

OFFICIAL



Item No. 8

Meeting Date: Wednesday 10th December 2025

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

Report By: Craig Cowan, Head of Business Development
Contact: Duncan Goldie, Performance Planning Manager
Phone: 0141 287 8751

HSCP Performance Report Q2 2025/26

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2 of 2025/26 for noting. The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Leads for Adult Services and Justice Services.
---------------------------	---

Background/Engagement:	The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant Service Leads in attendance.
-------------------------------	--

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☒ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☐ Not Applicable ☐
--------------------------	---

OFFICIAL

OFFICIAL

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

Relevance to Integration Joint Board Strategic Plan:
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

Implications for Health and Social Care Partnership:

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

Personnel:	There is a Human Resources (HR) section within the report which contains HR KPIs.
-------------------	---

Carers:	A KPI in relation to Carers is included within the Older People's section of the report (KPI 15).
----------------	---

Provider Organisations:	None.
--------------------------------	-------

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

Fairer Scotland Compliance:	N/A
------------------------------------	-----

Financial:	None.
-------------------	-------

Legal:	None.
---------------	-------

Economic Impact:	None.
-------------------------	-------

Sustainability:	None.
------------------------	-------

Sustainable Procurement and Article 19:	None.
--	-------

Risk Implications:	None.
---------------------------	-------

Implications for Glasgow City Council:	The Integration Joint Board's performance framework includes social work performance indicators.
---	--

OFFICIAL

OFFICIAL

Implications for NHS Greater Glasgow & Clyde:	The Integration Joint Board's performance framework includes health performance indicators.
--	---

1. Purpose

- 1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2 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 Adult Services 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).

OFFICIAL

OFFICIAL

- 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 – Criminal Justice and Sexual Health Services. This section has been located at the front of the report for ease of reference.

Exceptions

- 4.4 At Q2, 53 indicators were GREEN (58.9%); 34 RED (37.8%) and 3 AMBER (3.3%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in **BOLD**. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Criminal Justice	
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	30
Sexual Health	
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	36
Older People & Carers	
8. Intermediate Care: Average Length of stay (Days)	51
Unscheduled Care	
5. Total Number of Acute Delays	65
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	67
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	69

OFFICIAL

OFFICIAL

Children's Services	
1. Uptake of the Ready to Learn Assessments - <i>North East & North West</i>	72
3. % looked after & accommodated children under 5 who have had a Permanency Review	75
4. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	78
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	82
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral – North West and South	85
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – Leverndale and Gartnavel	87
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - Gartnavel	89
4. Total number of Adult and Older People Mental Health Delays	91
Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (1, 2 and 4 apartment)	96
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	99
6. Number of new Housing First tenancies created	101
Health Improvement	
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	104
Human Resources	
1. NHS Sickness absence rate	111
2. Social Work Sickness Absence Rate	113
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))	114
4. % of NHS staff who have completed the standard induction training within the agreed deadline	116
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	117
Business Processes	
2. Percentage of NHS Stage 2 Complaints responded to within timescale	119
3. Percentage of Social Work Stage 1 Complaints responded to within timescale	121
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	123
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	125
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	127
7. Percentage of elected member enquiries handled within 10 working days	129

Changes in RAG Status

- 4.5 There has been a change in RAG status for **16** indicators since the last report. Of these, performance improved for **9** and declined for **7**.

OFFICIAL

OFFICIAL

i. Performance Improved

A) RED TO GREEN
Older People & Carers
6. Number of Clustered Supported Living tenancies offered to Older People
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – <i>North East</i>
Homelessness
3. Average number of weeks from assessment decision to settled accommodation – <i>3 apt</i>
B) RED to AMBER
Sexual Health
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations
Children's Services
1. Uptake of the Ready to Learn Assessments - South
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Leverndale</i>
C) AMBER to GREEN
Older People & Carers
4. Provided Residential Care – Occupancy Rates
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Stobhill</i>
Homelessness
3. Average number of weeks from assessment decision to settled accommodation – <i>5 apt</i>

ii. Performance Declined

A) GREEN TO RED
Criminal Justice
4. Percentage of Unpaid Work (UPW) requirements completed within timescale
Sexual Health
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – <i>North East and South</i>
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale
B) AMBER to RED
Children's Services
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale

OFFICIAL

5. Recommendations

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

- a) Note the attached performance report;
- b) Consider the exceptions highlighted in section 4.4; and
- c) Review and discuss performance with the Strategic Leads for Adult Services and Justice Services.

OFFICIAL



CORPORATE PERFORMANCE REPORT

**QUARTER 2
2025/26**

OFFICIAL

CONTENTS

SECTION	PAGE NUMBER
1. Performance Summary	10
2. Adult Services	
i Criminal Justice	24
ii Sexual Health Services	36
3. Older People's Services	
i. Older People & Carers	44
ii. Unscheduled Care	60
4. Primary Care	69
5. Children's Services	72
6. Adult Services	
i. Adult Mental Health	85
ii. Alcohol and Drugs	93
iii. Homelessness	94
7. Health Improvement	103
8. Human Resources	111
9. Business Processes	118
Appendix 1 – Other Indicators	131
Appendix 2 – National Health & Wellbeing Outcomes	134
Appendix 3 – HSCP Corporate Priorities	135
Appendix 4 – APR Local KPIs	136

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

OFFICIAL

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			
								
Criminal Justice			6 (100%)		1 (16.7%)		5 (83.3%)	
Sandyford Sexual Health	1 (20%)		4 (80%)		1 (20%)	1 (20%)	3 (60%)	
Older People & Carers	2 (11.1%)	1 (5.6%)	15 (83.3%)		1 (5.6%)		17 (94.4%)	
Unscheduled Care	2 (33.3%)		4 (66.7%)		2 (33.3%)		4 (66.7%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Children's Services	5 (41.7%)	1 (8.3%)	6 (50.0%)		5 (41.7%)	1 (8.3%)	6 (50.0%)	
Adult Mental Health	6 (60%)	1 (10%)	3 (30%)		6 (60%)	1 (10%)	3 (30%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Homelessness	6 (54.5%)	1 (9.1%)	4 (36.4%)		5 (45.5%)		6 (54.5%)	

OFFICIAL

OFFICIAL

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	4 (57.1%)	1 (14.3%)	2 (28.6%)		6 (85.7%)		1 (14.3%)	
TOTAL No. and (%)	33 (36.7%)	5 (5.5%)	52 (57.8%)	0 (0%)	34 (37.8%)	3 (3.3%)	53 (58.9%)	0 (0%)

OFFICIAL

OFFICIAL

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
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q2	90% 	▲
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%	Q2	93% 	▲
3. Percentage of 3-month Reviews held within timescale	75%	Q2	77% 	▲
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q2	65% 	▼  to 
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q2	82% 	▶
6. Throughcare Order Licences: Percentage of Post release interviews held within one day of release from prison	80%	Q2	100% 	▲

OFFICIAL

OFFICIAL

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	1,354 per quarter	Q2	1,293 	 ▲ to 
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	1,166 per quarter	Q2	998 	 ▼ to 
3. Median waiting times for access to first Urgent Care appointments.	2 Working Days	Q2	1 day 	►
4. Number of YP appointments offered across all Sandyford locations	315	Q2	562 	▼
5. Median waiting times for access to first TOPAR appointments.	5 working days	Q2	5 	►
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%	Q2	<u>Hosp. discharges</u> 82.6%  <u>Community Referrals</u> 89.8% 	Hosp ▲ Comm ▲
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q2	40.5% 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Day Care (provided) – Review Rates	95%	Q2	93% 	▼
4. Provided Residential Care – Occupancy Rates	95%	Q2	96% 	▲  to 
5. Provided Residential Care – Review Rates	95%	Q2	97% 	▲
ii. Commissioned Services				
6. Number of Clustered Supported Living tenancies offered to Older People	75 per annum (19/quarter)	Q2	19 	▲  to 
7. Intermediate Care: Percentage Occupancy	90%	Sep 25	94% 	▲
8. Intermediate Care: Average Length of stay (Days)	< 42 days	Sep 25	45 days 	▲
9. Intermediate Care: Percentage of users transferred home	>30%	Sep 25	33% 	▼
iii. HSCP Community Services				
10. Number of Future Care Plan summaries completed and shared with the patient's GP.	360 summaries per annum	Q2	219 	▼
11. Occupational Therapy (OT) Assessments: % completed within 12 months of request	98%	Q2	99% 	▲

OFFICIAL

OFFICIAL

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
12. Number of Telecare referrals received by Reason for Referral	(i) Outcome 1 Reducing risk of admission to acute, residential and nursing care settings	560 per annum (140 per q)	Q2	626 	▲
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum (163 per q)	Q2	164 	▲
	(iii) Outcome 3 Supporting Carers	100 per annum (25 per q)	Q2	28 	▶
13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q2	99.6% 	▲
14. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q2	98.2% 	▲
15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement		1,900 per annum	Q1	687 	▼
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		161,155 (13,430 /month)	Q1 25/26	37,691 (12,564 per month) 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Number of Emergency Admissions (18+) (reported in arrears)	63,855 (5,321/month)	2024/25	57,731* (4,811* per month) *provisional 	▲
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	507,633 (42,303/ month)	2024/25	538,884* (44,907* per month) *provisional 	▼
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	2024/25	172,999* (14,417* per month) *provisional 	▲
5. Total number of Acute Delays	120	Sept 25	170 (Total) 97 (Non-AWI) 73 (AWI) 	Total ▲ Non-AWI ▼ AWI ▲
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	Q1 25/26	20,484 (6,828 per month) 	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q1	72.72% 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Jun 25	£178.60 	▲
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Sep 25	NE 86%  NW 90%  S 91% 	NE ▼ NW ► S ▲  to 
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Jun 25	NE 97%  NW 97%  S 97% 	NE ▲ NW ▲ S ▲
3. % looked after and accommodated children aged under five (who have been looked after for 6 months or more) who have had a permanency review	90%	Q2	55% 	▲
4. Percentage of <u>New</u> SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q2	38% 	▼

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q2	74% 	►
6. Number of out of authority placements	25 or fewer	Q2	23 	▼
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q1	89.4% 	▼  to 
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q1	95.5% 	▲
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Sept 25	NE 88.5%  NW 78.3%  S 83.5% 	NE ▲  to  NW ▼  to  S ▼  to 
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Sept 25	Stob 25.3  Lev 43.0 	Stob ▲ Lev ▼ Gart ▲

OFFICIAL

OFFICIAL

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
				Gart 34.6	
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)		<95%	Sep 25	Stob 96.4% Lev 99.6% Gart 100.8%	Stob ▲ to Lev ▲ to Gart ▼
4. Total number of Adult and Older People Mental Health Delays		20	Sep 25	46 Total 40 (Non-AWI) 6 (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%	Q1	93% 	▲
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q2	97% 	▼
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q2	1,286 	▲
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q2	39 	▼
	2 apt	36 weeks		62 	▼
	3 apt	31 weeks		30	▲

OFFICIAL

OFFICIAL

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
					to
	4 apt	81 weeks		95 	▼
	5 apt	225 weeks		212 	▲ to
4. Number of households reassessed as homeless or threatened with homelessness within 12 months.		<480 per annum (<120 per quarter)	Q2	101 	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q2	53% 	▲
6. Number of new Housing First tenancies created		20 per quarter	Q2	5 	▼
7. Number of Temporary Furnished Flats		2,400 or less	Q2	2,419 	▼
Health Improvement					
1. Alcohol Brief Intervention delivery (ABI)		5,066 (annual)	Q2	3,023 	▲
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)		1,190 (annual)	Q1	242 	▼
3. Women smoking in pregnancy (general population)		10%	Q2	6.2% 	▲
4. Women smoking in pregnancy (from 20% most deprived areas)		14%	Q2	9.9% 	▲

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q1	37.3% 	▲
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q1	30.5% 	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q4	19.5% 	▲
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Q2	7.52% 	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q2	9.6% 	►
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Q2	53.63% 	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q2	21.0% 	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q2	38.5% 	▼
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q2	85.4% 	▲

OFFICIAL

OFFICIAL

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q2	53% 	▼  to 
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q1	58% 	▼  to 
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	56% 	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q1	91% 	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q1	35% 	▲
7. Percentage of elected member enquiries handled within 10 working days	80%	Q2	70% 	▼

OFFICIAL

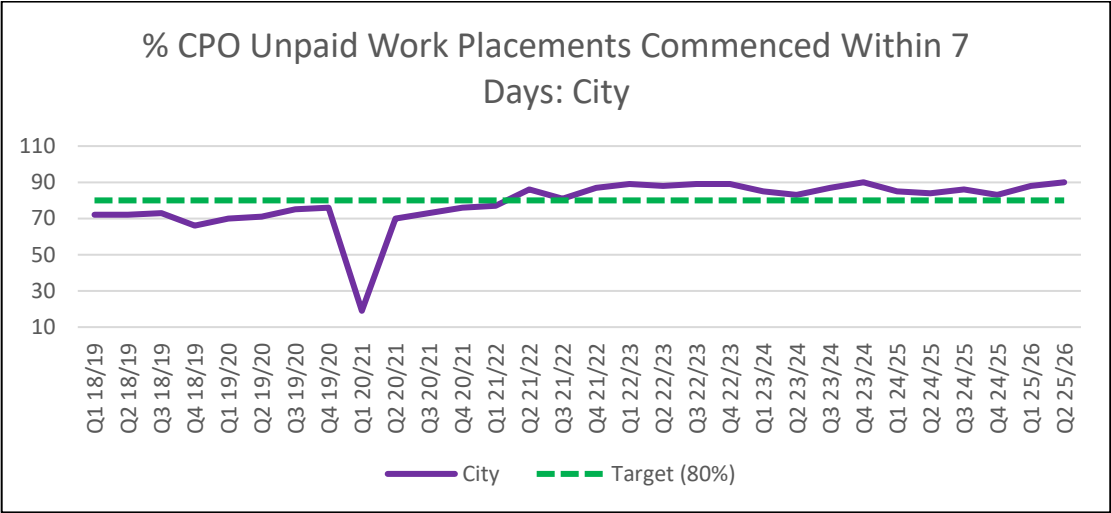
OFFICIAL

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	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	80%	83 (G)	87 (G)	90 (G)	85 (G)	84 (G)	86 (G)	83 (G)	88 (G)	90 (G)
North East		90 (G)	86 (G)	93 (G)	83 (G)	84 (G)	87 (G)	89 (G)	87 (G)	85 (G)
North West		81 (G)	88 (G)	87 (G)	86 (G)	87 (G)	85 (G)	81 (G)	88 (G)	93 (G)
South		81 (G)	87 (G)	90 (G)	87 (G)	82 (G)	87 (G)	81 (G)	88 (G)	91 (G)
Performance Trend										
During Q2 performance continued to exceed target (GREEN) at city level and in all localities. City-wide a total of 564 CPOs (North East, North West, South, Caledonian Team) were made during Q2; a lower figure than Q1 (615). Back to Summary										

Longer Term Trend

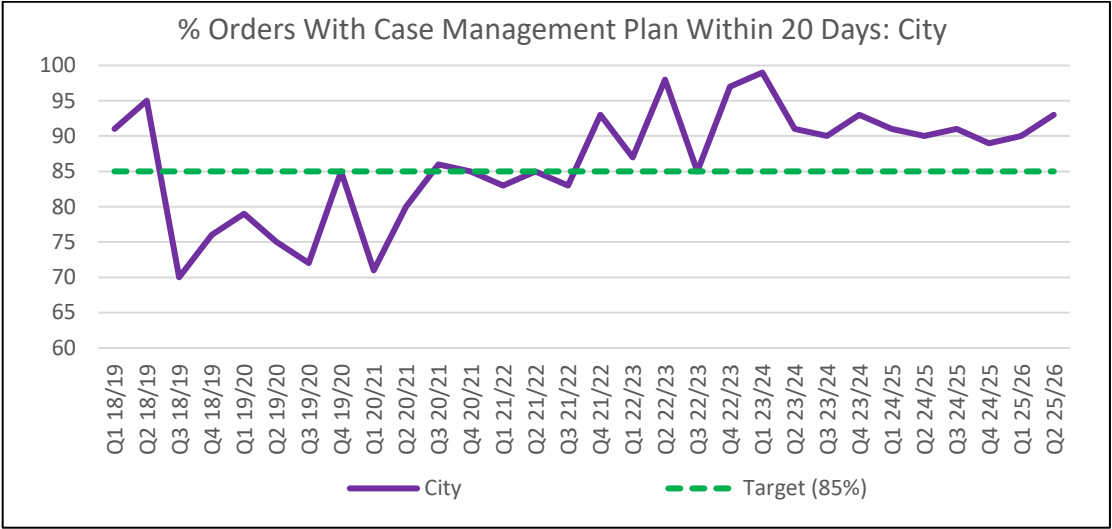


OFFICIAL

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	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City (All)	85%	91 (G)	90 (G)	93 (G)	91 (G)	90 (G)	91 (G)	89 (G)	90 (G)	93 (G)
North East (CPOs)		86 (G)	87 (G)	91 (G)	90 (G)	93 (G)	88 (G)	84 (G)	81 (A)	87 (G)
North West (CPOs)		94 (G)	94 (G)	97 (G)	90 (G)	90 (G)	93 (G)	91 (G)	95 (G)	97 (G)
South (CPOs)		91 (G)	88 (G)	91 (G)	95 (G)	88 (G)	92 (G)	89 (G)	93 (G)	94 (G)
Caledonian Team (CPOs)		94 (G)	96 (G)	100 (G)	75 (R)	75 (R)	90 (G)	91 (G)	93 (G)	95 (G)
Drug Court Team (DTTOs)		93 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	80 (R)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	92 (G)	91 (G)
Performance Trend										
During Q2 all teams and localities exceeded target (GREEN). Performance in North East improved with the RAG-rating moving from AMBER to GREEN during the reporting period.										
Back to Summary										

Longer Term Trend



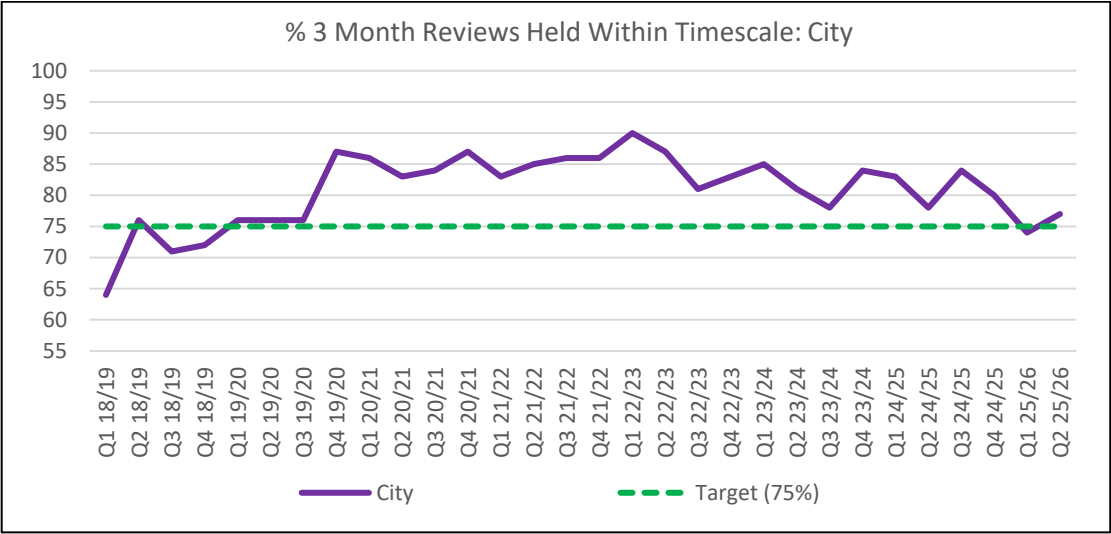
OFFICIAL

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	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City (All)	75%	81 (G)	78 (G)	84 (G)	83 (G)	78 (G)	84 (G)	80 (G)	74 (G)	77 (G)
North East (CPOs)		83 (G)	76 (G)	77 (G)	83 (G)	79 (G)	81 (G)	77 (G)	63 (R)	64 (R)
North West (CPOs)		88 (G)	85 (G)	86 (G)	82 (G)	81 (G)	84 (G)	82 (G)	74 (G)	86 (G)
South (CPOs)		77 (G)	74 (G)	88 (G)	85 (G)	83 (G)	87 (G)	82 (G)	81 (G)	83 (G)
Caledonian Team (CPOs)		77 (G)	82 (G)	100 (G)	82 (G)	78 (G)	84 (G)	65 (R)	82 (G)	57 (R)
Drug Court Team (DTTOs)		71 (R)	88 (G)	75 (G)	80 (G)	89 (G)	60 (R)	83 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	91 (G)	100 (G)	100 (G)	100 (G)	100 (G)	93 (G)	100 (G)
Performance Trend										
During Q2 performance at city level and in all localities and teams exceeded target (GREEN) with the exception of North East which remained below target and RED, and the Caledonian Team which slipped from GREEN to RED during the reporting period. There are additional Orders assigned to our Public Protection Team; 79% of their reviews were held on time. Back to Summary										

OFFICIAL

Longer Term Trend



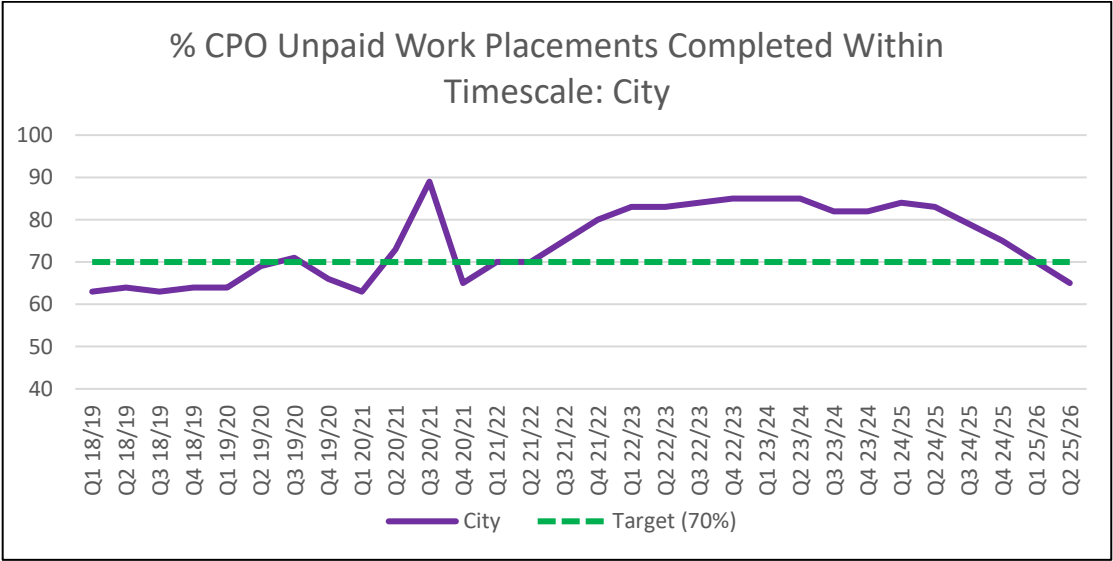
OFFICIAL

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	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	70%	85 (G)	82 (G)	82 (G)	84 (G)	83 (G)	79 (G)	75 (G)	70 (G)	65 (R)
North East		85 (G)	81 (G)	83 (G)	82 (G)	87 (G)	85 (G)	73 (G)	74 (G)	64 (R)
North West		79 (G)	80 (G)	85 (G)	84 (G)	82 (G)	76 (G)	82 (G)	72 (G)	70 (G)
South		89 (G)	82 (G)	77 (G)	85 (G)	80 (G)	76 (G)	70 (G)	65 (R)	60 (R)
Performance Trend										
During Q2 performance slipped with the City and North East moving from GREEN to RED during the reporting period. Performance in South remained below target (RED). The target continued to be met in North West which remained GREEN.										
Please note that these figures, in line with national guidance, include those that have failed to comply with the conditions of their Community Payback Order. When this occurs, a breach is recorded and the case is returned to court for further action, which halts progress on the original order. If these breaches were excluded, performance would be higher - City 72%, NE 70%, NW 78% and South 66%.										
Issues Affecting Performance										
There was some interruption to 2 UPW providers over this period of time which resulted in contingency planning being activated and some disruption to service provision.										
Actions to Improve Performance										
The issue with the UPW Providers has been resolved and we expect performance to improve over the next quarter.										
Timescales for Improvement										
Through Quarter 3 and 4 we expect to see improvements due to improved service provision.										
Back to Summary										

OFFICIAL

Longer Term Trend



OFFICIAL

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	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	80%	79 (G)	79 (G)	79 (G)	81 (G)	80 (G)	81 (G)	80 (G)	82 (G)	82 (G)
North East		80 (G)	77 (A)	80 (G)	82 (G)	79 (G)	83 (G)	79 (G)	77 (A)	83 (G)
North West		82 (G)	82 (G)	81 (G)	80 (G)	81 (G)	83 (G)	83 (G)	86 (G)	81 (G)
South		79 (G)	78 (A)	78 (A)	82 (G)	82 (G)	82 (G)	81 (G)	85 (G)	82 (G)
Caledonian Team		70 (R)	84 (G)	84 (G)	80 (G)	81 (G)	69 (R)	78 (A)	69 (R)	81 (G)
Drug Court Team		52 (R)	74 (R)	70 (R)	72 (R)	67 (R)	50 (R)	48 (R)	67 (R)	67 (R)

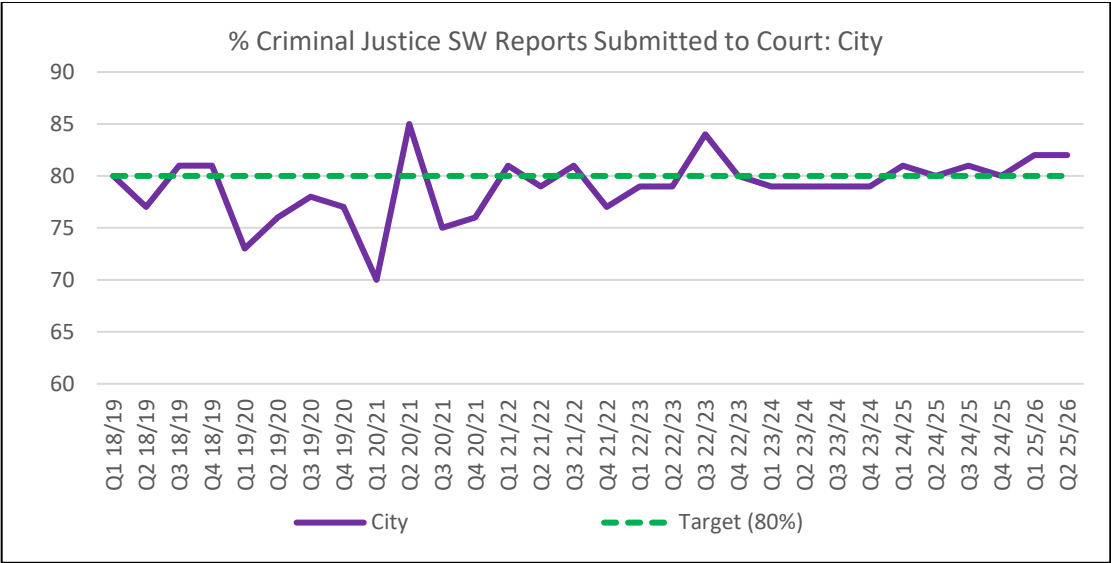
Performance Trend

During Q2 performance was maintained in the city, North West and South all of which remained above target and GREEN. Performance improved in the North East locality which moved from AMBER to GREEN and in the Caledonian Team which moved from RED to GREEN during the reporting period. Performance in the Drug Court Team continued to remain below target and RED.

The drug court continues to face a number of challenges in getting service users to attend for court report interviews due to the nature of their chaotic drug use 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.

[Back to Summary](#)

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

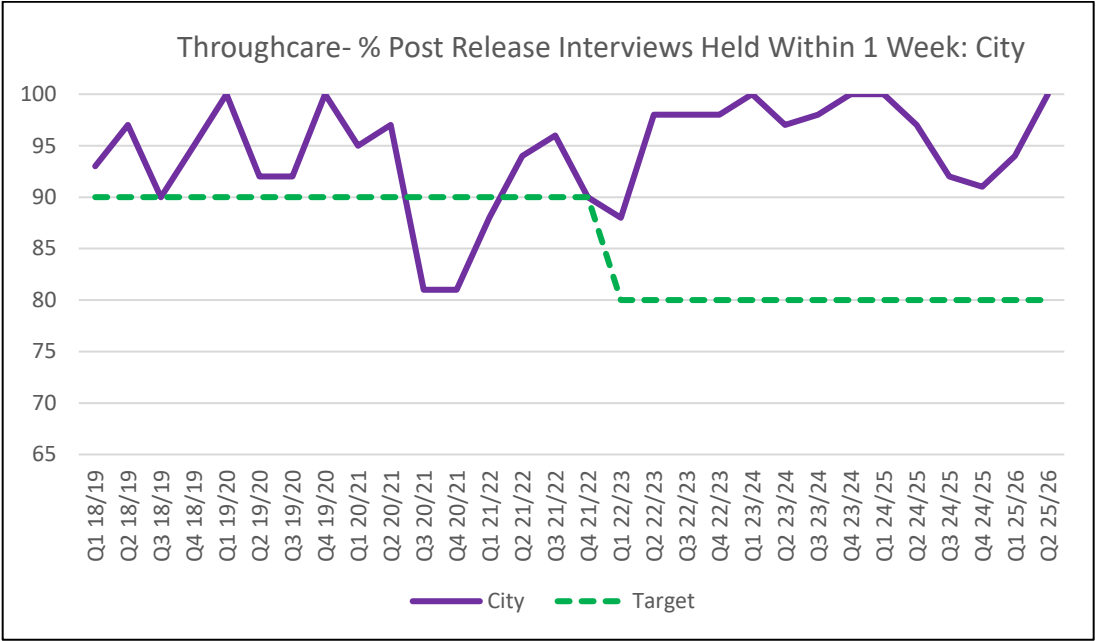
Locality /Team	Target	23/24			24/25				25/26	
		Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	80%	97 (G)	98 (G)	100 (G)	100 (G)	97 (G)	92 (G)	91 (G)	94 (G)	100 (G)
North East		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	90 (G)	100 (G)	100 (G)
North West		100 (G)	100 (G)	100 (G)	100 (G)	83 (G)	83 (G)	100 (G)	93 (G)	100 (G)
South		86 (G)	83 (G)	100 (G)	100 (G)	100 (G)	100 (G)	71 (R)	92 (G)	100 (G)
Clyde Quay		100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	92 (G)	93 (G)	92 (G)	100 (G)

Performance Trend

During Q2 there was further improvement in performance with all post release interviews in the city held within one day of release from prison in all localities and Teams (GREEN).

[Back to Summary](#)

Longer Term Trend



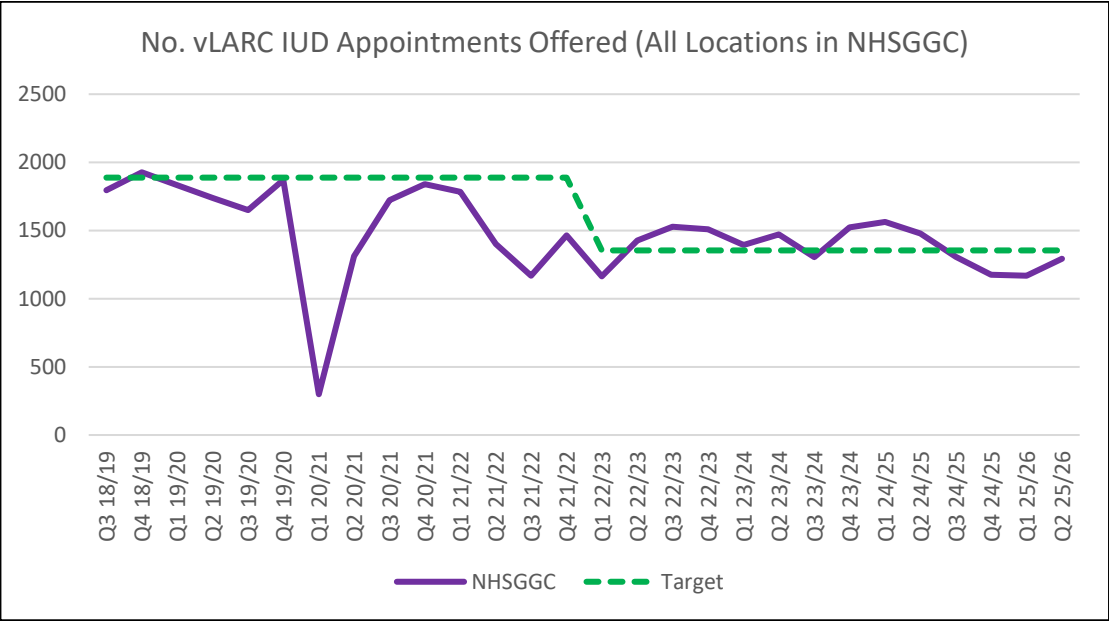
SEXUAL HEALTH SERVICES

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

Locality	Target	2023/24			2024/25				2025/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		1189	1118	1322	1361	1319	1137	1027	1029	1135
NE		182	190	266	275	312	227	130	224	284
NW		817	786	883	892	801	756	797	713	780
S		190	142	173	194	206	154	100	92	71
NHSGGC	1354 per Quarter	1471 (G)	1304 (A)	1524 (G)	1562 (G)	1479 (G)	1308 (A)	1175 (R)	1168 (R)	1293 (A)
DNA rate (%)		11.09	8.69	10.03	11.2	11.76	11.85	12.17	11.98	10.21

Performance Trend
Performance has improved at NHSGGC level in Q2 and moved from RED to AMBER.
Issues Affecting Performance
Clinic closures remain in place from previous quarter (approved by ACO). There are a number of nurse vacancies having an impact on the number of appointments able to be offered.
Actions to Improve Performance
Recruitment ongoing. A number of additional staff are undergoing training (Band 6 nurses and some nurse Team Leads). Some medical staff (trainees) have just commenced their own coil and implant clinics in Central. Therefore, more appointments should be able to be offered again. However, with the continued closures, target numbers are unlikely to be met.
Timescales for Improvement
Early 2026.
Back to Summary

Longer Term Trend



OFFICIAL

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

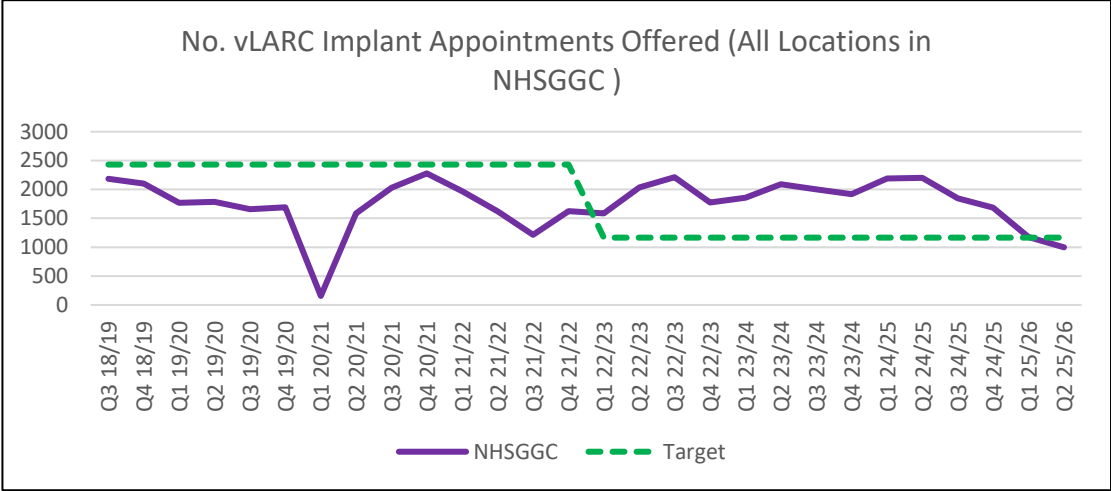
Locality	Target	2023/24			2024/25				2025/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		1168	1011	1167	1243	1533	1208	1070	853	698
NE		200	209	300	333	451	371	175	285	179
NW		650	546	541	580	736	613	699	463	395
S		318	256	326	330	346	224	196	105	124
NHSGGC	1166 per Quarter	2090 (G)	2004 (G)	1916 (G)	2190 (G)	2203 (G)	1848 (G)	1687 (G)	1176 (G)	998 (R)
DNA rate (%)		18.92	19.5	14.68	15	16.8	18.07	15.64	15.05	13

Performance Trend
Performance has reduced at NHSGGC level in Q3 and moved from GREEN to RED.
Issues Affecting Performance
Clinic closures remain in place from previous quarter (approved by ACO).
During July resource was prioritised to the vasectomy service in order to tackle long waiting lists and staff diverted away from Implant clinics. There are also a number of nurse vacancies which are having an impact on the number of appointments able to be offered.
Actions to Improve Performance
Recruitment ongoing. Staff now diverted back to LARC clinics, and a number of additional staff have undergone training (new Band 5 nurses recruited). Some medical staff (trainees) have just commenced their own coil and implant clinics in Central. Therefore, more appointments should be able to be offered again. However, with the continued closures, target numbers are unlikely to be met.
Timescales for Improvement
Early 2026.
Back to Summary

OFFICIAL



Longer Term Trend



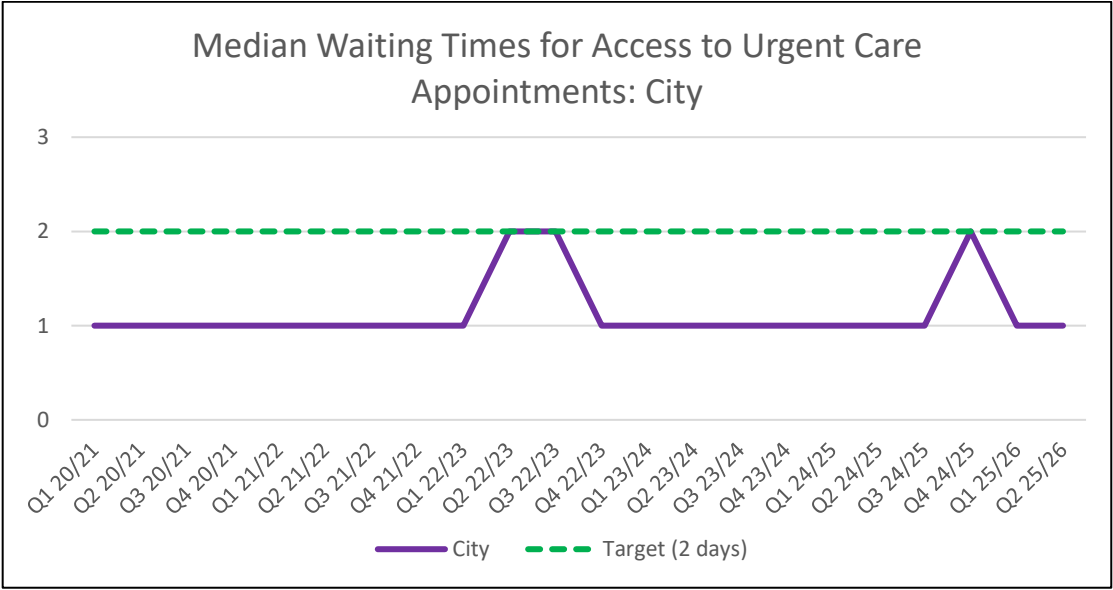
OFFICIAL

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

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

Performance Trend
Performance remains GREEN across the city and Health Board. Median waiting times reduced in the North East in the last quarter, with the other localities remaining the same. Target based on median rather than average waiting times as small numbers of outliers distort the figures. Back to Summary

Longer Term Trend



OFFICIAL

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

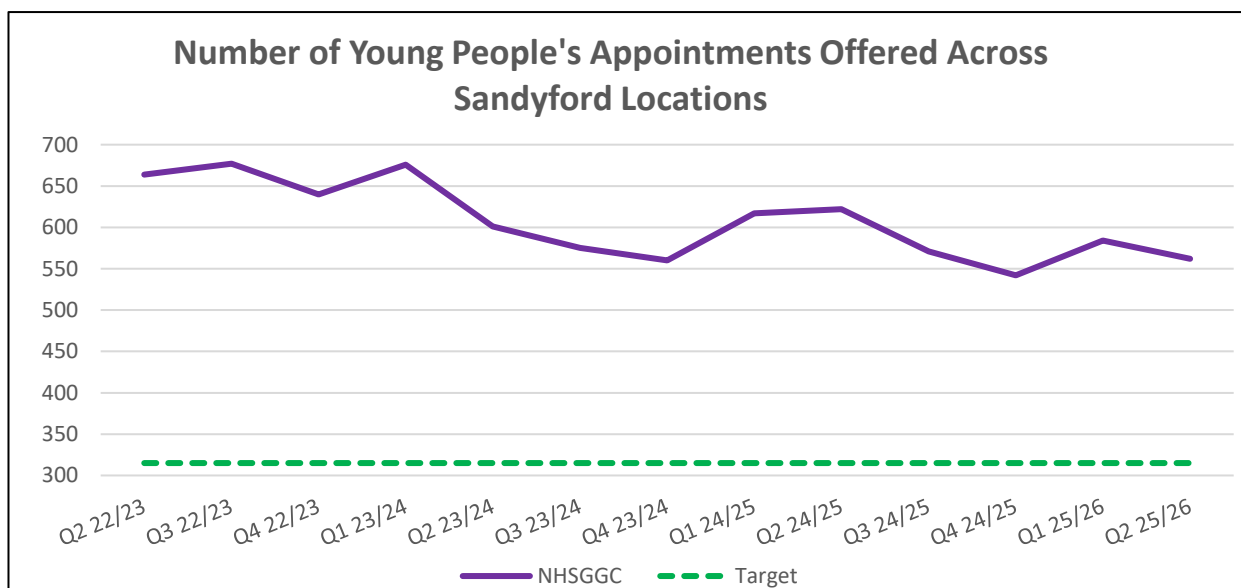
Locality	Target	2023/24			2024/25				2025/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City		385	385	404	470	486	429	352	433	409
NE		56	53	62	119	118	99	48	99	102
NW		253	258	279	284	294	252	230	263	232
S		76	74	63	67	74	78	74	71	75
NHSGGC	315 per quarter	601 (G)	575 (G)	560 (G)	617 (G)	622 (G)	571 (G)	542 (G)	584 (G)	562 (G)
DNA rate (%)		24.29	26.26	26.96	28.2	30.55	28.9	28.04	26	25

Performance Trend

Performance has reduced slightly in Q2 but remains above target and GREEN.

[Back to Summary](#)

Longer Term Trend



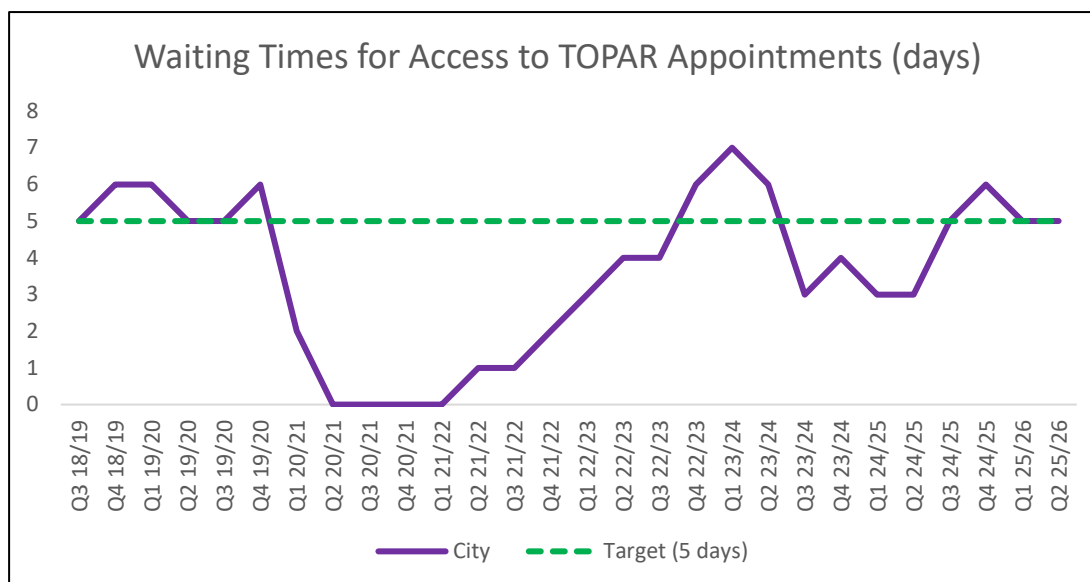
Indicator	5. Median waiting times for access to first TOPAR (Termination of Pregnancy and Referral) Appointments
Purpose	To monitor waiting times for access to first appointment at the TOPAR service. This indicator now uses median rather than mean (average) as small numbers of outliers were adversely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

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

Performance Trend
Performance remained the same during Q2 and stayed GREEN.
Back to Summary

Longer Term Trend

OFFICIAL



OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Referral Source	Target	23/24			24/25				25/26	
		Q2 %	Q3* %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
Hospital Discharges	75%	77.8 (G)	79.0 (G)	73.9 (G)	73.9 (G)	80.2 (G)	82.0 (G)	84.0 (G)	81.5 (G)	82.6 (G)
Community Referrals	(70% prior to 23/24)	83.8 (G)	87.9 (G)	88.4 (G)	86.2 (G)	87.3 (G)	88.5 (G)	90.7 (G)	84.5 (G)	89.8 (G)

OFFICIAL

OFFICIAL

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

Performance Trend

Performance in relation to both Hospital Discharges and Community Referrals remained above target and GREEN during Quarter 2.

[Back to Summary](#)

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

		23/24			24/25				25/26	
Locality	Target	Q2* %	Q3* %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	>35%	34.6 (G)	34.4 (G)	37.5 (G)	36.4 (G)	42.8% (G)	39.2% (G)	42.4% (G)	44.1% (G)	40.5% (G)
North East		32.1 (R)	32.5 (R)	43.5 (G)	39.2 (G)	43.1% (G)	40.7% (G)	45.5% (G)	47.7% (G)	41.8% (G)
North West		34.9 (G)	36.9 (G)	38.2 (G)	39.9 (G)	43.4% (G)	39.8% (G)	43.0% (G)	47.1% (G)	42.8% (G)
South		35.6 (G)	33.5 (A)	33.4 (A)	32.8 (R)	43.9% (G)	37.9% (G)	39.9% (G)	40.1% (G)	38.2% (G)

OFFICIAL

OFFICIAL

*Reporting for this KPI was revised in Q3 23/24: The performance figures for 23/24 and going forward have been reported by quarter rather than by period/month.
Performance Trend
Performance at city level and in each locality remained above target during Q2 (GREEN). Back to Summary

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

Target	22/23	23/24				24/25				25/26	
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	92% (A)	92% (A)	89% (R)	84% (R)	94% (G)	92% (A)	89% (R)	89% (R)	98% (G)	98% (G)	93% (G)
Performance Trend											
Performance in relation to day care review rates fell slightly during Quarter 2 but remained within the target range and GREEN. Back to Summary											

OFFICIAL

OFFICIAL

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

	23/24				24/25				25/26	
Target	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	94% (G)	90.5% (A)	96% (G)	92% (A)	90.4% (A)	88% (R)	87% (R)	87% (R)	91.5% (A)	96% (G)
Performance Trend										
Performance improved further during Q2 with the RAG-rating moving from AMBER to GREEN during the reporting period.										
Back to Summary										

OFFICIAL

OFFICIAL

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

	22/23		23/24				24/25				25/26	
Target	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
95%	93% (G)	89% (R)	84% (R)	92% (A)	91% (A)	91% (A)	93% (G)	85% (R)	90% (R)	85% (R)	93% (G)	97% (G)
Performance Trend												
Performance in relation to this KPI improved further during Quarter 2 (GREEN).												
Back to Summary												

OFFICIAL

ii. Commissioned Services

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

Locality	Target	21/22 Total	22/23 Total	23/24 Total	24/25				24/25 Total	25/26	
					Q1	Q2	Q3	Q4		Q1	Q2
City	75 per annum (19 per quarter)	84 (G)	83 (G)	88 (G)	25 (G)	15 (R)	21 (G)	24 (G)	85 (G)	16 (R)	19 (G)
North East	25 per annum (6 per quarter)	35 (G)	21 (R)	26 (G)	6 (G)	5 (R)	7 (G)	5 (R)	23 (R)	7 (G)	7 (G)
North West		23 (R)	25 (G)	23 (R)	9 (G)	8 (G)	8 (G)	7 (G)	32 (G)	5 (R)	10 (G)
South		26 (G)	37 (G)	(39) (G)	10 (G)	2 (R)	6 (G)	12 (G)	30 (G)	4 (R)	2 (R)

OFFICIAL

Performance Trend

Between Q1 and Q2 performance improved with the city-wide target being met and the RAG-rating for the city and North West moving from RED to GREEN. South remained below target and RED during the reporting period.

[Back to Summary](#)

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

Locality	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
City	90%	83 (R)	91 (G)	81 (R)	92 (G)	95 (G)	96 (G)	93 (G)	89 (G)	88 (G)	93 (G)	94 (G)
North East		86 (A)	N/A	100 (G)	94 (G)	93 (G)	94 (G)	93 (G)	94 (G)	95 (G)	96 (G)	95 (G)
North West		80 (R)	94 (G)	83 (R)	90 (G)	94 (G)	97 (G)	98 (G)	94 (G)	96 (G)	94 (G)	97 (G)
South		84 (R)	89 (G)	72 (R)	91 (G)	96 (G)	97 (G)	91 (G)	83 (R)	81 (R)	92 (G)	92 (G)

Performance Trend

Performance at city level and in the North East and North West has remained GREEN between June and September. South moved from RED to GREEN over the same period.

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

OFFICIAL

OFFICIAL

[Back to Summary](#)

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

Locality	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
City	<42 days	46 (R)	53 (R)	44 (R)	45 (R)	47 (R)	51 (R)	69 (R)	48 (R)	47 (R)	55 (R)	45 (R)
North East		44 (R)	N/A	13 (G)	47 (R)	36 (G)	55 (R)	72 (R)	48 (R)	41 (G)	50 (R)	65 (R)
North West		80 (R)	69 (R)	74 (R)	56 (R)	56 (R)	49 (R)	48 (R)	48 (R)	70 (R)	63 (R)	62 (R)
South		33 (R)	45 (R)	41 (R)	40 (G)	47 (R)	50 (R)	75 (R)	49 (R)	41 (G)	53 (R)	36 (G)

Performance Trend

OFFICIAL

OFFICIAL

Performance has remained RED at a city level and in the North West since June. South has moved from RED to GREEN over this period with the North East moving to GREEN in July but moving back to RED since.

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

Issues Affecting Performance

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

Actions to Improve Performance

- Focus on getting the AWIs awarded at court – seen a recent increase on these and number of AWIs has reduced significantly.
- Action Planning to target length of stay including level of scrutiny through weekly huddles in each IC unit, remains a strong weekly activity.
- Actions through the IMC Improvement Group and identifying opportunities to improve decision making processes and opportunities to progress discharge, remains ongoing.
- An improvement in the use of the digital booking system for Red Cross transport to support increased level of care planning and to prevent delays in supporting discharge.
- Ongoing work with Scot Gov and funding to improve demand on services.

Timescales for Improvement

Performance actions remain the same for Q3, and improvement is expected to be ongoing throughout 25/26.

[Back to Summary](#)

OFFICIAL

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

Area	Destination	Target	2023/24			2024/25				2025/26			
			Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
Glasgow	Home	30%	32 (G)	22 (R)	14 (R)	22 (R)	23 (R)	14 (R)	23 (R)	42 (G)	23 (R)	29 (G)	33 (G)
	Res/Nursing	N/A	48	52	68	59	64	57	68	39	68	45	33
	Readmissions	N/A	19	17	14	19	9	29	3	13	9	23	24
	Deceased	N/A	0	9	5	0	5	0	6	6	0	3	10
NE	Home	30%	67 (G)	N/A	0 (R)	13 (R)	25 (R)	0 (R)	30 (G)	13 (R)	0 (R)	50 (G)	33 (G)
	Res/Nursing	N/A	17	N/A	33	75	75	50	70	63	100	33	33
	Readmissions	N/A	17	N/A	33	13	0	50	0	13	0	17	33
	Deceased	N/A	0	N/A	33	0	0	0	0	13	0	0	0
NW	Home	30%	14 (R)	29 (G)	0 (R)	20 (R)	25 (R)	17 (R)	50 (G)	43 (G)	20 (R)	29 (G)	50 (G)
	Res/Nursing	N/A	71	57	100	40	75	50	50	29	60	43	50

OFFICIAL

OFFICIAL

	Readmissions	N/A	14	0	0	40	0	33	0	14	20	14	0
	Deceased	N/A	0	14	0	0	0	0	0	14	0	14	0
South	Home	30%	28 (A)	19 (R)	21 (R)	29 (G)	21 (R)	18 (R)	16 (R)	56 (G)	40 (G)	22 (R)	29 (G)
	Res/Nursing	N/A	50	50	64	57	57	64	68	31	50	50	29
	Readmissions	N/A	22	25	14	14	14	18	5	13	10	28	29
	Deceased	N/A	0	6	0	0	7	0	11	0	0	0	14

Performance Trend

City wide performance fluctuated but decreased between June and September although remained GREEN. North East and North West improved and were both GREEN in September, as was the South although performance there declined.

[Back to Summary](#)

iii. HSCP Community Services

Indicator	10. Number of Future Care Plan summaries completed and shared with the patient's GP
Purpose	To monitor progress in the implementation of the new future care plans. New booklets are patient held and remain with patients. It has been agreed that HSCP staff will share summary pages from these with GPs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	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)	237 (G)	219 (G)			456 (G)

Performance Trend

Target for the year has already been exceeded.

OFFICIAL

OFFICIAL

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.

[Back to Summary](#)

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

Locality	Target	23/24	24/25				25/26		
		% completed within 12 months of request (Total number of completed Activities)							
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
City	98%	96% (G) 2,129	98% (G) 2,107	99% (G) 1,907	99% (G) 1,686	98% (G) 1,507	98% (G) 1,571	99% (G) 1,589	
Centre HSCC		100% (G) 1,369	100% (G) 1,403	100% (G) 1,289	100% (G) 1,089	100% (G) 888	99% (G) 967	100% (G) 971	
North East		81% (R) 217	99% (G) 226	100% (G) 203	100% (G) 181	99.5% (G) 183	98% (G) 182	99% (G) 210	
North West		98%	100%	100%	100%	94%	96%	100%	

OFFICIAL

OFFICIAL

		(G) 256	(G) 248	(G) 177	(G) 197	(A) 199	(G) 210	(G) 192	
South		86% (R) 256	87% (R) 209	94% (A) 227	90% (R) 219	94% (A) 236	96% (G) 211	97% (G) 216	
Other (Learning Disability)		71% (R) 31	100% (G) 21	100% (G) 11	-	100% (G) 1	100% (G) 1	-	
Performance Trend									
At Q2 the target continued to be met at city level, at Centre and in all localities (GREEN).									
Back to Summary									

Target/Ref	12. Number of Telecare referrals received by Reason for Referral
Purpose	To monitor the number of Telecare referrals received on a quarterly basis and provide a breakdown of these by Reason for Referral/Intended Outcome. Reasons are taken from the following options on the referral form, in response to the question, 'Why is Telecare Service required?'. These reasons have been aligned to Intended Outcomes for this indicator, with reasons 1-3 aligned to Outcome 1; 4 to Outcome 2; and 5 to Outcome 3. 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. The aim is to maximise the number of people using technology and associated services in conjunction with other formal and informal care and support to maintain greater numbers of people at home rather than in a care home setting. This also can relieve pressure in the acute sector by facilitating early and safe discharge.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)

OFFICIAL

OFFICIAL

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

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

Performance Trend

All quarterly targets for Telecare referrals were met during the second quarter of 25/26 (GREEN).

[Back to Summary](#)

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

Indicator	Target	2024/25				2025/26	
		Q1	Q2	Q3	Q4	Q1	Q2
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)

Performance Trend

OFFICIAL

OFFICIAL

Performance remained above target and GREEN in the second quarter of 25/26.

[Back to Summary](#)

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

Indicator	Target	2024/25				2025/26	
		Q1	Q2	Q3	Q4	Q1	Q2
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)

Performance Trend

OFFICIAL

OFFICIAL

Performance improved further during Q2 with the 97.5% target being exceeded (GREEN).

Since Q1, the call handling staff have become more proficient in the use of the new UMO call handling platform which went live on 04/03/2025. This has resulted in an improvement to the call handling KPI.

[Back to Summary](#)

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

Locality	Annual Target	20/21 Full Year Total	21/22 Full Year Total	22/23 Full Year Total	23/24 Full Year Total	24/25		24/25 Full Year Total	25/26	
						Q3	Q4		Q1	Q2
Glasgow	1,900 (475 per Q)	1928 (G)	2,391 (G)	2,533 (G)	3,229 (G)	625 (G)	782 (G)	2,748 (G)	687 (G)	
North East	633 (158 per Q)	604 (A)	801 (G)	866 (G)	1,016 (G)	163 (G)	287 (G)	878 (G)	247 (G)	
North West	633 (158 per Q)	445 (R)	684 (G)	777 (G)	998 (G)	189 (G)	203 (G)	793 (G)	196 (G)	
South	633	879	906	890	1,215	273	292	1,077	244	

OFFICIAL

OFFICIAL

	(158 per Q)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	(G)	
--	-------------	-----	-----	-----	-----	-----	-----	-----	-----	--

Performance Trend

The quarterly targets for this indicator were exceeded during Q1 (GREEN) at both city-wide and locality level.

[Back to Summary](#)

UNSCHEDULED CARE

Indicator	1. New Accident and Emergency (A&E) attendances (18+)
Purpose	To monitor attendance at Accident and Emergency Departments. Partners are working together to reduce these over time and shift the balance of care towards the community. It includes all new and unplanned attendances at emergency departments and Minor Injury Units (MIUs) but excludes GP Assessment Unit attendances . Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 3.
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priorities 6 (See Appendix 3)
HSCP Lead	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 Q1 2025/26
Annual Total	161,155	113,633 (G)	139,967 (G)	141,753 (G)	147,080 (G)	146,996 (G)	37,691 (G)
Monthly Average	13,430	9469 (G)	11,664 (G)	11,813 (G)	12,257 (G)	12,250 (G)	12,564 (G)

OFFICIAL

OFFICIAL

Performance Trend
Performance for Q1 of 2025/26 GREEN, with monthly average slightly above that for 2024/25. 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. Back to Summary

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	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Annual Total	63,855	63,855 (G)	54,947 (G)	59,197 (G)	56,574 (G)	58,878 (G)	57,731* (G)
Monthly Average	5,321	5,321 (G)	4,579 (G)	4,933 (G)	4,715 (G)	4,907 (G)	4,811* (G)

OFFICIAL

OFFICIAL

Performance Trend
Performance for 2024/25 remained GREEN with the number of emergency admissions falling slightly. However, performance reported in arrears and remains provisional at this stage.
Back to Summary

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

Timescale	2024/25 Target	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25*
Annual Total	507,633	507,633 (R)	450,954 (G)	522,500 (R)	548,108 (R)	553,550 (R)	538,884* (R)
Monthly Average	42,303	42,303 (R)	37,580 (G)	43,542 (R)	45,676 (R)	46,129 (R)	44,907* (R)

OFFICIAL

Performance Trend
Performance for 2024/25 RED and slightly below the 2023/24 figure. However, performance reported in arrears and remains provisional at this stage. 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
Key issues contributing to this include: • Increased acuity and complexity of patients admitted, often requiring longer hospital stays. • Delayed discharges: whilst the vast majority of patients are discharged without delay some complex delays, particularly AWI delays can result in lengthy delays consuming hospital bed days. • Availability of intermediate care and step-down facilities to support timely transitions from hospital.
Actions to Improve Performance
To address these challenges, the HSCP is implementing a range of targeted interventions: • Strengthening early discharge planning processes by recruiting 2 hospital social workers to participate and engage in acute multidisciplinary team (MDT) reviews and discharge huddles with a view to expediting discharge. • Home First Response Service expansion to expedite early discharge up to 72 hours for frail individuals. • Extending our Intermediate Care Pathways by increasing discharge to assess capacity with additional 17 beds and providing 2 x 15 bed complex discharge units. • Optimising our Hospital at Home model to support more people with respiratory conditions to be treated safely in the community and avoid admission. • Increase legal capacity for AWI cases. Solicitor starting in November. AWI applications studies. • Red Cross started 20/10/25 discharge test of change providing patient settlement support. • Technology enabled care investment with a new dedicated post working alongside Red Cross to optimise the use of assistive technology to safely support settlement at home following discharge. • Joint programme with Scot Gov and Acute funding leading to whole data set for improvement.
Timescales for Improvement
Focus on reducing delayed discharges through improved discharge coordination, H@H optimisation. 25/26 Embedding of all activity outlined above expected to reduce unscheduled bed days by Q4 2026. Back to Summary

OFFICIAL

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	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25*
Annual Total	198,258	198,258 (R)	182,185 (G)	181,869 (G)	185,739 (G)	187,665 (G)	172,999* (G)
Monthly Average	16,522	16,522 (R)	15,182 (G)	15,156 (G)	15,478 (G)	15,639 (G)	14,417* (G)

*Provisional

OFFICIAL

OFFICIAL

Performance Trend
Performance for 2024/25 GREEN and below the 2023/24 figure. However, performance reported in arrears and remains provisional at this stage. 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. Back to Summary

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

Locality	Target	2023/24			2024/25			2025/26					
	120	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25	
		North East	25	30	20	21	45	20	30	28	23	32	29
		North West	26	21	30	24	27	19	30	38	28	28	28
		South	38	33	33	31	33	31	36	29	30	36	40
Other													
Sub-Total		89	84	83	76	105	70	96	95	81	96	97	

OFFICIAL

OFFICIAL

(Included Codes)												
North East		31	24	24	26	22	35	30	31	32	30	30
North West		16	15	11	22	24	19	18	16	19	18	16
South		20	25	22	22	23	26	28	30	25	25	27
Other												
Sub-Total (Complex Codes)		67	64	57	70	69	80	76	77	76	73	73
Overall Total		156 (R)	148 (R)	140 (R)	146 (R)	174 (R)	150 (R)	172 (R)	172 (R)	157 (R)	169 (R)	170 (R)

Performance Trend

Performance remains RED. Total numbers fell between June and September. Included codes increased by 2, while complex codes fell by 4.

Issues Affecting Performance

- The Hospital Social Work Team are seeing a significant increase in the number of daily activations on Trak – of which they have no control over.
- Awaiting care home places – Lack of availability, impact of patient & family choice, engagement required to liaise and progress discharge.
- Increase in Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process.
- Delays linked to issues which may not have an HSCP locus such as house cleans, equipment, housing factors etc.
- Increase in homelessness linked cases, reflecting the wider housing crisis in the city.
- Increased complexity of referrals with a significant increase in under-65 referrals and co-morbidities, individuals presenting from other authorities (and out-with Scotland), and housing.
- Ongoing staffing issues – general sickness/absence and planned retirements. These trends continue for this quarter.
- Substantial increase in demand for service since summer – links to Scot Gov improvement plan.

Actions to Improve Performance

- Aim for a shift from patients being delayed towards a planned discharge date, with actions being progressed to support this.
- Continuing input to local planning and implementation of Planned Discharge Date agenda.
- Liaise with and utilise support from the discharge team on issues at ward level such as medications and transport required on discharge.
- Improve access to care home places through ad hoc Commissioning inputs, linking with care homes to progress pre-admission assessments and mitigate discharge delays, and attending care home webinars to liaise with the homes on an ongoing basis.
- Regular links with legal department to support AWI issues and using a tracker to progress cases. Using interim powers to support progress and aiming for additional court dates.

OFFICIAL

OFFICIAL

- Maximising use of Intermediate Care & Discharge to Assess using the daily Intermediate Care Huddle and liaising with HSCP residential units to improve pathways.
- Supporting the Homelessness Liaison team via a weekly multi-disciplinary meeting involving a range of HSCP functions and teams including addictions, homelessness services, commissioning, and the complex needs team – and ad hoc service manager link, homelessness services.
- Management of complex cases through a focused joint approach with multi-disciplinary teams, including NHS Acute and a range of HSCP services including community health, home care, commissioning, occupational therapy, and social work.
- Management of staffing issues through targeted action around short and long term absence and the use of some temporary capacity. Ongoing active recruitment.
- Implementing a service improvement programme working across a range of areas including demand, activity, capacity, and queueing.
- Involved in ongoing programme with Scot Gov and Health Improvement Scotland.
- Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions.
- An increase in the under 65 cohort open to adult services, development of cross-commissioned services.
- Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance.
- Chief Officer leading an action focussed improvement plan across key areas of delays, care home placement, SW resources supporting acute wards with highest levels of delay impact, access to HSCP Residential services.

Performance continues to be managed using parameters above.

Timescales for Improvement

Improvement is ongoing into 25/26 at present.

[Back to Summary](#)

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 Q1 2025/26
Annual Total	45,318	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)	83,528 (R)	20,484 (R)
Monthly Average	3,776	4,159 (R)	5,404 (R)	6,240 (R)	6,398 (R)	6,961 (R)	6828 (R)

OFFICIAL

OFFICIAL

Performance Trend
Performance for Q1 of 2025/26 remains RED, with monthly average slightly below that for 2024/25. Unscheduled care targets have been adjusted to the Baseline Figures for 2019/20, having previously been based on 2015/16 figures in order to demonstrate progress towards pre-pandemic performance.
Issues Affecting Performance
See issues set out in KPI 5 above. (Under 65) • Focused work and bespoke commissioning solutions are being sought for complex cases, and this includes under 65 and clinically complex patients. • 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: • Appointment of two qualified social workers – recruitment in progress and aiming for October 25 for staff in post. Meantime additional SW hours being utilised to increase capacity for assessment. • Recruitment of additional legal capacity to speed up private applications for Guardianship. Recruitment in progress and aiming for October in post. • Implementation of Partnership with British Red Cross as of October 25 to accelerate / facilitate discharge home where capacity is a feature. • Chief Officer continues to lead joint work with GCHSCP and Acute colleagues to progress opportunities to accelerate discharge and prevent / mitigate delays. • Significant improvement on targeting long term delays – with statistical shift in the level of long-term bed days. • Focussed work on complex cases. • Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues. • Reporting directly to ACO and strategic performance planning is ongoing. • Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions. • Targeted input to spinal unit in relation to Delayed Discharges within said unit. • Current commissioning role expanded to include support from adult commissioning. • Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions. • An increase in the under 65 cohort open to adult services, development of cross-commissioned services. • Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance. • Chief Officer leading an action focussed improvement plan across key areas of delays, care home placement, SW resources supporting acute wards with highest levels of delay impact, access to HSCP Residential services. • 3 longest delays, one moved and two imminent. Bespoke Care Home placements tailored to facilitate support. • Ongoing actions linked with Scot Gov will improvement plan and above improvements.
Timescales for Improvement

OFFICIAL

OFFICIAL

Agreed timescale up to Quarter 4 25/26. This is still ongoing in Q3.

[Back to Summary](#)

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)

OFFICIAL

OFFICIAL

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

Locality	Target	2023/24				2024/25				25/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	78%	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)	73.46 (R)	73.19 (R)	72.65 (R)	72.81 (R)	72.72 (R)
NE		76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)	73.98 (R)	73.73 (R)	73.13 (R)	73.26 (R)	73.25 (R)
NW		75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)	72.87 (R)	72.63 (R)	72.08 (R)	72.24 (R)	72.08 (R)
S		75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)	73.48 (R)	73.17 (R)	72.68 (R)	72.89 (R)	72.76 (R)
NHSGGC		75.77	72.03	73.75	73.9	73.91	73.63	73.23	73.4	73.35

Performance Trend

During Q1 there was a very slight reduction 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

Ongoing Issues:

- No new issues have been identified during Q1/2.
- 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. This reduced formulary preferred list prescribing from 75.8% to 71.88%. Salbutamol MDI remains the most commonly prescribed non-preferred list item.
- Cholecalciferol (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.
- Newer anti-diabetic agents (SGLT2 inhibitors and GLP1/GLP-GIP's) are licensed for diabetes but are also being used to prevent cardiovascular and renal disease. Their use in primary care is increasing with medicines initiated both in primary care and by acute services. These are non-preferred list and are having a growing impact on preferred list prescribing metrics.

Actions to Improve Performance

Ongoing actions/considerations:

- Proposals have been developed for a preferred vitamin D product.
- 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 considered as part of reviews.
- 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.
- SGLT2 inhibitors and GLP1/GLP-GIPs are subject to preferred list adoption processes. This has been highlighted to NHS GG&C and will be considered as part of regional formulary development.

Timescales for Improvement

OFFICIAL

OFFICIAL

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

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.

[Back to Summary](#)

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)

OFFICIAL

OFFICIAL

Locality	Target	2023/24				2024/25				25/26
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
City	Cost below (or same) as Board average	£164.4 (G)	£175.4 (G)	£176.2 (G)	£179.8 (G)	£178.3 (G)	£178.9 (G)	£180.1 (G)	£179.3 (G)	£178.6 (G)
NE		£173.7 (G)	£177.9 (G)	£179.1 (G)	£179.9 (G)	£181.7 (G)	£182 (G)	£183.9 (G)	£182.7 (G)	£182 (G)
NW		£162.2 (G)	£164.9 (G)	£164.3 (G)	£172.9 (G)	£165.1 (G)	£165.8 (G)	£166.4 (G)	£166.1 (G)	£165.5 (G)
S		£178.8 (G)	£182.6 (G)	£184.5 (G)	£185.6 (G)	£187.1 (G)	£188 (G)	£189.2 (G)	£188.2 (G)	£187.5 (G)
NHSGGC		£193.4	£197.5	£198.3	£199.4	£200.6	£201.3	£202.5	£201.1	£200.1

Performance Trend

Costs at city level and in all localities decreased in the last quarter. All remained GREEN and are considerably below the Health Board average, which also decreased slightly. This indicator is reported one quarter in arrears.

[Back to Summary](#)

CHILDREN'S SERVICES

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

Locality	Target	2023/24	2024/25	2025/26
----------	--------	---------	---------	---------

OFFICIAL

OFFICIAL

		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
North East	95%	88 (R)	90 (R)	88 (R)	87 (R)	85 (R)	87 (R)	94 (G)	88 (R)	90 (R)	84 (R)	86 (R)
North West		87 (R)	87 (R)	91 (A)	84 (R)	87 (R)	86 (R)	79 (R)	90 (R)	84 (R)	86 (R)	90 (R)
South		83 (R)	92 (A)	88 (R)	89 (R)	90 (R)	91 (A)	89 (R)	89 (R)	92 (A)	87 (R)	91 (A)

Performance Trend

Performance remained RED between June and September in North East and North West. South moved from RED to AMBER.

Issues Affecting Performance

This data reflects all current children registered with a GP in Glasgow City, which impacts data regarding completion of Ready to Learn assessments if children are not resident in the city during the 27 – 33 month period. These children will still receive a developmentally appropriate assessment as a priority as soon as we are aware they are in the city but are not included in this data. Potential methods for capturing this data have been explored, but this would necessitate a manual trawl which would be too resource intensive.

The number and % of Ready to Learn assessments carried out in the city reflects Health Board and wider national trends, where performance has improved and stabilised since the pandemic period, but has not fully reached pre-pandemic levels. The population demographics in Glasgow make the 95% target particularly ambitious.

Actions to Improve Performance

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 performance improvements sought but this continues to be impacted by the proportion of transitory population of families living in the city.

[Back to Summary](#)

OFFICIAL

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

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

Performance Trend

All areas remained GREEN. There is a time lag in the availability of this data, so it is reported in arrears.

[Back to Summary](#)

OFFICIAL

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

Locality	Target	23/24		24/25				25/26		
		Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Quarter 2	
									% with review	Number <i>without</i> a Permanency Review*
City	90%	59 (R)	59 (R)	56 (R)	55 (R)	50 (R)	54 (R)	54 (R)	55 (R)	31
North East		69 (R)	60 (R)	58 (R)	61 (R)	52 (R)	43 (R)	44 (R)	47 (R)	9
North West		56 (R)	59 (R)	53 (R)	61 (R)	50 (R)	71 (R)	83 (R)	76 (R)	5
South		45 (R)	53 (R)	53 (R)	40 (R)	45 (R)	52 (R)	41 (R)	38 (R)	15

*1 child is currently allocated to a hospital team, 1 to the YUAS team.

Performance Trend

Performance at city and locality level remained significantly below target and RED during Quarter 2.

At the end of September, a total of 31 children (of 69 children aged under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

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

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

OFFICIAL

OFFICIAL

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

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

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

Actions to Improve Performance

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

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

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

Timescales for Improvement

Permanence work continues to be overseen by the citywide permanence forum. Additional capacity continues to be provided by the Independent Care and Review Team, with work ongoing to align the work of Assistant Service Managers and Independent Reviewing Officers and develop a citywide approach to supporting families. The additional investment in IRO capacity via the Whole Family Early

OFFICIAL

Intervention Fund will also support this work, as will the introduction of a consistent approach to tracking.

[Back to Summary](#)

OFFICIAL

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	
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %
City	60%	61 (G)	59 (G)	60 (G)	48 (R)	51 (R)	46 (R)	53 (R)	40 (R)	40 (R)	38 (R)
North East		44 (R)	60 (G)	63 (G)	76 (G)	52 (R)	58 (A)	59 (G)	32 (R)	49 (R)	49 (R)
North West		58 (A)	47 (R)	57 (R)	31 (R)	45 (R)	38 (R)	49 (R)	53 (R)	33 (R)	38 (R)
South		72 (G)	68 (G)	63 (G)	39 (R)	53 (R)	44 (R)	51 (R)	38 (R)	36 (R)	21 (R)

Performance Trend

During Q2 performance remained below target (RED) at city level and in each locality.

The total number of new SCRA reports requested during Q2 was 154 (59 North East, 42 North West, 47 South and 6 for "other Teams").

Issues Affecting Performance

The children's services staff cohort continues to be impacted by movement to other HSCP service areas. In spite of the initiation of a rolling programme of recruitment, vacancies are not being filled at the rate required. Furthermore, the majority of new appointments are students, which creates a delay in start dates, in alignment with course finish dates. For example, new staff recruited in January 2025 have only recently come into post. Newly qualified social workers also have limited caseloads, protected learning time and more frequent supervision, which also limits overall capacity to complete reports on time.

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

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

OFFICIAL

OFFICIAL

Actions to Improve Performance

There is continued management oversight of the requested reports and Service Managers are having regular discussions with Team Leaders about ensuring that frontline staff are supported to meet deadlines, with hybrid arrangements in place to accommodate periods of dedicated report writing when required. The prioritisation of work continues to be impacted by crisis intervention and child protection work.

In South, a manager who previously had responsibility for tracking SCRA reports has been off on long-term sick leave, so this responsibility has now been allocated to a Service Manager and Assistant Service Manager to ensure live tracking of all report requests. Absence and vacancy levels continue to impact performance in North-West and North-East.

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

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

Timescales for Improvement

Inspection activity this year (joint children's services inspection and Families for Children) has impacted priorities, but a renewed focus is now being afforded to report requests.

[Back to Summary](#)

OFFICIAL

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	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	75%	78% (G)	80% (G)	78% (G)	77% (G)	77% (G)	75% (G)	74% (G)	72% (A)	74% (G)	74% (G)
North East		79% (G)	79% (G)	78% (G)	81% (G)	81% (G)	75% (G)	76% (G)	70% (R)	79% (G)	75% (G)
North West		79% (G)	80% (G)	73% (A)	74% (G)	72% (A)	69% (R)	69% (R)	70% (R)	69% (R)	69% (R)
South		82% (G)	83% (G)	82% (G)	80% (G)	81% (G)	79% (G)	75% (G)	74% (G)	76% (G)	76% (G)
Notes -The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow. -From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).											
Performance Trend											
Between Q1 and Q2 performance in the City remained within the target range and GREEN. There was no change to performance in South and North West which remained GREEN and RED respectively. Performance in North East dropped slightly but continued to meet target (GREEN).											
There was no change to the number of young people who do not have their employability status recorded; this remained at 14 between Q1 and Q2. Of these 14 young people, 12 are allocated to North East and 2 to South.											
Back to Summary											

OFFICIAL

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	
	Q1	Q2	Q3	Q4	Q1*	Q2*	Q3*	Q4	Q1	Q2
25 or fewer	30 (G)	26 (G)	27 (A)	26 (A)	22 (G)	20 (G)	23 (G)	24 (G)	22 (G)	23 (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 25 or less target at the end of Q2 (GREEN). Back to Summary										

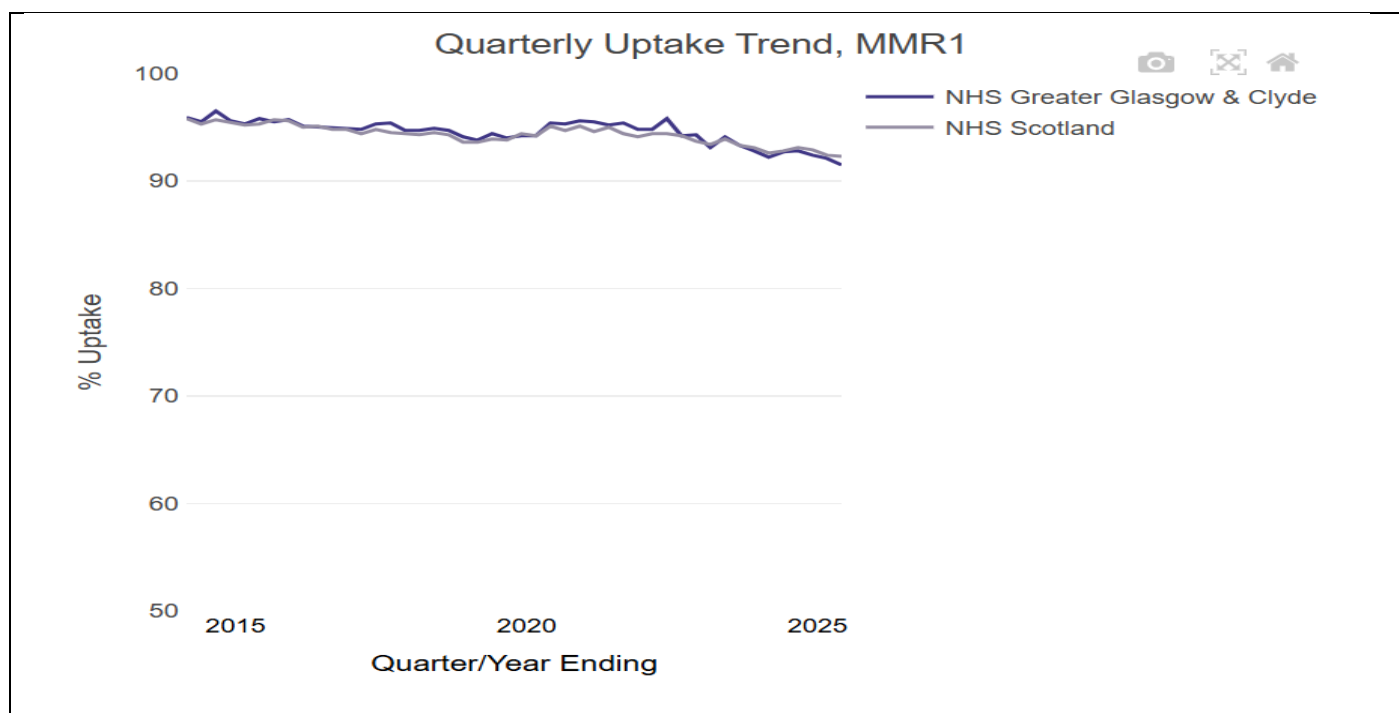
OFFICIAL

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

Performance Trend
Performance declined slightly in the last quarter and moved from AMBER to RED at city level and in the South; remained RED but declined slightly in the North East; and improved slightly, moving from RED to AMBER, 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 these demographic differences in Glasgow and the wider trends evident at Health Board and national levels where rates have been falling (see Graph 1), Glasgow's performance is considered to be good. Graph 1: MMR1 (24 month) uptake trend for NHS Greater Glasgow and Clyde and Scotland

OFFICIAL



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

Given that approximately 30% of births in Glasgow are to families from BME backgrounds, we are continuing to work with Dr Carleen Firman, Durham University, to develop culturally inclusive and sensitive approaches, with a workshop in October 2025 to share learning on best practice, based on current research evidence.

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

Timescales for Improvement

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

[Back to Summary](#)

OFFICIAL

Indicator	8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years
Purpose	To monitor uptake of the MMR vaccination in children at 5 years. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Karen Dyball, Assistant Chief Officer (Children's Services)

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

Performance Trend
Performance improved slightly and remained GREEN at city level and in all localities. This indicator is reported in arrears. Back to Summary

OFFICIAL

ADULT MENTAL HEALTH

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

Locality	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
North East	90%	49 (R)	74.1 (R)	78.7 (R)	77.3 (R)	84.9 (R)	91.7 (G)	85.7 (A)	84.6 (R)	80.7 (R)	95.7 (G)	88.5 (G)
North West		96.7 (G)	100 (G)	93.7 (G)	94.4 (G)	93.8 (G)	95.7 (G)	91.4 (G)	93.9 (G)	92.6 (G)	78.5 (R)	78.3 (R)
South		93 (G)	78.4 (R)	81.6 (R)	82.3 (R)	87.5 (A)	84.6 (R)	80.9 (R)	90.2 (G)	88.1 (G)	86.5 (A)	83.5 (R)

Performance Trend

Performance has improved in the North East and moved from RED to GREEN between June and September while moving in the opposite direction for the North West and South.

Issues Affecting Performance

There remains a Board wide, and a Glasgow City HSCP, focus on delivering PT within the national 90% PT within 18 weeks LDP Standard addressing and eliminating long waits, especially those of 53+ weeks. The initial projections to improve meeting the Standard by the end of Q4 2025/26 remain, whilst recognised as a greater challenge. This ambitious projection also remains partially dependent on the unknown impact of staff turnover, recruitment, funding and demand. Trajectories still may not meet the projections as identified due to the range of operational pressures. This is an area of ongoing review by clinical and operational leads.

During Quarter 2 2025 the 160+ Services maintained prioritising actions aimed at balancing the delivery of the standard and reducing the number of long waiting patients. Prioritising patients waiting over 18 weeks coupled with ongoing new demand, the impact of Scottish Government Mental Health funding arrangements on Psychological Therapies funded posts combined with the lengthy recruitment process are all having an impact on the ability to deliver a service to meet the target.

NHSGGC potentially delivering the national 18 week Standard to the final quarter 2025/2026 remains a major challenge.

OFFICIAL

Actions to Improve Performance
Balancing delivering the Standard whilst reducing the numbers waiting is proving difficult. The total number of people waiting for treatment to start and the number waiting >18 wks for treatment to start is increasing. People waiting 53+ wks for treatment to start fluctuated and decreased during the latter part of the 2nd Quarter. The above percentages do not reflect the volume of work being undertaken by staff. There are teams reducing their numbers waiting 18+ wks and/or shortening the length of time waiting. There are currently a number of teams with all waits to start a PT within the Standard 18 weeks. Teams are updating their local Psychological Therapy action plans on a rolling basis each month. Delivering treatment in a way that maximises collaboration within the existing collegiate approach is yet to be achieved. It remains hard to achieve sustained co-operation across HSCP organisations to ameliorate the impact of the funding and the recruitment drag. HSCP financial planning will continue to impact the number of people starting a PT. Heads of Service and professional leads continue review to individual team action plans.
Timescales for Improvement
Draft 25/26 projections for both achieving the 90% Standard and reducing the number waiting 53+ weeks to zero remain aspirational to March 2026. The draft 25/26 trajectories, derived from the actual activity data, are less optimistic. Despite the on-going work being delivered, current activity profiles will likely increase the number of people and time spent waiting. Risk areas remain the number of people waiting in the >40-52 & the 53+ week time bands. Evolving an approach to the number of referrals accepted to be assessed, the number/proportion assessed as suitable for treatment, and the numbers completing treatment/discharged remains key over and above the basic number of referrals received. Nationally psychological priority planning has identified understanding treatment appointments required, what type, provided by whom and how many, how many patients at a time, frequency between intervention and for how long- and managing the workforce for the assessed treatment needs of the people referred into our services. It is uncertain if the results of this work can be realised to inform creating further local initiatives before the end of 2025/2026. Back to Summary

OFFICIAL

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

Hospital	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
Stobhill	28 days	25.5 (G)	34.2 (R)	27.5 (G)	24.3 (G)	22.1 (G)	23.9 (G)	23.1 (G)	28.7 (G)	26.2 (G)	24.2 (G)	25.3 (G)
Leverndale		43.2 (R)	35.4 (R)	39.9 (R)	32.3 (R)	39.2 (R)	38.7 (R)	38.7 (R)	39.3 (R)	39.3 (R)	40.9 (R)	43 (R)
Gartnavel		27.8 (G)	40.7 (R)	34.8 (R)	41 (R)	34.9 (R)	35 (R)	37.5 (R)	41.5 (R)	37.6 (R)	48 (R)	34.6 (R)

Performance Trend

Between June and September, Stobhill has remained GREEN, while Leverndale and Gartnavel have remained RED.

Issues Affecting Performance

In Q2 Inpatient wards pressure and fluctuations in the numbers of admissions and discharges on each of the three Glasgow City sites remains constant. Performance in the quarter remained within the recent norms for the same three sites overall. Temporary bed reductions across the wider system of psychiatric inpatient care across NHSGGC illustrate the interdependency of all HSCPs and that maximising collective action remains the goal. The range of average length of stay requires additional analysis to classify variation in admission or discharge practice across sites, whilst also considering any patient complexity. Although pressure on average length of stay is maintained, this still continues to reflect people boarding into a site from community catchments that would more usually go into a different hospital or to a different ward. The average number of people with stays of over 6 months also continue to maintain pressure on inpatient ward daily operation. Staffing remains an ongoing key pressure on the delivery of care plans to optimise treatment and discharge.

Actions to Improve Performance

There remains routine operational review of boarders and options to further improve bed management and discharge co-ordination. Mental Health Programme Board restructured approach will increase the focus on case mix and higher acuity / severity or co-morbid conditions, the social circumstances and volumes of housing, family support and community resources that impact on speeding up discharge. Any elements of reduced multidisciplinary input (OT, psychology, social work) slows recovery planning and will also be considered along with the initiation of discharge planning or poor coordination outwith the inpatient ward with other services and any different discharge criteria or risk tolerance being applied across teams.

Head of service will lead work on pathway bottlenecks to also consider any impact of community service and crisis teams' capacity, arrangements for patient transfers and/or medication supply and also any collective impact of identified restrictions on placements or budget scheduling for care packages.

OFFICIAL

Timescales for Improvement

Daily operational contingency continues and is applied to the fluid situation and location of pressure. The Mental Health Programme Board approach and report restructuring continues and is programmed well into 2026 as an element of the newly instituted Health Board Transforming Together Strategy. Phased movement towards the bed strategy adult acute admission endpoint remains planned to progress towards the end of strategy implementation.

Back to Summary

OFFICIAL

Target/Ref	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
Purpose	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 1)
HSCP Lead	Karen Lockhart, Assistant Chief Officer for Adult Services

Hospital	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
Stobhill	<95%	99.6 (A)	100.1 (R)	101 (R)	98 (A)	95 (G)	92.4 (G)	91.3 (G)	98.1 (A)	95.8 (G)	92.6 (G)	96.4 (G)
Leverndale		99.9 (R)	96.9 (G)	101.2 (R)	101.8 (R)	99.9 (R)	98.8 (A)	100.7 (R)	101.9 (R)	98.5 (A)	100.7 (R)	99.6 (A)
Gartnavel		96.1 (G)	98.5 (A)	99.6 (A)	99 (A)	99 (A)	90.3 (G)	96.7 (G)	100.3 (R)	98.5 (A)	100.7 (R)	100.8 (R)

Performance Trend

During the period between June and September, performance has moved to GREEN in Stobhill, to AMBER in Leverndale and remained RED in Gartnavel.

Issues Affecting Performance

Despite on-going temporary bed reductions across the wider system, outwith Glasgow City the overall position for the 2nd quarter has remained stable, with no significant statistical change. Overall occupancy remains too high, service ability to admit those who require inpatient care continued to be maintained whilst pressured. The practice of transferring to other sites/types of mental health bed wards people whose condition is stable continues to be applied as last resort to facilitate a new admission will remain an option throughout 2025-26 when required. Adult acute psychiatric capacity reduced to 276 beds. Community vacancy reduction is still yet to realise reducing pressure on inpatient admissions. An anticipated reduction in occupancy is not yet realised although daily reports imply a marginal improvement.

Actions to Improve Performance

The consistency of use of adult MH services for people in adult acute care across all sites including those approaching readiness for discharge from adult acute to allow new admissions to acute care remains an area of on-going work. Reducing vacancies during 25/26 in community and inpatient services remains a significant operational issue whilst recognising the imperative to contribute to delivering financial planning requirements. The medium/longer term impact of changes to mental health promotion services on future psychiatric need is unidentified, and unlikely to be reinstated in 2025/26. Analysis will include focusing on improving patient flow and preventing unnecessary admissions, ways of strengthening crisis resolution and home treatment, utilising opportunities from the NHS GGC introduction of flow navigation centres, developing more standardised discharge planning protocols, exploring once more any opportunities to speed up packages of care and housing solutions.

Timescales for Improvement

NHS GGC continues to develop the approach of the Transforming Together Portfolio Board to oversee the progress and delivery of 5 programmes of transformation including Mental Health Strategy. The Mental Health Programme Board restructured its approach to consider ways of reducing variance in practices, duplication and repetition across the patient journey, improving developing condition-based pathways, expanding protocols review of forms of treatment and people transitioning to next care focussed on minimising duration of service contact. There will remain requirements throughout 2025-26. More

OFFICIAL

OFFICIAL

immediate work will include considering reviewing the practice of early discharge planning on admission the evolving of weekly discharge huddles with social care and improving bed management dashboards for real-time occupancy visibility. More interim work will take account of capacity and structural improvements and system level redesign.

[Back to Summary](#)

OFFICIAL

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

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

Locality	Target	2023/24			2024/25			2025/26				
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
N. East		5	9	9	20	14	12	8	8	16	18	21
N. West		4	3	11	7	11	5	7	13	16	15	9
South		12	13	11	16	15	12	9	14	14	10	10
City		0	0	2	0	0	0	1	1	2	0	0
Sub-Total (Included Codes)		21	25	33	43	40	29	25	36	48	43	40
N. East		2	3	4	3	3	2	7	5	4	4	3
N. West		1	4	5	2	2	2	1	1	1	1	0
South		4	2	3	1	2	3	6	5	6	5	3
City		0	0	0	0	0	0	0	0	0	10	0
Sub-Total (Complex Codes)		7	9	12	6	7	7	14	11	11	10	6
All Delays	20	28 (R)	34 (R)	45 (R)	49 (R)	47 (R)	36 (R)	39 (R)	47 (R)	59 (R)	53 (R)	46 (R)

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

General Psychiatry

Locality	2023/24			2024/25			2025/26				
	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
North East	2	4	4	7	1	3	3	3	8	7	11
North West	2	2	7	6	7	3	5	7	9	10	7
South	3	7	3	6	7	5	5	7	2	2	2
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	7	13	14	19	15	11	13	17	19	19	20
North East	1	2	2	1	2	1	2	2	2	2	1
North West	0	3	4	2	2	2	1	1	1	1	0
South	0	0	3	1	0	0	0	2	2	2	2
City	0	0	0	0	0	0	0	0	0	0	0

OFFICIAL

Sub-Total (Complex Codes)	1	5	9	4	4	3	3	5	5	5	3
All Delays	8	18	23	23	19	14	16	22	24	24	23

Psychiatry of Old Age

Locality	2023/24			2024/25				2025/26			
	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Jul 25	Aug 25	Sep 25
North East	3	5	5	13	13	9	5	5	8	11	10
North West	2	1	4	1	4	2	2	6	7	5	2
South	9	6	8	10	8	7	4	7	12	8	8
City	0	0	2	0	0	0	1	1	2	0	0
Sub-Total (Included Codes)	14	12	19	24	25	18	12	19	29	24	20
North East	1	1	2	2	1	1	5	3	2	2	2
North West	1	1	1	0	0	0	0	0	0	0	0
South	4	2	0	0	2	3	6	3	4	3	1
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	6	4	3	2	3	4	11	6	6	5	3
All Delays	20	16	22	26	28	22	23	25	35	29	23

Performance Trend

Performance remains RED with a small decrease overall between June and September (-1). Within this overall total, adult delays increased by 1 while older people delays decreased by 2; and included codes rose by 4 while complex codes fell by 5.

Issues Affecting Performance

Overall delays have decreased for this period. There continues to be issues with placements. Some of the patients with complex needs continue to require ongoing inpatient care and other options continue to be explored.

Actions to Improve Performance

The dedicated bed manager post should be out to advert by December, and this will assist with bringing a consistent approach across the city.

To assist with the number of delays in MH services, Glasgow city has set up an email inbox for the discharge co-ordinators to receive all social work early referrals and delayed discharges. This will allow screening to take place by the co-ordinators then social work staff will collate and discuss at the allocations meeting now set up to take place every Monday.

A pilot programme in the NE is being launched and will commence by end of November. This model will enable access to clozapine therapy without requiring hospital admission. Currently all CMHAC staff and MHAU Consultations are undergoing trak care training on the system and standard operating procedures are being finalised to coincide with the start date.

Work is ongoing on the outcome of discharge team review.

Regular meetings continue with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital.

Timescales for Improvement

Performance improvement will be sought in 2025/26 financial year factoring the financial challenges being forecast.

[Back to Summary](#)

OFFICIAL

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
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	90%	98% (G)	96% (G)	96% (G)	93% (G)	92% (G)	94% (G)	97% (G)	88% (G)	93% (G)
North East ADRS		99% (G)	98% (G)	100% (G)	98% (G)	99% (G)	99% (G)	100% (G)	97% (G)	97% (G)
North West ADRS		95% (G)	92% (G)	82% (R)	88% (G)	89% (G)	92% (G)	96% (G)	80% (R)	86% (A)
South ADRS		100% (G)	98% (G)	97% (G)	96% (G)	99% (G)	100% (G)	98% (G)	97% (G)	93% (G)

Performance Trend

This indicator is reported one quarter in arrears.

During Q1 the overall performance for the city improved exceeding target and GREEN. Both North East and South continued to exceed target (GREEN) while performance in North West improved significantly during the reporting period with the RAG-rating moving from RED to AMBER.

[Back to Summary](#)

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	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	95%	99% (G)	98% (G)	99% (G)	84% (R)	91% (A)	91% (A)	98% (G)	98% (G)	99% (G)	97% (G)
North East		100% (G)	99% (G)	97% (G)	51% (R)	87% (R)	99% (G)	100% (G)	98% (G)	99% (G)	99% (G)
North West		98% (G)	98% (G)	99% (G)	94% (G)	98% (G)	94% (G)	91% (A)	98% (G)	99% (G)	98% (G)
South		100% (G)	95% (G)	100% (G)	96% (G)	86% (R)	78% (R)	100% (G)	99% (G)	98% (G)	95% (G)
Asylum & Refugee Team (ARST)		98% (G)	99% (G)	100% (G)	95% (G)	95% (G)	95% (G)	98% (G)	98% (G)	99% (G)	97% (G)
Performance Trend											
During Q2 performance at City level and in all localities and teams continued to exceed target (GREEN).											
A total of 1,480 decisions were made during Q2; 47 (3.1%) were outwith timescale.											
Back to Summary											

OFFICIAL

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	Total 21/22	Total 22/23	Total 23/24	24/25				Total 24/25	25/26	
24/25 4,000 per annum (1,000 per quarter)										
22/23 & 23/24 3,750 p a (938 p q)				Q1	Q2	Q3	Q4		Q1	Q2
21/22 5,000 p a (1,250 p q)	4,675 (R)	4,016 (G)	4,539 (G)	1,411 (G)	1,368 (G)	1,259 (G)	1,524 (G)	5,562 (G)	1,195 (G)	1,286 (G)

Performance Trend
Target increased from 3,750 to 4,000 new resettlement plans per annum for 24/25. The quarterly target for the number of completed resettlement plans continued to be exceeded during the second quarter of 25/26 (GREEN). Back to Summary

OFFICIAL

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
1 apt	21 weeks	21 (G)	26 (R)	29 (R)	36 (R)	36 (R)	39 (R)
2 apt	36 weeks	41 (R)	50 (R)	47 (R)	55 (R)	60 (R)	62 (R)
3 apt	31 weeks	36 (R)	34 (R)	36 (R)	44 (R)	43 (R)	30 (G)
4 apt	81 weeks	82 (G)	90 (R)	135 (R)	79 (G)	91 (R)	95 (R)
5 apt	225 weeks	296 (R)	277 (R)	236 (A)	297 (R)	231 (A)	212 (G)

Performance Trend

Revised KPI: From 24/25 the reporting is broken down by apartment size. No historical data is therefore shown for this KPI.

Performance in relation to 1, 2 and 4 apartment size accommodation remained below target and RED during the reporting period. Performance in relation to 3 and 5 room apartments improved between Q1 and Q2 with the RAG rating moving from RED to GREEN and AMBER to GREEN respectively.

Issues Affecting Performance

Current governance arrangements in place within homelessness services ensure that offers of settled accommodation are made to homeless households who have been registered as homeless for the longest period of time. This ensures fairness and transparency within the resettlement process.

This measure is dependent upon the HSCP securing a level of settled accommodation which meets current demand and also allows the HSCP to reduce the backlog of homeless households currently awaiting settled accommodation.

OFFICIAL

OFFICIAL

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

Actions to Improve Performance

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

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

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

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

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

Timescales for Improvement

It is anticipated that the number of lets in Q3, and throughout 2025/26 will increase however demand is also likely to remain high which may mean that performance may remain RED. It is unlikely that performance will return to GREEN until a sustained period of increased lets, coupled with reduced demand, is witnessed. However, with continued success of the acquisition programme and the continued high turnover of 3apt properties in the city, some indicators may remain GREEN.

[Back to Summary](#)

OFFICIAL

Target/Ref	4. Number of households reassessed as homeless or threatened with homelessness within 12 months
Purpose	This indicator reports on the number of “<i>Repeats</i>” by monitoring the number of new applications made within 12 months of a previous application by the same households being closed (where adults/family circumstances have not changed). This indicator is intended to help ensure that teams are working to minimise the number of repeat homeless applications.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Target	Full Year Total 20/21	Full Year Total 21/22	Full Year Total 22/23	Full Year Total 23/24	24/25				Full Year Total 24/25	25/26	
					Q1	Q2	Q3	Q4		Q1	Q2
<480 per annum (<120 per Quarter)	420 (G)	526 (R)	406 (G)	312 (G)	99 (G)	121 (G)	96 (G)	98 (G)	414 (G)	97 (G)	101 (G)

Performance Trend

The number of Repeats during Q2 continued to remain below the upper threshold (GREEN).

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 101 households reassessed during Q2 shows:

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

[Back to Summary](#)

OFFICIAL

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

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

Performance Trend
Performance in relation to emergency accommodation remained RED during Q2. 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
There remain significant financial and capacity pressures on the HSCP's Homelessness Services, and it is likely both these pressures will continue throughout 2025/26. Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised to reduce homelessness presentations within the city and subsequently reduce the demand on temporary accommodation. The HSCP is also close to publishing its 10-year Temporary Accommodation Strategy (TAS) which will set out how the service aims to transform the use of temporary accommodation across the city and increase capacity within temporary accommodation.

OFFICIAL

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 into Q3 and throughout 2025/26 until there is a sustained reduction in demand coupled with an increase in lets.

[Back to Summary](#)

OFFICIAL

Indicator	6. Number of new Housing First tenancies created
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective. The scope of this indicator changed in the second quarter of 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		24/25	25/26	
		Start of 20/21	Annual Total	Annual Total	Annual Total	Annual Total	Q3	Q4	Annual Total	Q1	Q2
24/25 20 per quarter (392 by year end)	Number created during quarter	0	76	61	34	22	2	4	14	7	19
23/24 350 at year-end 15 per quarter	Cumulative Total	119	195 (R)	256 (R)	290 (G)	312 (R)	322 (R)	326 (R)	326 (R)	333 (R)	352 (R)
22/23 year-end 280											

Performance Trend
Target revised for 24/25 to 20 new Housing First tenancies per quarter. Awaiting target for 25/26
Performance during Q2 was slightly below the quarterly target of 20 Housing First tenancies per quarter (RED). This total includes 14 Housing First for Youth (HFFY) tenancies which are now being included from Q2.
Issues Affecting Performance
The conclusion of the Glasgow Alliance to End Homeless has impacted on the multi-disciplinary work which is essential to the Housing First service delivery model.
Revised arrangements with key stakeholders are currently being finalised for the Housing First service moving forward aligned to the All in For Glasgow and forthcoming WAYfinder recommissioning workstream. The WAYfinder outreach service is due to commence in August 2025.
Actions to Improve Performance
The service continues to work with key partners both within the wider HSCP, as well as housing providers, to increase the number of settled lets for households with complex case histories. Development work is underway with the Complex Needs Service, Alcohol & Drug Recovery Services, Community Justice and Community Homelessness Services to improve the number and appropriateness of referrals.
Senior managers within the Housing First service have attended the 10 Local Letting Community forums to highlight the positive work being undertaken by the service with an aim of increasing the number of settled lets secured for homeless households aligned to a Housing First pathway.
Timescales for Improvement
Given the input from Housing First managers at the Local Letting Communities and to HSCP Service areas, it is anticipated that the number of referrals and lets secured for Housing First will increase in Q3 2025/26.
Back to Summary

OFFICIAL

OFFICIAL

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	
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
2,400 or less	2,413 (G)	2,407 (G)	2,342 (G)	2,344 (G)	2,392 (G)	2,429 (G)	2,402 (G)	2,417 (G)	2,419 (G)

Performance Trend
Performance remained within the target range and GREEN during Quarter 2. In order to reduce the number of households in B&B, the HSCP was looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24 and 24/25. A revised target for 25/26 will be agreed once the new Temporary Accommodation Strategy is complete in 2025/26. It is anticipated that this revised target will be available during Q3. Back to Summary

OFFICIAL

OFFICIAL

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	Quarterly Target	22/23 Total	23/24 Total	24/25 Total	2024/25				
						Q1	Q2	Q3	Q4	Year to Date
City	5066	2534	8,966 (G)	10,479 (G)	10,376 (G)	2,692 (G)	3023 (G)			5,715 (G)

Performance Trend
Performance above target for Q2 and already exceeds the annual target.
Back to Summary

OFFICIAL

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 Q1	22/23 Total	23/24 Total	24/25 Total	2025/26				
						Q1	Q2	Q3	Q4	Year to Date
City	1190	285	1050 (R)	1,097 (R)	1105 (R)	242 (R)				
NE	521	125	358 (R)	407 (R)	426 (R)	94 (R)				
NW	316	75	303 (R)	338 (R)	354 (G)	65 (R)				
S	353	85	389 (G)	352 (G)	325 (R)	83 (G)				

Performance Trend
Performance is below target and RED at a city level and in the North East and North West. The South is slightly below target but is classed as GREEN. Targets are phased throughout the year to reflect historical trends.
Issues Affecting Performance
This is lower than expected due to a number of reasons including issues with pharmacy capacity and unavailability of several products including varenicline. Varenicline was re-introduced in May/June 2025 and is expected to be a popular product with clients, as it was previously. In addition, clients continue to present at the QYW (Quit Your Way) Community service with complex needs such as poor mental health, isolation, addictions, and financial issues. This requires an increased amount of time and intensity of intervention to provide holistic support for clients by signposting and referring to many local agencies and support services, which in turn causes capacity issues. The service has also been significantly impacted with staff absences and vacancies across the City, which has affected all three locality teams.
Actions to Improve Performance
Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance and resolve current challenges. Face-to-face community clinics operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, face-to-face clinic operate from a local Pharmacy.

OFFICIAL

OFFICIAL

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](#)

OFFICIAL

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

Locality	Target	2023/24			2024/25				25/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	10%	6.1% (G)	7.2% (G)	7.3% (G)	6.4% (G)	7.7% (G)	6% (G)	5.5% (G)	6.8% (G)	6.2% (G)
North East		6.1	7.9	8.8	8.5	8.3	7.5	5.4	6.9	8.7
North West		6.6	5.8	7.2	6.5	8.2	7.2	4.1	6.6	4.8
South		5.7	7.9	6.4	4.7	6.8	4.1	6.5	6.9	5.6

Performance Trend

Performance at city level improved in the last quarter and remained GREEN. This was also the case in the North West and South, while North East performance declined but remained GREEN.

[Back to Summary](#)

OFFICIAL

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

Locality	Target	2023/24			2024/25				2025/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
City	14%	15.6% (R)	11.4% (G)	10.8% (G)	10% (G)	12.3% (G)	8.5% (G)	8.1% (G)	10.3% (G)	9.9% (G)
North East		17.4	11.2	11.0	11.5	10.8	9.4	7.2	9.1	10.5
North West		13.8	8.1	11.4	10.7	13.4	9.9	6.3	9.0	7.9
South		15.2	14.6	10.3	8.1	12.8	6.5	10.3	12.6	11.1

Performance Trend

Performance at city level improved in the last quarter and remained GREEN. This was also the case in the North West and South, while North East performance declined but remained GREEN.

[Back to Summary](#)

OFFICIAL

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
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	33%	30.3 (R)	32.1 (G)	30.7 (R)	30.7 (R)	31.2 (R)	33.9 (G)	32.7 (G)	36 (G)	37.3 (G)
North East		22.6	24	21.7	24.5	22.1	27.6	25.6	27.8	30.3
North West		34.4	37.4	34.4	34.9	37.9	37.9	40.6	41.9	41.8
South		33.4	34.7	34.7	32.2	33.3	36.4	32.8	37.4	39.3

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates increasing in the North East and South while declining slightly in the North West.
Back to Summary

OFFICIAL

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
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	24.4%	21.6 (R)	24.1 (G)	22.7 (R)	24.2 (G)	24.3 (G)	24.1 (G)	26.5 (G)	30.1 (G)	30.5 (G)
North East		20.8	21.4	21.7	21.9	20.7	21.9	23.4	25.3	26.6
North West		20.5	26.7	23.9	26.9	26.2	31.4	33.3	34.5	35.7
South		23.7	25.3	22.7	24.6	27.3	22.2	24.7	31.8	30.7

Performance Trend
Performance remained GREEN at a city level in the last quarter, with rates increasing slightly at a city level and in the North East and North West, while declining slightly in the South.
Back to Summary

OFFICIAL

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	22/23	23/24					24/25			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
HSCP	32.3%	29.1%	22.4 (G)	23.8 (G)	21.6 (G)	24.6 (G)	21.4 (G)	22.0 (G)	19.9 (G)	22.0 (G)	19.5 (G)	
NE	39.9%	35.9%	26.9	27.0	23.9	31.9	21.6	25.6	26.2	25.8	21.6	
NW	27.2%	24.5%	17.7	22.2	20.8	20.1	17.2	18.8	13.8	17.1	15.6	
S	31.3%	28.2%	22.6	22.8	20.8	23.5	24.2	21.9	19.1	23.0	21.1	

Performance Trend

Performance remained below the trajectory target and GREEN at city and locality levels in the last quarter, with a drop off rate lower than at Q4 23/24. Data is reported in arrears.

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.

[Back to Summary](#)

OFFICIAL

HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate (%)
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at 4% or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	2023/24			2024/25				2025/26	
	Q2 - 23/24	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26
Grand Total	6.94%	7.21%	7.66%	7.80%	7.78%	8.22%	8.11%	7.73%	7.52%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult Services	7.21%	7.30%	7.86%	7.73%	7.73%	7.75%	7.65%	7.39%	7.43%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children's Services	6.51%	7.84%	9.03%	8.63%	8.24%	9.19%	9.40%	7.17%	7.49%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Finance & Resources	3.39%	4.15%	4.11%	5.36%	4.56%	5.30%	8.32%	6.87%	6.64%
	(G)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People & Primary Care	6.97%	7.23%	7.70%	8.67%	8.51%	9.42%	9.28%	8.26%	7.89%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Operations & Governance	9.07%	10.21%	8.79%	8.57%	8.92%	8.02%	10.08%	9.38%	7.59%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

**Please note: The service structure within the HSCP has been realigned from Q1 25/36 onwards so comparisons with historical data should be interpreted with caution, as staffing compositions within service areas have changed.*

Performance Trend
Q2 2025/26 shows a slight reduction in overall absence rates compared to Q1, consistent with typical seasonal variation. However, overall absence levels remain above the national target, and sustained improvement efforts are required across all services. All Areas steady reductions except for Adult Services (+0.04%), and Children Services (+0.32%).
Issues Affecting Performance
These figures reveal growing pressures across several key services, especially in frontline areas such as Older People & Primary Care and Children Services. This trend underscores the need for targeted strategies to address the increasing absence rates and support workforce resilience.
Actions to Improve Performance
1. Performance Improvement Groups were established across the HSCP management teams in February to focus on various compliance and improvement targets and Absence is a key area

OFFICIAL

OFFICIAL

for all ACOs and HOS. These groups will identify specific actions to support improved management of absence and feeding into Performance review group chaired by Chief Officer.

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

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

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

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

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

Timescales for Improvement

The performance Improvement groups are anticipated to last for 12 months and will encourage improvements. In this time there has been improvement in some areas – Children's service and Resources and evidence of closer monitoring, management and support. It is anticipated that this improvement will continue to be evidenced as the performance groups progress.

[Back to Summary](#)

OFFICIAL

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

Area	Target	2023/24				2024/25				2025/26
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Overall Total	5%	10.38 (R)	11.2 (R)	11.5 (R)	11.0 (R)	10.5 (R)	10.3 (R)	9.6 (R)	9.6 (R)	9.6 (R)
Resources		6.5	6.9	6.3	5.7	7.0	6.6	6	6.7	6.6
Adult		10.0	9.9	8.6	11	10.8	9.6	9.3	11.1	11.1
Public Protection		7.3	7.7	7.4	9.4	7.3	8.6	8	8.2	7.8
Children		9.8	10.4	11.3	11	10.3	9.9	8.6	8.9	9
Older People		5.7	6.1	6.7	5.8	5.2	8.4	7.7	7.6	7.8
Care Services		13.2	14.5	15.3	13.8	12.5	12.0	11.6	11	10.8

Performance Trend

All care groups consistently report absence above GCC target of 5% target, however Q2 2025/26 echoes Q1 2025-26 and Q4 2024/25, reporting at 9.6% which is the lowest percentage absence for Social Work in 3 years. Care Services, the largest Care Group within the Service has steadily reported an improvement in absence performance since 2023/24, demonstrating a 1.7% reduction in Q2 2025/26 compared to the same quarter the previous year.

Issues Affecting Performance

Roles within social care incorporate physical and emotional demands which can affect employee wellbeing, and impact absence performance. With an aging workforce, absence levels are impacted by relevant health conditions which include musculoskeletal and chronic health conditions

Actions to Improve Performance

The Supporting Attendance Action Plan 2025/26 includes a refreshed focus on both Short Term absence and addressing the 2 leading causes of absence: musculoskeletal and psychological (which includes Stress). Absences of a duration of 0-3 months account for 69% of all absence within Social Work therefore new interventions have been incorporated to try and impact earlier discussions with employees to explore supports that may assist in earlier return to works.

Supporting Employee Wellbeing remains a top priority with a review of the Staff Mental Health and Wellbeing Action Plan along with widening the network of staff supporting wellbeing priorities across GCHSCP and targeted communications and initiatives.

Developing managers knowledge and confidence in their responsibilities in applying the GCC Supporting Attendance Policy will remain a focus, with a Training Needs Analysis conducted to determine how best to offer this support and ensure consistency.

Timescales for Improvement

The actions and new interventions implemented throughout the year that supports the 2025/26 Supporting Attendance Management Action Plan, are hoped to continue to positively impact absence performance levels.

[Back to Summary](#)

OFFICIAL

OFFICIAL

Indicator	3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF))
Purpose	To monitor the proportion of staff with an NHS Knowledge and Skills Framework (KSF) which supports Personal Development Planning and Review for NHS staff. The aim is to increase uptake and to achieve a target of 80%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

	2023/25			2024/25				2025/26	
	Q2 - 23/34	Q3 - 23/24	Q4 - 23/24	Q1 - 24/25	Q2 - 24/25	Q3 - 24/25	Q4 - 24/25	Q1 - 25/26	Q2 - 25/26
Glasgow	34.68%	35.39%	36.37%	38.09%	39.54%	39.76%	41.48%	46.55%	53.63%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult Services	28.84%	29.75%	29.45%	30.56%	31.18%	30.60%	32.63%	37.35%	46.91%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children Services	57.50%	52.87%	51.78%	54.44%	58.58%	61.13%	59.73%	66.35%	73.71%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Finance & Resources	48.51%	41.75%	30.29%	30.47%	38.83%	43.85%	25.94%	37.67%	43.00%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People & Primary Care	32.35%	35.34%	39.21%	41.62%	42.59%	42.43%	45.99%	51.14%	58.00%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Operations & Governance	24.19%	26.73%	29.49%	34.05%	34.58%	35.84%	36.25%	37.19%	35.42%
	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

**Please note: The service structure within the HSCP has been realigned from Q1 25/36 onwards so comparisons with historical data should be interpreted with caution, as staffing compositions within service areas have changed.*

Performance Trend
Performance continues to show steady improvement quarter on quarter, with notable progress in Q2 2025/26 with the overall completion rate rising to 53.63% (+7.08%) . This reflects ongoing efforts across services to embed regular review activity and improve compliance. While progress is encouraging, performance remains below the 80% target, and sustained focus is required to maintain momentum. However, there remain wide variations across services, and further improvement is required to move towards target performance.
Issues Affecting Performance
Completion of KSF reviews across the HSCP had stalled since Covid 19 pandemic. There are reported issues around the use of the TURAS system and service pressures that impact on compliance.
Actions to Improve Performance
1. Performance Improvement Groups have been set up across the HSCP management teams to focus on Absence, KSF and HSE compliance. These groups commenced in February identifying specific actions to support improved management of absence and feed into a monthly Performance review group chaired by the Chief Officer. Early indications are of incremental improvement across all areas 2. An annual trajectory reporting (updated monthly) for the HSCP 3. Guidance issued to managers on ensuring staff are aligned correctly to reviewers on TURAS system

OFFICIAL

OFFICIAL

4. Monthly communications issued to line managers advising of KSF review status for all employee's
5. Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation
6. Regular training provided by L&E colleagues communicated to all staff.

Timescales for Improvement

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

[Back to Summary](#)

OFFICIAL

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

Area	Target	2023/24			2024/25				2025/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Glasgow	100%	38.33	37.33	50.00	55.33	61.67	55.33	53.33	35.33	21.00
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Performance has declined notably in Q2 2025/26, following an already low position in Q1 and remains well below target.
Issues Affecting Performance
While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods. Managers receive notification of the induction due date and 2 further reminders. It is therefore unclear what the barrier is.
Actions to Improve Performance
1. Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement. 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting. 3. HR providing compliance updates to Core Leadership Groups This has now been added to the Performance Improvement Groups for review and escalation to allow for more focused and targeted action.
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
Back to Summary

OFFICIAL

OFFICIAL

Indicator	5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline
Purpose	To monitor the provision of Healthcare Support Worker induction training. The aim is to provide this for all relevant staff within the agreed deadline. The aim is to increase uptake and to achieve a target of 100%.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Tracy Keenan, Assistant Chief Officer, HR

Area	Target	2023/24			2024/25				2025/26	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Glasgow	100%	49	63	46.33	57.67	43	57.67	37	40	38.5
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Performance has dipped slightly this quarter and remains significantly below target. The downward trend suggests continued issues with completion and recording of mandatory induction training.
Issues Affecting Performance
While some Health Care Support Worker inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.
Actions to Improve Performance
1. Work continues to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement. 2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting. 3. HR providing compliance updates to Core Leadership Groups This has now been added to the Performance Improvement Groups for review and escalation to allow for more focused and targeted action
Timescales for Improvement
Ongoing improvement will be sought through the above steps.
Back to Summary

OFFICIAL

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	
		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.	Q1 % <i>of</i> no.	Q2 % <i>of</i> no.
City	70%	88.2 (G) 170	90 (G) 120	84.5 (G) 142	90 (G) 175	82 (G) 88	64.3 (R) 157	78.5 (G) 107	83 (G) 84	85.4 (G) 96
North East		55.6 (R) 18	100 (G) 6	80 (G) 10	70 (G) 20	65 (R) 20	60.9 (R) 23	69 (G) 16	70 (G) 20	68 (G) 19
North West		83.3 (G) 24	89.6 (G) 29	67.8 (A) 28	83 (G) 36	65 (R) 26	72.1 (G) 43	70 (G) 30	76 (G) 17	76 (G) 29
South		N/A 0	N/A 0	0 (R) 1	N/A 0	N/A 0	N/A 0	67 (A) 3	78 (G) 9	N/A 0
Prisons		93.8 (G) 128	89.4 (G) 85	90.3 (G) 103	94.9 (G) 119	100 (G) 42	61.5 (R) 91	86.2 (G) 58	94.7 (G) 38	97.9 (G) 48

Performance Trend

Performance at city level continued to improve during Q2 and remained GREEN. The majority of complaints relate to prisons which largely determine overall HSCP performance.

[Back to Summary](#)

OFFICIAL

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	
		Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.	Q3 % of no.	Q4 % of no.	Q1 % of no.	Q2 % of no.
City	70%	76 (G) 92	80 (G) 140	78.4 (G) 102	85 (G) 95	36 (R) 99	79.5 (G) 44	57 (R) 30	71 (G) 31	53 (R) 19
North East		100 (G) 4	100 (G) 1	88.9 (G) 9	100 (G) 5	60 (R) 5	100 (G) 3	100 (G) 2	100 (G) 1	100 (G) 1
North West		66.6 (A) 27	75 (G) 24	60.9 (R) 23	72 (G) 25	52 (R) 25	64.7 (R) 17	56 (R) 16	77 (G) 22	60 (G) 15
South		N/A 0	N/A 0	100 (G) 4	100 (G) 2	N/A 0	N/A 0	50 (R) 4	67 (G) 3	N/A 0
Prisons		78.7 (G) 61	80.9 (G) 115	81.2 (G) 66	88.9 (G) 63	29 (R) 69	87.5 (G) 24	50 (R) 8	40 (R) 5	0 (R) 3

Performance Trend

Performance at city level declined during Q2 and the RAG rating moved from GREEN to RED. Overall numbers of Stage 2 complaints have fallen considerably over the period shown.

Issues Affecting Performance

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

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

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

Actions to Improve Performance

Health Care (HC) Operational Managers are trying to focus Nurse Team Leaders and Charge Nurses to get existing Stage 2 complaints over the line. We have had a number of meetings to look at ways of supporting our Business Support Officer and this includes getting a Band 6 into

OFFICIAL

OFFICIAL

HMP Barlinnie once per week to assist with organisation of team members. Our Business Support Officer will be supporting the induction of a new administration manager for HMP Low Moss this week.

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

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

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

Timescales for Improvement

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

[Back to Summary](#)

OFFICIAL

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
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% <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	70%	67% (A) 134	73% (G) 191	77% (G) 237	71% (G) 199	67% (A) 186	69% (G) 177	70% (G) 159	67% (A) 129	58% (R) 169
North East		71% (G) 14	62% (R) 13	73% (G) 11	47% (R) 15	82% (G) 11	69% (G) 16	69% (G) 16	54% (R) 13	58% (R) 19
North West		87% (G) 15	64% (R) 11	35% (R) 17	67% (A) 12	36% (R) 11	36% (R) 11	50% (R) 4	40% (R) 10	67% (A) 3
South		14% (R) 14	35% (R) 17	50% (R) 14	47% (R) 19	35% (R) 23	40% (R) 30	35% (R) 17	44% (R) 16	17% (R) 18
Homelessness		57% (R) 14	60% (R) 25	65% (R) 23	57% (R) 28	50% (R) 24	52% (R) 21	68% (A) 31	62% (R) 21	55% (R) 31
Home Care		77% (G) 62	88% (G) 96	90% (G) 155	83% (G) 109	89% (G) 90	92% (G) 78	87% (G) 69	92% (G) 53	76% (G) 75
Centre		60% (R) 15	66% (R) 29	71% (G) 17	69% (G) 16	48% (R) 27	57% (R) 21	64% (R) 22	75% (G) 16	35% (R) 23

Performance Trend

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

During Q1, city-level performance fell further, resulting in a shift in the RAG rating from AMBER to RED. There was a significant drop in the Centre Team with the RAG rating moving from GREEN to RED during the reporting period. Performance in the North West improved with the RAG-rating moving from RED to AMBER. Both the South and Homelessness teams remained below target (RED). The Home Care Team remained GREEN despite a drop in performance.

OFFICIAL

Issues Affecting Performance In addition to the level of day-to-day demand on frontline services, staff have cited the short turnaround time for frontline complaints as an obstacle to responding or resolving complaints within required timescales. These concerns were pre-empted and communicated to the SPSO during the design of the current Model CHP; however the timescales are considered reasonable by the SPSO and therefore must be adhered to. Only 23% of Stage 1 complaints were either fully (11.5%) or partially upheld (11.5%) and so data does not suggest that there are specific or wide-ranging service failures leading to complaints activity, but rather that the relatively small number of complaints received during the quarter are not being addressed in good time either due to resource issues or inadequate prioritisation. There is also a risk that there may be occasional delays caused by the requirements to have responses approved by senior managers before they are issued. Due to priority focus of CFIT on addressing SAR processing challenges, CFIT staff have not had the capacity to undertake project work to assist/direct staff or services failing to meet deadline requirements.
Actions to Improve Performance During the previous quarter, South had made changes to staffing arrangements to spread the impact of complaints (and EMQ) activity across more staff – they had found that their Children Affected by Disability Team had been disproportionately impacted by demand across both complaint and EMQ activity. This has not been sufficient to address the issue of poor response times. Senior managers have expressed concern that the volume of EMQ activity, particularly recurring correspondence that appears to be attempting to circumvent complaint procedures, is having a detrimental impact on the ability of staff to respond to complaints in good time, and this has been identified as a matter for further investigation, although per the above, resources have not allowed for this to be investigated further as yet. Homelessness have requested a regular report from CFIT regarding outstanding complaints, to assist them in managing their output and CFIT are providing these weekly updates to help in identifying any problem cases. CFIT increased chase-up activity around all Stage 1 complaints, and prepared Stage 1 complaints guidance for all staff to be uploaded to the Staff Intranet. Additional communications will also be issued to draw attention to this guidance, and where possible information sessions will be delivered to senior managers.
Timescales for Improvement Q2 2025/26. Back to Summary

OFFICIAL

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
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% <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%	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90	73% (G) 62	52% (R) 109	53% (R) 91	64% (R) 87	59% (R) 118	65% (R) 130	56% (R) 109

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 Q1.

Issues Affecting Performance

The ongoing issue affecting performance in Q1 is the high volume of Stage 2 complaints received. For the third consecutive quarter, CFIT received over 100 Stage 2 complaints in a single quarter, the joint third highest volume over the past 14 quarters. There is a cumulative effect in terms of consecutive quarters of high demand, and where complaints handlers continue to carry large caseloads, including cases from the previous quarter, into a new quarter, there is a subsequent impact on productivity.

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

OFFICIAL

OFFICIAL

and may be more exaggerated, which makes the complaints more likely to be escalated to Stage 2.

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

Actions to Improve Performance

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

Timescales for Improvement

While improvement in output required to meet the 70% target is, to a degree, dependent on demand, it is also dependent on progress addressing the SAR backlog. Performance is now expected to exceed 70% in Q3 25/26, as by this point recruitment and training of additional SAR staff should be complete, and Senior Officers should have greater capacity to dedicate time to complaint investigation and resolution.

[Back to Summary](#)

OFFICIAL

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
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% <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%	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126	90% (R) 126	90% (R) 126	82% (R) 114	89% (R) 124	91% (R) 123

Performance Trend
This indicator is reported one quarter in arrears. Performance in relation to FOIs increased further during the quarter but remained below target (RED).
Issues Affecting Performance
The demands around both SAR processing and Stage 2 complaint handling have remained high, and so these issues continue to have a direct impact on FOI compliance as this activity is carried out by staff who have responsibility for all three workstreams. Overdue cases from this quarter have not fallen to a particular area of the business, but feature information requests covering various different functions, suggesting that the lack of capacity within CFIT to pursue information and/or final sign-off for responses has had an impact on compliance rates. Records indicate that cases are being progressed by CFIT in good time, however with resource limitations preventing staff from proactively issuing reminders or chase up requests to prompt service areas to return data.
Actions to Improve Performance
Staff are unable to prioritise FOI requests at this time due to ICO intervention with regards SAR performance, as the priority of the team is now and will remain addressing the significant backlog of SAR casework, and no further resource is available to address FOI demand. CFIT staff 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, however during Q1 no specific issues were identified in this regard and the small number of cases not resolved in time were generally isolated cases of particular complexity or individual failures to meet deadlines. One junior member of staff has also begun undertaking some FOI duties as a development opportunity and to assist in addressing the demand.
Timescales for Improvement

OFFICIAL

OFFICIAL

As with Stage 2 performance, as there is now additional resource joining the team later in the year, it is reasonable to project that compliance will again exceed 95% in Q3 25/26, as by this point recruitment and training of additional SAR staff should be complete, and Senior Officers should have greater capacity to dedicate time to ensure timely responses to all FOI requests.

[Back to Summary](#)

OFFICIAL

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

Target	22/23		23/24				24/25				25/26
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
	% <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%	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185	38% (R) 175	42% (R) 175	22% (R) 220	28% (R) 218	34% (R) 265	35% (R) 262

Performance Trend
This indicator is reported one quarter in arrears.
Performance in relation to Subject Access Requests continued to remain below target and RED during the reporting period.
Issues Affecting Performance
As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand driven primarily by demand for records to support applications for redress via Redress Scotland. Demand during Q1 25/26 has increased by almost 50% compared to Q1 in 24/25, and this has been the second highest volume of requests in the past 14 quarters. The activity measured above only describes the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above, however those cases are where the work of the team is currently concentrated. The figures above reflect the proportionate closure of <i>new</i> cases within time, with the remainder being channelled into the backlog, however that means that these figures essentially describe the closure of cases where little or no activity is required – i.e. because information is not held. New cases cannot ordinarily be prioritised over backlog cases. These figures therefore do not reflect team performance in terms of the sustained and intensive work being done to close both new cases and those older cases within the backlog. While 92 case closures are recognised here, 176 cases were closed in the period in total, and this is activity integral to addressing the recommendations of the ICO. Despite the failure to meet the target set here, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing

OFFICIAL

OFFICIAL

completed in the period remains very high – in the period in question, a total in excess of 72,000 pages was processed by the team.

Actions to Improve Performance

The focus of the team will continue to be SAR processing, and in particular processing requests that have been awaiting response for the longest period of time, albeit some activity is also taking place to look to identify and clear small cases at the earliest opportunity. The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing.

Further recruitment activity has been approved, and a significant number of additional staff will be appointed subject to final checks and agreed notice periods later in the year, on a fixed term basis, in addition to previous fixed-term recruitment to address the backlog of work that has accumulated. In addition, CFIT continue to seek to implement new software that will increase efficiency of processing, with implementation expected by the end of the year.

Timescales for Improvement

Recruitment will be completed by October if there are no other issues arising, and new software is expected to be introduced at around the same time. Resolution of the backlog is projected to be complete 18 months from that point. Thereafter, CFIT should be sufficiently resourced to address typical demand.

[Back to Summary](#)

OFFICIAL

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	
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.	% <u>of</u> no.
City	80%	79% (G) 518	74% (R) 455	70% (R) 451	75% (R) 433	70% (R) 280	67% (R) 300	68% (R) 436	71% (R) 465	70% (R) 495
North East		97% (G) 98	92% (G) 103	87% (G) 102	92% (G) 73	79% (G) 67	78% (A) 60	73% (R) 73	79% (G) 81	78% (A) 74
North West		89% (G) 111	67% (R) 89	80% (G) 56	75% (R) 73	73% (R) 51	71% (R) 42	66% (R) 74	68% (R) 78	64% (R) 72
South		60% (R) 110	65% (R) 77	63% (R) 84	56% (R) 95	63% (R) 52	45% (R) 67	38% (R) 73	36% (R) 64	42% (R) 98
Centre		73% (R) 187	66% (R) 167	58% (R) 186	77% (A) 172	65% (R) 103	69% (R) 118	75% (R) 190	76% (R) 217	79% (G) 234
Care Services (prev. Cordia)		83% (G) 12	100% (G) 19	96% (G) 23	90% (G) 20	86% (G) 7	92% (G) 13	96% (G) 26	96% (G) 25	94% (G) 17

Performance Trend

During Q2 performance at city level, North West and South continued to remain below target and RED. Care Services continued to exceed target (GREEN). Performance fell slightly in North East with the RAG-rating moving from GREEN to AMBER during the reporting period. Performance in the Centre team improved with the RAG-rating moving from RED to AMBER between Q1 and Q2.

There was a further increase in the number of enquiries received during Q2 (495); this was slightly higher than the number received during Q1 (465) and Q4 (426) and significantly higher than the number received during Q2 (280) and Q3 (300).

Issues Affecting Performance

Heads of Service across localities have cited limited resource/staffing issues as challenging in resolving EMQs in good time. Anecdotal input from Service Managers has also 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

OFFICIAL

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

This quarter has seen a fourth consecutive quarter of increasing demand, and a 77% higher number of requests when compared to Q2 of the previous year. Given the wide range of issues spread across the city and services, it is challenging to identify specific reasons for the increase in demand, but the level of demand has been identified as the key challenge in terms of performance. As with complaints submissions, it is possible that some increase in demand relates to increasing use of AI-tools by the general public in submitting correspondence.

Increased demand can also lead directly to further delay where bottlenecks arise due to the requirements for responses to be reviewed and approved by senior managers.

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 required across areas to identify whether any changes of process can impact performance, however the level of demand – with almost twice as many EMQs as S1/S2 complaints combined – is challenging for busy services to absorb, and these responses must be processed locally by relevant teams.

Timescales for Improvement

Q3 25/26, depending on demand.

[Back to Summary](#)

APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

3. OTHER INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Sep 25	30% (R)	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Remained the same as in June. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q2	94.4% (G)	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased slightly from Q1 when was 90%. Produced quarterly.
3. AHP Waiting Times – Community Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Q1	99.2% (G)	N/A	N/A	N/A	This service is hosted by the Acute Sector. Small decrease from 99.8% for Q1. Pharmacy Dietetic Performance is 90.6% (R). (was 95.9% in Q1).
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q2	100% (G)	100% (G)	100% (G)	100% (G)	This service is hosted by East Dunbartonshire HSCP. Figures for Q1 were 98.8% (City); 98.1% (NE); 98.4% (NW); 99.6% (S). 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%	Q2	88% (R) 6 (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q1 were 100% (under 5s) and 90% (over 5s). Produced quarterly.
		100%	Q2	100% (G) 29 Aged 5-18				

OFFICIAL

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

OFFICIAL

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

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

APPENDIX 4 – APR KPIs

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

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

OFFICIAL

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 (%)

OFFICIAL