



Item No. 12

Meeting Date: Wednesday 10th June 2026

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

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HSCP Performance Report Q4 2025-26

Purpose of Report:

To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 4 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 Lead for Homelessness, Justice Services and Prison Healthcare.

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 4.5; and c) Review and discuss performance with the Strategic Lead for Homelessness, Justice Services and Prison Healthcare.
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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 4 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 Homelessness, and Justice Services.

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 – Homelessness, and Justice Services. This section has been located at the front of the report for ease of reference.

4.4 A number of amendments have been made to some KPIs/Targets as a result of NHSGGC wide agreements to change targets or changes to service delivery agreed locally. These are noted within the report where applicable.

Exceptions

4.5 At Q4, 47 indicators were GREEN (54.0%); 37 RED (42.5%) and 3 AMBER (3.5%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in **BOLD**. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (1, 2, 3 and 5 apartment)	27
3. Average number of weeks from assessment decision to settled accommodation (4 apartment)	27
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	33
6. Number of new Housing First tenancies created	35
Older People & Carers	
5. Provided Residential Care – Review Rates	55

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Unscheduled Care	
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	<u>68</u>
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	<u>70</u>
Children's Services	
1. Uptake of the Ready to Learn Assessments - North West	<u>73</u>
1. Uptake of the Ready to Learn Assessments – North East and South	<u>73</u>
3. % looked after & accommodated children under 5 who have had a Permanency Review	<u>76</u>
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months	<u>82</u>
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral – North West and South	<u>85</u>
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral – North East	<u>86</u>
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – Leverndale and Gartnavel	<u>88</u>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Stobhill	<u>89</u>
4. Total number of Adult and Older People Mental Health Delays	<u>91</u>
Sexual Health	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	<u>95</u>
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	<u>96</u>
4. Number of YP appointments offered across all Sandyford locations	<u>98</u>
Health Improvement	
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)	<u>101</u>
Human Resources	
1. NHS Sickness absence rate	<u>107</u>
2. Social Work Sickness Absence Rate	<u>109</u>
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))	<u>111</u>
4. % of NHS staff who have completed the standard induction training within the agreed deadline	<u>113</u>
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	<u>115</u>
Business Processes	
1. Percentage of NHS Stage 1 complaints responded to within timescale	<u>116</u>
2. Percentage of NHS Stage 2 Complaints responded to within timescale	<u>117</u>
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	<u>120</u>
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	<u>122</u>
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	<u>124</u>
7. Percentage of elected member enquiries handled within 10 working days	<u>126</u>

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Changes in RAG Status

- 4.5 There has been a change in RAG status for **11** indicators since the last report. Of these, performance improved for **3** and declined for **8**.

i. Performance Improved

A) RED TO GREEN
Children's Services
4. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
Sexual Health
5. Median waiting times for access to first TOPAR appointments.
B) RED to AMBER
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - <i>Stobhill</i>

ii. Performance Declined

A) GREEN TO RED
Homelessness
3. Average number of weeks from assessment decision to settled accommodation- <i>4 Apt</i>
Older People & Carers
5. Provided Residential Care – Review Rates
Children's Services
1. Uptake of the Ready to Learn Assessments - South
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral -North East
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Stobhill</i>
Business Processes
1. Percentage of NHS Stage 1 complaints responded to within timescale
B) AMBER to RED
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

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 4.5; and
- c) Review and discuss performance with the Strategic Lead for Homelessness, Justice Services and Prison Healthcare.

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CORPORATE PERFORMANCE REPORT

**QUARTER 4
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			
								
Homelessness	6 (54.5%)		5 (45.5%)		7 (63.6%)		4 (36.4%)	
Criminal Justice			6 (100%)				6 (100%)	
Older People & Carers	2 (11.1%)		16 (88.9%)		1 (6.7%)		14 (93.3%)	
Unscheduled Care	1 (16.7%)		5 (83.3%)		1 (16.7%)		5 (83.3%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	3 (25%)	3 (25%)	6 (50%)		5 (41.7%)	1 (8.3%)	6 (50%)	
Adult Mental Health	6 (60%)	1 (10%)	3 (30%)		7 (70%)	2 (20%)	1 (10%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	4 (80%)		1 (20%)		3 (60%)		2 (40%)	










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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	5 (71.4%)		2 (28.6%)		6 (85.7%)		1 (14.3%)	
TOTAL No. and (%)	34 (37.8%)	4 (4.4%)	52 (57.8%)	0 (0%)	37 (42.5%)	3 (3.5%)	47 (54.0%)	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
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q4	98% 	▲
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q4 (Annual total)	1,406 (annual total = 5,286) 	▲
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q4	61 	▼
	2 apt	36 weeks		63 	▲
	3 apt	31 weeks		58 	▼
	4 apt	81 weeks		98 	▼  to 
	5 apt	225 weeks		357 	▼

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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 households reassessed as homeless or threatened with homelessness within 12 months.	<480 per annum (<120 per quarter)	Q4 (Annual total)	106 (Annual Total = 410) 	▶
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made	100%	Q4	53% 	▲
6. Number of new Housing First tenancies created	20 per quarter	Q4 (Annual total)	2 (Annual Total = 28) 	▼
7. Number of Temporary Furnished Flats	2,400 or less	Q4	2,434 	▲
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q4	88% 	▲
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)	85%	Q4	90% 	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q4	85% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q4	73% 	▲
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q4	81% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Throughcare Order Licences: Percentage of Post release interviews held within one day of release from prison	80%	Q4	95% 	▼
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%	Q4	<u>Hosp. discharges</u> 84.2%  <u>Community Referrals</u> 89.1% 	Hosp ▼ Comm ▼
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q4	40.3% 	▲
3. Day Care (provided) – Review Rates	95%	Q4	96% 	▲
4. Provided Residential Care – Occupancy Rates	95%	Q4	97% 	▲
5. Provided Residential Care – Review Rates	95%	Q4	90% 	▼  to 
<i>ii. Commissioned Services</i>				
6. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Q4 (Annual total)	30 (Annual total = 84) 	▲







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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
iii. HSCP Community Services				
7. Number of Future Care Plan summaries completed and shared with the patient's GP	360 summaries per annum	Q4 (Annual total)	254 (Annual total = 903) 	▲
8. Occupational Therapy (OT) Assessments: % completed within 12 months of request	98%	Q4	99.9% 	▲
9. Number of Telecare referrals received by Reason for Referral	(i) Outcome 1 Reducing risk of admission to acute, residential and nursing care settings	560 per annum (140 per q)	Q4 (Annual total) 791 (Annual total = 2,674) 	▲
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum (163 per q)	Q4 (Annual total) 163 (Annual total = 655) 	▼
	(iii) Outcome 3 Supporting Carers	100 per annum (25 per q)	Q4 (Annual total) 26 (Annual total = 112) 	▼
10. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)	90%	Q4	99.7% 	▲
11. Telecare Call Handling – % Answered Within 60 Seconds	97.5%	Q4	97.0% 	▼
12. Number of Carers identified during the quarter that have requested or accepted the	1,900 per annum	Q4	648 (Annual total = 2,561)	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
offer of a Carers Support Plan or Young Carer Statement				
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	161,155 (13,430 /month)	To Q3 25/26	112,659 (12,518 per month) 	▲
2. Number of Emergency Admissions (18+) (reported in arrears)	63,855 (5,321/month)	To Q2 25/26	28,860* (4,810* per month) *provisional 	▼
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	507,633 (42,303/ month)	To Q2 25/26	255,396* (42,566* per month) *provisional 	▼
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	To Q2 25/26	86,896* (14,483* per month) *provisional 	▼
5. Total number of Acute Delays	160	Mar 26	139 (Total) 85 (Non-AWI) 54 (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
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	To Q3 25/26	66,357 (7,373 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				
1. Uptake of the Ready to Learn Assessments	95%	Mar 26	NE 89% NW 85% S 87%	NE ▼ to NW ▼ S ▼ to
2. Percentage of HPs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Dec 25	NE 99% NW 96% S 95%	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%	Q4	60% 	▲

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q4	64% 	 ▲ to 
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q4	73% 	▲
6. Number of out of authority placements	25 or fewer	Q4	21 	▲
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q3	89.6% 	 ▼ to 
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q3	94.3% 	▲










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Mar 26	NE 75.9% NW 74.6% S 81.9%	NE ▼ to NW ▲ S ▲
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Mar 26	Stob 29.1 Lev 37.6 Gart 35.9	Stob ▲ to Lev ▲ Gart ▲
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Mar 26	Stob 100% Lev 99.5% Gart 97.0%	Stob ▼ to Lev ▼ Gart ▼
4. Total number of Adult and Older People Mental Health Delays	20	Mar 26	68 Total 59 (Non-AWI) 9 (AWI)	Total ▲ Non-AWI ▲ AWI ▼
Alcohol and Drugs				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q3	92%	▼











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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Sexual Health				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	1,670 per quarter	Q4	1,098 	▲
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	1,338 per quarter	Q4	1,238 	▲
3. Median waiting times for access to first Urgent Care appointments.	2 Working Days	Q4	1 day 	▶
4. Number of YP appointments offered across all Sandyford locations	504 per quarter	Q4	457 	▲
5. Median waiting times for access to first TOPAR appointments.	5 working days	Q4	4 	▲  to 
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q4 (Annual total)	2,548 (Annual total = 10,929) 	▼
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	1,190 (annual)	Q3	710 (Total to Q3) 	▼










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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Women smoking in pregnancy (general population)	10%	Q4	5.3% 	▼
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q4	8% 	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q3	35.3% 	▼
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q3	29.0% 	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q3	18.8% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Q4	8.11% 	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q4	9.6% 	▲
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))	80%	Q4	63.21% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q4	57.33% 	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q4	32.96% 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q4	65% 	▼  to 
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	48% 	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q3	79% 	▼
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q3	66% 	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q3	88% 	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q3	22% 	▲
7. Percentage of elected member enquiries handled within 10 working days	80%	Q4	70% 	▲

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

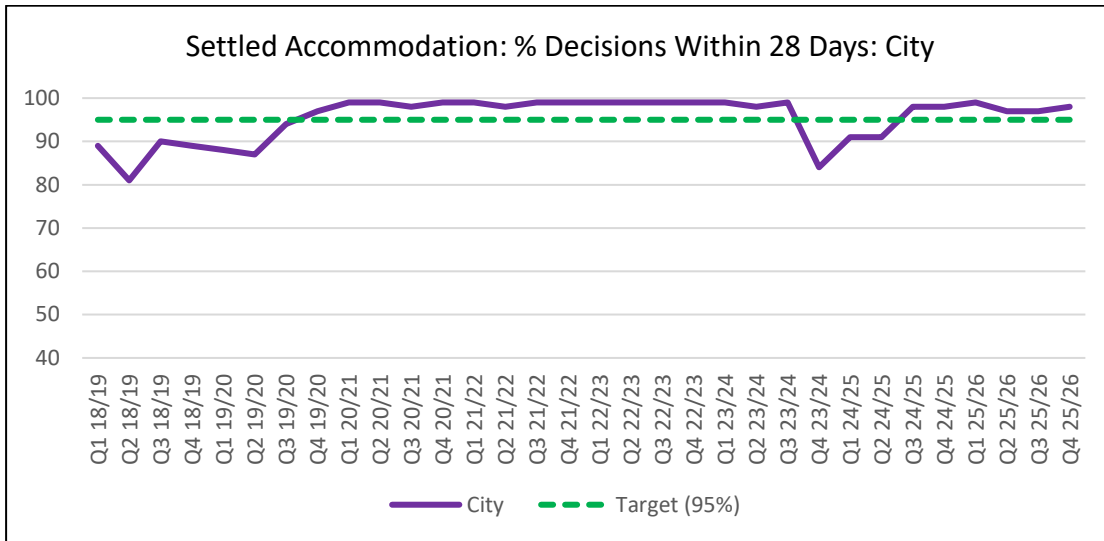
Performance Trend

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

A total of 1,583 decisions were made during Q4; 34 (2%) were outwith timescale.

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Longer Term Trend



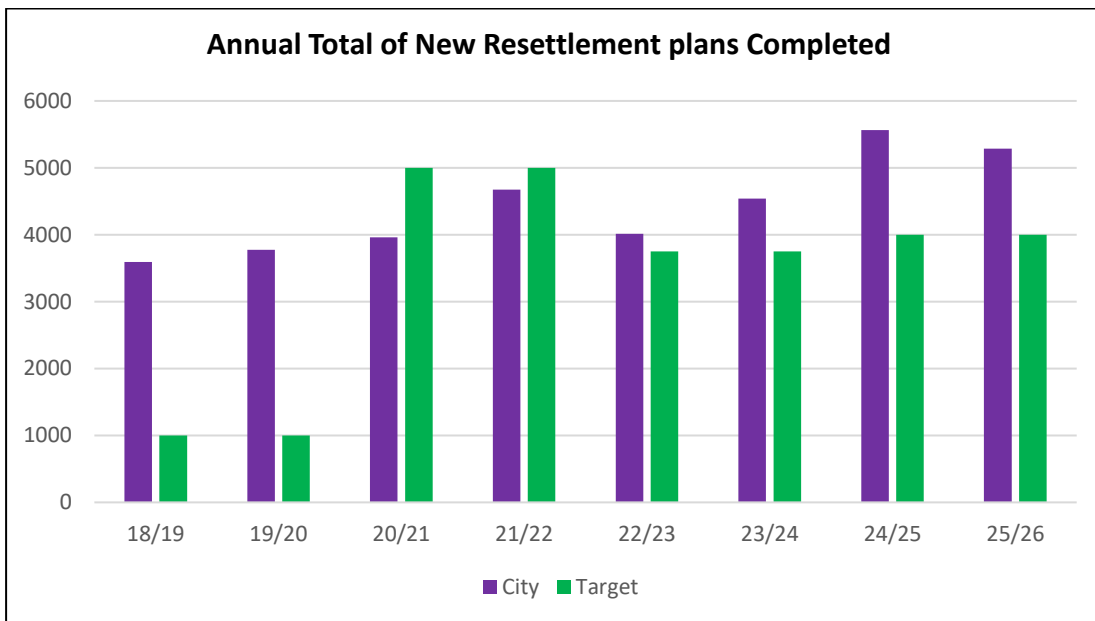
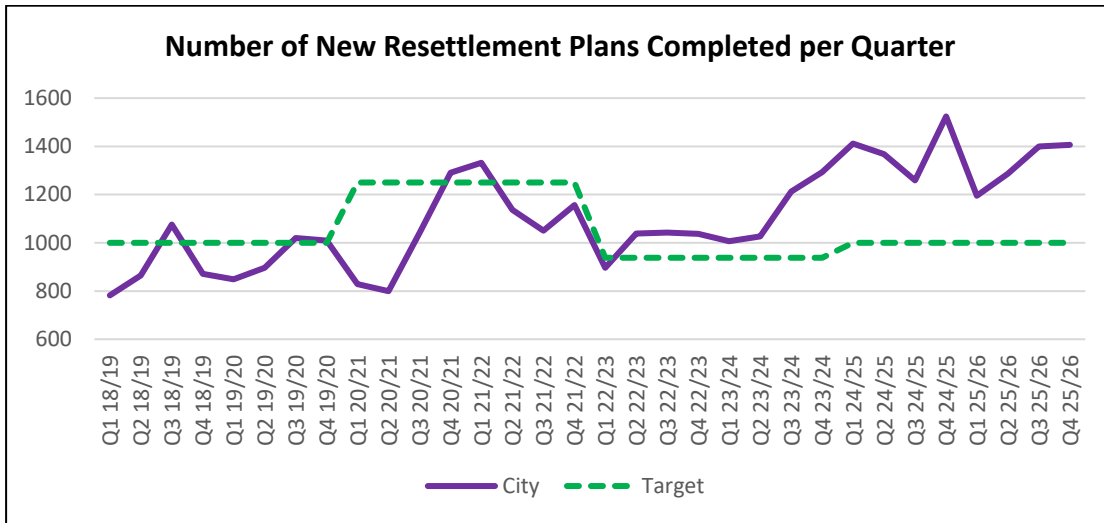
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Target/Ref	2. Number of new resettlement plans completed - total to end of quarter (citywide)
Purpose	Registered Social Landlords (RSL) have an obligation under Section 5 of the Housing (Scotland) Act 1987 to help provide offers of settled accommodation 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				Total 25/26
				Q4		Q1	Q2	Q3	Q4	
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)	1,524 (G)	5,562 (G)	1,195 (G)	1,286 (G)	1,399 (G)	1,406 (G)	5,286 (G)

Performance Trend
Both the quarterly and annual targets for the number of completed resettlement plans were exceeded during the fourth quarter of 25/26 (GREEN).
Note: Target increased from 3,750 to 4,000 new resettlement plans per annum for 24/25.
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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	Q4
1 apt	21 weeks	21 (G)	26 (R)	29 (R)	36 (R)	36 (R)	39 (R)	47 (R)	61 (R)
2 apt	36 weeks	41 (R)	50 (R)	47 (R)	55 (R)	60 (R)	62 (R)	67 (R)	63 (R)
3 apt	31 weeks	36 (R)	34 (R)	36 (R)	44 (R)	43 (R)	30 (G)	39 (R)	58 (R)
4 apt	81 weeks	82 (G)	90 (R)	135 (R)	79 (G)	91 (R)	95 (R)	76 (G)	98 (R)
5 apt	225 weeks	296 (R)	277 (R)	236 (A)	297 (R)	231 (A)	212 (G)	253 (R)	357 (R)

<p>Performance Trend</p> <p>During Q4, the average number of weeks increased for all apartment sizes except 2 apartment which decreased slightly. Performance in relation to 4 room apartments slipped between Q3 and Q4 with the RAG rating moving from GREEN to RED; performance in relation to all other apartment size accommodation remained below target and RED.</p> <p>Note: From 24/25 the reporting is broken down by apartment size. No historical data is therefore shown for this KPI.</p>
<p>Issues Affecting Performance</p> <p>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.</p> <p>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.</p> <p>In 2025/26, the HSCP secured the highest number of social housing lets with 3,636 lets allocated to homeless households coupled with a 5% reduction in homelessness applications.</p>

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However, despite these two successes, demand continues to outstrip supply leading to households waiting for longer periods of time for settled accommodation.

Initial data from 2025/26 also shows that social housing turnover has reduced in Glasgow which has meant that increases in the percentage of lets allocated to homeless households have only led to a small increase in the number of settled lets. This is a factor which is outwith the control of the HSCP.

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.

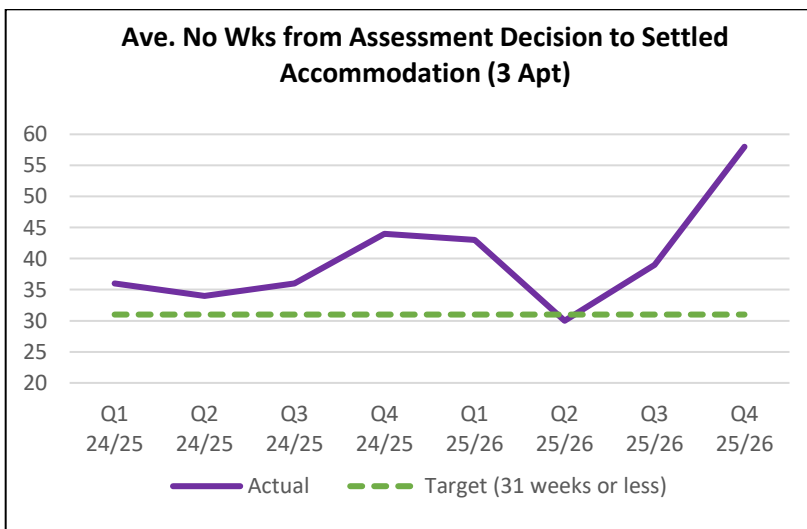
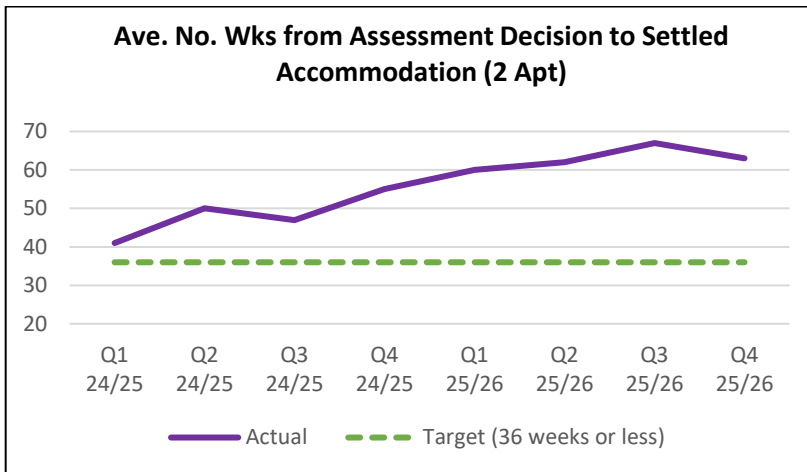
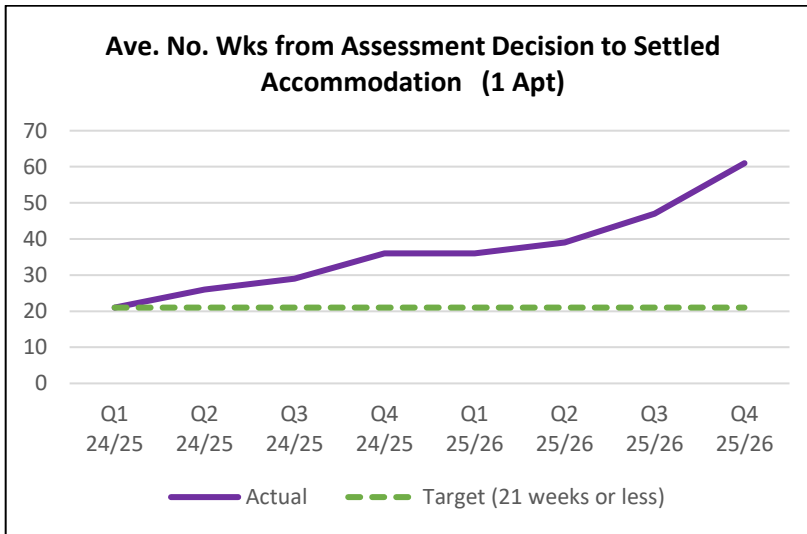
The HSCP has written to all RSLs across the city requesting that 67% of lets are made available to homeless households and has robust monitoring tools, including an interactive data dashboard, to review the performance of individual RSLs.

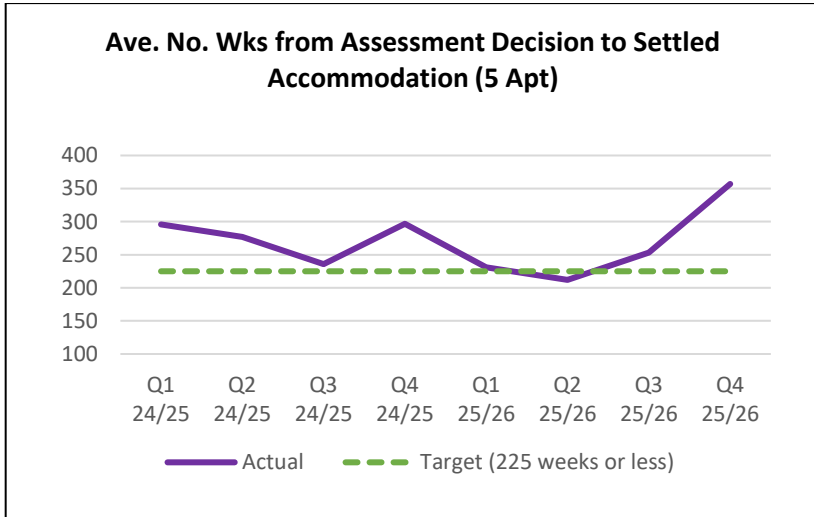
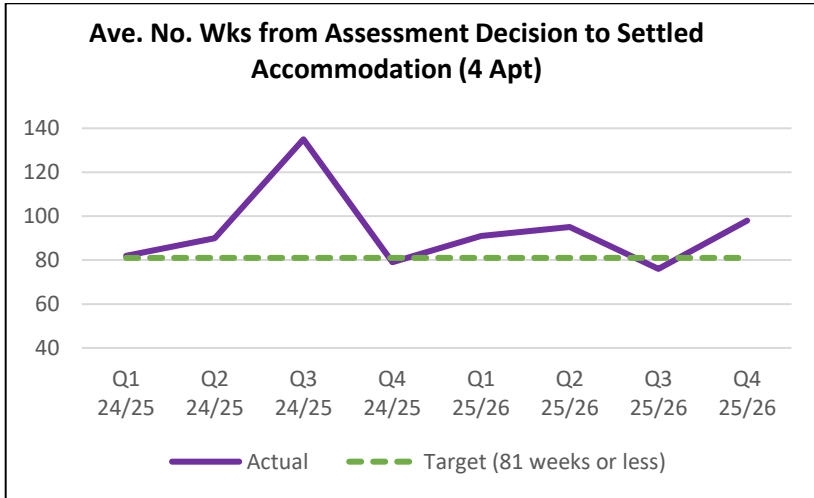
Timescales for Improvement

It is anticipated that the number of lets in Q1 of 2026/27 will increase however it is likely that demand will continue to be higher than supply. It is unlikely that performance will return to GREEN until a sustained period of increased lets, coupled with reduced demand, is witnessed.

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Longer Term Trend





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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

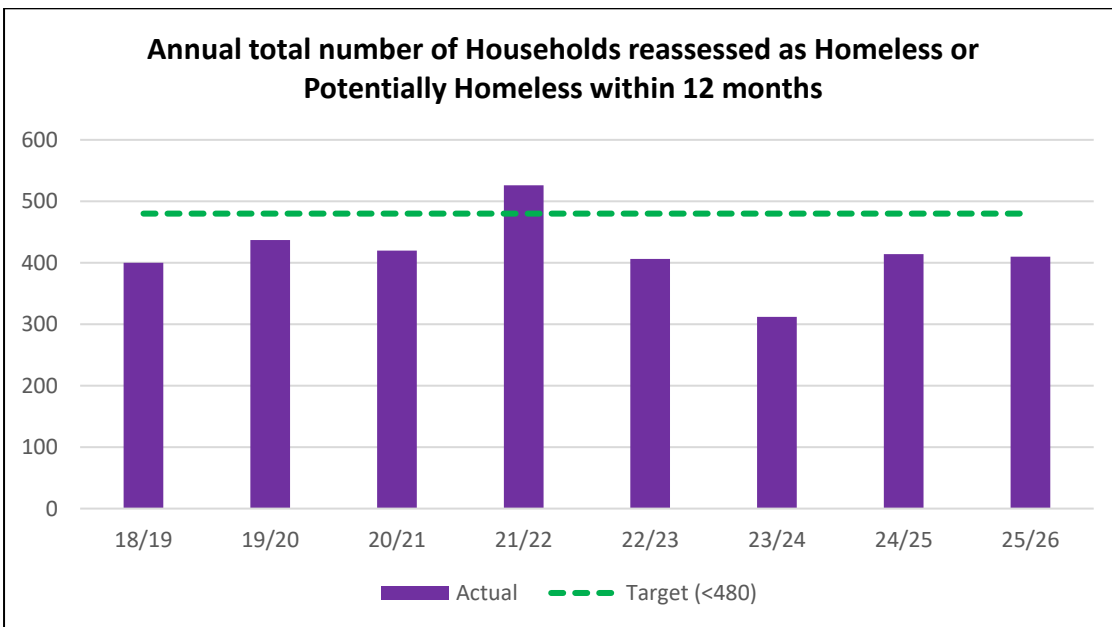
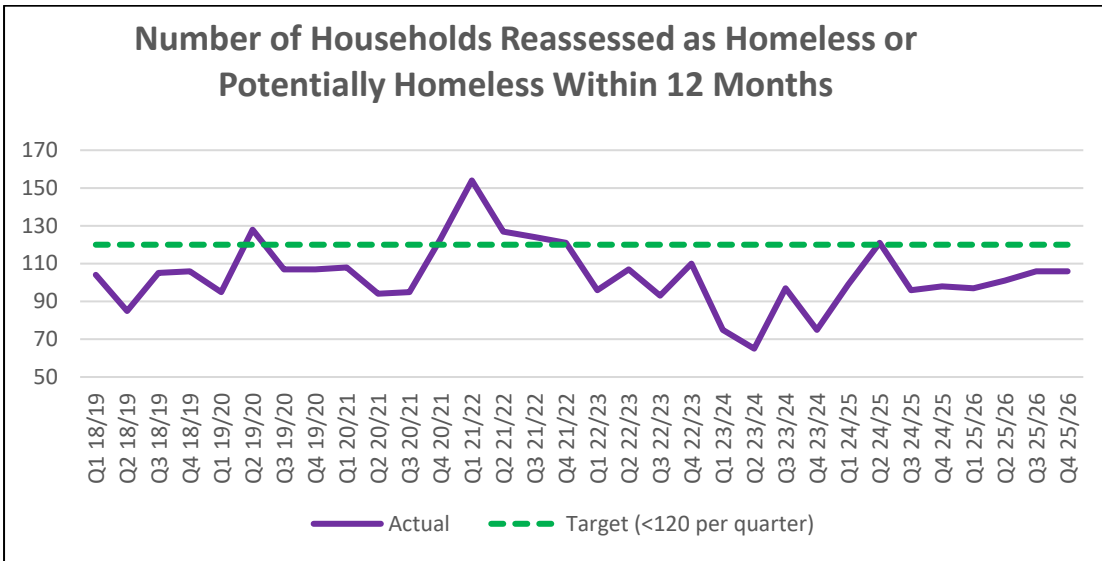
Target	Full Year Total 21/22	Full Year Total 22/23	Full Year Total 23/24	24/25		Full Year Total 24/25	25/26				Full Year Total 25/26
				Q3	Q4		Q1	Q2	Q3	Q4	
<480 per annum (<120 per Quarter)	526 (R)	406 (G)	312 (G)	96 (G)	98 (G)	414 (G)	97 (G)	101 (G)	106 (G)	106 (G)	410 (G)

Performance Trend

The quarterly and annual number of Repeats continued to remain below the upper threshold (480 per annum) (GREEN) during the reporting period.

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Longer Term Trend



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

Performance Trend

Performance in relation to emergency accommodation remained below target and RED during Q4. 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 53% 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. In 2025/26, Glasgow witnessed a 5% reduction in homelessness applications which reduces the pressure on temporary accommodation and actions to prevent homelessness will continue throughout 2026/27.

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.

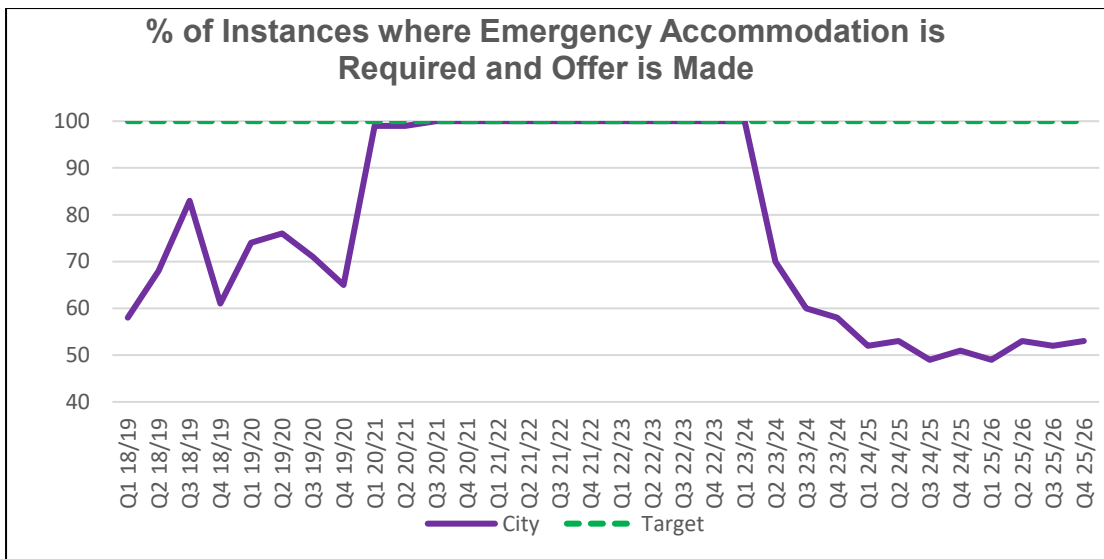
As noted above, work is also underway to increase the number of lets for homeless households to ensure that the end-to-end journey is as short as possible thus increasing the turnover and availability of temporary accommodation.

Timescales for Improvement

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 throughout 2026/27 until there is a sustained reduction in demand coupled with an increase in lets.

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Longer Term Trend



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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

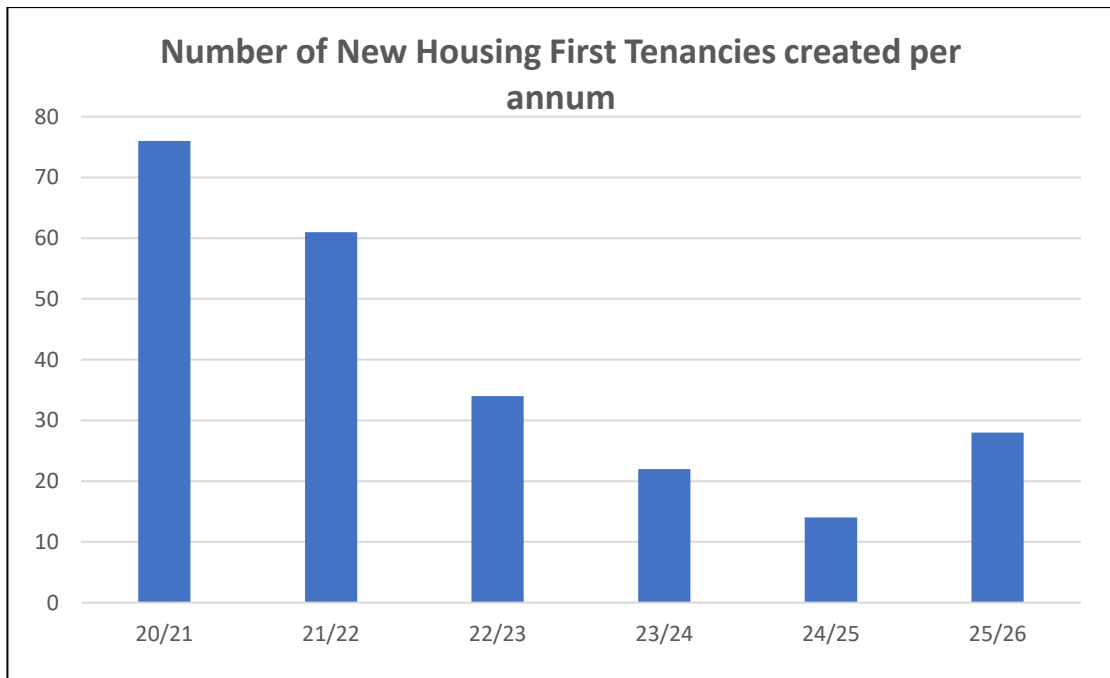
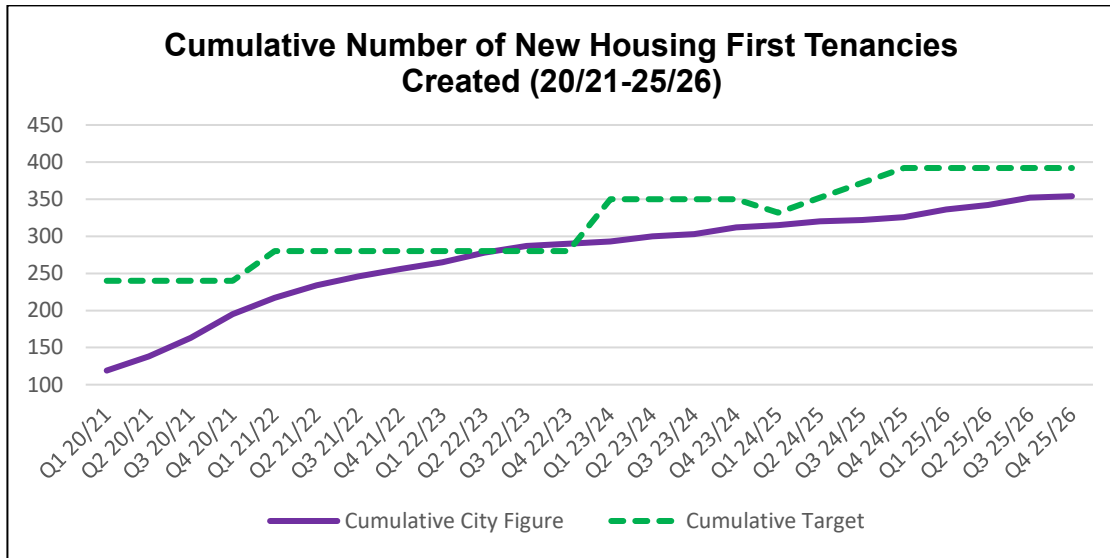
Target		Base-line	20/21	21/22	22/23	23/24	24/25	25/26			
		Start of 20/21	Annual Total	Annual Total	Annual Total	Annual Total	Annual Total	Q1	Q2	Q3	Q4
24/25 20 per quarter (392 by year end)	Number created during quarter	0	76	61	34	22	14	10 (7 HF & 3 HFFY*)	6 (5 HF & 1 HFFY)	10 (8 HF & 2 HFFY)	2 (2 HF)
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)	354 (R)
22/23 year-end 280											

*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 4, performance remained below the 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 challenges within the service had limited the ability to pick up new referrals which led to a reduction in the number of new HF tenancies created.
Actions to Improve Performance
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.
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 to support the delivery of the Housing First model.
Timescales for Improvement
With the staff sickness challenges now resolved at the end of Q4, it is anticipated that the number of new HF tenancies created in Q1 and throughout 2026/27 will increase towards the target.
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Longer Term Trend



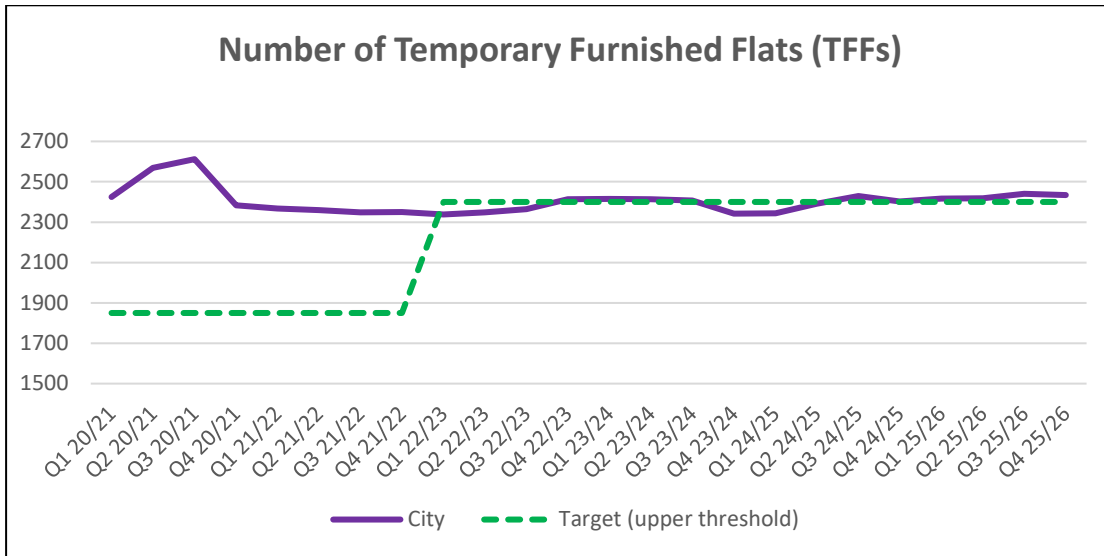
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Indicator	7. Number of Temporary Furnished Flats (TFFs)
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent 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			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
2,400 or less	2,342 (G)	2,344 (G)	2,392 (G)	2,429 (G)	2,402 (G)	2,417 (G)	2,419 (G)	2,441 (G)	2,434 (G)

Performance Trend
<p>Performance remained within the target range and GREEN during Quarter 4.</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>

Longer Term Trend



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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			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	80%	90 (G)	85 (G)	84 (G)	86 (G)	83 (G)	88 (G)	90 (G)	87 (G)	88 (G)
North East		93 (G)	83 (G)	84 (G)	87 (G)	89 (G)	87 (G)	85 (G)	78 (A)	84 (G)
North West		87 (G)	86 (G)	87 (G)	85 (G)	81 (G)	88 (G)	93 (G)	86 (G)	92 (G)
South		90 (G)	87 (G)	82 (G)	87 (G)	81 (G)	88 (G)	91 (G)	97 (G)	87 (G)

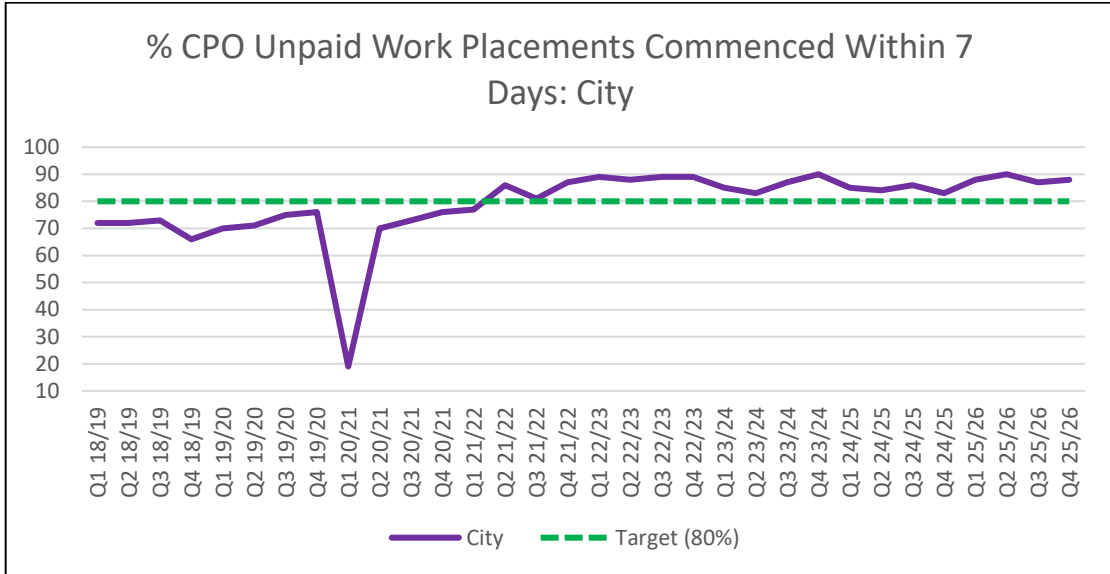
Performance Trend

During Q4 performance exceeded target (GREEN) at city level and in all localities; in North East performance improved with the RAG rating moving from AMBER to GREEN during the reporting period.

City-wide a total of 555 CPOs (North East, North West, South, Caledonian Team) were made during Q4; a similar figure to Q3 (567). There were an additional 27 Orders assigned to our Public Protection Team and 2 assigned to Clyde Quay.

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Longer Term Trend



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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			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City (All)	85%	93 (G)	91 (G)	90 (G)	91 (G)	89 (G)	90 (G)	93 (G)	93 (G)	90 (G)
North East (CPOs)		91 (G)	90 (G)	93 (G)	88 (G)	84 (G)	81 (A)	87 (G)	82 (A)	88 (G)
North West (CPOs)		97 (G)	90 (G)	90 (G)	93 (G)	91 (G)	95 (G)	97 (G)	77 (R)	87 (G)
South (CPOs)		91 (G)	95 (G)	88 (G)	92 (G)	89 (G)	93 (G)	94 (G)	97 (G)	96 (G)
Caledonian Team (CPOs)		100 (G)	75 (R)	75 (R)	90 (G)	91 (G)	93 (G)	95 (G)	87 (G)	72 (R)
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)		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	92 (G)	91 (G)	92 (G)	91 (G)

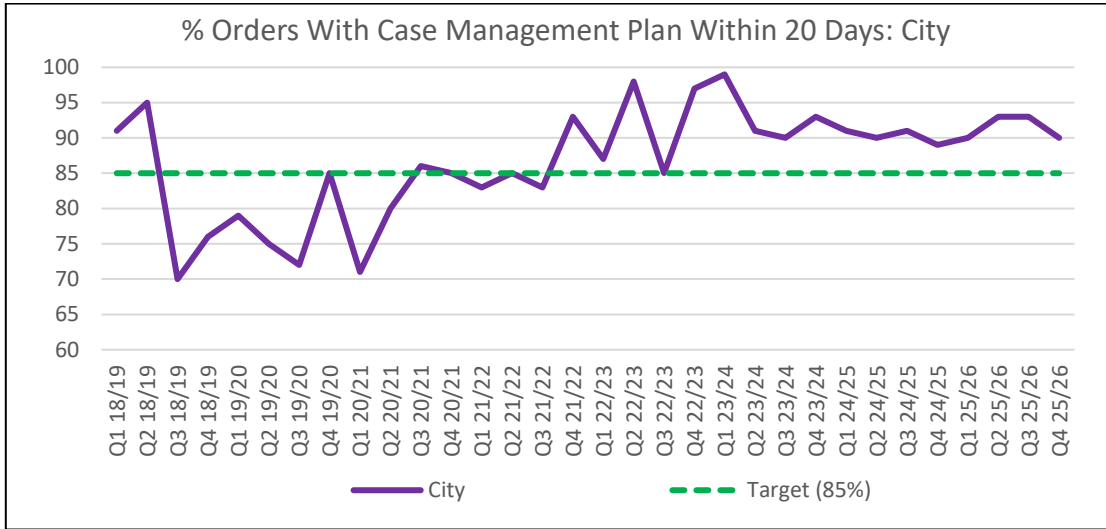
Performance Trend

During Q4 all teams and localities exceeded target (GREEN) with the exception of the Caledonian Team where performance slipped moving from GREEN to RED. Performance improved in North East and North West during the reporting period with the RAG ratings moving from AMBER to GREEN and RED to GREEN respectively.

There are additional Orders assigned to our Public Protection Team; 100% of their Case Management Plans were within 20 days.

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Longer Term Trend



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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			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City (All)	75%	84 (G)	83 (G)	78 (G)	84 (G)	80 (G)	74 (G)	77 (G)	82 (G)	85 (G)
North East (CPOs)		77 (G)	83 (G)	79 (G)	81 (G)	77 (G)	63 (R)	64 (R)	75 (G)	76 (G)
North West (CPOs)		86 (G)	82 (G)	81 (G)	84 (G)	82 (G)	74 (G)	86 (G)	76 (G)	87 (G)
South (CPOs)		88 (G)	85 (G)	83 (G)	87 (G)	82 (G)	81 (G)	83 (G)	91 (G)	92 (G)
Caledonian Team (CPOs)		100 (G)	82 (G)	78 (G)	84 (G)	65 (R)	82 (G)	57 (R)	80 (G)	83 (G)
Drug Court Team (DTTOs)		75 (G)	80 (G)	89 (G)	60 (R)	83 (G)	100 (G)	100 (G)	67 (R)	100 (G)
Clyde Quay (Throughcare Licenses)		91 (G)	100 (G)	100 (G)	100 (G)	100 (G)	93 (G)	100 (G)	91 (G)	95 (G)

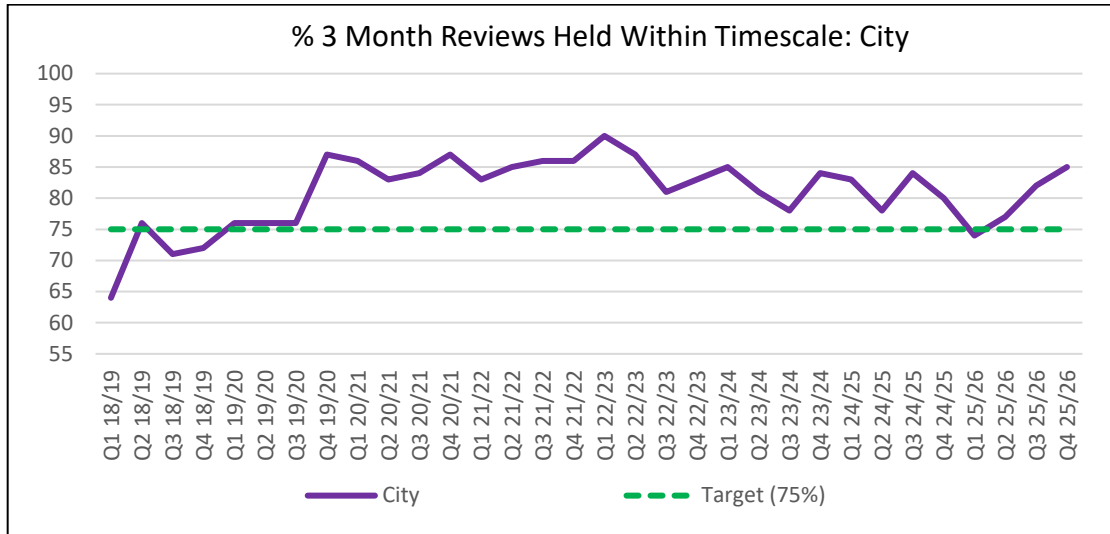
Performance Trend

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

There are additional Orders assigned to our Public Protection Team; 83% 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			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	70%	82 (G)	84 (G)	83 (G)	79 (G)	75 (G)	70 (G)	65 (R)	71 (G)	73 (G)
North East		83 (G)	82 (G)	87 (G)	85 (G)	73 (G)	74 (G)	64 (R)	72 (G)	66 (R)
North West		85 (G)	84 (G)	82 (G)	76 (G)	82 (G)	72 (G)	70 (G)	71 (G)	79 (G)
South		77 (G)	85 (G)	80 (G)	76 (G)	70 (G)	65 (R)	60 (R)	69 (G)	73 (G)

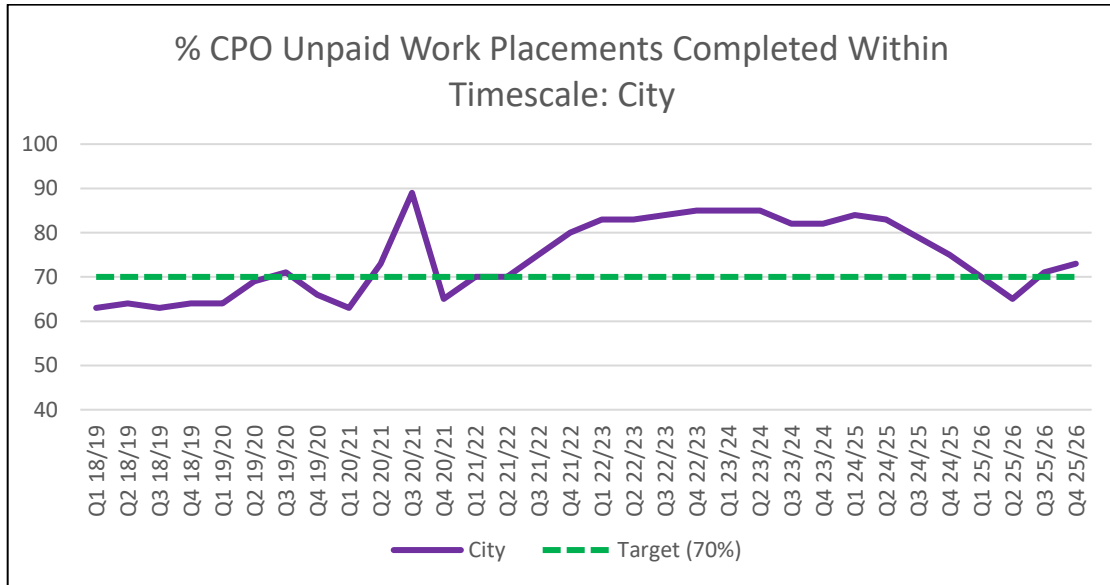
Performance Trend

During Q4 performance continued to meet target at city-level and in North West and South (GREEN). Performance slipped in North East with the RAG-rating moving from GREEN to RED during the reporting period.

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 81%, NE 72%, NW 86% and South 82%.

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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			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	80%	79 (G)	81 (G)	80 (G)	81 (G)	80 (G)	82 (G)	82 (G)	83 (G)	81 (G)
North East		80 (G)	82 (G)	79 (G)	83 (G)	79 (G)	77 (A)	83 (G)	81 (G)	75 (R)
North West		81 (G)	80 (G)	81 (G)	83 (G)	83 (G)	86 (G)	81 (G)	84 (G)	84 (G)
South		78 (A)	82 (G)	82 (G)	82 (G)	81 (G)	85 (G)	82 (G)	84 (G)	85 (G)
Caledonian Team		84 (G)	80 (G)	81 (G)	69 (R)	78 (A)	69 (R)	81 (G)	83 (G)	77 (A)
Drug Court Team		70 (R)	72 (R)	67 (R)	50 (R)	48 (R)	67 (R)	67 (R)	80 (G)	65 (R)

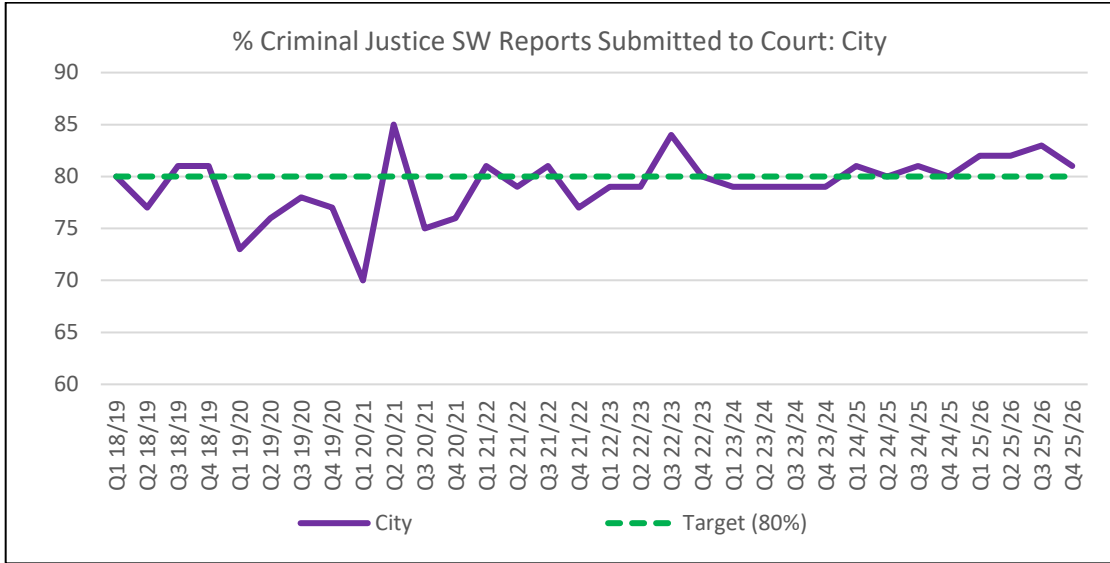
Performance Trend

During Q4 the 80% target continued to be exceeded in the city overall and in North West and South. Performance dropped below target in North East and the Drug Court Team which both moved from GREEN to RED, and in the Caledonian Team which moved from GREEN to AMBER during the reporting period.

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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Longer Term Trend



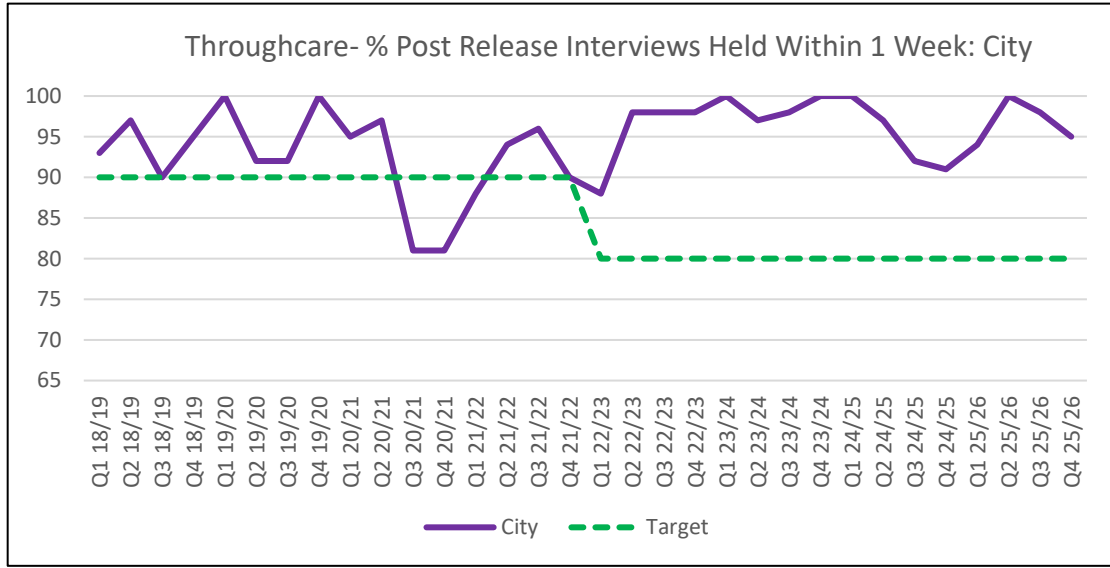
OFFICIAL

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			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	80%	100 (G)	100 (G)	97 (G)	92 (G)	91 (G)	94 (G)	100 (G)	98 (G)	95 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	90 (G)	100 (G)	100 (G)	100 (G)	100 (G)
North West		100 (G)	100 (G)	83 (G)	83 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)
South		100 (G)	100 (G)	100 (G)	100 (G)	71 (R)	92 (G)	100 (G)	89 (G)	93 (G)
Clyde Quay		100 (G)	100 (G)	100 (G)	92 (G)	93 (G)	92 (G)	100 (G)	100 (G)	91 (G)

Performance Trend
During Q4 all localities and teams continued to meet target in respect of post release interviews (GREEN).
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Longer Term Trend



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	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Referral Source	Target	23/24	24/25				25/26			
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
Hospital Discharges	75%	73.9 (G)	73.9 (G)	80.2 (G)	82.0 (G)	84.0 (G)	81.5 (G)	82.6 (G)	85.5 (G)	84.2 (G)
Community Referrals	(70% prior to 23/24)	88.4 (G)	86.2 (G)	87.3 (G)	88.5 (G)	90.7 (G)	84.5 (G)	89.8 (G)	89.6 (G)	89.1 (G)
Performance Trend										
Performance in relation to both Hospital Discharges and Community Referrals remained above target and GREEN during the fourth quarter of 2025/26.										
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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	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

		23/24	24/25				25/26			
Locality	Target	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	>35%	37.5 (G)	36.4 (G)	42.8% (G)	39.2% (G)	42.4% (G)	44.1% (G)	40.5% (G)	38.6% (G)	40.3% (G)
North East		43.5 (G)	39.2 (G)	43.1% (G)	40.7% (G)	45.5% (G)	47.7% (G)	41.8% (G)	42.4% (G)	43.5% (G)
North West		38.2 (G)	39.9 (G)	43.4% (G)	39.8% (G)	43.0% (G)	47.1% (G)	42.8% (G)	44.0% (G)	40.8% (G)
South		33.4 (A)	32.8 (R)	43.9% (G)	37.9% (G)	39.9% (G)	40.1% (G)	38.2% (G)	31.6% (R)	37.8% (G)

Performance Trend

During Q4 performance remained above target (GREEN) at city level and in North East and North West. Performance in South improved moving from RED to GREEN during the reporting period.

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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	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robin Wallace, Head of Older People's Residential and Day Care Services

Target	23/24			24/25				25/26			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	89% (R)	84% (R)	94% (G)	92% (A)	89% (R)	89% (R)	98% (G)	98% (G)	93% (G)	93% (G)	96% (G)
Performance Trend											
Performance in relation to day care review rates remained GREEN during Quarter 4.											
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Target/Ref	4. Provided Residential Care Homes – Occupancy Rate
Purpose	To monitor occupancy rates within our own local authority run residential care homes (provided).
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robin Wallace, Head of Older People's Residential and Day Care Services

	23/24			24/25				25/26			
Target	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	90.5% (A)	96% (G)	92% (A)	90.4% (A)	88% (R)	87% (R)	87% (R)	91.5% (A)	96% (G)	94.7% (G)	97% (G)
Performance Trend											
Performance in relation to occupancy rates remained GREEN during Quarter 4.											
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Target/Ref	5. Provided Residential Care Homes for Older People - Review Rates
Purpose	This indicator monitors the extent to which reviews for residents within our own local authority run care homes are being undertaken within the target 6 month period. These reviews are carried out by care home staff. Regular reviews ensure that residents receive the right level and type of service. The aim is to maximise the proportion reviewed.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robin Wallace, Head of Older People's Residential and Day Care Services

	23/24				24/25				25/26			
Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
95%	84% (R)	92% (A)	91% (A)	91% (A)	93% (G)	85% (R)	90% (R)	85% (R)	93% (G)	97% (G)	93% (G)	90% (R)
Performance Trend												
Performance in relation to residential review rates for older people dropped during Q4 with the RAG rating moving from GREEN to RED.												
Issues Affecting Performance												
There have been challenges in respect of conducting reviews in 2 care homes due to vacant Social Care Worker positions. This has led to delays in being able to arrange reviews for residents in those units.												
Actions to Improve Performance												
Re-allocation of workloads within the affected units has been carried out to support arranging reviews in the short to medium term. Recruitment strategies will progress appointments to vacant positions in the longer term.												
Timescales for Improvement												
Improvement should be noted by Q1 of 2026/27.												
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ii. Commissioned Services

Indicator	6. Number of Clustered Supported Living tenancies offered to Older People
Purpose	To monitor the number of tenancies offered by Registered Social Landlords (RSLs) that may be used for the purpose of delivering both a suitable tenancy and a package of social care to maintain an older person in the community where the alternative may have been admission to residential care. This model of care is called Clustered Supported Living and supports the Maximising Independence Strategy which seeks to shift the balance of care by enabling greater numbers of older people to be supported at home for longer.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	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				25/26 Total
				Q4		Q1	Q2	Q3	Q4	
City	75 per annum (19 per quarter)	83 (G)	88 (G)	24 (G)	85 (G)	16 (R)	19 (G)	19 (G)	30 (G)	84 (G)
North East	25 per annum (6 per quarter)	21 (R)	26 (G)	5 (R)	23 (R)	7 (G)	7 (G)	8 (G)	13 (G)	35 (G)
North West		25 (G)	23 (R)	7 (G)	32 (G)	5 (R)	10 (G)	6 (G)	4 (R)	25 (G)
South		37 (G)	(39) (G)	12 (G)	30 (G)	4 (R)	2 (R)	5 (R)	13 (G)	24 (A)

Performance Trend

Both the quarterly and annual targets were met in the city overall and in North East. North West was below target for Q4 however met the overall annual target (GREEN). Performance in South exceeded the quarterly target at Q4 however remained slightly below the annual target of 25 (AMBER).

Clustered Supported Living – Additional Information

There was a slow turnover in vacant properties offered in South during Q1-Q3. This is positive, indicating that people are living longer and sustaining tenancies in their respective communities. There are no plans for further development in the South, with Clustered Supported Living currently part of Service Prioritisation Review.

Work has commenced on an additional five flats at Carntyne Gardens in the North East Locality with completion anticipated by August/September 2026. This further increases availability in this locality. In addition to this, Bield Housing have advised that they intend to increase the number of tenancies with an additional eight new one-bedroom flats.

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iii. HSCP Community Services

Indicator	7. 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)	254 (G)	903 (G)

Performance Trend
Target for the year 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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Target/Ref	8. 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	24/25				25/26			
		% completed within 12 months of request (Total number of completed Activities)							
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	98%	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	99.9% (G) 1,622
Centre HSCC		100% (G) 1,403	100% (G) 1,289	100% (G) 1,089	100% (G) 888	99% (G) 967	100% (G) 971	100% (G) 919	100% (G) 1,174
North East		99% (G) 226	100% (G) 203	100% (G) 181	99.5% (G) 183	98% (G) 182	99% (G) 210	99% (G) 152	100% (G) 169
North West		100% (G) 248	100% (G) 177	100% (G) 197	94% (A) 199	96% (G) 210	100% (G) 192	100% (G) 176	100% (G) 136
South		87% (R) 209	94% (A) 227	90% (R) 219	94% (A) 236	96% (G) 211	97% (G) 216	98% (G) 167	99.3% (G) 143
Other (Learning Disability)		100% (G) 21	100% (G) 11	-	100% (G) 1	100% (G) 1	-	-	-
Performance Trend									
At Q4 the target continued to be met at city level, at Centre and in all localities (GREEN).									
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Target/Ref	9. 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	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Reason for Referral/ Intended Outcome	Targets Annual (Quarterly)	23/24 Total	2024/25		24/25 Total	2025/26				25/26 Total
			Q3	Q4		Q1	Q2	Q3	Q4	
Outcome 1 Reducing the risk of admission to acute, residential and nursing care settings (Reasons 1,2,3)	Annual 560 (Quarterly) 140	2,722 (G)	612 (G)	695 (G)	2,536 (G)	572 (G)	626 (G)	685 (G)	791 (G)	2,674 (G)
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual 650 (Quarterly) 163	653 (G)	169 (G)	166 (G)	670 (G)	163 (G)	164 (G)	165 (G)	163 (G)	655 (G)
Outcome 3 Supporting Carers (Reason 5)	Annual 100 (Quarterly) 25	100 (G)	25 (G)	26 (G)	107 (G)	28 (G)	28 (G)	30 (G)	26 (G)	112 (G)
Total number of Referrals	Annual 1,310 (Quarterly) 328	3,475 (G)	806 (G)	887 (G)	3,313 (G)	763 (G)	818 (G)	880 (G)	980 (G)	3,441 (G)

Performance Trend
Both the quarterly and annual targets for Telecare referrals were met during the fourth quarter of 25/26 (GREEN). Back to Summary

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Indicator	10. 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	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Indicator	Target	2024/25				2025/26			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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)	99.7% (G)

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

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Indicator	11. 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	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Indicator	Target	2024/25				2025/26			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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)	97.0% (G)

Performance Trend
Performance remained within the target range during Q4 (GREEN).
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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
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	21/22 Full Year Total	22/23 Full Year Total	23/24 Full Year Total	24/25 Full Year Total	25/26				25/26 Full Year Total
						Q1	Q2	Q3	Q4	
Glasgow	1,900 (475 per Q)	2,391 (G)	2,533 (G)	3,229 (G)	2,748 (G)	687 (G)	618 (G)	608 (G)	648 (G)	2,561 (G)
North East	633 (158 per Q)	801 (G)	866 (G)	1,016 (G)	878 (G)	247 (G)	206 (G)	198 (G)	217 (G)	868 (G)
North West	633 (158 per Q)	684 (G)	777 (G)	998 (G)	793 (G)	196 (G)	186 (G)	176 (G)	186 (G)	744 (G)
South	633 (158 per Q)	906 (G)	890 (G)	1,215 (G)	1,077 (G)	244 (G)	226 (G)	234 (G)	245 (G)	949 (G)

Performance Trend
<p>The quarterly and annual targets for this indicator were exceeded during Quarter 4 (GREEN) at both city-wide and locality level.</p> <p>Back to Summary</p>

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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 Q3 2025/26
Annual Total	161,155	113,633 (G)	139,967 (G)	141,753 (G)	147,080 (G)	146,996 (G)	112,659 (G)
Monthly Average	13,430	9469 (G)	11,664 (G)	11,813 (G)	12,257 (G)	12,250 (G)	12,518 (G)

Performance Trend

Performance to Q3 of 2025/26 remains GREEN, although the monthly average is 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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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 Q2 2025/26*
Annual Total	63,855	54,947 (G)	59,197 (G)	56,574 (G)	58,878 (G)	57,732 (G)	28,860* (G)
Monthly Average	5,321	4,579 (G)	4,933 (G)	4,715 (G)	4,907 (G)	4,811 (G)	4810* (G)

*Provisional

Performance Trend
Data for 25/26 is reported in arrears and remains provisional at this stage but is GREEN to Q2 with a monthly average lower than the target and similar to 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.
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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 Q2 2025/26
Annual Total	507,633	450,954 (G)	522,500 (R)	548,108 (R)	553,550 (R)	547,042 (R)	255,396 (G)
Monthly Average	42,303	37,580 (G)	43,542 (R)	45,676 (R)	46,129 (R)	45,587 (R)	42,566 (G)

Performance Trend

Data for 25/26 is reported in arrears and remains GREEN to Q2, with the monthly average below that of 2024/25, but slightly above target

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 Q2 2025/26*
Annual Total	198,258	182,185 (G)	181,869 (G)	185,739 (G)	187,665 (G)	179,346 (G)	86,896* (G)
Monthly Average	16,522	15,182 (G)	15,156 (G)	15,478 (G)	15,639 (G)	14,946 (G)	14,483* (G)

*Provisional

Performance Trend
Data for 25/26 is reported in arrears and remains provisional at this stage but is GREEN to Q2 with a monthly average lower than the target and below that in 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.
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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	23/24	2024/25				2025/26					
	160	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Jan 26	Feb 26	Mar 26
North East		20	21	45	20	30	28	29	28	35	31	34
North West		30	24	27	19	30	38	28	33	30	33	24
South		33	31	33	31	36	29	40	36	41	31	27
Other												
Sub-Total (Included Codes)		83	76	105	70	96	95	97	97	106	95	85
North East		24	26	22	35	30	31	30	19	15	16	18
North West		11	22	24	19	18	16	16	15	16	12	11
South		22	22	23	26	28	30	27	24	26	24	25
Other												
Sub-Total (Complex Codes)		57	70	69	80	76	77	73	58	57	52	54
Overall Total		140 (R)	146 (R)	174 (R)	150 (R)	172 (R)	172 (R)	170 (R)	155 (G)	163 (G)	147 (G)	139 (G)

Performance Trend

Performance improved significantly between November and March after increasing in the start of 25/26 with a reduction in both complex and included codes.

Note: the target has been adjusted from 120 to 160 since the last report with performance classified as GREEN in relation to this new target.

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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 Q3 2025/26
Annual Total	45,318	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)	83,528 (R)	66,357 (R)
Monthly Average	3,776	4,159 (R)	5,404 (R)	6,240 (R)	6,398 (R)	6,961 (R)	7373 (R)

Performance Trend
Performance to Q3 of 2025/26 remains RED, with the monthly average above that of 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
<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.

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- Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues.
- Reporting directly to ACO and strategic performance planning is ongoing.
- Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions.
- 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 1 26/27. This is still ongoing.

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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 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

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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	23/24	24/25				25/26			
		Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26
North East	95%	88 (R)	87 (R)	85 (R)	87 (R)	94 (G)	88 (R)	86 (R)	91 (A)	89 (R)
North West		91 (A)	84 (R)	87 (R)	86 (R)	79 (R)	90 (R)	90 (R)	86 (R)	85 (R)
South		88 (R)	89 (R)	90 (R)	91 (A)	89 (R)	89 (R)	91 (A)	94 (G)	87 (R)

Performance Trend
Between December and March performance moved from AMBER to RED in the North East; GREEN to RED in the South; and remained RED in the North West
Issues Affecting Performance
<p>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.</p> <p>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.</p>
Actions to Improve Performance
There was a slight decrease in assessments over the last quarter due to Health Visiting capacity, which has been by particularly high absence and cross-cover commitments. This increases the volume of work for each Health Visitor and reduces their ability to complete tasks and assessments within the stipulated timescales. Staff teams are working very hard to cover the totality of the

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workload which means that they are covering bigger caseloads and, where repeated visits are required, these may not be possible within the timeframe.

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 population of transitory 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	23/24	24/25				25/26			
		Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26
North East	95%	95 (G)	96 (G)	95 (G)	95 (G)	96 (G)	97 (G)	95 (G)	99 (G)	
North West		98 (G)	95 (G)	98 (G)	98 (G)	94 (G)	97 (G)	99 (G)	96 (G)	
South		97 (G)	95 (G)	96 (G)	99 (G)	96 (G)	97 (G)	97 (G)	95 (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	24/25				25/26				
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Quarter 4	
									% with review	Number <i>without</i> a Permanency Review*
City	90%	56 (R)	55 (R)	50 (R)	54 (R)	54 (R)	55 (R)	59 (R)	60 (R)	27
North East		58 (R)	61 (R)	52 (R)	43 (R)	44 (R)	47 (R)	48 (R)	52 (R)	10
North West		53 (R)	61 (R)	50 (R)	71 (R)	83 (R)	76 (R)	79 (R)	60 (R)	10
South		53 (R)	40 (R)	45 (R)	52 (R)	41 (R)	38 (R)	41 (R)	56 (R)	7

Performance Trend

Although performance at city and locality level remained below target and RED during Quarter 4, there was a significant improvement in the South locality, a slight improvement in the North-East and a decrease in North-West.

At the end of March, a total of 27 children (of 68 children aged under 5 looked after for 6 months or more) had not yet had a permanency review. Work is underway to complete the permanency review for the remaining children.

Issues Affecting Performance

The improvement across two areas reflects the increased governance to ensure that best outcomes are being achieved for children and families, minimising drift in securing permanence outcomes.

The decrease in North-West is due to the small numbers of children involved, and a previous considerable increase in reviews completed within the timescales.

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Actions to Improve Performance

The following actions have been implemented in an attempt to improve performance in this area:

Increased governance of the locality Permanence Forums

- Over the last year the LAC Service Managers (chairs of the forum) are notified within 24 hours of any new placement admission for their area. These children are added to their locality permanence tracker and the Social Worker and Team Leader are then regularly brought into the forum to review progression, give advice, and set tasks. The aspiration would be that the forums eventually become responsible for the governance and overview of all care experienced children and young people in their locality, but this would be a considerable time demand on the chairs.
A primary benefit of the forum's governance is increased momentum, reduced drift and delay and determining at which point the case is then ready to progress to Permanence Review (FCAP complete, parenting assessment complete, all extended family members consulted/assessed, legal grounds established etc). This reduces the unnecessary repetition of repeat Permanence Reviews which builds in delay to the process.
- Importantly, the Permanence Forum has tracking oversight post Permanence Review which we have determined in the Permanence Steering Group to be the point in which drift and delay is most likely to happen.
- Permanence tracker has been developed in conjunction with admin colleagues and is consistently used across each forum.

Service Manager Chaired Permanence Progression Meetings

- Service Managers now chair a Permanence Progression meeting with social work staff 5 months after the child has become looked after and accommodated, to increase governance, oversight, and care planning momentum.

Independent Chairperson allocated to all care experienced children and young people living in foster families or Children's Houses

- Allocated on Carefirst case management system, they have responsibility for tracking of care planning and for arranging/chairing Permanence Reviews.

Increased chairing capacity with the introduction of Independent Reviewing Officers, funded through the Whole Family Wellbeing Fund.

- All care experienced children and young people living in either a foster family or Children's House now have an Independent Chairperson assigned to them.

Timescales for Improvement

Permanence work continues to be overseen by the citywide Permanence Steering Group – anticipated timescales for improvements outlined are 3-6 months. The position is clearly that the 6 month KPI target should be achieved. This is communicated and reinforced to all staff involved in permanency work with children

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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			
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %
City	60%	60 (G)	48 (R)	51 (R)	46 (R)	53 (R)	40 (R)	40 (R)	38 (R)	50 (R)	64 (G)
North East		63 (G)	76 (G)	52 (R)	58 (A)	59 (G)	32 (R)	49 (R)	49 (R)	46 (R)	47 (R)
North West		57 (R)	31 (R)	45 (R)	38 (R)	49 (R)	53 (R)	33 (R)	38 (R)	47 (R)	63 (G)
South		63 (G)	39 (R)	53 (R)	44 (R)	51 (R)	38 (R)	36 (R)	21 (R)	52 (R)	76 (G)

Performance Trend

There was significant improvement at city level, in North West and in South during the reporting period with the RAG-rating moving from RED to GREEN. North East remained below target and RED.

The total number of new SCRA reports requested for Q4 was 176 (47 North East, 56 North West, 72 South and 1 for "other Teams").

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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			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	75%	78% (G)	77% (G)	77% (G)	75% (G)	74% (G)	72% (A)	74% (G)	74% (G)	72% (A)	73% (A)
North East		78% (G)	81% (G)	81% (G)	75% (G)	76% (G)	70% (R)	79% (G)	75% (G)	73% (A)	77% (G)
North West		73% (A)	74% (G)	72% (A)	69% (R)	69% (R)	70% (R)	69% (R)	69% (R)	70% (R)	71% (R)
South		82% (G)	80% (G)	81% (G)	79% (G)	75% (G)	74% (G)	76% (G)	76% (G)	73% (A)	72% (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

Performance at Q4 remained slightly below target in the city and South locality (AMBER) and in North West which remained RED. In North East there was an improvement in performance during the reporting period with the RAG-rating moving from AMBER to GREEN.

During Q4 there was a welcome reduction in the number of young people who do not have their employability status recorded; this dropped from 47 to 31 between Q3 and Q4. Of these 31 young people, 9 are allocated to North East and 8 to South/YUAS and 14 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team, primarily due to transition from core teams to continuing care and aftercare teams.

Issues Affecting Performance

A recording issue was identified during the last quarter, which has been addressed but has not significantly impacted the figures. Following an initial check of the data, we are currently exploring the impact of the current financial context on broader youth unemployment. Performance may have been impacted by the piloting of transfer of young people with leave to remain from the YAS team to the continuing care team. This is currently being investigated further.

Only 20 young people are formally excluded from these figures due to barriers to employment and it is likely that a significant proportion of this cohort have additional barriers to employment.

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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. Back to Summary

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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			
	Q3	Q4	Q1*	Q2*	Q3*	Q4	Q1	Q2	Q3	Q4
25 or fewer	27 (A)	26 (A)	22 (G)	20 (G)	23 (G)	24 (G)	22 (G)	23 (G)	22 (G)	21 (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				2025/26		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	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)	89.6 (R)
North East		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)	88.4 (R)
North West		90.25 (A)	91.37 (A)	88.97 (R)	94.5 (G)	89 (R)	91 (A)	90 (R)	90.4 (A)	90.1 (R)	88.7 (R)
South		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)	91.3 (A)

Performance Trend
 Performance declined at city level, in the North West and South during the last quarter with the RAG rating moving from AMBER to RED at city level and GREEN to AMBER in the South. Performance remained RED but declined slightly in the North West. 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 89.6% 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), particularly given the population dynamics in Glasgow City.

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 uptake rates for younger children. The recent measles outbreak in London is attracting media attention

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which may influence parents and carers nationally, though it is hoped that the recent Men B outbreak in England and subsequent vaccination programme, will have a positive impact on families' perceptions of vaccine safety.

The Scottish Government has published the 5 year framework for the Scottish Vaccination Improvement Programme. This is a national programme of improvement activity aimed at all vaccination programmes across adult and children's services. The team is working closely with public health services to continue to develop the action plan against the national strategy, which will continue to focus on maximising uptake of all available vaccinations, including the MMR at 2 years. The framework is seeking to embed best practice nationally, with an NHS GG&C specific action plan, with Glasgow City hosting for the board on behalf to public health.

There is ongoing work to develop effective engagement approaches for migrant families, and the Immunisations Team and Health Visitors continue to work 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 differing cultural attitudes to vaccinations affecting uptake in Glasgow City proportionately more than in other areas.

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.

Culturally sensitive practice is an area we are working on, with associated actions outlined in the improvement plan developed following the joint inspection of children's services in 2025.

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 outbreaks in London and Kent will help to 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 stage, 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	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	95%	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)	94.3 (G)
North East		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)	95.5 (G)
North West		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)	94 (G)
South		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)	93.6 (G)

Performance Trend
<p>Performance increased slightly at city level and remained GREEN in the last quarter. There was a drop in performance in the North West and South, but both remained GREEN while the North East moved from AMBER to GREEN.</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	23/24	2024/25					2025/26				
		Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Jan 26	Feb 26	Mar 26
North East	90%	78.7 (R)	77.3 (R)	84.9 (R)	91.7 (G)	85.7 (A)	84.6 (R)	88.5 (G)	91.9 (G)	78.5 (R)	77.6 (R)	75.9 (R)
North West		93.7 (G)	94.4 (G)	93.8 (G)	95.7 (G)	91.4 (G)	93.9 (G)	78.3 (R)	42.5 (R)	60.3 (R)	50.9 (R)	74.6 (R)
South		81.6 (R)	82.3 (R)	87.5 (A)	84.6 (R)	80.9 (R)	90.2 (G)	83.5 (R)	78.6 (R)	81.2 (R)	77.6 (R)	81.9 (R)

Performance Trend
Performance has declined in the North East since December and moved from GREEN to RED. There were improvements in the other two areas, particularly North West, but both remained RED.
Issues Affecting Performance
Performance continues to be affected by a variety of factors including variations between teams in terms of their clinical practices and management of referrals, data recording and quality issues; and staffing shortages impacted by delays in vacancy approval and recruitment processes.
Actions to Improve Performance
A range of actions is underway to address these challenges:
<ul style="list-style-type: none"> An independent panel has been set up, with Heads of Service involvement, to review all over 52-week waits and identify areas for improvement which could be addressed strategically, and taken forward across all local teams to improve performance. The Performance and Quality Improvement Subgroup (PQIS) of the Psychological Therapies (PT) Steering Group is leading work to analyse variation across teams and identify best practices which could be rolled out across the city. Actions include: <ul style="list-style-type: none"> Clinical leads have agreed to take recommendations from a literature review on PT input and frequency to their local teams, with a view to identifying where changes to practice could be made to improve performance.

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- Analysing variations in referral criteria, how referrals are managed, and strategies to maximise attendance at appointments, in order to identify and promote the most successful approaches for reducing waiting times.
- Promoting referrals to the Board-wide computerised CBT (cCBT) service, which accounts for a large proportion of all PT activity in the Board.
- Data quality improvements are being prioritised through the development of training materials, including video guidance and FAQs, alongside a new support process to encourage better recording of data and regular data checks by service managers to correct errors.

Timescales for Improvement

Ongoing improvements sought through reducing long waits and improving patient flow through to treatment. Revised projections will be developed into 2026/27 to reflect new activity patterns, the impact of ongoing improvement actions, and any changes in available workforce. Full achievement of the standard may, however, 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	23/24	2024/25				2025/26					
		Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Jan 26	Feb 26	Mar 26
Stobhill	28 days	27.5 (G)	24.3 (G)	22.1 (G)	23.9 (G)	23.1 (G)	28.7 (G)	25.3 (G)	32.5 (R)	32.7 (R)	31.1 (R)	29.1 (A)
Leverndale		39.9 (R)	32.3 (R)	39.2 (R)	38.7 (R)	38.7 (R)	39.3 (R)	43 (R)	46.7 (R)	41 (R)	36.1 (R)	37.6 (R)
Gartnavel		34.8 (R)	41 (R)	34.9 (R)	35 (R)	37.5 (R)	41.5 (R)	34.6 (R)	38.3 (R)	37.5 (R)	32.9 (R)	35.9 (R)

Performance Trend
Stobhill has moved to AMBER while the other two hospitals have remained RED between December and March. All three hospitals showed a reduction in average lengths of stay.
Issues Affecting Performance
Average length of stay continues to be affected by a combination of clinical complexity, operational pressures, and wider social care system constraints across all adult acute sites.
Discharge readiness is increasingly influenced by factors beyond clinical recovery. The availability and timeliness of appropriate community supports, including community mental health team capacity, supported accommodation, and care package provision, continue to vary across localities. These pressures contribute to site-to-site variation and prolong inpatient stays even where treatment goals have been achieved.
Operational pressures within wards also remain significant. While some wards benefit from stable multidisciplinary staffing, others continue to rely on bank or temporary staff. This affects continuity in care planning, multidisciplinary reviews, and discharge coordination. Variation in access to psychology, occupational therapy and social work input further influences the pace at which recovery plans and discharge arrangements can progress.
Bed pressures have also resulted in patients being cared for outwith their local catchment area. When combined with a sustained cohort of patients with very long stays (over six months), this reduces flexibility in bed use, places additional strain on ward teams, and limits the system's ability to maintain target lengths of stay across short-stay environments.
Actions to Improve Performance
Daily operational oversight continues to be applied across acute sites to actively manage flow. This includes routine multidisciplinary review of patients with extended stays, focused operational scrutiny of boarders, and enhanced coordination between ward teams, bed management and community services to support timely discharge wherever possible.
The Mental Health Programme Board has strengthened its focus on case mix and complexity, recognising the cumulative impact of acuity, co-morbidity, social circumstances and housing on length

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of stay. There is increasing emphasis on consistent multidisciplinary recovery planning, clearer discharge criteria, and shared risk tolerance across inpatient and community teams to reduce avoidable variation in discharge decision-making.

Heads of Service continue to lead work on addressing pathway bottlenecks. This includes reviewing community service capacity, crisis and home treatment arrangements, medication supply processes, transfer protocols, and constraints linked to commissioning and care package approval. A revised description of the bed management function is being implemented to reinforce whole-system responsibility for patient flow and to strengthen escalation when delays emerge

Timescales for Improvement

The restructuring of the Mental Health Programme remains underway and is aligned with the Health Board's Transforming Together Strategy. This work will continue throughout 2026 and is intended to deliver sustained improvements in flow rather than short-term fluctuation.

Recruitment to key posts is ongoing, including the designated bed manager role, which is expected to be in place by May 2026. This role will support more consistent oversight and coordination across sites.

Testing of revised operational models and pathways is scheduled to begin in July 2026, allowing time to embed new structures, refine discharge and bed-management processes, and assess the impact on flow and length of stay.

While improvement is expected as these changes take effect, progress is anticipated to be gradual, given continuing pressures relating to workforce stability, housing availability and community capacity.

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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	23/24	3/242024/25					2025/26				
		Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Jan 26	Feb 26	Mar 26
Stobhill	<95%	101 (R)	98 (A)	95 (G)	92.4 (G)	91.3 (G)	98.1 (A)	96.4 (G)	89.8 (G)	97.2 (G)	99.5 (A)	100 (R)
Leverdale		101.2 (R)	101.8 (R)	99.9 (R)	98.8 (A)	100.7 (R)	101.9 (R)	99.6 (A)	98.4 (A)	99.3 (A)	98.5 (A)	99.5 (A)
Gartnavel		99.6 (A)	99 (A)	99 (A)	90.3 (G)	96.7 (G)	100.3 (R)	100.8 (R)	94.3 (G)	96.7 (G)	97.1 (G)	97 (G)

Performance Trend

Occupancy rates in all hospitals have increased since December, with Stobhill moving from GREEN to RED, while Leverdale remained AMBER and Gartnavel remained GREEN.

Issues Affecting Performance

Occupancy across adult acute mental health beds continues to exceed the intended maximum of 95%, reflecting sustained system pressure. While there has been some stabilisation during the early part of Quarter 4, the position remains fragile, particularly at Leverdale and Gartnavel, where occupancy frequently fluctuates around or above safe operating thresholds.

High occupancy is closely linked to the challenges described under KPI 3. *Average Length of Stay*. The continued presence of patients with prolonged stays, delays in securing accommodation or care packages, and limitations in community service capacity reduce throughput and restrict bed availability. Even within short-stay settings, extended admissions contribute to reduced flexibility and increased bed saturation.

Once occupancy exceeds safe levels, the system becomes increasingly difficult to stabilise. High occupancy drives a cycle of delayed admissions, delayed transfers, and increased operational risk. Ward teams face higher workload and acuity, which can impact the therapeutic environment, reduce opportunities for structured interventions, and increase reliance on restrictive practices. These pressures also contribute to staff fatigue and reduced resilience across services.

Actions to Improve Performance

Reducing pressure on acute beds remains a core operational priority for 2025/26. Work continues to address inpatient and community staffing gaps, alongside targeted actions to improve flow within existing resource constraints.

A system-wide package of flow improvement measures is being progressed. This includes strengthening crisis resolution and home treatment responses, maximising the impact of Flow Navigation Centres, and

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streamlining pathways for packages of care and housing solutions. These actions aim to reduce avoidable admissions, shorten inpatient stays, and improve discharge timeliness.

As outlined under *Average Length of Stay*, an enhanced approach to bed management is being implemented. The new bed management function will provide real-time oversight of capacity across sites, introduce consistent escalation processes when occupancy thresholds are breached, and improve coordination between wards, bed managers and community services. Work is also underway to agree shared operating rules across adult wards to reduce variation in admissions, transfers and discharge practice.

Timescales for Improvement

The mental health elements of the Transforming Together Strategy will continue to be implemented throughout 2026. Recruitment to key posts, including the new bed manager role, is underway with appointment anticipated in May 2026.

Revised operational models and bed-flow processes are expected to be tested from July 2026 onwards. While these changes should improve oversight, consistency and responsiveness, meaningful reductions in occupancy will depend on wider system factors, particularly community capacity and availability of supported accommodation. As a result, improvements are expected to be incremental rather than immediate, with clearer impact anticipated in the second half of 2026 as redesigned pathways become embedded.

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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	23/24	2024/25				2025/26					
		Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Jan 26	Feb 26	Mar 26
N. East		9	20	14	12	8	8	21	26	18	15	17
N. West		11	7	11	5	7	13	9	15	14	15	15
South		11	16	15	12	9	14	10	24	24	24	20
City		2	0	0	0	1	1	0	4	4	4	7
Sub-Total (Included Codes)		33	43	40	29	25	36	40	69	60	58	59
N. East		4	3	3	2	7	5	3	1	2	1	2
N. West		5	2	2	2	1	1	0	1	4	2	2
South		3	1	2	3	6	5	3	3	0	0	5
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		12	6	7	7	14	11	6	5	6	3	9
All Delays	20	45 (R)	49 (R)	47 (R)	36 (R)	39 (R)	47 (R)	46 (R)	74 (R)	66 (R)	61 (R)	68 (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	23/24	2024/25				2025/26					
	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Jan 26	Feb 26	Mar 26
North East	4	7	1	3	3	3	11	16	13	11	11
North West	7	6	7	3	5	7	7	7	5	6	7
South	3	6	7	5	5	7	2	13	14	15	11
City	0	0	0	0	0	0	0	0	2	2	4
Sub-Total (Included Codes)	14	19	15	11	13	17	20	36	34	34	33
North East	2	1	2	1	2	2	1	0	0	0	0
North West	4	2	2	2	1	1	0	0	1	1	1

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South	3	1	0	0	0	2	2	0	0	0	1
City	0	0	0	0	0	0	0	2	0	0	0
Sub-Total (Complex Codes)	9	4	4	3	3	5	3	2	1	1	2
All Delays	23	23	19	14	16	22	23	38	35	35	35

Psychiatry of Old Age

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

Performance Trend
<p>Performance remains RED with a decrease overall between December and March (-6). Within this overall total, adult delays decreased by 3 while older people delays also decreased by 3. In terms of the types of delays, included codes fell by 10 while complex codes rose by 4.</p> <p>Total Mental Health delays decreased between December and March, falling from 74 to 68 (-8%). Delays decreased slightly across both main General Psychiatry and Psychiatry of Old Age care groups. The decrease was driven by included codes, which dropped from 69 to 59 (-10), while complex codes rose slightly (5 → 9). This indicates higher throughput across standard discharge pathways and slight growth in complex cases.</p>
Issues Affecting Performance
<p>Delayed discharges across Mental Health services continue to remain relatively static however this continues to be above the agreed target</p> <p>There continues to be limited availability of suitable community placements, including supported accommodation, specialist care home beds, and services able to support individuals with more complex needs. This is the case across all localities. There are also who patients require ongoing inpatient care because their needs cannot currently be met safely in the community. These individuals often have complex needs that mean discharge planning is significantly more difficult and there are a number of these patients who are clinically fit for discharge but cannot leave hospital. There are also a number of patients who are involved with legal processes, guardianship applications etc and this continues to impact on progressing to discharge.</p> <p>These factors collectively continue to affect the HSCP's ability to progress discharges at the pace required to reduce overall delays.</p>

Actions to Improve Performance

- All delays are now actively allocated to social work staff to ensure consistent oversight and progression toward a sustainable discharge solution.
- The approved 8B bed manager vacancy has now closed, and interview dates have been set.
- 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. There is work underway to plan the roll out beyond the pilot site.
- Mapping is underway through the Mental Health Strategy group to look at longest stay patients and admission criteria.
- 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		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	90%	96% (G)	93% (G)	92% (G)	94% (G)	97% (G)	88% (G)	93% (G)	93% (G)	92% (G)
North East ADRS		100% (G)	98% (G)	99% (G)	99% (G)	100% (G)	97% (G)	97% (G)	99% (G)	98% (G)
North West ADRS		82% (R)	88% (G)	89% (G)	92% (G)	96% (G)	80% (R)	86% (A)	92% (G)	83% (R)
South ADRS		97% (G)	96% (G)	99% (G)	100% (G)	98% (G)	97% (G)	93% (G)	92% (G)	93% (G)

Performance Trend

This indicator is reported one quarter in arrears.

During Q3 performance for the city, North East and South continued to exceed target (GREEN). Performance in North West declined during the reporting period with the RAG-rating moving from GREEN to RED.

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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	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		1322	1361	1319	1137	1027	1029	1135	932	988
NE		266	275	312	227	130	224	284	221	156
NW		883	892	801	756	797	713	780	662	741
S		173	194	206	154	100	92	71	49	91
NHSGGC	1670 per Quarter	1524 (G)	1562 (G)	1479 (G)	1308 (A)	1175 (R)	1168 (R)	1293 (A)	1076 (R)	1098 (R)
DNA rate (%)		10.03	11.2	11.76	11.85	12.17	11.98	10.21	11.9%	12.75%

Performance Trend
Performance improved slightly at NHSGGC level in Q4 but remained RED. It should be noted that the NHSGGC-wide target was revised upwards at Q3 following implementation of the Sexual Health Review (from 1,354 to 1,670 per quarter).
Issues Affecting Performance
There have been some staffing pressures in nursing due to staff turnover and failure to appoint to vacancies. There is also training ongoing for new recruits. Vacancies are advertised and the appointment of new the Sandyford Central Nurse Team Lead will support better deployment of staff.
Actions to Improve Performance
<ul style="list-style-type: none"> • Team Lead appointment to be interviewed in early May. • Vacancies out to advert for second attempt. • Targets are unlikely to be met while clinic closures remain. • Other mitigations such as Saturday clinics are currently being explored
Timescales for Improvement
2026.
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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	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		1167	1243	1533	1208	1070	853	698	795	792
NE		300	333	451	371	175	285	179	257	227
NW		541	580	736	613	699	463	395	359	277
S		326	330	346	224	196	105	124	179	288
NHSGGC	1338 per Quarter	1916 (G)	2190 (G)	2203 (G)	1848 (G)	1687 (G)	1176 (G)	998 (R)	1119 (R)	1238 (R)
DNA rate (%)		14.68	15	16.8	18.07	15.64	15.05	13	13.14	12.44%

Performance Trend
Performance improved at NHSGGC level in Q4 but remains RED. It should be noted, however, that the NHSGGC-wide target was revised upwards at Q3 following implementation of the Sexual Health Review (from 1,166 to 1,338 per quarter).
Issues Affecting Performance
Service pressures due to turnover in band 5 nursing leading to vacancies and training required for new staff.
Actions to Improve Performance
Band 5 staffing recruitment completed and training underway. Additional Implant clinics beginning to be opened.
Timescales for Improvement
2026.
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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	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	2 working days	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)
NE		1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	1 (G)	1 (G)
NW		1 (G)	1 (G)	1 (G)	1 (G)	2 (G)	1 (G)	1 (G)	1 (G)	1 (G)
S		1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	1 (G)	2 (G)
NHSGGC		1	1	1	1	2	2	1	1	1

Performance Trend
<p>Performance remains GREEN across the city and Health Board and remains identical to Q2 in all areas apart from the South, where waiting times increased. 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	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City		312	363	380	369	282	350	232	298	303
NE		62	119	118	99	48	100	102	96	119
NW		187	177	188	192	160	179	155	132	177
S		63	67	74	78	74	71	75	70	67
NHSGGC	504 per quarter	468 (G)	510 (G)	516 (G)	511 (G)	472 (G)	501 (G)	485 (G)	438 (R)	457 (R)
DNA rate (%)		26.96	27.06	27.91	28.57	27.75	24.75	24.33	28.08	25.16

Performance Trend
Performance improved slightly in Q4 but remained RED. However, it should be noted that the NHSGGC-wide target was revised upwards in Q3 following implementation of the Sexual Health Review (from 315 to 504 per quarter).
Issues Affecting Performance
Overall attendance of young people at specialist sexual health services remains a challenge. Some staff vacancy has meant some lists have been reduced.
Actions to Improve Performance
Ongoing work with health improvement colleagues, networking with education, and 3rd sector. Review of clinic times to see if more young people will attend during alternative times.
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	23/24	2024/25				2025/26			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5 working days	4 (G)	3 (G)	3 (G)	5 (G)	6 (R)	5 (G)	5 (G)	6 (R)	4 (G)

Performance Trend
Performance improved in Q4 with the RAG rating moving from RED to 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	2025/26				
						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)	2548 (G)	10,929 (G)

Performance Trend
Performance above target for Q4 and annual target is exceeded.
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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 Q3	22/23 Total	23/24 Total	24/25 Total	2025/26				
						Q1	Q2	Q3	Q4	Year to Date
City	1190	845	1050 (R)	1,097 (R)	1105 (R)	242 (R)	509 (R)	710 (R)		
NE	521	370	358 (R)	407 (R)	426 (R)	94 (R)	188 (R)	255 (R)		
NW	316	224	303 (R)	338 (R)	354 (G)	65 (R)	157 (G)	233 (G)		
S	353	251	389 (G)	352 (G)	325 (R)	83 (G)	164 (R)	222 (R)		

Performance Trend
Performance remains below target and RED at city level and in the North East and South localities. The North West has remained GREEN. 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 (Quit Your Way) Service is now implementing the recommendations following the Service Review, which is resulting in many changes as we standardise processes. This will impact on service delivery while new systems and processes are embedded.
In addition, clients continue to present at the QYW Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues.
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. In Q3 the North East launched a group in Easterhouse Health Centre.
Timescales for Improvement
Improvements will be monitored by the NHS GG&C Tobacco Planning and Implementation Group and City Tobacco Group on an ongoing basis. Back to Summary

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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	23/24	2024/25				25/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	10%	7.3% (G)	6.4% (G)	7.7% (G)	6% (G)	5.5% (G)	6.8% (G)	6.2% (G)	5.2% (G)	5.3% (G)
North East		8.8	8.5	8.3	7.5	5.4	6.9	8.7	6.6	6.6
North West		7.2	6.5	8.2	7.2	4.1	6.6	4.8	4.7	3.3
South		6.4	4.7	6.8	4.1	6.5	6.9	5.6	4.5	5.8

Performance Trend
Performance at city level improved slightly in the last quarter remaining GREEN. At locality level, North East remained the same while the North West declined and the South improved.
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Indicator	4. Women smoking in pregnancy (from the 20% most deprived areas)
Purpose	To monitor the extent to which women in the most deprived areas of the population are smoking in pregnancy. This is recorded at their first ante-natal appointment with a midwife, who record smoking status on the BADGER Information system.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 5 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 2)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	14%	10.8% (G)	10% (G)	12.3% (G)	8.5% (G)	8.1% (G)	10.3% (G)	9.9% (G)	7.7% (G)	8% (G)
North East		11.0	11.5	10.8	9.4	7.2	9.1	10.5	8.8	7.7
North West		11.4	10.7	13.4	9.9	6.3	9.0	7.9	7.8	6.3
South		10.3	8.1	12.8	6.5	10.3	12.6	11.1	6.5	9.7

Performance Trend
Performance at city level improved in the last quarter remaining GREEN. At locality level, performance improved in the South and declined in the other two 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		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	33%	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)	32.7 (G)	36 (G)	37.3 (G)	35.5 (G)	35.3 (G)
North East		21.7	24.5	22.1	27.6	25.6	27.8	30.3	31.2	27.3
North West		34.4	34.9	37.9	37.9	40.6	41.9	41.8	40.7	40.7
South		34.7	32.2	33.3	36.4	32.8	37.4	39.3	35	37.5

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly. Performance fell in the North East, while rising in the South and remaining the same in the North West.
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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		
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	24.4%	22.7 (R)	24.2 (G)	24.3 (G)	24.1 (G)	26.5 (G)	30.1 (G)	30.5 (G)	31.2 (G)	29.0 (G)
North East		21.7	21.9	20.7	21.9	23.4	25.3	26.6	26.8	22.6
North West		23.9	26.9	26.2	31.4	33.3	34.5	35.7	36.6	36.5
South		22.7	24.6	27.3	22.2	24.7	31.8	30.7	32	30

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly, as was the case 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		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
HSCP	32.3%	29.1%	24.6 (G)	21.4 (G)	22.0 (G)	19.9 (G)	22.0 (G)	19.5 (G)	16.6 (G)	20.5 (G)	18.8 (G)
NE	39.9%	35.9%	31.9	21.6	25.6	26.2	25.8	21.6	22.5	26.3	22.3
NW	27.2%	24.5%	20.1	17.2	18.8	13.8	17.1	15.6	13.5	15.7	14.2
S	31.3%	28.2%	23.5	24.2	21.9	19.1	23.0	21.1	14.8	20.3	19.9

Performance Trend

Performance remains GREEN. 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 6% 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			
	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26	Q3 - 25/26	Q4 - 23/24
Grand Total	7.66% (R)	7.80% (R)	7.78% (R)	8.22% (R)	8.11% (R)	7.73% (R)	7.52% (R)	8.26% (R)	8.11% (R)
Adult Services	7.86% (R)	7.73% (R)	7.73% (R)	7.75% (R)	7.65% (R)	7.39% (R)	7.43% (R)	8.16% (R)	8.11% (R)
Children's Services	9.03% (R)	8.63% (R)	8.24% (R)	9.19% (R)	9.40% (R)	7.17% (R)	7.49% (R)	8.66% (R)	8.42% (R)
Finance & Resources	4.11% (A)	5.36% (R)	4.56% (R)	5.30% (R)	8.32% (R)	6.87% (R)	6.64% (R)	7.87% (R)	7.27% (R)
Older People & Primary Care	7.70% (R)	8.67% (R)	8.51% (R)	9.42% (R)	9.28% (R)	8.26% (R)	7.89% (R)	8.4% (R)	7.88% (R)
Operations & Governance	8.79% (R)	8.57% (R)	8.92% (R)	8.02% (R)	10.08% (R)	9.38% (R)	7.59% (R)	8.29% (R)	10.19% (R)

**Please note: The service structure within the HSCP was realigned in the Q2 25/26 period. As a result, comparisons with historical data should be interpreted with caution, as staffing compositions within service areas have changed. Some staff groups have moved between services, and the current figures reflect the revised structure now in effect.*

Performance Trend
Q4 2025/26 shows a slight decrease in overall absence, following the increase observed in the previous quarter (Q3) when the seasonal peak occurred. Across service areas, all showed a slight decrease in the last quarter, apart from Operations & Governance, which had the highest absence rate across services in Q4, and largely offset the reductions in the other areas. When compared to the same quarter last year (Q4 2024/25), overall absence has remained the same.
Issues Affecting Performance
The Q4 position reflects a stabilisation of absence levels following the pressures observed in the previous quarter. While some seasonal impact has continued into the winter period, the overall position suggests that absence levels have begun to ease, with improvements seen across most services. Seasonal illness, including flu-related absence, has remained a contributing factor during the quarter. Since the beginning of December, flu absence levels have been closely monitored through weekly reporting, allowing for earlier

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visibility of emerging trends and supporting more informed decision-making at service and organisational level. The weekly monitoring approach supports early identification of any sustained increases which occur, as opposed to 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. The HR Support and Advice Unit are implementing an Attendance Management Team on a permanent basis, including the appointment of 10 dedicated staff who will supplement a team of 10 existing HR staff. The HR team will work closely with the Attendance Management Team to ensure this additional resource is focussed in the areas of the HSCP that require the greatest level of support.
4. An Attendance Management Action Plan is being developed to capture the ongoing and planned activity across the HSCP including timescales and joint working opportunities.
5. The HR Team continues to support and contribute to NHSGGC initiatives, including Attendance Management awareness sessions and increased access to the People Management Programme.
6. Management teams are being supported to make use of attendance data, improving the ability to respond quickly to emerging trends and seasonal pressures

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 Q4 indicates a stabilisation in absence levels following earlier increases, the introduction of weekly monitoring alongside existing quarterly reporting strengthens the organisation's ability to respond dynamically during periods of 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	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Overall Total	5%	11.5 (R)	11.0 (R)	10.5 (R)	10.3 (R)	9.6 (R)	9.6 (R)	9.6 (R)	10.0 (R)	9.6 (R)
Resources		6.3	5.7	7.0	6.6	6	6.7	6.6	6.7	5.6
Adult		8.6	11	10.8	9.6	9.3	11.1	11.1	9.7	8.9
Public Protection		7.4	9.4	7.3	8.6	8	8.2	7.8	7.3	7.9
Children		11.3	11	10.3	9.9	8.6	8.9	9	9.6	8.3
Older People		6.7	5.8	5.2	8.4	7.7	7.6	7.8	9.8	9.4
Care Services		15.3	13.8	12.5	12.0	11.6	11	10.8	11.5	11.7

Performance Trend

Although all care groups continue to report absence levels above the GCC target of 5% each quarter, Q4 2025/26 shows improvement - 1.9% lower than the same period two years ago (11.5%) and consistent with last year's figure (9.6%). This indicates that the reduction in absence achieved within the service has been maintained. In Q4 2025/26, four of the six service areas also recorded a reduction compared with Q4 2024/25. Care Services report a rate very similar to last year (+0.1%) and Older People and Primary Care Services show an increase (+1.7%), however both these services report a decrease from the previous quarter. Overall, 2025/26 shows significantly lower absence levels than the previous two years, demonstrating that the downward trend is continuing.

Issues Affecting Performance

Work within the social care sector often involves sustained physical effort and emotional pressure, both of which can impact employees' wellbeing and contribute to higher rates of sickness absence. Alongside this, the workforce's aging age profile means staff are more likely to experience age-related health conditions such as musculoskeletal problems and long-term illnesses, which also influence overall attendance levels.

Actions to Improve Performance

The actions set out in the Supporting Attendance Action Plan 2025/26 have had a demonstrably positive impact on overall attendance levels, with significant improvements recorded. Each quarter in 2025/26 reported lower absence figures compared with the same period in the previous year.

To maintain this positive momentum, a refreshed plan for 2026/27 has been developed. This updated plan which will soon to be presented to senior management and the IJB FASC, will introduce a range of interventions expected to further enhance attendance levels. It will continue to bring a focus to the two main causes of absence within the Service: Psychological and Musculoskeletal conditions and incorporate targeted wellbeing initiatives for staff following the recent Staff Wellbeing Survey.

Engaging with managers to identify development needs and support they feel they require to assist them in supporting attendance, HR will develop tailored training for managers.

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Timescales for Improvement

The Supporting Attendance Action Plan for 2025/26 has been successfully completed, and the 2026/27 plan is currently being finalised. Progress against the plan will be reviewed quarterly to ensure activities remain on track

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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	23/24	2024/25				2025/26			
	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26	Q3 - 25/26	Q4 - 25/26
Glasgow	36.37%	38.09%	39.54%	39.76%	41.48%	46.55%	53.63%	61.85%	63.21%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult Services	29.45%	30.56%	31.18%	30.60%	32.63%	37.35%	46.91%	56.05%	56%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children Services	51.78%	54.44%	58.58%	61.13%	59.73%	66.35%	73.71%	78.56%	79.13%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(G)	(G)
Finance & Resources	30.29%	30.47%	38.83%	43.85%	25.94%	37.67%	43.00%	63.72%	68.69%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People & Primary Care	39.21%	41.62%	42.59%	42.43%	45.99%	51.14%	58.00%	67.44%	65.02%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Operations & Governance	29.49%	34.05%	34.58%	35.84%	36.25%	37.19%	35.42%	41.37%	40.69%
	(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
Q4 2025/26 shows a continued increase in overall e-KSF completion, with the Q4 figure of 63.21% representing the highest level of compliance recorded to date and substantially above the corresponding figure for Q4 24/25 (41.48%). Despite this improvement, performance remains below the 80% target, and there are variations across services. In the last quarter, Children’s Services and Finance & Resources improved while Adult Services, Older People & Primary Care and Operations & Governance all declined slightly.
Issues Affecting Performance
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. 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 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

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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. The Chief Officer has launched a renewed focus on PDP for all staff across the HSCP, supported by a series of on-line briefings for managers.
4. Annual KSF trajectory reporting, updated monthly, continues to support monitoring of progress and highlight areas requiring additional intervention.
5. Monthly communications continue to be issued to line managers highlighting KSF review status for their teams, supporting accountability and follow-up.
6. 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.

Timescales for Improvement

Given historically low performance in this area, a 12-month sustained improvement focus remains in place. The continued improvement seen in Q4 provides further 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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	100%	50.00	55.33	61.67	55.33	38	35.33	39.00	26.00	57.33
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Q4 2025/26 shows a significant increase in compliance but performance remains RED. When compared to the same quarter last year (Q4 2024/25), performance has increased indicating a stronger year-on-year position. However, the trend across 2025/26 demonstrates considerable volatility, suggesting that while progress can be achieved, it has not yet been sustained consistently across reporting periods.
Issues Affecting Performance
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. Induction volumes are also 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.
Actions to Improve Performance
<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
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

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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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Glasgow	100%	46.33	57.67	43	57.67	52.33	40	41.67	46	32.96
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Q4 2025/26 shows a decrease in overall induction compliance, reversing the improvement observed over the previous two quarters and performance remains RED. When compared to the same quarter last year (Q4 2024/25), performance has also decreased significantly. The overall trend across 2025/26 continues to show fluctuation and inconsistency.
Issues Affecting Performance
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 lead to under-reporting. The relatively small number of HCSW inductions undertaken in each period also mean 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.
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 is being incorporated into the Performance Improvement Groups, enabling 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.
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			
		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.	Q3 % <u>of</u> no.	Q4 % <u>of</u> no.
City	70%	84.5 (G) 142	90 (G) 175	82 (G) 88	64.3 (R) 157	78.5 (G) 107	83 (G) 84	85.4 (G) 96	80 (G) 65	65 (R) 71
North East		80 (G) 10	70 (G) 20	65 (R) 20	60.9 (R) 23	69 (G) 16	70 (G) 20	68 (G) 19	57 (R) 23	86 (G) 14
North West		67.8 (A) 28	83 (G) 36	65 (R) 26	72.1 (G) 43	70 (G) 30	76 (G) 17	76 (G) 29	93 (G) 14	75 (G) 16
South		0 (R) 1	N/A 0	N/A 0	N/A 0	67 (A) 3	78 (G) 9	N/A 0	75 (G) 4	50 (R) 6
Prisons		90.3 (G) 103	94.9 (G) 119	100 (G) 42	61.5 (R) 91	86.2 (G) 58	94.7 (G) 38	97.9 (G) 48	95.8 (G) 24	54.3 (R) 35

Performance Trend
Performance at city level reduced during Q4 and moved from GREEN to RED, as was the case in the South and in prisons. The majority of complaints relate to prisons, with responses to these largely determining overall HSCP performance.
Issues Affecting Performance
Team Leads within HMP Barlinnie and HMP Low Moss have not been fully completing Stage One complaints processes as required, meaning a high number of complaints have not been escalated to Stage 2 when they should have, negatively impacting Stage 1 performance. Within the South Sector, delays have also been experienced in receiving responses from some services/teams within the required timescales.
Actions to Improve Performance
Action has been taken by Team Leads within Barlinnie & Low Moss to address the process issues identified above. Within the South Sector, management will be issuing a communication to remind all staff of the required response times for complaints.
Timescales for Improvement
It is hoped that there will be an improvement by Quarter 1 2026/27 Back to Summary

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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			
		Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.	Q3 % <i>of</i> no.	Q4 % <i>of</i> no.
City	70%	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	48 (R) 54
North East		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	75 (G) 12
North West		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	38 (R) 24
South		100 (G) 4	62 (R) 13	50 (R) 12	13 (R) 8	60 (R) 5	22 (R) 9	N/A 0	100 (G) 7	56 (R) 9
Prisons		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	33.3 (R) 9

Performance Trend

Performance at city level was similar during Q4, remaining RED. 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

A number of issues have affected performance across areas:

Within the North West, these include a transfer of responsibilities for managing complaints within one unit following a staff retiral; staff on annual or sickness leave when responses were due; confusion over which locality was to provide a response due to the complainer contacting another locality; and competing demands upon a member of staff who provides all mental health responses for the North West and South in addition to their normal workload. Delays have also been experienced in the North West and South receiving responses from some services/teams within the required timescales.

Prisons report that performance is being affected primarily by nursing staff having to balance complaints investigations with their normal clinical duties. These pressures are being compounded by significant staffing pressures across both nursing and administrative teams due to vacancies, sickness absence and other organisational demands. High volumes of Stage 1 complaints - contributed to by prison overcrowding of over 500 at present – can also have

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'knock-on' effects on Stage 2 delays. In turn, when stage 2s are delayed additional work can be incurred as a result of SPSO enquires, which place strain on limited business support capacity. Pressures are also being created upon staff by the commencement of work to deal with a backlog of Fatal Accident Inquiries and demands arising from Scottish Prison Service early release scheme.

Actions to Improve Performance

Within prisons, healthcare operational managers are prioritising efforts to progress outstanding Stage 2 complaints, including providing additional weekly on-site business management support at HMP Barlinnie; and supporting the induction of a new administration manager at HMP Low Moss. Recruitment is also ongoing to fill administration vacancies, while a Business Admin Manager is helping identify where organisational improvements can be made in teams impacted by staffing shortages and increased workload. Within the Sectors, management teams will be issuing communications to remind all staff of the required response times for complaints

Timescales for Improvement

It is hoped to close off existing Stage 2 complaints in the next 4-6 weeks and to see an improvement by Quarter 1 2026/27

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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		
		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.	Q3 % <u>of</u> no.
City	70%	77% (G) 237	71% (G) 199	67% (A) 186	69% (G) 177	70% (G) 159	67% (A) 129	58% (R) 169	79% (G) 140	71% (G) 175
North East		73% (G) 11	47% (R) 15	82% (G) 11	69% (G) 16	69% (G) 16	54% (R) 13	58% (R) 19	91% (G) 11	64% (R) 11
North West		35% (R) 17	67% (A) 12	36% (R) 11	36% (R) 11	50% (R) 4	40% (R) 10	67% (A) 3	80% (G) 15	77% (G) 13
South		50% (R) 14	47% (R) 19	35% (R) 23	40% (R) 30	35% (R) 17	44% (R) 16	17% (R) 18	31% (R) 16	29% (R) 17
Central Homelessness Services		65% (R) 23	57% (R) 28	50% (R) 24	52% (R) 21	68% (A) 31	62% (R) 21	55% (R) 31	71% (G) 24	80% (G) 20
Care Services		90% (G) 155	83% (G) 109	89% (G) 90	92% (G) 78	87% (G) 69	92% (G) 53	76% (G) 75	92% (G) 51	71% (G) 89
All Other Central Services		71% (G) 17	69% (G) 16	48% (R) 27	57% (R) 21	64% (R) 22	75% (G) 16	35% (R) 23	83% (G) 23	92% (G) 25

Performance Trend

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

During Q3 performance remained above target and GREEN at city-wide level, in North West and in the following teams: *Central Homelessness Services*, *Care Services*, and *All Other Central Services*. Performance slipped in North East which moved from GREEN to RED during the reporting period. The South locality continued to be below the 70% target and RED.

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

Target	22/23	23/24				24/25				25/26		
	Q4	Q1	Q2	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.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
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	66% (R) 161

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 Q3. The number of complaints received continued to rise with an increase of over 12% between Q2 (143) and Q3 (161).

Issues Affecting Performance

The ongoing issue affecting performance in Q3 is the high volume of Stage 2 complaints received. For the fifth consecutive quarter, CFIT received over 100 Stage 2 complaints in a single quarter, with Q3 representing the highest volume of Stage 2 complaints received in a single quarter over the past 14 quarters – the second consecutive quarter where this has happened. 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. Taken in isolation, however, the volume of Stage 2 complaint logged in Q3 of 25/26 is the highest we have ever received.

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). The consensus view is that the increase in complaints activity nationwide is attributable to the increasing use of AI tools by the general public. Complaints written with the assistance of AI are more likely to be presented in more complex terms, and at greater length, and may be more exaggerated, which makes complaints more likely to be escalated to Stage 2 for full

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investigation. These issues of length and complexity can also impact on the time taken to investigate and respond.

As previously noted, Subject Access Request (SAR) processing impacts on the capacity of the team to carry out complaints investigations. While increased resource to address SAR processing has mitigated this to some degree, one Senior Officer left the team in Q3 to take up an promoted post, which has impacted on the capacity of the team. Despite these challenges, and while the team have again 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 ever number of on-time complaint responses – 106 of 161 complaints were closed within timescale, which would have been sufficient to exceed the 70% target in any previous quarter on record.

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. During Q3 newly recruited staff (not involved in complaint handling) began to address the SAR backlog, which in turn allowed for additional resource to be committed to complaints investigation.

In addition, CFIT management are reviewing internal performance monitoring in order to ensure any issues or support requirements are identified at the earliest opportunity.

Timescales for Improvement

Performance was expected to exceed 70% in Q3 25/26, as by this point recruitment and training of additional SAR staff was expected to be complete, and Senior Officers have had greater capacity to dedicate time to complaint investigation and resolution, however, the loss of a member of staff and the continued increase in incoming Stage 2 complaints has prevented the target being met. Despite that, it's relevant to note that performance has improved over two consecutive quarters, and provided that level of performance can be maintained, Q4 should see the team meet the 70% target. Should complaints continue to be received in such high volumes, compliance may still remain particularly challenging to achieve, however once backfill is completed for the outgoing Senior Officer, the team should be compliant from Q1 26/27.

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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		
	Q4	Q1	Q2	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.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
100%	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	88% (R) 137

Performance Trend
This indicator is reported one quarter in arrears.
Performance in relation to FOIs improved during the quarter however continued to remain below target and 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. Following on from a marked drop in volumes of requests received in Q2, over twice as many requests were received in Q3, making compliance a significantly greater challenge. In addition, as noted above, one Senior Officer left the team in Q3 to take up a promoted post, which impacted on the capacity of the team in relation to FOI processing.
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. 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. Three junior members of staff have also now undertaken some FOI duties as a development opportunity and to assist in addressing the demand, and the addition of a new Senior Officer (backfill) will increase FOI capacity from Q1 26/27 onwards.

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Timescales for Improvement

While improvement from 80% was achieved as expected in Q3, as previously identified significant periods of staff leave and the loss of one senior officer in Q3 have impacted on performance, particularly in light of the significant increase in demand (i.e. over 100% increase). Q4 remains the predicted 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	23/24				24/25				25/26		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.	% <i>of</i> no.
100%	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	22% (R) 471

Performance Trend
This indicator is reported one quarter in arrears.
Performance in relation to Subject Access Requests (SARs) continued to remain below target and RED during the reporting period. Demand continued to rise during Q3 with the number of SARs increasing by almost 40% between Q2 (338) and Q3 (471).
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. Following an increase in demand during Q2 25/26 of almost 30% compared to the previous quarter, the further increase described above has meant Q3 this has been the highest volume of requests in a single quarter on record, for the second consecutive quarter.
As previously noted, ‘legacy’ cases closed from the significant backlog of SAR cases 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 104 case closures are recognised here, a record 529 cases were closed in the period in total – more than double the number of case closures in the previous quarter.
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 that

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additional resources currently available have made an immediate impact on increasing output. 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 105,000 pages was processed by the team, 57% more than in the previous quarter.

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.

Seven additional staff have been appointed and are beginning to get up to speed during this period, with three further staff set to join in Q4. CFIT began implementing new software expected to increase efficiency of processing during Q3, and further gains were expected in Q4 related to this software, however it is now known that this was not effective.

Timescales for Improvement

Recruitment will be completed in Q4 and while new software was introduced as expected during Q3, this did not have the expected 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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	80%	70% (R) 451	75% (R) 433	70% (R) 280	67% (R) 300	68% (R) 436	71% (R) 465	70% (R) 495	67% (R) 470	70% (R) 498
North East		87% (G) 102	92% (G) 73	79% (G) 67	78% (A) 60	73% (R) 73	79% (G) 81	78% (A) 74	71% (R) 72	74% (R) 82
North West		80% (G) 56	75% (R) 73	73% (R) 51	71% (R) 42	66% (R) 74	68% (R) 78	64% (R) 72	57% (R) 90	68% (R) 82
South		63% (R) 84	56% (R) 95	63% (R) 52	45% (R) 67	38% (R) 73	36% (R) 64	42% (R) 98	52% (R) 77	58% (R) 93
Centre		58% (R) 186	77% (A) 172	65% (R) 103	69% (R) 118	75% (R) 190	76% (R) 217	79% (G) 234	75% (R) 217	72% (R) 231
Care Services (prev. Cordia)		96% (G) 23	90% (G) 20	86% (G) 7	92% (G) 13	96% (G) 26	96% (G) 25	94% (G) 17	86% (G) 14	90% (G) 10

Performance Trend

During Q4 performance continued to remain below target and RED at city level, and in all localities and Teams with the exception of Care Services which continued to exceed target (GREEN).

There was a slight increase in the number of enquiries received between Q3 (470) and Q4 (498). The current Q4 figure is significantly higher than the number received during the same quarter in 24/25 (436).

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.

Q4 has seen receipt of the highest total number of EMQs on record. Given the wide range of issues spread across the city and services, it remains 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 to their elected representatives.

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 began review of processes during Q4 which will continue into Q1 26/27.

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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	Mar 26	36% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Declined since December when was 42%. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q4	96.6% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased slightly from Q3 when was 95%. Produced quarterly.
3. AHP Waiting Times – Community Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Q4	95% (R)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decrease from 95.7% for Q3. Pharmacy Dietetic performance is 76.2% (was 81.1% in Q3). Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q4	100% (G)	100% (G)	100% (G)	100% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q3 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%	Q4	78% (R) 9 (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q3 were 100% (under 5s) and 96% (over 5s). Produced quarterly.
		100%	Q4	83% (R) 24 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%	Apr23 to Mar25	56.4% (R)	56.2% (R)	57% (R)	56% (R)	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Apr 2026. Previous figures for 2022-24 were 56.2% (citywide); NE 56%; NW 56.8%; S 55.8%. Next report due Apr 27.
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 Apr 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%	2024-25	74.7% (G)	72.7% (G)	74.9% (G)	76.4% (G)	HSCP not directly responsible but has role in encouraging uptake. From Annual NHSGGC screening report last produced Apr 2026. Previous figures for 23/24 were 75.5% (citywide); NE 75.8%; NW 71.3%; S 78.5%. Next report due Apr 2027

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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