2 (G)	£188.2 (G)	£187.5 (G)	£186.4 (G)	£185.5 (G)
NHSGGC		£198.3	£199.4	£200.6	£201.3	£202.5	£201.1	£200.1	£198.4	£197.9

Performance Trend
Costs at city level and in the North West and South localities decreased in the last quarter. Costs increased very slightly in North East. All remained GREEN and are considerably below the Health Board average, which also decreased slightly. This indicator is reported one quarter in arrears.
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CHILDREN'S SERVICES

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

Locality	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
North East	95%	90 (R)	88 (R)	87 (R)	85 (R)	87 (R)	94 (G)	88 (R)	86 (R)	90 (R)	90 (R)	91 (A)
North West		87 (R)	91 (A)	84 (R)	87 (R)	86 (R)	79 (R)	90 (R)	90 (R)	86 (R)	86 (R)	86 (R)
South		92 (A)	88 (R)	89 (R)	90 (R)	91 (A)	89 (R)	89 (R)	91 (A)	88 (R)	90 (R)	94 (G)

Performance Trend
Between September and December performance moved from RED to AMBER in the North East; AMBER to GREEN in the South; while the North West remained RED and declined.
Issues Affecting Performance
This data reflects all current children registered with a GP in Glasgow City, which impacts data regarding completion of Ready to Learn assessments if children are not resident in the city during the 27 - 33 month period. These children will still receive a developmentally appropriate assessment as a priority as soon as we are aware they are in the city but are not included in this data. Potential methods for capturing this data have been explored, but this would necessitate a manual trawl which would be too resource intensive.
The number and % of Ready to Learn assessments carried out in the city reflects Health Board and wider national trends, where performance has improved and stabilised since the pandemic period, but has not fully reached pre-pandemic levels. The population demographics in Glasgow make the 95% target particularly ambitious.
Actions to Improve Performance
Improvements are evidenced over the last quarter and teams continue to monitor 27 - 30 month assessments using Microsoft Strategy data which is discussed as part of caseload management and efforts are continuing to identify children on caseloads who are known not to be in country at the time of the assessment so that these children are not included in the performance data.

Timescales for Improvement

Developmentally appropriate assessments continue to be undertaken, and further performance improvements are expected but this continues to be impacted by the proportion of transitory population of families living in the city.

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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	22/23	2023/24				2024/25				25/26	
		Mar 23	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25
North East	95%	94 (G)	96 (G)	98 (G)	96 (G)	95 (G)	96 (G)	95 (G)	95 (G)	96 (G)	97 (G)	95 (G)
North West		93 (G)	97 (G)	96 (G)	98 (G)	98 (G)	95 (G)	98 (G)	98 (G)	94 (G)	97 (G)	99 (G)
South		95 (G)	97 (G)	98 (G)	97 (G)	97 (G)	95 (G)	96 (G)	99 (G)	96 (G)	97 (G)	97 (G)

Performance Trend
All areas remained GREEN. There is a time lag in the availability of this data, so it is reported in arrears.
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Indicator	3. 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	23/24	24/25				25/26			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Quarter 3	
									% with review	Number <i>without</i> a Permanency Review*
City	90%	59 (R)	56 (R)	55 (R)	50 (R)	54 (R)	54 (R)	55 (R)	59 (R)	30
North East		60 (R)	58 (R)	61 (R)	52 (R)	43 (R)	44 (R)	47 (R)	48 (R)	11
North West		59 (R)	53 (R)	61 (R)	50 (R)	71 (R)	83 (R)	76 (R)	79 (R)	5
South		53 (R)	53 (R)	40 (R)	45 (R)	52 (R)	41 (R)	38 (R)	41 (R)	13

*1 child is currently allocated to a hospital team.

Performance Trend

Performance at city and locality level remained significantly below target and RED during Quarter 3.

At the end of December, a total of 30 children (of 74 children aged under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

Given the complexity of permanence work, it is impacted by a number of factors. This includes:

- court delays, which SCRA have reported are more significant in Glasgow City than across the rest of the country, with measures in place to address this, which will hopefully impact future rates.
- changes in arrangements following the conclusion of the BeST trial. This has now concluded with the final report showing that GIFT intervention was no better than HSCP business as usual (report available on request). The impact of this will therefore reduce given the conclusion of the study.
- increasing focus on rehabilitating children home through building trusting and strengths-based relationships, thus impacting the time for the assessment.

As a result of this, locality Permanence Forums govern permanence work to ensure that best outcomes are being achieved for children and families, minimising drift in securing permanence outcomes.

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The Chief Officer recently led a piece of work, supported by the Chief Social Work Officer, to ensure that permanence takes priority and there has been agreement that lead service managers will ensure that permanence planning happens timeously. This involved setting up a working group to refresh permanence guidance and the group has developed a recording process which is more aligned to the current systems, therefore removing barriers related to evidencing permanence progress.

We continue to work in partnership with COSLA and the Promise Scotland to develop a suite of data measures which are reflective of the current research, legislative and practice context. This work is adopting a quality improvement approach and recognises the importance of building relationships with families and of exhausting all options to support families to stay together before making permanence decisions, particularly when accommodating children away from their family is being considered.

Permanence work is recognised as the most significant decision making for families, amid increasing complexity of families' needs linked to the cost-of-living crisis, poverty, and social stressors that require immediate solutions. As Permanence Reviews involve making long-term decisions about children's future lives, it is important that these meetings involve a level of planning and participation that has been difficult to achieve due to families' ability to engage in the process in the context of complexity of needs, and balancing staff turnover, which continues to affect all areas of work. In recruitment campaigns, we induct a significant proportion of new graduates who require careful coaching and supervision to undertake complex permanence work.

There has been significant focus on the area of permanence, both locally and nationally, which has questioned the current timescales in permanence care planning, and we are embarking on some quality improvement work supported by the Promise Design School which will consider all aspects of permanence care planning and performance. Going forward, we have developed a consistent approach to permanence tracking across the localities to ensure best outcomes for children, young people and families. The tracking points include: initial forum date, review forum dates, parenting capacity assessment, FCAP, date of permanence review, decision of permanence review, matching profile, FGDM, family finding/ reassessment and reason for ending involvement.

Actions to Improve Performance

The Chief Social Work Officer attended a meeting with service managers across the city and agreed the following actions:

- Increased governance responsibility of locality Permanence Forums, having oversight of all care experienced children and young people in foster care and Children's Houses.
- Locality Permanence Forum chairs are notified immediately when children become care experienced in order that they can track and have oversight of their care planning from the point of accommodation.
- Permanence Forum chairs determine when cases are ready to progress to Permanence Review, thus reducing the number of repeated Permanence Reviews for the same children.
- Permanence Forums report directly into the citywide Permanence Steering group.
- Increased chairing capacity with the introduction of Independent Reviewing Officers, funded through the Whole Family Wellbeing Fund.
- IRO's and ASM's are now being allocated on Carefirst and have tracking responsibility for the children and young people whose meetings they chair.
- Quality Improvement work planned, supported by Promise Design School to consider improvement in both practice and data measurement of permanence performance nationally.
- Consistent approach to tracking key permanence milestones across the city.

Additional IRO capacity has been secured via the Whole Family Early Intervention Fund, and work is ongoing to align the work of IROs and Assistant Service Managers to ensure consistency of practice for families, rolling out the trauma-informed approach to preparing for, chairing and debriefing following key decision-making meetings.

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There is now increased administrative support to minute meetings. Locality managers are prioritising permanence work in line with the needs of families, whilst juggling emergency crisis intervention work in the context of current levels of turnover and rolling vacancies (as we are not managing to recruit at the level required to cover vacancies).

Timescales for Improvement

Permanence work continues to be overseen by the citywide permanence forum, with support from the Assistant Chief Officer and Chief Social Work Officer. Additional capacity continues to be provided by the Independent Care and Review Team, with work ongoing to align the work of Assistant Service Managers and Independent Reviewing Officers and develop a citywide approach to supporting families. The additional investment in IRO capacity via the Whole Family Early Intervention Fund will also support this work, as will the introduction of a consistent approach to tracking.

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Indicator	4. 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	23/24			24/25				25/26		
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	60%	59 (G)	60 (G)	48 (R)	51 (R)	46 (R)	53 (R)	40 (R)	40 (R)	38 (R)	50 (R)
North East		60 (G)	63 (G)	76 (G)	52 (R)	58 (A)	59 (G)	32 (R)	49 (R)	49 (R)	46 (R)
North West		47 (R)	57 (R)	31 (R)	45 (R)	38 (R)	49 (R)	53 (R)	33 (R)	38 (R)	47 (R)
South		68 (G)	63 (G)	39 (R)	53 (R)	44 (R)	51 (R)	38 (R)	36 (R)	21 (R)	52 (R)

Performance Trend

Despite significant improvement in both North West and South, Q3 performance remained below target (RED) at city level and in each locality.

The total number of new SCRA reports requested during Q3 was 184 (57 North East, 36 North West, 88 South and 3 for "other Teams").

Issues Affecting Performance

The children's services staff cohort continues to be impacted by movement to other HSCP service areas. In spite of the initiation of a rolling programme of recruitment, vacancies are not being filled at the rate required. Furthermore, the majority of new appointments are students, which creates a delay in start dates, in alignment with course finish dates. For example, new staff currently being recruited may not start until June 2026. Newly qualified social workers also have limited caseloads, protected learning time and more frequent supervision, which also limits overall capacity to complete reports on time.

We have continued to work with HR to improve recruitment processes and timescales, and we are also proactively working with universities to showcase the opportunities available in Glasgow City. We have also been delivering a wellbeing programme to support staff retention, focusing on developing a culture of care at all levels of the system, reflecting our approach with families.

Staff are continuing to prioritise meaningful engagement with families, to reflect the aspirations of the Promise given the impact of every decision taken about children's lives. This extends the time taken to prepare the report but does not directly affect the date of the Hearing as SCRA build in sufficient time to process reports.

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Actions to Improve Performance

Service managers recently met with the Assistant Chief Officer and Chief Social Work Officer to discuss processes to improve performance, and there will be ongoing management oversight of the requested reports and Service Managers will continue to have regular discussions with Team Leaders about ensuring that frontline staff are supported to meet deadlines. Hybrid arrangements are in place to accommodate periods of dedicated report writing when required. The prioritisation of work continues to be impacted by crisis intervention and child protection work.

Although there has been significant improvement in South (the area with the highest level of report requests) and North-East, absence and vacancy levels continue to impact performance in North-East.

We are actively contributing to the consultation for the Children (Care, Care Experience and Services Planning) (Scotland) Bill to influence the processes in relation to the Children's Hearing System and ensure that the outcomes for children are at its core and that processes reflect this aim. This work is also reflected in the Children's Hearing Improvement Partnership to inform discussion about the number of referrals to SCRA that translate to report requests.

Heads of Service are working in collaboration with admin colleagues to produce a tracker to continue to oversee report deadlines and improve timescales.

Timescales for Improvement

SCRA report completion was discussed as an urgent priority area within Children's Services at the recent service manager meeting which was attended by the Assistant Chief Officer and Chief Social Work Officer.

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Indicator	5. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
Purpose	To monitor the proportion of young people receiving an aftercare service who are known to be in employment, education, or training (EET). The aim is to increase this percentage to enhance the life opportunities for care leavers.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	23/24			24/25				25/26		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	75%	80% (G)	78% (G)	77% (G)	77% (G)	75% (G)	74% (G)	72% (A)	74% (G)	74% (G)	72% (A)
North East		79% (G)	78% (G)	81% (G)	81% (G)	75% (G)	76% (G)	70% (R)	79% (G)	75% (G)	73% (A)
North West		80% (G)	73% (A)	74% (G)	72% (A)	69% (R)	69% (R)	70% (R)	69% (R)	69% (R)	70% (R)
South		83% (G)	82% (G)	80% (G)	81% (G)	79% (G)	75% (G)	74% (G)	76% (G)	76% (G)	73% (A)

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

Between Q2 and Q3 performance in the City, in North East and South slipped slightly with the RAG-rating moving from GREEN to AMBER. Performance in North West continued to remain below target and RED.

There was a significant increase in the number of young people who do not have their employability status recorded; this jumped from 14 to 47 between Q2 and Q3. Of these 47 young people, 20 are allocated to North East and 21 to South/YUAS and 6 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team.

Issues Affecting Performance

The data suggests that there has been a slight decrease in the percentage of young people currently receiving aftercare support who are in employment, training and education, but further investigation suggests that this is a recording issue.

Actions to Improve Performance

Heads of Service are currently working with locality teams to emphasise the importance of recording employability outcomes.

Timescales for Improvement

It is anticipated that performance will be on target once recording issues have been addressed.

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Indicator	6. 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	23/24			24/25				25/26		
	Q2	Q3	Q4	Q1*	Q2*	Q3*	Q4	Q1	Q2	Q3
25 or fewer	26 (G)	27 (A)	26 (A)	22 (G)	20 (G)	23 (G)	24 (G)	22 (G)	23 (G)	22 (G)

*The service has revised these figures after identifying that some placements previously counted as outwith Glasgow were actually Glasgow-based.

Performance Trend

The out of authority placement number remained below the target of 25 or less at the end of Q3 (GREEN).

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Indicator	7. 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	2023/24				2024/25				25/26	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	92.14 (A)	91.47 (A)	91.55 (A)	90.24 (R)	90.9 (A)	89.9 (R)	90.3 (A)	90.7 (A)	89.4 (R)	90.6 (A)
North East		91.03 (A)	92.27 (A)	90.91 (A)	88.21 (R)	88.5 (R)	87.6 (R)	87.6 (R)	90 (R)	89.5 (R)	88.3 (R)
North West		92.84 (A)	90.25 (A)	91.37 (A)	88.97 (R)	94.5 (G)	89 (R)	91 (A)	90 (R)	90.4 (A)	90.1 (R)
South		92.45 (A)	91.72 (A)	92.15 (A)	92.83 (G)	90.1 (R)	92.4 (A)	91.9 (A)	91.7 (A)	88.6 (R)	92.8 (G)

Performance Trend
Performance improved at city level and in South during the last quarter with the RAG rating moving from RED to AMBER and RED to GREEN respectively. Performance remained RED but declined slightly in the North East. In North West performance fell slightly, moving from AMBER to RED during the reporting period. This indicator is reported in arrears.
Issues Affecting Performance
The World Health Organisation has raised concerns that vaccine uptake has declined internationally. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.'
Furthermore, this data reflects all current children registered with a GP in Glasgow City, which impacts uptake rates if children were not available at the time of the vaccination for the reasons discussed above in the context of the Ready to Learn Assessments (KPI 1).
In the context of the demographic profile of families in Glasgow, our performance average of 90.6% is considered to be relatively high in comparison to the national rate of 92.5% (as at quarter end, September 2025, which is the most recent figure available).
Actions to Improve Performance
The team continues to focus on areas where uptake is lowest and is working with public health colleagues to develop bespoke approaches to improving uptake. Vaccine hesitancy is being attributed to messages on social media about the safety of the MMR vaccine, which is disproportionately affecting

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uptake rates for younger children. The recent measles outbreak in London is attracting media attention which may influence parents and carers nationally.

Vaccine specific booster clinics have been set up in areas with poor uptake, for example, Holyrood Secondary School and other areas of South Glasgow, using culturally sensitive approaches to building trust and to reach communities that have been more difficult to reach. There is ongoing work to develop effective engagement approaches for migrant families, and the Immunisations Team and Health Visitors have been working closely to provide clear and consistent messaging about the benefits of immunisation. This work has meant that we are achieving uptake rates that mirror the national average in spite of shifting population dynamics and different cultural attitudes to vaccinations affecting uptake in Glasgow City more than in other areas.

Given that approximately 34% of births in Glasgow are to families from BME backgrounds, we are continuing to work with Dr Carleen Firman, Durham University, to develop culturally inclusive and sensitive approaches, with a workshop in October 2025 that focused on sharing learning on best practice, based on current research evidence.

For migrant families, it is difficult to track previous vaccinations and to calculate dosage based on vaccination history. Work is being done to mitigate this on a routine basis but is continuing to impact overall uptake rates.

Timescales for Improvement

Activity is ongoing throughout the year to provide dedicated planning for the vaccination programme. In response to the Measles outbreaks in England, Public Health Scotland developed an awareness campaign which has strengthened messaging in relation to vaccination, and the recent outbreak in London will likely raise parents and carers' awareness of the importance of vaccination and help to increase uptake. Health Visitors are continuing to discuss the benefits of vaccinations with families from an early point, and are working closely with the Immunisations team, wider HSCP managers and leaders and public health colleagues to develop culturally sensitive and inclusive approaches.

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Indicator	8. 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	2023/24				2024/25				25/26	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	95.73 (G)	95.55 (G)	95.68 (G)	94.97 (G)	94.6 (G)	95.1 (G)	94.8 (G)	94.5 (G)	95.5 (G)	94.1 (G)
North East		96.12 (G)	94.56 (G)	95.12 (G)	95.75 (G)	94.6 (G)	95.8 (G)	95 (G)	94.8 (G)	96.8 (G)	91.6 (A)
North West		96.3 (G)	95.74 (G)	96.21 (G)	94.17 (G)	93.1 (G)	95.6 (G)	95.6 (G)	93.5 (G)	94.1 (G)	95.9 (G)
South		95.01 (G)	96.25 (G)	95.73 (G)	94.93 (G)	95.7 (G)	94.1 (G)	94.2 (G)	95 (G)	95.4 (G)	94.8 (G)

Performance Trend
<p>Performance fell slightly at city level but remained GREEN. There was a drop in performance in North East with the RAG-rating moving from GREEN to AMBER. 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 within the reporting period. The NHS Psychological Therapies Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This figure is an aggregate of all PTs delivered across all NHS services (i.e. Adult, Older People and Child & Adolescent in both inpatient and community settings for Mental Health Teams, Learning Disabilities Teams, Addiction Teams, Physical Health Services, Forensic Services and Prison Healthcare).
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 1)
HSCP Lead	Karen Lockhart, Assistant Chief Officer for Adult Services

Locality	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
North East	90%	74.1 (R)	78.7 (R)	77.3 (R)	84.9 (R)	91.7 (G)	85.7 (A)	84.6 (R)	88.5 (G)	89 (G)	96.1 (G)	91.9 (G)
North West		100 (G)	93.7 (G)	94.4 (G)	93.8 (G)	95.7 (G)	91.4 (G)	93.9 (G)	78.3 (R)	83.6 (R)	59.5 (R)	42.5 (R)
South		78.4 (R)	81.6 (R)	82.3 (R)	87.5 (A)	84.6 (R)	80.9 (R)	90.2 (G)	83.5 (R)	89.3 (G)	86.3 (A)	78.6 (R)

Performance Trend

Performance has improved in the North East between September and December and remained GREEN. Performance in the other two areas has declined and remained RED.

Issues Affecting Performance

Performance across Glasgow City remains variable. The North East continues to show improvement, maintaining performance above the 90% standard in December. However, the North West and South localities have both experienced further decline, remaining below target.

A number of factors continue to affect performance across all areas:

- Services are balancing delivery of the 18-week standard while also prioritising people who have been waiting the longest, which reduces the number of new referrals that can be treated within target times.
- Ongoing recruitment challenges, delays linked to national funding arrangements for Psychological Therapies posts, and HSCP-wide financial pressures continue to limit capacity.
- The North West has been disproportionately affected by reduced clinical capacity, including:
 - staff acting up to provide fixed-term clinical leadership
 - a vacancy following internal promotion
 - uncovered maternity leave
 - increased triage demand due to some third-sector partners reaching capacity

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- A short-term focus on treating people with the longest waits has further reduced the proportion of new starters meeting the standard in the NW during November.

Overall, while targeted actions are in place, demand continues to outstrip available capacity, and this remains the primary constraint on performance.

Actions to Improve Performance

A refreshed Psychological Therapies Performance Group has now initiated meeting regularly to coordinate improvement activity across all services. This group is examining opportunities to increase throughput, reduce unwarranted variation, and optimise how referrals are managed. This will initially include identifying specific areas of operational understanding of the current data and areas of improvement to target.

Key actions underway include:

- Monthly updates of locality PT Action Plans, helping services to continuously review demand, capacity, waiting lists and flow through treatment pathways.
- Refining referral management processes, including reviewing the criteria for acceptance, improving triage consistency, and ensuring people are directed to the most appropriate intervention.
- Strengthening the balance between assessment, treatment delivery and discharge, so that capacity is targeted where it will have greatest impact on reducing long waits.
- Reviewing skill-mix and internal deployment, including short-term redistribution of resource where clinically appropriate.
- Continued focus on people waiting over 52 weeks, with teams adopting structured approaches to ensure these waits reduce month by month.

In addition, services are examining opportunities for enhanced use of digital or group-based interventions where clinically suitable, in order to release more one-to-one clinical capacity.

Timescales for Improvement

The trajectory required to meet the 90% standard by the end of Q4 2025/26 remains extremely challenging. While some localities have made progress, overall system performance does not yet show the level of sustained improvement needed to reach year-end compliance. It is unlikely that current activity levels alone will deliver compliance within the planned timescale given:

- continuing referral demand
- constrained capacity
- recruitment delays
- the volume of people already waiting beyond 18 weeks

Revised projections will be developed into 2026 / 2027 to reflect new activity patterns, the impact of ongoing improvement actions, and any changes in available workforce. The HSCP will continue to focus on reducing long waits and improving flow through treatment, but full achievement of the standard may require additional capacity or further system-wide redesign.

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

Hospital	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
Stobhill	28 days	34.2 (R)	27.5 (G)	24.3 (G)	22.1 (G)	23.9 (G)	23.1 (G)	28.7 (G)	25.3 (G)	27.5 (G)	23.5 (G)	32.5 (R)
Leverndale		35.4 (R)	39.9 (R)	32.3 (R)	39.2 (R)	38.7 (R)	38.7 (R)	39.3 (R)	43 (R)	37.9 (R)	49.5 (R)	46.7 (R)
Gartnavel		40.7 (R)	34.8 (R)	41 (R)	34.9 (R)	35 (R)	37.5 (R)	41.5 (R)	34.6 (R)	33 (R)	38.9 (R)	38.3 (R)

Performance Trend
 Since September, Stobhill has moved from GREEN to RED with the other two hospitals remaining RED. Average lengths of stay increased across all hospitals.

Issues Affecting Performance
 Length of stay continues to be affected by a combination of clinical, operational and social-system pressures across all three acute sites. While the intention remains to support timely recovery and safe discharge, several factors are contributing to delays.

Discharge readiness is now less influenced by clinical recovery alone and increasingly dependent on the availability of appropriate community supports. Variation in community team capacity across Glasgow City, differences in CMHT caseload pressures, and delays in securing appropriate accommodation all contribute to site-to-site variation in average length of stay.

Ward staffing remains a significant operational pressure. Some wards have stable multidisciplinary teams, while others rely heavily on bank or temporary staff. This affects the consistency of assessment, treatment planning and discharge processes. Variations in embedded professional input—such as psychology, occupational therapy and social work—also influence how quickly care plans can be progressed.

Additional pressures arise when patients board outwith their home locality due to bed pressures, requiring coordination across teams and leading to discharge delays. A continued presence of patients with prolonged stays (over six months) places further strain on daily ward operation, reduces flow, and limits the capacity to maintain target lengths of stay.

Actions to Improve Performance
 Daily operational contingency continues and is applied to the fluid situation and location of pressure. This includes routine operational review of boarders and options to improve bed management and discharge co-ordination.

The Mental Health Programme Board have restructured approaches which will increase the focus on case mix and higher acuity/severity/co-morbidity; social circumstances and housing; family support; and community resources; all of which impact the length of stay and speed of discharge. Multidisciplinary

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input into recovery planning, discharge planning arrangements and criteria, and risk tolerance being applied across teams are also being emphasised.

Heads of service are also leading work on pathway bottlenecks to consider any impact of community service and crisis teams' capacity, arrangements for patient transfers, medication supply and any restrictions on placements or budget scheduling for care packages. This includes a new description of the bed management role, which is being updated to more accurately reflect the task for the whole system, and which aims to improve bed utilisation and patient flow.

Timescales for Improvement

The restructuring of the Mental Health Programme remains underway and is aligned to the Health Board's Transforming Together Strategy, with activity expected to continue well into 2026. Recruitment to key posts is ongoing, including the designated bed manager role, which is expected to be appointed by May 2026.

Testing of revised operational models and pathways is scheduled to begin in July 2026, allowing time to embed new structures, refine the bed management function, and evaluate how updated approaches influence flow and length of stay.

While improvement is expected as these changes take effect, significant system-wide pressures - including staffing variation, housing availability, and community team capacity - mean that progress is likely to be gradual rather than immediate. Sustained improvement will require coordinated action across inpatient and community services, improved multidisciplinary input, and full implementation of the Transforming Together redesign.

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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 1)
HSCP Lead	Karen Lockhart, Assistant Chief Officer for Adult Services

Hospital	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
Stobhill	<95%	100.1 (R)	101 (R)	98 (A)	95 (G)	92.4 (G)	91.3 (G)	98.1 (A)	96.4 (G)	93.3 (G)	91.7 (G)	89.8 (G)
Leverndale		96.9 (G)	101.2 (R)	101.8 (R)	99.9 (R)	98.8 (A)	100.7 (R)	101.9 (R)	99.6 (A)	100.3 (R)	98.6 (A)	98.4 (A)
Gartnavel		98.5 (A)	99.6 (A)	99 (A)	99 (A)	90.3 (G)	96.7 (G)	100.3 (R)	100.8 (R)	97.1 (G)	95.7 (G)	94.3 (G)

Performance Trend

Since September, Stobhill has remained GREEN, Leverndale has remained AMBER and Gartnavel has moved from RED to GREEN.

Issues Affecting Performance

Occupancy across adult mental health short-stay beds continues to remain higher than the intended maximum of 95%, although there has been some stabilisation in the early part of Quarter 3. While Stobhill has remained within the target range, both Leverndale and Gartnavel continue to experience sustained pressure, with occupancy frequently fluctuating around or above the threshold.

The wider system continues to operate with temporary bed reductions, and although Glasgow City has maintained the ability to admit people requiring inpatient care, the overall position remains fragile. High occupancy is being driven by a combination of factors, including increased numbers of people with stays over six months in Leverndale, persistent pressures on community team capacity, and delays linked to housing availability or placement planning. As highlighted under KPI 2, even short-stay environments are affected by lengthening inpatient episodes; when stays extend due to clinical complexity, social barriers, or difficulties progressing discharge arrangements, beds become blocked and flow is disrupted.

Once occupancy rises above safe operating levels, the system becomes increasingly difficult to stabilise. Delayed admissions, delayed transfers, and higher concentrations of people with complex needs create a self-reinforcing cycle: higher-risk individuals remain in beds for longer, discharge decisions require greater caution, staff workloads increase, and the therapeutic environment becomes harder to maintain. This is associated with increased reliance on restrictive practices, reduced delivery of therapeutic programmes, and increased staff fatigue.

Actions to Improve Performance

Reducing pressure on acute beds remains a core operational priority for 2025/26. Work is ongoing to reduce inpatient and community staffing vacancies, while also ensuring alignment with wider financial planning requirements.

A system-wide package of flow-improvement measures is being advanced to reduce avoidable admissions, shorten length of stay, and tackle key discharge barriers. This includes strengthening crisis resolution and

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home treatment responses, maximising opportunities created by Flow Navigation Centres, and streamlining pathways to progress packages of care and housing solutions more efficiently.

As highlighted in KPI 2, an updated approach to bed management is now being taken forward. The new bed management role will centralise real-time oversight of mental health bed capacity, introduce consistent escalation processes when occupancy thresholds are breached, and support improved coordination across hospital sites. Work is also underway to agree shared operating rules across all adult wards - including consistent admission criteria, clearer transfer arrangements, and strengthened discharge and escalation protocols - to reduce variation between sites and prevent delays caused by fragmented ward-level decision-making.

These actions are intended to release capacity, reduce unnecessary delays, and improve the efficiency of patient flow even within existing resource constraints.

Timescales for Improvement

The mental health elements of the Transforming Together Strategy continue to progress, with system redesign activity scheduled well into 2026. Recruitment to essential posts, including the new bed manager role, is underway, with appointment currently scheduled for some time in May 2026.

Testing of revised operational models and bed-flow processes is planned to begin in July 2026, following induction of new staff and completion of preparatory work. While these changes are expected to support improved oversight, consistency and responsiveness, it is important to recognise that meaningful reductions in occupancy will depend on broader system factors—particularly community capacity, supported accommodation availability, and progress in reducing long lengths of stay.

As a result, improvements are anticipated as more likely to be gradual rather than immediate, with progress becoming more evident as redesigned pathways and bed-management processes bed in during the second half of 2026.

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

Total Mental Health Delays (General Psychiatry and Psychiatry of Old Age)

Locality	Target	2023/24		2024/25				2025/26				
		Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
N. East		9	9	20	14	12	8	8	21	21	28	26
N. West		3	11	7	11	5	7	13	9	14	16	15
South		13	11	16	15	12	9	14	10	14	25	24
City		0	2	0	0	0	1	1	0	0	2	4
Sub-Total (Included Codes)		25	33	43	40	29	25	36	40	49	71	69
N. East		3	4	3	3	2	7	5	3	1	1	1
N. West		4	5	2	2	2	1	1	0	0	1	1
South		2	3	1	2	3	6	5	3	3	3	3
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		9	12	6	7	7	14	11	6	4	5	5
All Delays	20	34 (R)	45 (R)	49 (R)	47 (R)	36 (R)	39 (R)	47 (R)	46 (R)	53 (R)	76 (R)	74 (R)

The above figures include the General Psychiatry and Psychiatry of Old Age specialties. A breakdown of totals for these specialties is shown below.

General Psychiatry

Locality	2023/24		2024/25				2025/26				
	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
North East	4	4	7	1	3	3	3	11	11	19	16
North West	2	7	6	7	3	5	7	7	8	8	7
South	7	3	6	7	5	5	7	2	4	11	13
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	13	14	19	15	11	13	17	20	23	38	36
North East	2	2	1	2	1	2	2	1	1	0	0
North West	3	4	2	2	2	1	1	0	0	0	0

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South	0	3	1	0	0	0	2	2	1	1	0
City	0	0	0	0	0	0	0	0	0	0	2
Sub-Total (Complex Codes)	5	9	4	4	3	3	5	3	2	1	2
All Delays	18	23	23	19	14	16	22	23	25	39	38

Psychiatry of Old Age

Locality	2023/24		2024/25				2025/26				
	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25	Dec 25
North East	5	5	13	13	9	5	5	10	10	9	10
North West	1	4	1	4	2	2	6	2	6	8	8
South	6	8	10	8	7	4	7	8	10	14	11
City	0	2	0	0	0	1	1	0	0	2	2
Sub-Total (Included Codes)	12	19	24	25	18	12	19	20	26	33	31
North East	1	2	2	1	1	5	3	2	0	1	1
North West	1	1	0	0	0	0	0	0	0	1	1
South	2	0	0	2	3	6	3	1	2	2	3
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	4	3	2	3	4	11	6	3	2	4	5
All Delays	16	22	26	28	22	23	25	23	28	37	36

Performance Trend
<p>Performance remains RED with an increase overall between September and December (+28). Within this overall total, adult delays increased by 15 while older people delays increased by 13. In terms of the types of delays, included codes rose by 28 while complex codes fell by 1.</p> <p>Total Mental Health delays increased sharply between September and December, rising from 46 to 74 (+61%). This reflects a sustained system-wide imbalance between discharge demand and available community capacity. Delays increased across both main General Psychiatry and Psychiatry of Old Age care groups. All localities experienced a drop in performance, with South showing the largest increase. The rise was driven mainly by included codes, which grew from 40 to 69 (+29), while complex codes remained stable (6 → 5). This indicates reduced throughput across standard discharge pathways rather than growth in particularly complex cases. Overall, performance remains RED, with delays increasing across all groups and localities, consistent with worsening patient flow, rising lengths of stay, and limited community placement capacity.</p>
Issues Affecting Performance
<p>Delayed discharges across Mental Health services continue to remain significantly above the desired position, with a marked increase between September and December. Total delays rose by +28, comprising increases in both adult (General Psychiatry) delays (+15) and older people (Psychiatry of Old Age) delays (+13). “Included codes” (non-complex delays) increased substantially, while “complex codes” remained broadly stable.</p> <p>The primary driver of delays continues to be limited availability of suitable community placements, including supported accommodation, specialist care home beds, and services able to support individuals with complex presentations, behaviours, or multi-morbidities. These pressures are present across all localities, with availability particularly tight for people with higher needs or those requiring bespoke packages of care.</p>

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A further group of patients continue to require ongoing inpatient care because their needs cannot currently be met safely in the community. These individuals often have complex social circumstances, challenging risk profiles, or specialist care needs that make discharge planning significantly more difficult. As a result, the number of patients who are clinically fit but unable to leave hospital remains high, contributing to downstream pressures on inpatient flow, ward capacity and length of stay.

In addition, several cases designated as “complex” involve legal processes, guardianship applications, or multidisciplinary assessments that extend the time required to secure an appropriate community placement. These factors collectively continue to affect the HSCP’s ability to progress discharges at the pace required to reduce overall delays.

Actions to Improve Performance

Progress on the dedicated mental health bed manager post has been slower than originally planned, as the job description required updating. The post is now expected to go to advert in the coming weeks, forming part of the wider improvement actions linked to KPIs 2 and 3. The appointment is however unlikely to change the current impact of limited availability of suitable community options.

In the interim, operational actions continue to focus on strengthening discharge pathways and reducing avoidable delays:

- All delays are now actively allocated to social work staff to ensure consistent oversight and progression toward a sustainable discharge solution.
- The North East pilot enabling access to clozapine without hospital admission continues to operate. This is expected to reduce admissions for treatment initiation and help free up inpatient capacity.
- Regular joint meetings with commissioning and service managers continue to identify and secure appropriate placements, unblock pathway barriers, and progress bespoke solutions for those with complex needs.
- Operational teams are also working to improve the timeliness of assessments, explore alternative housing options, and strengthen liaison with third-sector and commissioned providers.

These combined actions aim to increase throughput, reduce the number of people waiting inappropriately in hospital, and support improved performance over time.

Timescales for Improvement

Performance improvement is anticipated during 2026/27, although progress will remain heavily constrained by system-wide financial pressures and limited capacity in community placements. The recruitment of the dedicated mental health bed manager and the implementation of related bed-flow improvements (described under KPIs 2 and 3) are expected to strengthen real-time oversight and support more consistent escalation and problem-solving.

However, given the scale of current delays and the increasing complexity of individuals awaiting discharge, improvements are likely to be incremental rather than rapid. Achieving substantial reduction will require both the local actions outlined and broader system developments - particularly around housing, supported accommodation, and specialist community provision.

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ALCOHOL AND DRUGS

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

Locality	Target	23/24			24/25				25/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	90%	96% (G)	96% (G)	93% (G)	92% (G)	94% (G)	97% (G)	88% (G)	93% (G)	93% (G)
North East ADRS		98% (G)	100% (G)	98% (G)	99% (G)	99% (G)	100% (G)	97% (G)	97% (G)	99% (G)
North West ADRS		92% (G)	82% (R)	88% (G)	89% (G)	92% (G)	96% (G)	80% (R)	86% (A)	92% (G)
South ADRS		98% (G)	97% (G)	96% (G)	99% (G)	100% (G)	98% (G)	97% (G)	93% (G)	92% (G)

Performance Trend

This indicator is reported one quarter in arrears.

During Q2 performance for the city, North East and South continued to exceed target (GREEN). Performance in North West improved significantly during the reporting period with the RAG-rating moving from AMBER to GREEN.

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SEXUAL HEALTH SERVICES

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

Locality	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		1118	1322	1361	1319	1137	1027	1029	1135	932
NE		190	266	275	312	227	130	224	284	221
NW		786	883	892	801	756	797	713	780	662
S		142	173	194	206	154	100	92	71	49
NHSGGC	1670 per Quarter	1304 (A)	1524 (G)	1562 (G)	1479 (G)	1308 (A)	1175 (R)	1168 (R)	1293 (A)	1076 (R)
DNA rate (%)		8.69	10.03	11.2	11.76	11.85	12.17	11.98	10.21	11.9%

Performance Trend
Performance has declined at NHSGGC level in Q3 and moved from AMBER to RED. It should be noted that the NHSGGC-wide target has been revised upwards since Q2 following implementation of the Sexual Health Review (from 1,354 to 1,670 per quarter).
Issues Affecting Performance
Clinic closures remain in place from previous quarter (approved by ACO). In Sandyford Central IUD lists were cancelled due to long term sick leave and parental leave
Actions to Improve Performance
Staffing issues will be resolved mid-Feb. Targets are unlikely to be met while clinic closures remain.
Timescales for Improvement
2026. Back to Summary

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

Locality	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		1011	1167	1243	1533	1208	1070	853	698	795
NE		209	300	333	451	371	175	285	179	257
NW		546	541	580	736	613	699	463	395	359
S		256	326	330	346	224	196	105	124	179
NHSGGC	1338 per Quarter	2004 (G)	1916 (G)	2190 (G)	2203 (G)	1848 (G)	1687 (G)	1176 (G)	998 (R)	1119 (R)
DNA rate (%)		19.5	14.68	15	16.8	18.07	15.64	15.05	13	13.14

Performance Trend
Performance improved at NHSGGC level in Q3 but remains RED. It should be noted, however, that the NHSGGC-wide target has been revised upwards since Q2 following implementation of the Sexual Health Review (from 1,166 to 1,338 per quarter).
Issues Affecting Performance
Clinic closures remain in place from previous quarter (approved by ACO).
Actions to Improve Performance
One trainee in SRH and one GP trainee have been doing implant lists to improve performance, but these both finished at the end of January 2026. Targets unlikely to be met while clinic closures remain.
Timescales for Improvement
2026. Back to Summary

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

Locality	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	2 working days	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	1 (G)	1 (G)
NE		1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	1 (G)
NW		1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	1 (G)	1 (G)
S		1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NHSGGC		1	1	1	1	1	2	2	1	1

Performance Trend
<p>Performance remains GREEN across the city and Health Board and remains identical to Q2 in all areas. Target based on median rather than average waiting times as small numbers of outliers distort the figures.</p> <p>Back to Summary</p>

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

Locality	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City		269	312	363	380	369	282	350	232	298
NE		53	62	119	118	99	48	100	102	96
NW		142	187	177	188	192	160	179	155	132
S		74	63	67	74	78	74	71	75	70
NHSGGC	504 per quarter	459 (G)	468 (G)	510 (G)	516 (G)	511 (G)	472 (G)	501 (G)	485 (G)	438 (R)
DNA rate (%)		26.26	26.96	27.06	27.91	28.57	27.75	24.75	24.33	28.08

Performance Trend

Performance reduced slightly in Q3 and moved from GREEN to RED. However, it should be noted that the NHSGGC-wide target has been revised upwards since Q2 following implementation of the Sexual Health Review (from 315 to 504 per quarter).

Issues Affecting Performance

Vacancies and absences in staff teams have had an effect on number of clinical lists offered and therefore the numbers of young people seen at clinic.

Actions to Improve Performance

Recruitment to vacancies.
Lead clinician will review lists being opened routinely.

Timescales for Improvement

2026.

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

Target	2023/24		2024/25				2025/26		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
5 working days	3 (G)	4 (G)	3 (G)	3 (G)	5 (G)	6 (R)	5 (G)	5 (G)	6 (R)

Performance Trend
Performance declined in Q3 and moved from GREEN to RED.
Issues Affecting Performance
<p>Quarter 3 of each year very often has a slightly increased wait, partly due to increased seasonal demand and exacerbated by public holidays. There have also been increased staff absences.</p> <p>The recent review of the service model which introduced fewer appointments for women has identified a longer internal wait list. While the initial appointment takes longer (and is now face to face), the overall outcome for women is quicker. However, the target waiting time requires to be reviewed in the light of this new way of working.</p>
Actions to Improve Performance
<p>Seasonal demand will adjust and staff absences should resolve. Some additional weekend clinics may be put on to help reduce waiting times.</p> <p>Service Manager and clinical leads will review.</p>
Timescales for Improvement
<p>2026.</p> <p>Back to Summary</p>

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HOMELESSNESS

Indicator	1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation
Purpose	To monitor the proportion of homeless applications where a decision is made within the 28-day guideline, where the assessment decision is that the applicant is unintentionally homeless. The Council has a duty to secure Settled Accommodation in these cases.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality	Target	23/24			24/25				25/26		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	98% (G)	99% (G)	84% (R)	91% (A)	91% (A)	98% (G)	98% (G)	99% (G)	97% (G)	97% (G)
North East		99% (G)	97% (G)	51% (R)	87% (R)	99% (G)	100% (G)	98% (G)	99% (G)	99% (G)	97% (G)
North West		98% (G)	99% (G)	94% (G)	98% (G)	94% (G)	91% (A)	98% (G)	99% (G)	98% (G)	98% (G)
South		95% (G)	100% (G)	96% (G)	86% (R)	78% (R)	100% (G)	99% (G)	98% (G)	95% (G)	95% (G)
Asylum & Refugee Team (ARST)		99% (G)	100% (G)	95% (G)	95% (G)	95% (G)	98% (G)	98% (G)	99% (G)	97% (G)	98% (G)

Performance Trend

During Q3 performance at City level and in all localities and teams continued to exceed target (GREEN).

A total of 1,765 decisions were made during Q3; 53 (3%) were outwith timescale.

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

Target 24/25 4,000 per annum (1,000 per quarter)	Total 21/22	Total 22/23	Total 23/24	24/25			Total 24/25	25/26		
				Q2	Q3	Q4		Q1	Q2	Q3
22/23 & 23/24 3,750 p a (938 p q)										
21/22 15,000 p a (1,250 p q)	4,675 (R)	4,016 (G)	4,539 (G)	1,368 (G)	1,259 (G)	1,524 (G)	5,562 (G)	1,195 (G)	1,286 (G)	1,399 (G)

Performance Trend
Target increased from 3,750 to 4,000 new resettlement plans per annum for 24/25.
The quarterly target for the number of completed resettlement plans continued to be exceeded during the third quarter of 25/26 (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 Transition Plan (RRTP) is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement. The measure reported changed at the start of 2024/25 from an overall figure for all sizes of apartment to being reported by apartment size.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Apartment Size	Target	24/25				25/26		
		Q1	Q2	Q3	Q4	Q1	Q2	Q3
1 apt	21 weeks	21 (G)	26 (R)	29 (R)	36 (R)	36 (R)	39 (R)	47 (R)
2 apt	36 weeks	41 (R)	50 (R)	47 (R)	55 (R)	60 (R)	62 (R)	67 (R)
3 apt	31 weeks	36 (R)	34 (R)	36 (R)	44 (R)	43 (R)	30 (G)	39 (R)
4 apt	81 weeks	82 (G)	90 (R)	135 (R)	79 (G)	91 (R)	95 (R)	76 (G)
5 apt	225 weeks	296 (R)	277 (R)	236 (A)	297 (R)	231 (A)	212 (G)	253 (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 Q3 performance in relation to 1 and 2 apartment size accommodation remained below target and RED. Performance in relation to 3 and 5 room apartments slipped between Q2 and Q3 with the RAG rating moving from GREEN to RED. For 4 room apartments, performance improved with the RAG rating moving from RED to GREEN during the reporting period.
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.
This measure is dependent upon the HSCP securing a level of settled accommodation which meets current demand and also allows the HSCP to reduce the backlog of homeless households currently awaiting settled accommodation.

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At present, the HSCP is securing around 54% of social housing lets across the city for homeless households which is a significant achievement however is below the 67% required to meet demand and reduce the backlog.

Actions to Improve Performance

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

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

The HSCP has written to all RSLs across the city requesting that 67% of lets are made available to homeless households and has robust monitoring tools, including an interactive data dashboard, to review the performance of individual RSLs.

A recent city-wide engagement event took place with housing associations to discuss the current homelessness and housing pressures and explore opportunities to increase lets to homeless households.

Work is also ongoing with colleagues in NRS to utilise the acquisition programme funding to purchase larger family homes in order to offer these properties to homeless households to increase the supply of larger family homes. This is likely to be a factor in the reduction of the customer journey for 5apt households.

Timescales for Improvement

It is anticipated that the number of lets in Q4, and throughout 2026/27 will increase however demand is also likely to remain high which may mean that performance may remain RED. It is unlikely that performance will return to GREEN until a sustained period of increased lets, coupled with reduced demand, is witnessed.

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Target/Ref	4. Number of households reassessed as homeless or threatened with homelessness within 12 months
Purpose	This indicator reports on the number of “ <i>Repeats</i> ” 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). This indicator is intended to help ensure that teams are working to minimise the number of repeat homeless applications.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Target	Full Year Total 20/21	Full Year Total 21/22	Full Year Total 22/23	Full Year Total 23/24	24/25			Full Year Total 24/25	25/26		
					Q2	Q3	Q4		Q1	Q2	Q3
<480 per annum (<120 per Quarter)	420 (G)	526 (R)	406 (G)	312 (G)	121 (G)	96 (G)	98 (G)	414 (G)	97 (G)	101 (G)	106 (G)
Performance Trend											
The number of Repeats during Q3 continued to remain below the upper threshold (GREEN). Back to Summary											

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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 interim (i.e. emergency or temporary) accommodation where there is reason to believe a household is homeless and an application has been received.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Target	22/23	23/24				24/25				25/26		
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
100%	100% (G)	100% (G)	70% (R)	60% (R)	58% (R)	52% (R)	53% (R)	49% (R)	51% (R)	49% (R)	53% (R)	52% (R)

Performance Trend
Performance in relation to emergency accommodation remained below target and RED during Q3. This indicator relates to a statutory requirement.
Issues Affecting Performance
Demand for temporary accommodation remains high, particularly given the increased demand from households granted refugee status who are disproportionately more likely to require temporary accommodation than non-refugee households. Unfortunately, at this time, the HSCP is unable to offer temporary accommodation at the point of request to all households who request it.
The above measure of 52% relates to the percentage of instances where temporary accommodation has been provided, rather than the number of households.
Actions to Improve Performance
Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised to reduce homelessness presentations within the city and subsequently reduce the demand on temporary accommodation.
The HSCP is also close to publishing its 10-year Temporary Accommodation Strategy (TAS) which will set out how the service aims to transform the use of temporary accommodation across the city and increase capacity within temporary accommodation.
As noted above, work is also underway to increase the number of lets for homeless households to ensure that the end-to-end journey is as short as possible thus increasing the turnover and availability of temporary accommodation.
Timescales for Improvement

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Given the current pressures on Homelessness Services at this time, and the increase in demand, it is likely that the HSCP will be unable to offer temporary accommodation on first request for all households. It is likely that this will continue into Q4 and throughout 2026/27 until there is a sustained reduction in demand coupled with an increase in lets.

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Indicator	6. Number of new Housing First (HF) tenancies created
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective. The scope of this indicator changed during 25/26 to include Housing First for Youth (HFFY) tenancies.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Target		Base-line	20/21	21/22	22/23	23/24	24/25	25/26		
		Start of 20/21	Annual Total	Annual Total	Annual Total	Annual Total	Annual Total	Q1*	Q2*	Q3
24/25 20 per quarter (392 by year end)	Number created during quarter	0	76	61	34	22	14	10 (7 HF & 3 HFFY**)	6 (5 HF & 1 HFFY)	10 (8 HF & 2 HFFY)
23/24 350 at year-end 15 per quarter	Cumulative Total	119	195 (R)	256 (R)	290 (G)	312 (R)	326 (R)	336 (R)	342 (R)	352 (R)
22/23 year-end 280										

*The Q1 and Q2 figures were revised by the service for the current Q3 report.

**HFFY - Housing First for Youth (HFFY) tenancies.

Performance Trend
Target revised for 24/25 to 20 new Housing First tenancies per quarter. Awaiting target for 25/26.
At quarter 3 performance remained below the quarterly target of 20 Housing First tenancies per quarter (RED).
From Q1 25/26 the quarterly total includes Housing First for Youth (HFFY) tenancies in addition to Housing First (HF) tenancies. The table above shows the quarterly figures for 25/26 and includes a breakdown of the HF and HFFY tenancy numbers.
Issues Affecting Performance
Staff sickness within the service continues to affect the capacity to pick up new referrals.
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. Furthermore, work is currently on-going with WAYfinder partners, which was launched in Q2, to support the delivery of the Housing First model.
Senior managers within the Housing First service continue to attend 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

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Given the launch of the WAYfinder service and continued input from Housing First managers at the Local Letting Communities, it is anticipated that the number of referrals and lets secured for Housing First will increase in Q4 in 2025/26.

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Indicator	7. Number of Temporary Furnished Flats (TFFs)
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Target	23/24		24/25				25/26		
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
2,400 or less	2,407 (G)	2,342 (G)	2,344 (G)	2,392 (G)	2,429 (G)	2,402 (G)	2,417 (G)	2,419 (G)	2,441 (G)

Performance Trend
<p>Performance remained within the target range and GREEN during Quarter 3.</p> <p>In order to reduce the number of households in B&B, the HSCP was looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24 and 24/25. A revised target will be agreed once the new Temporary Accommodation (TA) Strategy is launched. It is planned that the TA strategy will be tabled at the IJB meeting in May 2026 with new targets likely to be set for Q2 in 2026/27 in line with the aims of the strategy.</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 reflects the need for speed of response in respect of CPOs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	80%	87 (G)	90 (G)	85 (G)	84 (G)	86 (G)	83 (G)	88 (G)	90 (G)	87 (G)
North East		86 (G)	93 (G)	83 (G)	84 (G)	87 (G)	89 (G)	87 (G)	85 (G)	78 (A)
North West		88 (G)	87 (G)	86 (G)	87 (G)	85 (G)	81 (G)	88 (G)	93 (G)	86 (G)
South		87 (G)	90 (G)	87 (G)	82 (G)	87 (G)	81 (G)	88 (G)	91 (G)	97 (G)

Performance Trend

During Q3 performance continued to exceed target (GREEN) at city level and in North West and South. In North East performance narrowly missed the 80% target during the reporting period with the RAG rating moving from GREEN to AMBER.

City-wide a total of 567 CPOs (North East, North West, South, Caledonian Team) were made during Q3; a similar figure to Q2 (564). There are an additional 28 New Orders assigned to our Public Protection Team.

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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	This KPI monitors the extent to which CPOs, DTTOs and Throughcare Licences have a case management plan within 20 working days of the requirement being imposed as per national standards. Formulation of a case management plan is a professional task that involves engaging an individual in the process of change, through supervision, monitoring, providing interventions as necessary and promoting engagement and compliance.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality/ Team	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City (All)	85%	90 (G)	93 (G)	91 (G)	90 (G)	91 (G)	89 (G)	90 (G)	93 (G)	93 (G)
North East (CPOs)		87 (G)	91 (G)	90 (G)	93 (G)	88 (G)	84 (G)	81 (A)	87 (G)	82 (A)
North West (CPOs)		94 (G)	97 (G)	90 (G)	90 (G)	93 (G)	91 (G)	95 (G)	97 (G)	77 (R)
South (CPOs)		88 (G)	91 (G)	95 (G)	88 (G)	92 (G)	89 (G)	93 (G)	94 (G)	97 (G)
Caledonian Team (CPOs)		96 (G)	100 (G)	75 (R)	75 (R)	90 (G)	91 (G)	93 (G)	95 (G)	87 (G)
Drug Court Team (DTTOs)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licences)		80 (R)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	92 (G)	91 (G)	92 (G)

Performance Trend

During Q3 all teams and localities exceeded target (GREEN) with the exception of North East and North West where performance slipped with the RAG ratings moving from GREEN to AMBER and GREEN to RED respectively during the reporting period.

There are additional Orders assigned to our Public Protection Team; 90% of their Case Management Plans were within 20 days.

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

Locality/ Team	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City (All)	75%	78 (G)	84 (G)	83 (G)	78 (G)	84 (G)	80 (G)	74 (G)	77 (G)	82 (G)
North East (CPOs)		76 (G)	77 (G)	83 (G)	79 (G)	81 (G)	77 (G)	63 (R)	64 (R)	75 (G)
North West (CPOs)		85 (G)	86 (G)	82 (G)	81 (G)	84 (G)	82 (G)	74 (G)	86 (G)	76 (G)
South (CPOs)		74 (G)	88 (G)	85 (G)	83 (G)	87 (G)	82 (G)	81 (G)	83 (G)	91 (G)
Caledonian Team (CPOs)		82 (G)	100 (G)	82 (G)	78 (G)	84 (G)	65 (R)	82 (G)	57 (R)	80 (G)
Drug Court Team (DTTOs)		88 (G)	75 (G)	80 (G)	89 (G)	60 (R)	83 (G)	100 (G)	100 (G)	67 (R)
Clyde Quay (Throughcare Licenses)		100 (G)	91 (G)	100 (G)	100 (G)	100 (G)	100 (G)	93 (G)	100 (G)	91 (G)

Performance Trend

During Q3 performance at city level, in North West and South, and for the Clyde Quay team continued to exceed target (GREEN). Performance in North East and in the Caledonian Team improved significantly with the RAG rating moving from RED to GREEN during the reporting period. Performance in the Drug Court dropped below target moving from GREEN to RED during Q3.

There are additional Orders assigned to our Public Protection Team; 74% of their reviews were held on time.

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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	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	70%	82 (G)	82 (G)	84 (G)	83 (G)	79 (G)	75 (G)	70 (G)	65 (R)	71 (G)
North East		81 (G)	83 (G)	82 (G)	87 (G)	85 (G)	73 (G)	74 (G)	64 (R)	72 (G)
North West		80 (G)	85 (G)	84 (G)	82 (G)	76 (G)	82 (G)	72 (G)	70 (G)	71 (G)
South		82 (G)	77 (G)	85 (G)	80 (G)	76 (G)	70 (G)	65 (R)	60 (R)	69 (G)

Performance Trend

During Q3 performance improved across all localities and are now either above or within the target range. The RAG-rating for the City, North East and South moved from RED to GREEN during the reporting period. The target continued to be met in North West which remained GREEN.

Please note that these figures, in line with national guidance, include those that have failed to comply with the conditions of their Community Payback Order. When this occurs, a breach is recorded and the case is returned to court for further action, which halts progress on the original order. If these breaches were excluded, performance would be higher - City 78%, NE 77%, NW 78% and South 77%.

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

Locality/Team	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	80%	79 (G)	79 (G)	81 (G)	80 (G)	81 (G)	80 (G)	82 (G)	82 (G)	83 (G)
North East		77 (A)	80 (G)	82 (G)	79 (G)	83 (G)	79 (G)	77 (A)	83 (G)	81 (G)
North West		82 (G)	81 (G)	80 (G)	81 (G)	83 (G)	83 (G)	86 (G)	81 (G)	84 (G)
South		78 (A)	78 (A)	82 (G)	82 (G)	82 (G)	81 (G)	85 (G)	82 (G)	84 (G)
Caledonian Team		84 (G)	84 (G)	80 (G)	81 (G)	69 (R)	78 (A)	69 (R)	81 (G)	83 (G)
Drug Court Team		74 (R)	70 (R)	72 (R)	67 (R)	50 (R)	48 (R)	67 (R)	67 (R)	80 (G)

Performance Trend

During Q3 the 80% target was met or exceeded across all localities and teams. There was a significant improvement in performance in the Drug Court Team which moved from RED to GREEN during the reporting period.

There are additional Orders assigned to our Public Protection Team; 82% of their Social Work Reports were submitted to court.

The drug court continues to face a number of challenges in getting service users to attend for court report interviews due to the nature of their chaotic drug use and transient lifestyle. It often takes several attempts to meet with someone, which results in letters being sent to Court. We have seen some improvements in this area, but this remains a challenging performance target for the team to maintain.

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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 as per national standards. The data shown below excludes Extended Sentence Licenses.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality /Team	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %
City	80%	98 (G)	100 (G)	100 (G)	97 (G)	92 (G)	91 (G)	94 (G)	100 (G)	98 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	90 (G)	100 (G)	100 (G)	100 (G)
North West		100 (G)	100 (G)	100 (G)	83 (G)	83 (G)	100 (G)	93 (G)	100 (G)	100 (G)
South		83 (G)	100 (G)	100 (G)	100 (G)	100 (G)	71 (R)	92 (G)	100 (G)	89 (G)
Clyde Quay		100 (G)	100 (G)	100 (G)	100 (G)	92 (G)	93 (G)	92 (G)	100 (G)	100 (G)

Performance Trend

During Q3 all localities and teams continued to meet target in respect of post release interviews (GREEN). There was a drop in performance in South however this did not affect the RAG rating which remained GREEN.

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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 1)
Strategic Priority	Priority 1 (See Appendix 1)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	Annual Target	Target to Q3	22/23 Total	23/24 Total	24/25 Total	2024/25				
						Q1	Q2	Q3	Q4	Year to Date
City	5066	3800	8,966 (G)	10,479 (G)	10,376 (G)	2,692 (G)	3023 (G)	2666 (G)		8,381 (G)

Performance Trend
Performance above target for Q3 and already exceeds the annual 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 quintiles, and the combined total includes quits from community, acute, maternity, mental health, pharmacy & prisons. Community smoking cessation services deliver services within community settings but also support and contribute to quits within these other wider settings.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	Annual Target	Target to Q2	22/23 Total	23/24 Total	24/25 Total	2025/26				Year to Date
						Q1	Q2	Q3	Q4	
City	1190	582	1050 (R)	1,097 (R)	1105 (R)	242 (R)	509 (R)			
NE	521	255	358 (R)	407 (R)	426 (R)	94 (R)	188 (R)			
NW	316	154	303 (R)	338 (R)	354 (G)	65 (R)	157 (G)			
S	353	173	389 (G)	352 (G)	325 (R)	83 (G)	164 (R)			

Performance Trend
Performance remains below target and RED at city level and in the North East. The North West has moved from RED to GREEN, while the South moved in the opposite direction in the second quarter. Targets are phased throughout the year to reflect historical trends.
Issues Affecting Performance
The service continues to be significantly impacted by staff absences and vacancies across the City, which has affected all three locality teams. Glasgow City Community QYW Service is now implementing the recommendations following the Service Review, which is resulting in lots of changes as we standardise processes.
In addition, clients continue to present at the QYW (Quit Your Way) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues.
Actions to Improve Performance
Face-to-face community clinics operate in each of the three localities offering clients an opportunity to get support face-to-face as well as other support options including telephone support and digital support via the Smoke Free App. Most face-to-face clinics take place in Health Centres but in one locality, the face-to-face clinic operates from a local Pharmacy.
Timescales for Improvement

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

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

Locality	Target	2023/24		2024/25				25/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	10%	7.2% (G)	7.3% (G)	6.4% (G)	7.7% (G)	6% (G)	5.5% (G)	6.8% (G)	6.2% (G)	5.2% (G)
North East		7.9	8.8	8.5	8.3	7.5	5.4	6.9	8.7	6.6
North West		5.8	7.2	6.5	8.2	7.2	4.1	6.6	4.8	4.7
South		7.9	6.4	4.7	6.8	4.1	6.5	6.9	5.6	4.5

Performance Trend

Performance at city level improved in the last quarter remaining GREEN. This was also the case in all localities.

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

Locality	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	14%	11.4% (G)	10.8% (G)	10% (G)	12.3% (G)	8.5% (G)	8.1% (G)	10.3% (G)	9.9% (G)	7.7% (G)
North East		11.2	11.0	11.5	10.8	9.4	7.2	9.1	10.5	8.8
North West		8.1	11.4	10.7	13.4	9.9	6.3	9.0	7.9	7.8
South		14.6	10.3	8.1	12.8	6.5	10.3	12.6	11.1	6.5

Performance Trend
Performance at city level improved in the last quarter remaining GREEN. This was also the case in all localities.
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Indicator	5. Exclusive 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 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2023/24			2024/25				25/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	33%	32.1 (G)	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)	32.7 (G)	36 (G)	37.3 (G)	35.5 (G)
North East		24	21.7	24.5	22.1	27.6	25.6	27.8	30.3	31.2
North West		37.4	34.4	34.9	37.9	37.9	40.6	41.9	41.8	40.7
South		34.7	34.7	32.2	33.3	36.4	32.8	37.4	39.3	35

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly at a city level. Performance also fell in the North West and South, while performance increased slightly in the North East.
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Indicator	6. Exclusive Breastfeeding at 6-8 weeks (from the 15% most deprived areas)
Purpose	To monitor the extent to which women are exclusively breastfeeding at 6-8 weeks within the 15% most deprived areas. The aim is to increase rates given the evidence of health benefits with the most significant gains being seen for babies that only receive breast milk in the first few weeks of life, although there are still health gains for babies that receive some breast milk (mixed feeding).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	2023/24			2024/25				25/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	24.4%	24.1 (G)	22.7 (R)	24.2 (G)	24.3 (G)	24.1 (G)	26.5 (G)	30.1 (G)	30.5 (G)	31.2 (G)
North East		21.4	21.7	21.9	20.7	21.9	23.4	25.3	26.6	26.8
North West		26.7	23.9	26.9	26.2	31.4	33.3	34.5	35.7	36.6
South		25.3	22.7	24.6	27.3	22.2	24.7	31.8	30.7	32.0

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

AREA	17/18 Drop Off Rates	24/25 Target	23/24			24/25				25/26	
			Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
HSCP	32.3%	29.1%	21.6 (G)	24.6 (G)	21.4 (G)	22.0 (G)	19.9 (G)	22.0 (G)	19.5 (G)	16.6 (G)	20.5 (G)
NE	39.9%	35.9%	23.9	31.9	21.6	25.6	26.2	25.8	21.6	22.5	26.3
NW	27.2%	24.5%	20.8	20.1	17.2	18.8	13.8	17.1	15.6	13.5	15.7
S	31.3%	28.2%	20.8	23.5	24.2	21.9	19.1	23.0	21.1	14.8	20.3

Performance Trend

Targets have been set to achieve a 10% reduction in drop off rates over the period to the end of 24/25. Work is underway to revise targets for 2025/26 to 2030/31, and these will be included in future reports. In the meantime, the existing targets have been retained. Data is reported in arrears.

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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	Geraldine Collier, Assistant Chief Officer, HR

Area	2023/24		2024/25				2025/26		
	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26	Q3 - 25/26
Grand Total	7.21%	7.66%	7.80%	7.78%	8.22%	8.11%	7.73%	7.52%	8.26%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult Services	7.30%	7.86%	7.73%	7.73%	7.75%	7.65%	7.39%	7.43%	8.16%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children's Services	7.84%	9.03%	8.63%	8.24%	9.19%	9.40%	7.17%	7.49%	8.66%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Finance & Resources	4.15%	4.11%	5.36%	4.56%	5.30%	8.32%	6.87%	6.64%	7.87%
	(A)	(A)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People & Primary Care	7.23%	7.70%	8.67%	8.51%	9.42%	9.28%	8.26%	7.89%	8.4%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Operations & Governance	10.21%	8.79%	8.57%	8.92%	8.02%	10.08%	9.38%	7.59%	8.29%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

**Please note: The service structure within the HSCP has been realigned from Q1 25/26 onwards so comparisons with historical data should be interpreted with caution, as staffing compositions within service areas have changed.*

Performance Trend

Q3 2025/26 shows an increase in overall absence compared to Q2, reversing the seasonal improvement seen in the previous quarter. The HSCP overall absence rate rose from 7.52% to 8.26% (+0.74%). Compared to the same quarter last year (Q3 2024/25), overall absence is broadly stable, increasing slightly from 8.22% to 8.26% (+0.04%).

As in previous years, absence levels typically increase during Q3, reflecting seasonal winter pressures, including higher levels of respiratory illness and flu-related absence.

All service areas recorded increases between Q2 and Q3, with the largest rises seen in Finance & Resources (+1.23%) and Children's Services (+1.17%). This indicates that pressures are system-wide rather than isolated to individual services.

Issues Affecting Performance

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The Q3 position highlights renewed and broad-based absence pressures across HSCP services. While some fluctuation is expected during the autumn and winter period, the scale of increase this quarter indicates that absence remains sensitive to workforce resilience and seasonal health impacts.

Since the beginning of December, flu absence levels have been closely monitored through weekly reporting, allowing for earlier visibility of emerging trends and supporting more informed decision-making at service and organisational level.

The weekly monitoring approach supports early identification of sustained increases versus short-term seasonal fluctuation, enabling targeted action where required.

Actions to Improve Performance

1. Performance Improvement Groups remain in place across HSCP management teams, with absence continuing as a priority focus for ACOs and Heads of Service. Actions feed into the Performance Review Group chaired by the Chief Officer.
2. The Wellbeing and Attendance Action Plan continues to be implemented to support a consistent approach to attendance management, including early intervention, reasonable adjustments, and proactive wellbeing support.
3. Strong links with the HR Support and Advice Unit and NHSGGC resources ensure managers have access to timely advice and organisational support to manage absence effectively.
4. The HR Team continues to support and contribute to NHSGGC initiatives, including Attendance Management awareness sessions and increased access to the People Management Programme.
5. Management teams are being supported to make use of attendance data, improving the ability to respond quickly to emerging trends and seasonal pressures.
6. Additional focus remains on long-term sickness absence, ensuring cases are actively managed with appropriate HR support where required.

Timescales for Improvement

Performance Improvement Groups are anticipated to operate over a 12-month period, supporting sustained improvement through consistent oversight and targeted actions. While Q3 has shown increases across all services, the introduction of weekly monitoring alongside existing quarterly reporting strengthens the organisation's ability to respond dynamically during periods of heightened seasonal pressure.

It is anticipated that this enhanced monitoring, combined with ongoing performance improvement activity, will support more timely interventions and gradual improvement as actions continue to embed across services.

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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	Geraldine Collier, Assistant Chief Officer, HR

Area	Target	2023/24			2024/25			2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Overall Total	5%	11.2 (R)	11.5 (R)	11.0 (R)	10.5 (R)	10.3 (R)	9.6 (R)	9.6 (R)	9.6 (R)	10.0 (R)
Resources		6.9	6.3	5.7	7.0	6.6	6	6.7	6.6	6.7
Adult		9.9	8.6	11	10.8	9.6	9.3	11.1	11.1	9.7
Public Protection		7.7	7.4	9.4	7.3	8.6	8	8.2	7.8	7.3
Children		10.4	11.3	11	10.3	9.9	8.6	8.9	9	9.6
Older People		6.1	6.7	5.8	5.2	8.4	7.7	7.6	7.8	9.8
Care Services		14.5	15.3	13.8	12.5	12.0	11.6	11	10.8	11.5

Performance Trend

All care groups consistently report absence above GCC target of 5% each quarter. Whilst the current quarter shows a slight increase, quarterly absence performance is continuing in a positive downward trend when compared to the same quarter in previous years: The Q3 figure of 10% is 0.3% lower than Q3 last year and 1.2% lower than in 2023/24.

Issues Affecting Performance

Roles within the social care sector place substantial physical and emotional demands on employees, which can adversely affect their overall wellbeing and contribute to increased levels of absence. In addition, the aging profile of the workforce is associated with higher incidences of age-related health issues, including musculoskeletal disorders and chronic medical conditions, which further affect attendance patterns.

Actions to Improve Performance

The Supporting Attendance Action Plan for 2025/26 continues to progress a range of new interventions aimed at positively influencing attendance levels. The increased focus on short-term absence has led to a 25.9% rise in manager actions in conducting Attendance Review Meetings with staff, enabling earlier discussions around appropriate supports to improve attendance. Concurrently, long-term absences are being managed more proactively, with earlier consideration of Ill-Health Retiral where appropriate. As a result, sickness absences lasting more than one year has reduced by 0.9%.

A range of wellbeing interventions continues to be promoted across the Service. A Staff Wellbeing Survey has been developed by the HSCP Wellbeing Group and will be launched shortly to gather employee feedback to help shape more targeted support initiatives in 2026.

Targeted HR support to managers will continue to evolve in 2026, ensuring feedback is obtained and training tailored to meet manager's needs.

Timescales for Improvement

The Supporting Attendance Action Plan 2025/26 is in its final quarter, with achievements continuing to be made. A review of the action plan will shortly be commencing, with a newly refreshed plan to be developed for 2026/27.

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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	Geraldine Collier, Assistant Chief Officer, HR

Area	2023/25		2024/25				2025/26		
	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26	Q3 - 25/26
Glasgow	35.39%	36.37%	38.09%	39.54%	39.76%	41.48%	46.55%	53.63%	61.85%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult Services	29.75%	29.45%	30.56%	31.18%	30.60%	32.63%	37.35%	46.91%	56.05%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children Services	52.87%	51.78%	54.44%	58.58%	61.13%	59.73%	66.35%	73.71%	78.56%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(G)
Finance & Resources	41.75%	30.29%	30.47%	38.83%	43.85%	25.94%	37.67%	43.00%	63.72%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People & Primary Care	35.34%	39.21%	41.62%	42.59%	42.43%	45.99%	51.14%	58.00%	67.44%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Operations & Governance	26.73%	29.49%	34.05%	34.58%	35.84%	36.25%	37.19%	35.42%	41.37%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

*Please note: The service structure within the HSCP has been realigned from Q1 25/26 onwards so comparisons with historical data should be interpreted with caution, as staffing compositions within service areas have changed.

<p>Performance Trend</p> <p>Q3 2025/26 shows a significant increase in overall e-KSF completion, with the HSCP rate rising from 53.63% to 61.85% (+8.22%). This represents the highest overall level of compliance recorded to date. Improvement has been observed across all service areas during Q3, with particularly strong increases in Older People & Primary Care (+9.44%) and Children’s Services (+4.85%) with the latter moving to GREEN. However, variation between services remains, indicating that progress is not yet consistent across the HSCP.</p> <p>As noted previously, changes arising from service restructuring during 2025/26 mean that direct comparison with historical data should continue to be interpreted with caution, as staff groupings have shifted between services.</p>
<p>Issues Affecting Performance</p> <p>While overall compliance has improved markedly this quarter, legacy challenges remain. Completion of KSF reviews was significantly impacted during and following the Covid-19 pandemic, and some services continue to experience capacity and workload pressures that affect the ability to complete reviews in a timely manner.</p> <p>Ongoing issues have also been reported around navigation and use of the TURAS system, particularly where staff or reviewers have changed roles or reporting lines following service</p>

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restructure. These factors contribute to uneven progress across services and underline the need for continued support and monitoring.

Actions to Improve Performance

1. Performance Improvement Groups remain in place across HSCP management teams, with a specific focus on Absence, KSF, and HSE compliance. These groups continue to identify targeted actions and report into the monthly Performance Review Group chaired by the Chief Officer.
2. A renewed focus on e-KSF compliance has been embedded within these groups, with closer scrutiny of service-level performance and escalation where progress stalls.
3. Annual KSF trajectory reporting, updated monthly, continues to support monitoring of progress and highlight areas requiring additional intervention.
4. Guidance has been issued to managers to ensure staff are correctly aligned to reviewers within TURAS, supporting smoother completion of reviews.
5. Monthly communications continue to be issued to line managers highlighting KSF review status for their teams, supporting accountability and follow-up.
6. Reviewers are encouraged to adopt a supportive, wellbeing-focused approach to KSF discussions, including consideration of financial wellbeing and signposting to appropriate support services.
7. Ongoing training and support provided by Learning & Education colleagues continues to be promoted to both reviewers and staff, supporting confidence in using TURAS and completing reviews effectively. Regular training provided by L&E colleagues communicated to all staff.

Timescales for Improvement

Given historically low performance in this area, a **12-month sustained improvement focus** remains in place for KSF compliance alongside Absence and HSE. The substantial improvement seen in Q3 provides early evidence that the strengthened governance and monitoring arrangements are having a positive impact.

It is anticipated that continued application of these measures will support **further incremental improvement** over the coming quarters, with the aim of narrowing variation between services and progressing toward the 80% target.

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

Area	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Glasgow	100%	37.33	50.00	55.33	61.67	55.33	38	35.33	39.00	26.00
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

<p>Performance Trend</p> <p>Performance has declined further in Q3 2025/26, with induction compliance falling from 39.00% to 26.00% (-13.00%). This follows an already low position in Q1 and Q2 and represents the lowest level recorded across the reporting period.</p> <p>Overall performance remains significantly below expected levels, and the sustained downward trend indicates that current arrangements are not consistently supporting timely completion and recording of inductions. As a result, this indicator has been escalated and is included within the Performance Improvement Groups for more focused oversight and action.</p>
<p>Issues Affecting Performance</p> <p>Several factors continue to impact induction compliance. While there is evidence that some inductions are taking place, completion is not always being recorded online, resulting in under-reporting and missed compliance.</p> <p>Induction volumes are relatively low, meaning that small changes in the number of completions can produce significant percentage fluctuations between reporting periods. This volatility makes sustained improvement harder to evidence without consistent completion and recording. Managers receive notification of induction due dates alongside two automated reminders. However, the continued decline suggests that reminders alone are insufficient and that clearer accountability and process ownership are required.</p>
<p>Actions to Improve Performance</p> <ol style="list-style-type: none"> 1. Work continues to increase both completion and recording of inductions, with managers reminded of the requirement to ensure inductions are completed and signed off online. Monthly named data continues to be provided to all service areas to support follow-up and improvement. 2. Induction compliance is incorporated into the Performance Improvement Groups, enabling closer scrutiny, escalation where required, and targeted action within services showing persistent non-compliance. 3. Work is underway within HR to review the induction process end-to-end, including timescales, content, ownership, and reporting arrangements, to identify opportunities for simplification and improvement. 4. HR continues to provide regular compliance updates to Core Leadership Groups, supporting increased visibility and accountability at senior management level

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Timescales for Improvement

Given the sustained low and declining position, improvement activity will be progressed as a priority through the **Performance Improvement Groups**, with short-term recovery actions alongside longer-term process review.

Progress will continue to be monitored on a monthly basis, with the expectation that clearer ownership, improved recording, and strengthened governance will support gradual recovery in performance over coming quarters.

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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. The aim is to increase uptake and to achieve a target of 100%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Geraldine Collier, Assistant Chief Officer, HR

Area	Target	2023/24		2024/25				2025/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Glasgow	100%	63	46.33	57.67	43	57.67	52.33	40	41.67	46
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
<p>Performance has improved in Q3 2025/26, increasing from 41.67% to 46.00% (+4.33%). This builds on the improvement seen in Q2 (+1.67% from Q1), indicating a second consecutive quarter of recovery. While progress is encouraging, overall performance remains well below expected levels and sustained focus is required to improve compliance and consistency.</p> <p>Despite the improvement this quarter, the wider trend continues to show significant volatility and sustained underperformance, indicating ongoing challenges in the completion and recording of Health Care Support Worker inductions. As with general induction compliance, this indicator has now been included within the Performance Improvement Groups to support more focused oversight and action.</p>
Issues Affecting Performance
<p>As with general induction, several factors continue to impact performance. While some Health Care Support Worker inductions are taking place, completion is not always being recorded online, which can be missed at service level and leads to under-reporting.</p> <p>The relatively small number of HCSW inductions undertaken in each period means that performance can fluctuate significantly between quarters, even where small changes occur in absolute numbers. This volatility makes it more difficult to demonstrate consistent improvement without sustained compliance.</p>
Actions to Improve Performance
<ol style="list-style-type: none"> 1. Work continues to increase both completion and recording of HCSW inductions, with managers encouraged to ensure inductions are completed and signed off online. Monthly named data continues to be provided to all service areas to support monitoring and follow-up. 2. Induction compliance for Health Care Support Workers being incorporated into the Performance Improvement Groups, enables closer scrutiny and escalation where improvement is not evidenced. 3. Work is underway within HR to review HCSW induction processes, including timescales, content, and reporting arrangements, to identify opportunities for improvement and simplification.

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Timescales for Improvement

Given the historically low and volatile performance position, a sustained focus is required to support improvement in this area. Progress will continue to be monitored through **Core Leadership Groups**, with escalation to **Performance Review Groups** where required.

It is anticipated that strengthened governance, clearer ownership, and improved recording will support gradual and more stable improvement over coming quarters.

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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 (on or within 5 working days for stage 1).
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Locality	Target	2023/24		2024/25				2025/26		
		Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.
City	70%	90 (G)	84.5 (G)	90 (G)	82 (G)	64.3 (R)	78.5 (G)	83 (G)	85.4 (G)	80 (G)
		120	142	175	88	157	107	84	96	65
North East		100 (G)	80 (G) 10	70 (G)	65 (R)	60.9 (R)	69 (G)	70 (G)	68 (G)	57 (R)
		6		20	20	23	16	20	19	23
North West		89.6 (G)	67.8 (A)	83 (G)	65 (R)	72.1 (G)	70 (G)	76 (G)	76 (G)	93 (G)
		29	28	36	26	43	30	17	29	14
South	N/A	0 (R)	N/A	N/A	N/A	67 (A)	78 (G)	N/A	75 (G)	
	0	1	0	0	0	3	9	0	4	
Prisons	89.4 (G)	90.3 (G)	94.9 (G)	100 (G)	61.5 (R)	86.2 (G)	94.7 (G)	97.9 (G)	95.8 (G)	
	85	103	119	42	91	58	38	48	24	

Performance Trend
Performance at city level reduced during Q3 but remained GREEN. The majority of complaints relate to prisons which largely determine overall HSCP performance.
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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	2023/24		2024/25				2025/26		
		Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.
City	70%	80 (G) 140	78.4 (G) 102	38 (R) 110	35 (R) 113	47 (R) 74	40 (R) 57	36 (R) 97	31 (R) 67	49 (R) 86
North East		100 (G) 1	88.9 (G) 9	100 (G) 4	100 (G) 3	100 (G) 3	67 (A) 3	100 (G) 7	100 (G) 5	100 (G) 6
North West		75 (G) 24	60.9 (R) 23	44 (R) 16	53 (R) 19	50 (R) 14	61 (R) 18	75 (G) 20	46 (R) 26	75 (G) 28
South		N/A 0	100 (G) 4	62 (R) 13	50 (R) 12	13 (R) 8	60 (R) 5	22 (R) 9	N/A 0	100 (G) 7
Prisons		80.9 (G) 115	81.2 (G) 66	30 (R) 77	27 (R) 79	49 (R) 49	23 (R) 31	18 (R) 61	11 (R) 36	18 (R) 45

Performance Trend

Performance at city level improved during Q3 however the RAG rating remained RED mainly due to performance in respect of prisons. Overall numbers of Stage 2 complaints have fallen since Q3 23/24.

N.B. The figures for 2024/25 and 2025/26 have been retrospectively amended to ensure the scope of the KPI remained consistent with historic data following a change in the reporting outputs at the start of 24/25. A backlog in data entry has also now been addressed increasing the figures further.

Issues Affecting Performance

Prisons have advised that the main issue that impacts on performance is that nursing staff have to carry out complaint investigations and try to balance that against clinical demands and pressures.

In addition, the volume of stage 1 complaints can be overwhelming. Admin teams have been severely affected by resignations, vacancies, sickness/absence and increasing organisational challenges. This is coupled with overcrowding in prisons – there are over 500 additional prisoners in Glasgow prisons.

We also had high numbers of vacancies in our nursing teams leading to nurses and nurse managers becoming overwhelmed by the volume of stage 1 complaints. In turn when stage 2s are delayed we then incur additional work as a result of SPSO enquires. This also has an impact on our Business Support Officer who is trying to cover our Business Support Manager, Administration Team Leads and Administration gaps.

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Actions to Improve Performance

Health Care (HC) Operational Managers are trying to focus Nurse Team Leaders and Charge Nurses to get existing Stage 2 complaints over the line. We have had a number of meetings to look at ways of supporting our Business Support Officer and this includes getting a Band 6 into HMP Barlinnie once per week to assist with organisation of team members. Our Business Support Officer will be supporting the induction of a new administration manager for HMP Low Moss this week.

We are also trying to recruit into HMP Barlinnie Admin Lead vacancy and administration vacancy gaps. A Business Admin Manager is assisting us to improve organisation within the teams who have gone through a difficult period as a result of absences, vacancies and increasing workload. HC Operational Managers have also received support with the allocation of newly qualified band 5's starting however this too takes time as all have to be inducted by charge nurses and nurse team leaders.

Our Managers and Business Support Officer are also tied into a lot of work, with the commencement of a backlog of 6-years of Fatal Accident Inquiries for prisons. This is generating a lot of working to deadlines coming from our Central Legal Office. The Scottish Prison Service has launched an 'early release scheme' for prisoners to try and reduce the numbers of people we are trying to manage. However, this scheme generates a lot of organisational work for administration and nurse managers.

The Service Workforce Planning Reviews also flagged up a need for improved resources in prison healthcare, but the Board were unable to support these proposals at the time of their submission.

Timescales for Improvement

We are reviewing vacancies, absences, administration organisation and our complaint processes to try to achieve a collective improvement in our response to Stage 2 complaints. We are hoping to close off existing Stage 2 complaints in the next 4-6 weeks. HC Operational Managers and Nurse Team Lead in charge are driving this as a priority, and we are hopeful this will pay dividends in clearing Stage 2 complaints.

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

Locality	Target	23/24			24/25				25/26	
		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.	Q2 % <u>of</u> no.
City	70%	73% (G) 191	77% (G) 237	71% (G) 199	67% (A) 186	69% (G) 177	70% (G) 159	67% (A) 129	58% (R) 169	79% (G) 140
North East		62% (R) 13	73% (G) 11	47% (R) 15	82% (G) 11	69% (G) 16	69% (G) 16	54% (R) 13	58% (R) 19	91% (G) 11
North West		64% (R) 11	35% (R) 17	67% (A) 12	36% (R) 11	36% (R) 11	50% (R) 4	40% (R) 10	67% (A) 3	80% (G) 15
South		35% (R) 17	50% (R) 14	47% (R) 19	35% (R) 23	40% (R) 30	35% (R) 17	44% (R) 16	17% (R) 18	31% (R) 16
Homelessness		60% (R) 25	65% (R) 23	57% (R) 28	50% (R) 24	52% (R) 21	68% (A) 31	62% (R) 21	55% (R) 31	71% (G) 24
Home Care		88% (G) 96	90% (G) 155	83% (G) 109	89% (G) 90	92% (G) 78	87% (G) 69	92% (G) 53	76% (G) 75	92% (G) 51
Centre		66% (R) 29	71% (G) 17	69% (G) 16	48% (R) 27	57% (R) 21	64% (R) 22	75% (G) 16	35% (R) 23	83% (G) 23

Performance Trend

This indicator is reported **one quarter in arrears**.
 During Q2 performance improved significantly across all localities and teams. At city-level, in North East and in the Centre and Homeless teams the RAG rating moved from RED to GREEN; in North West the RAG rating moved from AMBER to GREEN. The Home Care Team remained GREEN. Performance in South improved however remaining below target and RED.
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Indicator	4. Percentage of Social Work Stage 2 Complaints responded to within timescale
Purpose	<p>Social Work complaints are required to be handled in compliance with the Glasgow City Council Complaints Handling Procedure, which divides complaints into Stage 1 (early resolution and extended early resolution) and Stage 2 where the complaint requires a formal investigation. A Stage 2 complaint may follow a stage 1 or be initiated immediately.</p> <p>This indicator monitors quarterly performance in relation to the agreed SWS target time for responding to complaints at Stage 2 (target is 20 days) of the complaints process.</p>
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Target	22/23		23/24				24/25				25/26	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% <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%	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90	73% (G) 62	52% (R) 109	53% (R) 91	64% (R) 87	59% (R) 118	65% (R) 130	56% (R) 109	60% (R) 143

Performance Trend

This indicator is reported one quarter in arrears.

Performance in relation to stage 2 complaints continued to remain below target and RED during Q2. The number of complaints received rose by almost one third between Q1 (109) and Q2 (143).

Issues Affecting Performance

The ongoing issue affecting performance in Q2 is the high volume of Stage 2 complaints received. For the fourth consecutive quarter, CFIT received over 100 Stage 2 complaints in a single quarter, with Q2 representing the highest volume of Stage 2 complaints received in a single quarter over the past 14 quarters. There is a cumulative effect in terms of consecutive quarters of high demand, and where complaints handlers continue to carry large caseloads, including cases from the previous quarter, into a new quarter, there is a subsequent impact on productivity.

The upwards trend in volume of Stage 2 complaints reflects general increases in complaints activity that are being seen nationwide, and the reasons for these increases have been discussed within the Local Authority Complaints Handlers Network (LACHN). There is no clear explanation as to why complaints are increasing nationwide, nor is there a clear explanation as to why complaints are increasing in Glasgow, however there is a growing consensus view that the increase may be attributed partly to the increasing use of AI tools such as ChatGPT by the general public. Internally, staff are reporting that increasing numbers of complaints look like they may have been written using AI tools. Complaints written with the

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assistance of AI are more likely to be presented in more complex terms, and at greater length, and may be more exaggerated, which makes the complaints more likely to be escalated to Stage 2.

In addition, and as has been the case since 2021, the team responsible for the investigation of Stage 2 complaints remains in a position whereby priority is given to Subject Access Request (SAR) processing, which directly impacts on the capacity of the team to carry out complaints investigations. Despite these challenges, and while the team have failed to meet the target of 70% of complaints completed on time, they have maintained a high level of performance in terms of the number of investigations completed within timescale, with the team producing the third highest number of on-time complaint responses over the last 14 quarters.

Actions to Improve Performance

At present, the focus of the team remains on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which can be more resource-intensive than any other complaints activity if the SPSO proceeds to investigation. Due to ongoing enforcement action by the ICO and staff absence, resource to improve performance in terms of volume remained strictly limited during this period, however during Q1 recruitment activity began which is intended to address the SAR backlog, which in turn should allow for additional resource to be committed to complaints investigation once new staff are recruited. During Q2 however, staff were asked to prioritise SAR work where possible.

While that is the case, it should also be noted that the number of Stage 2 complaints responded to in time in Q2 was the highest on record, with 86 complaints responded to in time – this level of performance would have been sufficient to meet the 70% target in 10 of the previous 11 quarters.

Timescales for Improvement

While improvement in output required to meet the 70% target is, to a degree, dependent on demand, it is also dependent on progress addressing the SAR backlog. Performance is now expected to exceed 70% in Q3 25/26, as by this point recruitment and training of additional SAR staff should be complete, and Senior Officers should have greater capacity to dedicate time to complaint investigation and resolution, however, should Stage 2 complaints continue to be received in such high volumes, compliance may still remain particularly challenging to achieve.

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

Target	22/23		23/24				24/25				25/26	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% <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%	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126	90% (R) 126	90% (R) 126	82% (R) 114	89% (R) 124	91% (R) 123	80% (R) 66

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to FOIs decreased during the quarter remaining below target (RED).
Issues Affecting Performance
The demands around both SAR processing and Stage 2 complaint handling have remained high, and so these issues continue to have a direct impact on FOI compliance as this activity is carried out by staff who have responsibility for all three workstreams. However, with a marked drop in volumes of requests received in this quarter, a greater level of compliance was expected and not achieved. Of the late cases in Q2, a significant proportion are attributed to a single officer, who had not raised concerns with their line manager about their ability to complete FOI work in good time.
Actions to Improve Performance
While staff were unable to prioritise FOI requests at this time due to ICO intervention with regards SAR performance, staff are expected to make every effort to ensure responses are issued to timescale where possible. The specific officer identified as one who repeatedly failed to meet timescales has now left the team, and so no specific action can be taken in terms of individual performance management, however CFIT staff will continue to set clear deadlines when requesting information, to ensure all service areas are aware of the requirements and urgency around information gathering. If any particular bottlenecks are identified in terms of the flow of information from other areas, we will look to determine if any useful training or process review could address such issues, and the line manager of responsible staff will be asked to closely monitor performance to assist in identifying any individual performance issues in future. One junior member of staff has also undertaken some FOI duties as a development opportunity and to assist in addressing the demand.
Timescales for Improvement

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With additional resource joining the team later in the year, it was previously considered reasonable to project that compliance would again exceed 95% in Q3 25/26, as by this point recruitment and training of additional SAR staff should be complete, and Senior Officers should have greater capacity to dedicate time to ensure timely responses to all FOI requests. However, while improvement from 80% is expected, significant periods of staff leave and the loss of one senior officer in Q3 may impact on performance, particularly if demand increases. Q4 is now seen as a reasonable target for increase in performance to a rate that exceeds 95%.

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

Target	22/23	23/24				24/25				25/26	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	% <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%	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185	38% (R) 175	42% (R) 175	22% (R) 220	28% (R) 218	34% (R) 265	35% (R) 262	21% (R) 338

Performance Trend
This indicator is reported one quarter in arrears.
Performance in relation to Subject Access Requests continued to remain below target and 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 during Q2 25/26 has increased by almost 30% compared to the previous quarter, and this has been the highest volume of requests in a single quarter on record.
The activity measured above only describes 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, however those cases are where the work of the team is currently concentrated. The figures above reflect the proportionate closure of <i>new</i> cases within time, with the remainder being channelled into the backlog, however that means that these figures essentially describe the closure of cases where little or no activity is required – i.e. because information is not held. New cases cannot ordinarily be prioritised over backlog cases. 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. While 71 case closures are recognised here, a record 246 cases were closed in the period in total, and this is activity integral to addressing the recommendations of the ICO.
Despite the failure to meet the target set here, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources

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currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high – in the period in question, a total in excess of 67,000 pages was processed by the team.

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, albeit some activity is also taking place to look to identify and clear small cases at the earliest opportunity. The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing.

Additional staff have been appointed and are beginning to bed in during this period, with further staff set to join in Q3. In addition, CFIT continue to seek to implement new software that will increase efficiency of processing, with implementation expected by the end of the calendar year.

Timescales for Improvement

Recruitment will continue into Q3 and possibly beyond if necessary, and new software is expected to be introduced in November or December which is hoped to have a positive impact on performance. Resolution of the backlog is projected to be complete by the end of March 2027.

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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	23/24		24/25				25/26		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	80%	74% (R)	70% (R)	75% (R)	70% (R)	67% (R)	68% (R)	71% (R)	70% (R)	67% (R)
		455	451	433	280	300	436	465	495	470
North East		92% (G)	87% (G)	92% (G)	79% (G)	78% (A)	73% (R)	79% (G)	78% (A)	71% (R)
		103	102	73	67	60	73	81	74	72
North West		67% (R)	80% (G)	75% (R)	73% (R)	71% (R)	66% (R)	68% (R)	64% (R)	57% (R)
		89	56	73	51	42	74	78	72	90
South		65% (R)	63% (R)	56% (R)	63% (R)	45% (R)	38% (R)	36% (R)	42% (R)	52% (R)
	77	84	95	52	67	73	64	98	77	
Centre	66% (R)	58% (R)	77% (A)	65% (R)	69% (R)	75% (R)	76% (R)	79% (G)	75% (R)	
	167	186	172	103	118	190	217	234	217	
Care Services (prev. Cordia)	100% (G)	96% (G)	90% (G)	86% (G)	92% (G)	96% (G)	96% (G)	94% (G)	86% (G)	
	19	23	20	7	13	26	25	17	14	

Performance Trend

During Q3 performance at city level, North West and South continued to remain below target and RED. Care Services continued to exceed target (GREEN). Performance fell in North East and the Centre team with the RAG-rating moving from AMBER to RED and GREEN to RED respectively during the reporting period.

There was a slight drop in the number of enquiries received between Q2 (495) and Q3 (470). The current Q3 figure is significantly higher than the number received during the same quarter in 24/25 (300).

Issues Affecting Performance

Heads of Service across localities have repeatedly cited limited resource/staffing issues as challenging in resolving EMQs in good time, given the high volume of such requests. Anecdotal input from Service Managers has also previously identified that recurring requests – either the same request being pursued by different elected members or elected members continually pursuing queries in further correspondence – can lead to an excess of demand in terms of EMQs.

Demand can be driven by a small number of people creating a large volume of correspondence, often through multiple elected members at once, and that this activity appears to circumvent both

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complaints procedures and unacceptable actions policy procedures due to the correspondence being submitted via Members.

This quarter has seen a slight reduction after four consecutive quarters of increasing demand; however this still represents the second highest total number of EMQs on record. Given the wide range of issues spread across the city and services, it is challenging to identify specific reasons for the increase in demand, but the level of demand has been identified as the key challenge in terms of performance. As with complaints submissions, it is possible that some increase in demand relates to increasing use of AI-tools by the general public in submitting correspondence.

Actions to Improve Performance

As the process, deadlines and level of demand are outwith the control of SWS, staff are limited in terms of actions that they can undertake to improve performance. Further discussions are planned across areas to identify whether any changes of process can impact performance, and to assist in determining any reasons for late responding.

Timescales for Improvement

Currently unclear due to lack of available information, however Business Development staff are set to undertake review of processes during Q4.

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APPENDIX 1 – OTHER INDICATORS

In this Appendix, we include data on annually reported Ministerial Strategic Group Indicators; the Core Suite of 23 National Integration Indicators; and ‘Other Indicators’, which we may try to influence, but are delivered by external organisations and we do not have managerial control over.

1. MINISTERIAL STRATEGIC GROUP INDICATORS

Indicator	Area	18/19	19/20	20/21	21/22	22/23	23/24	24/25*	Target
MSG 5. % of Last 6 months of life spent in the Community*	Glasgow	87.2%	87.4%	89.3% (G)	89.1% (G)	87.9% (G)	87.5% (G)	87.4%* (G)	87.4%
	Scotland	88.0%	88.2%	90.2%	89.7%	88.9%	88.9%	89.1%*	N/A
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.9%	94.9%	95.2% (G)	95.3% (G)	95% (G)	95.2% (G)		94.9%
	Scotland	96%	96.1%	96.4%	96.5%	96.4%	91.5%		N/A

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

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3. OTHER INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Dec 25	42% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Improved since September when was 30%. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q3	95% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased slightly from Q2 when was 94.4%. Produced quarterly.
3. AHP Waiting Times – Community Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Q3	95.7% (G)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decrease from 99.2% for Q2. Pharmacy Dietetic performance is 81.1% (was 89.6% in Q2). Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q3	100% (G)	100% (G)	100% (G)	100% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q2 were all 100%. Produced quarterly.
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral. (Numbers shown below % figures).	Local HSCP indicator Outcome 4	100%	Q3	100% (G) 8 (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q2 were 88% (under 5s) and 100% (over 5s). Produced quarterly.
		100%	Q3	96% (A) 26 Aged 5- 18				

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

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

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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. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral
19. Number of households reassessed as homeless or threatened with homelessness within 12 months.
20. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence
21. Percentage with a Case Management Plan within 20 days (CPOs; DTTOs; Throughcare Licences)
22. Alcohol Brief Intervention Delivery
23. Smoking Quit Rates at 3 months from the 40% most deprived areas
24. Women smoking in pregnancy (general population + most deprived quintile)
25. Exclusive Breastfeeding at 6-8 weeks (general population + most deprived quintile)
26. NHS Sickness Absence rate (%)
27. Social Work Sickness Absence Rate (%)

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