Item No. 11

Meeting Date: **Wednesday 9th September 2026**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: **Craig Cowan, Head of Business Development**

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HSCP Performance Report Q1 2026-27

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2026-27 for noting. The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Children's Services.

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

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

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

	a) Note the attached performance report; b) Consider the exceptions highlighted in section 4.5; and c) Review and discuss performance with the Strategic Lead for Children's 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.
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 1 2026-27. The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Children's 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).

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 topic – Children's Services. This section has been located at the front of the report for ease of reference.

4.4 The indicator relating to Future Care Plans (FCP) activity has been removed from the Older People's section. While promotion of FCPs will continue there is no longer a dedicated staff resource to support this.

Exceptions

4.5 At Q1, 51 indicators were GREEN (59.3%); 32 RED (37.2%) and 3 AMBER (3.5%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in **BOLD**. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

Children's Services	
1. Uptake of the Ready to Learn Assessments – *North East and South*	23
3. % looked after & accommodated children under 5 who have had a Permanency Review	28
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months	36
Unscheduled Care	
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	59
Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	61
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral – North West	64
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – *Leverndale and Gartnavel*	66

3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Leverndale*	68
4. Total number of Adult and Older People Mental Health Delays	70
Sexual Health	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	74
4. Number of YP appointments offered across all Sandyford locations	77
5. Median waiting times for access to first TOPAR appointments	78
Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (1, 2, 3, 4 and 5 apartment)	81
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	84
6. Number of new Housing First tenancies created	86
Health Improvement	
2. Smoking Quit Rates at 3 months (from the 40% most deprived areas)	95
Human Resources	
1. NHS Sickness absence rate	102
2. Social Work Sickness Absence Rate	104
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	105
4. % of NHS staff who have completed the standard induction training within the agreed deadline	107
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	108
Business Processes	
2. Percentage of NHS Stage 2 Complaints responded to within timescale	111
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	115
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	117
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	119
7. Percentage of elected member enquiries handled within 10 working days	121

Changes in RAG Status

4.5 There has been a change in RAG status for **13** indicators since the last report. Of these, performance improved for **9** and declined for **4**.

i. Performance Improved

A) RED TO GREEN
Children's Services
1. Uptake of the Ready to Learn Assessments – *North West*
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – *North East*
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – *South*
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Stobhill*

Sexual Health
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations
Business Processes
1. Percentage of NHS Stage 1 complaints responded to within timescale
B) RED to AMBER
Older People & Carers
5. Provided Residential Care – Review Rates
C) AMBER to GREEN
Children's Services
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.
Adult Mental Health
2. Average Length of Stay (Short Stay Adult Mental Health Beds) - *Stobhill*

ii. Performance Declined

A) GREEN TO RED
Sexual Health
5. Median waiting times for access to first TOPAR appointments.
B) AMBER to RED
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Leverndale*
C) GREEN to AMBER
Homelessness
7. Number of Temporary Furnished Flats
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Gartnavel*

5. Recommendations

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

a) Note the attached performance report;
b) Consider the exceptions highlighted in section 4.5; and
c) Review and discuss performance with the Strategic Lead for Children's Services.

CORPORATE PERFORMANCE REPORT

QUARTER 1
2026/27

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1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters for all current indicators, 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			
								
Children's Services	5 (41.7%)	1 (8.3%)	6 (50%)		4 (33.3%)		8 (66.7%)	
Older People & Carers	1 (7.1%)		13 (92.9%)			1 (7.1%)	13 (92.9%)	
Unscheduled Care	1 (16.7%)		5 (83.3%)		1 (16.7%)		5 (83.3%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Adult Mental Health	7 (70%)	2 (20%)	1 (10%)		5 (50%)	1 (10%)	4 (40%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	3 (60%)		2 (40%)		3 (60%)		2 (40%)	
Homelessness	7 (63.6%)		4 (36.4%)		7 (63.6%)	1 (9.1%)	3 (27.3%)	

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
								
Criminal Justice			6 (100%)				6 (100%)	
Health Improvement	1 (14.3%)		6 (85.7%)		1 (14.3%)		6 (85.7%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	6 (85.7%)		1 (14.3%)		5 (71.4%)		2 (28.6%)	
TOTAL No. and (%)	**37 (43.0%)**	**3 (3.5%)**	**46 (53.5%)**	**0 (0%)**	**32 (37.2%)**	**3 (3.5%)**	**51 (59.3%)**	**0 (0%)**

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
Children's Services				
1. Uptake of the Ready to Learn Assessments	95%	Jun 26	NE 81%  NW 94%  S 86% 	NE ▼ NW ▲ to S ▼
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Mar 26	NE 97%  NW 98%  S 98% 	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%	Q1	64% 	▲
4. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q1	74% 	▲
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, in education or training.	75%	Q1	76% 	▲  to 

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of out of authority placements	25 or fewer	Q1	19 	▲
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q4	86.6% 	▼
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	94.3% 	►
Older People & Carers				
i. Home Care, Day Care and Residential Services				
1. Percentage of service users who receive a reablement service following referral for a home care service	75%	Q1	Hosp. discharges 84.6%  Community Referrals 86.7% 	Hosp ▲ Comm ▼
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q1	43.5% 	▲
3. Day Care (provided) – Review Rates	95%	Q1	94% 	▼
4. Provided Residential Care – Occupancy Rates	95%	Q1	95.8% 	▼
5. Provided Residential Care – Review Rates	95%	Q1	91% 	▲  to 

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
ii. Commissioned Services					
6. Number of Clustered Supported Living tenancies offered to Older People		75 per annum (19/quarter)	Q1	19 ✅	▼
iii. HSCP Community Services					
7. Occupational Therapy (OT) Assessments: % completed within 12 months of request		98%	Q1	99.8% ✅	▼
8. 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)	Q1	715 ✅	▼
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum (163 per q)	Q1	165 ✅	▲
	(iii) Outcome 3 Supporting Carers	100 per annum (25 per q)	Q1	30 ✅	▲
9. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q1	99.6% ✅	▼
10. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q1	97.6% ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
11. 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	650 	▲
Unscheduled Care				
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)	161,155 (13,430 /month)	Q1-4 25/26	147,611 (12,301 per month) 	▲
2. Number of Emergency Admissions (18+) (reported in arrears)	63,855 (5,321/month)	To Q3 25/26	43,161* (4,796* per month) *provisional 	▲
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	507,633 (42,303/ month)	To Q3 25/26	387,761* (43,085* per month) *provisional 	▼
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	Q1-4 25/26	180,593* (15,049* per month) *provisional 	▲
5. Total number of Acute Delays	160	Jun 26	151 (Total) 102 (Non-AWI) 49 (AWI) 	Total ▼ Non-AWI ▼ AWI ▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	Q1-4 25/26	87,160 (7,263 per month)	▲
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q4	72.76%	▼
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Mar 26	£177.4	▼
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Jun 26	NE 89.4% NW 60.0% S 89.1%	NE ▲ to NW ▼ S ▲ to
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Jun 26	Stob 24.4 Lev 41 Gart 44.1	Stob ▲ to Lev ▼ Gart ▼
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Jun 26	Stob 96.2% Lev 100.7% Gart 99.2%	Stob ▲ to Lev ▼ to Gart ▼ to

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
4. Total number of Adult and Older People Mental Health Delays	20	Jun 26	52 Total 41 (Non-AWI) 11 (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%	Q4	94% ✅	▲
Sexual Health				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	1,670 per quarter	Q1	1,207 🛑	▲
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations	1,338 per quarter	Q1	1,560 ✅	▲ 🛑 to ✅
3. Median waiting times for access to first Urgent Care appointments.	2 Working Days	Q1	1 day ✅	▶
4. Number of YP appointments offered across all Sandyford locations	504 per quarter	Q1	475 🛑	▲

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
5. Median waiting times for access to first TOPAR appointments.		5 working days	Q1	6	▼ to
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q1	97%	▼
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q1	1,336	▼
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q1	41	▲
	2 apt	36 weeks		64	▼
	3 apt	31 weeks		38	▲
	4 apt	81 weeks		92	▲
	5 apt	225 weeks		315	▲
4. Number of households reassessed as homeless or threatened with homelessness within 12 months.		<480 per annum (<120 per quarter)	Q1	108	▼
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q1	54%	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
6. Number of new Housing First tenancies created	20 per quarter	Q1	8	▲
7. Number of Temporary Furnished Flats	2,400 or less	Q1	2,460	▼ to
Criminal Justice				
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence	80%	Q1	87%	▼
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)	85%	Q1	87%	▼
3. Percentage of 3-month Reviews held within timescale	75%	Q1	82%	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q1	79%	▲
5. Percentage of Criminal Justice Social Work Reports (CJSWR) submitted to court	80%	Q1	82%	▲
6. Throughcare Order Licences: Percentage of Post release interviews held within one day of release from prison	80%	Q1	85%	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,684	▲
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	1,190 (annual)	25/26 Annual Total	945 (Annual Total)	▲
3. Women smoking in pregnancy (general population)	10%	Q1	5.8%	▼
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q1	9.4%	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q3	35.3%	▼
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q3	29.0%	▼
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q3	18.8%	▲
Human Resources				
1. NHS Sickness absence rate (%)	<6%	Q1	7.51%	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q1	9.1%	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Q1	59.89% 🛑	▼
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q1	41.49% 🛑	▲
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q1	59.79% 🛑	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q1	76% ✅	▲ 🛑 to ✅
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	43% 🛑	▼
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q4	80% ✅	▲
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	60% 🛑	▼
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q4	93% 🛑	▲
6. Percentage of Social Work Data Protection Subject Access Requests	100%	Q4	64% 🛑	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
completed within the required timescale (reported in arrears)				
7. Percentage of elected member enquiries handled within 10 working days	80%	Q1	76% 	▲

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**	**24/25**				**25/26**				**26/27**
		Jun 24	**Sep 24**	**Dec 24**	**Mar 25**	**Jun 25**	**Sep 25**	**Dec 25**	**Mar 26**	**Jun 25**
North East	95%	**87 (R)**	**85 (R)**	**87 (R)**	**94 (G)**	**88 (R)**	**86 (R)**	**91 (A)**	**89 (R)**	**81 (R)**
North West		**84 (R)**	**87 (R)**	**86 (R)**	**79 (R)**	**90 (R)**	**90 (R)**	**86 (R)**	**85 (R)**	**94 (G)**
South		**89 (R)**	**90 (R)**	**91 (A)**	**89 (R)**	**89 (R)**	**91 (A)**	**94 (G)**	**87 (R)**	**86 (R)**

Performance Trend

Between March and June performance remained RED in the North East and South, while moving from RED to GREEN in the North West.

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. Glasgow's substantial migrant population means that a significant proportion of children in the 0-5 age group have arrived in Glasgow subsequent to this period, and/or may be out of the country in the window of assessment, therefore distorting the staff performance measurement.

Given the lowest rate of completion of assessments was in North-East in the last quarter, the service manager undertook an analysis of the 91 families with no assessment recorded and reported that:

- 40 families were out of the city at the time of assessment
- 6 transferred into the service after the 30-month assessment period
- 10 records had no child health form completed or an incomplete record. In these cases, the assessment has been completed but this was not reflected in the KPI measure due to the absence of the form
- 17 require to be followed up as the assessment is showing as not completed
- 15 assessments had been completed

- 3 families had declined the assessment

This is reflected in current EMIS data highlighting that English is not the first language of 23.1% of families living in the South, with of 21.8% in North-East and 19.5% in North-West. These children will still receive a developmentally appropriate assessment as a priority as soon as we are aware they are in the city, but the service does not count these within the performance measure as out of time. 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 shifting population demographics in Glasgow make the 95% target particularly ambitious.

Actions to Improve Performance

There has been a decrease in assessments completed in North East and a slight decrease in South due to some teams being in baseline cover. Higher absence rates and cross-cover arrangements reduces health visitors' ability to complete tasks and assessments within the stipulated timescales. Where repeated visits are required, due to, for example, English as a second language, these may not be possible within the timeframe.

These assessments remain a priority given the opportunity for early intervention support for families.

The service has explored the possibility of EMIS coding to identify children who are out of scope during the period of the assessment to more clearly identify performance issues (as opposed to availability of families), however, this is not currently possible due to the prioritisation of planned transition to the new IT system; it is hoped that the replacement system will offer the capacity for more sophisticated reporting.

Timescales for Improvement

Developmentally appropriate assessments continue to be undertaken, and further performance improvements are expected but, as this continues to be impacted by the population of transitory families living in the city, work is ongoing to build this into the data collection underpinning this performance measure.

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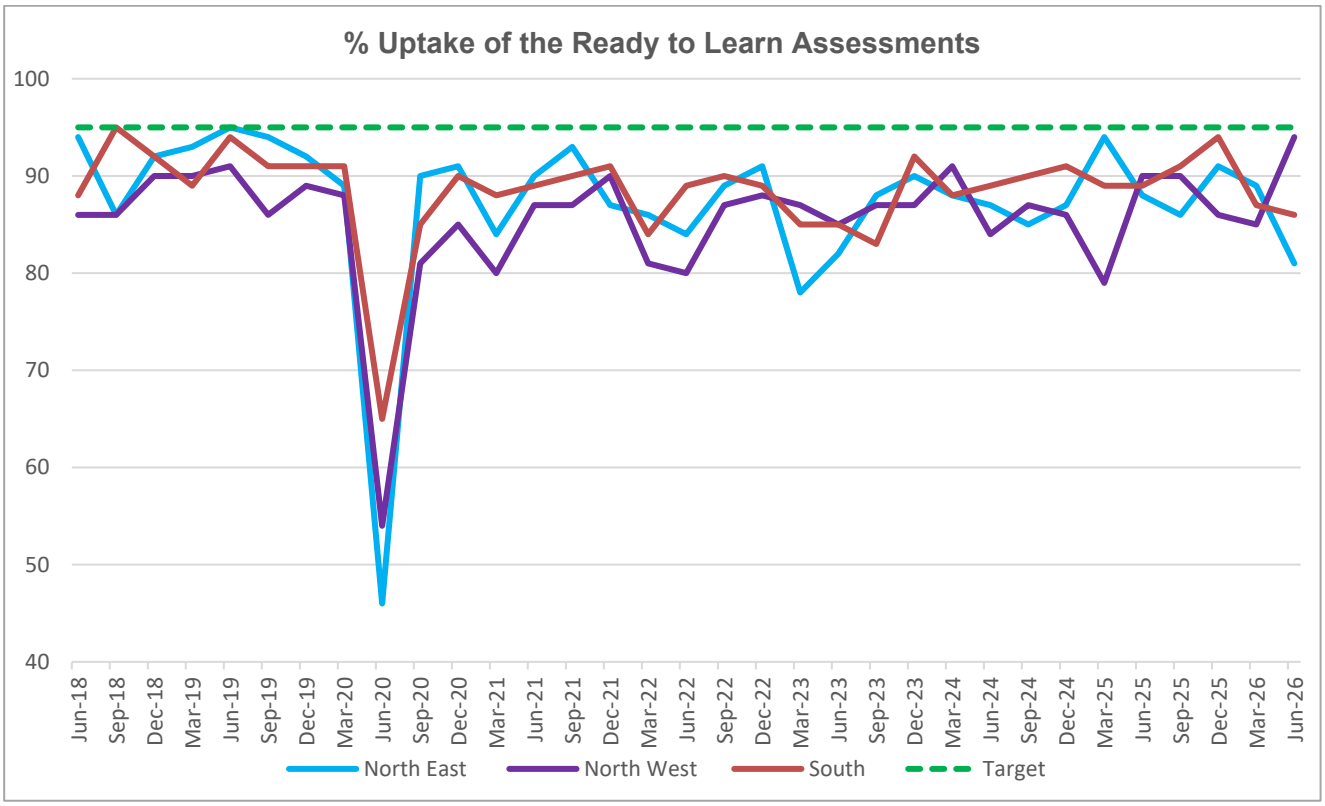
Longer Term Trend



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

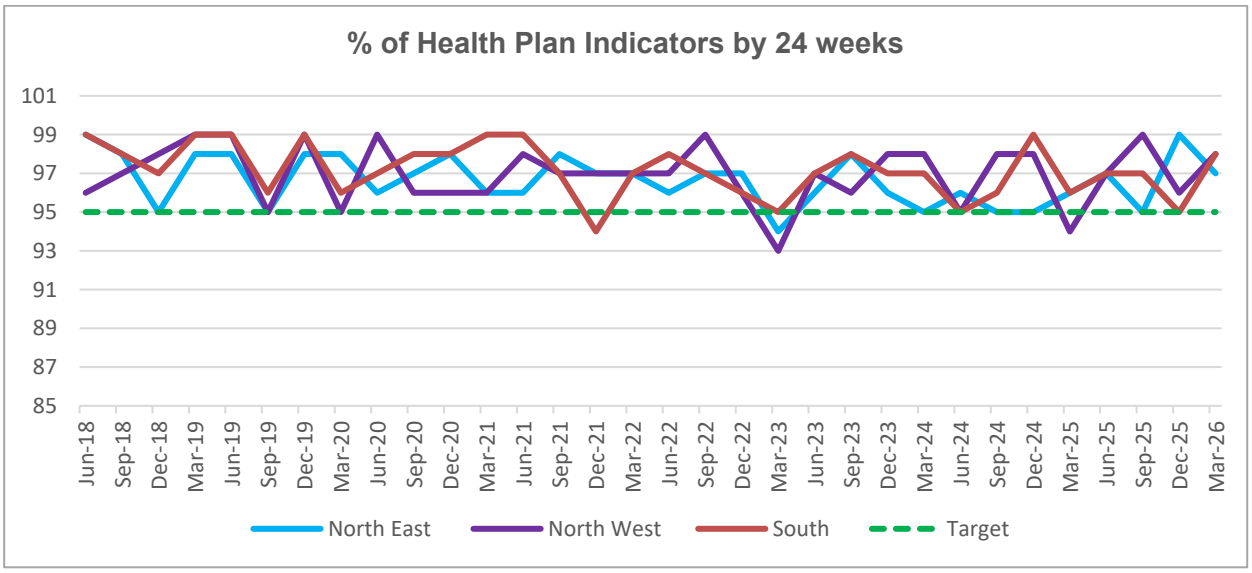
Locality	**Target**	**23/24**	**24/25**				**25/26**			
		Mar 24	**Jun 24**	**Sep 24**	**Dec 24**	**Mar 25**	**Jun 25**	**Sep 25**	**Dec 25**	**Mar 26**
North East	95%	**95 (G)**	**96 (G)**	**95 (G)**	**95 (G)**	**96 (G)**	**97 (G)**	**95 (G)**	**99 (G)**	**97 (G)**
North West		**98 (G)**	**95 (G)**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

Longer Term Trend



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 *not* had a permanency review has been added to the table below.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	**Target**	**24/25**			**25/26**				**26/27**	
									Quarter 1	
		Q2 %	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**% with review**	**Number *without* a Permanency Review***
City	**90%**	**55 (R)**	**50 (R)**	**54 (R)**	**54 (R)**	**55 (R)**	**59 (R)**	**60 (R)**	**64 (R)**	**27**
North East		**61 (R)**	**52 (R)**	**43 (R)**	**44 (R)**	**47 (R)**	**48 (R)**	**52 (R)**	**43 (R)**	12
North West		**61 (R)**	**50 (R)**	**71 (R)**	**83 (R)**	**76 (R)**	**79 (R)**	**60 (R)**	**57 (R)**	12
South		**40 (R)**	**45 (R)**	**52 (R)**	**41 (R)**	**38 (R)**	**41 (R)**	**56 (R)**	**83 (R)**	3

Performance Trend

Although performance at city and locality level remained below target and RED during Quarter 1, there was significant improvement (increase of 27 percentage points) in the South locality.

At the end of June, a total of 27 children (of 74 children aged under 5 looked after for 6 months or more) had not yet had a permanence review. Work is underway to complete the permanence review for the remaining children.

Issues Affecting Performance

The overall citywide improvement and increase in plans completed in South reflects the revised governance that has been introduced to ensure that best outcomes are being achieved for children and families, minimising drift in securing permanence outcomes.

North East has been managing substantial managerial absence and turnover, and frontline staff turnover in the last 6 months, which has delayed the progression of improvement plans in permanence

as staff and managers familiarise themselves with the care-planning for children, progress plans and build the necessary relationships to support decision making.

Improvement plans are in place and should demonstrate improvement in the next quarter as these actions translate to enhanced performance.

Actions to Improve Performance

The following actions have been implemented to improve performance in this area, and the longer-term graph presented below shows that these measures are starting to take effect.

Increased governance of the locality Permanence Forums

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

Service Manager Chaired Permanence Progression Meetings

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

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

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

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

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

Timescales for Improvement

Permanence work continues to be overseen by the citywide Permanence Steering Group – anticipated timescale for the improvements outlined above is 3-6 months. Staff understand the expectation that permanence reviews should be completed in 6 months to meet the KPI target. This is communicated and reinforced to all staff involved in permanency work with children.

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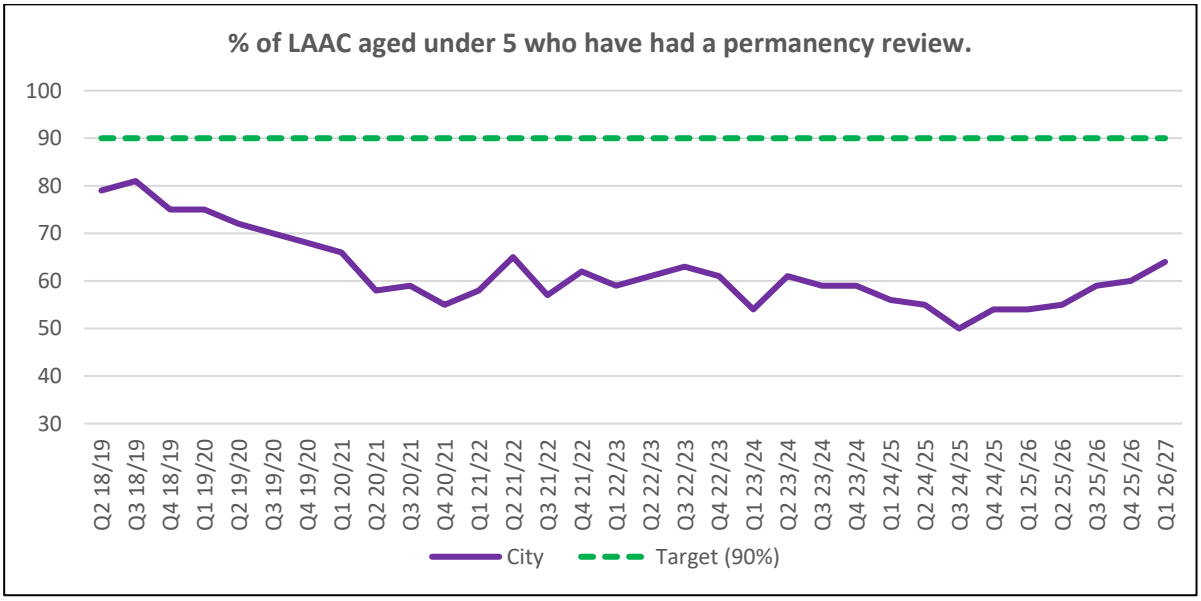
Longer Term Trend



Indicator	4. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date
Purpose	To monitor the proportion of *new* (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				26/27
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	60%	48 (R)	51 (R)	46 (R)	53 (R)	40 (R)	40 (R)	38 (R)	50 (R)	64 (G)	74 (G)
North East		76 (G)	52 (R)	58 (A)	59 (G)	32 (R)	49 (R)	49 (R)	46 (R)	47 (R)	44 (R)
North West		31 (R)	45 (R)	38 (R)	49 (R)	53 (R)	33 (R)	38 (R)	47 (R)	63 (G)	85 (G)
South		39 (R)	53 (R)	44 (R)	51 (R)	38 (R)	36 (R)	21 (R)	52 (R)	76 (G)	83 (G)

Performance Trend

During Q1 there were further significant improvements in performance at city level, in North West and in South (GREEN). North East continued to remain below target and RED. This relates to staff and managerial absence and turnover as previously highlighted and should improve in the next quarter.

The total number of new SCRA reports requested for Q1 was 168 (43 North East, 65 North West, 53 South and 7 for "other Teams").

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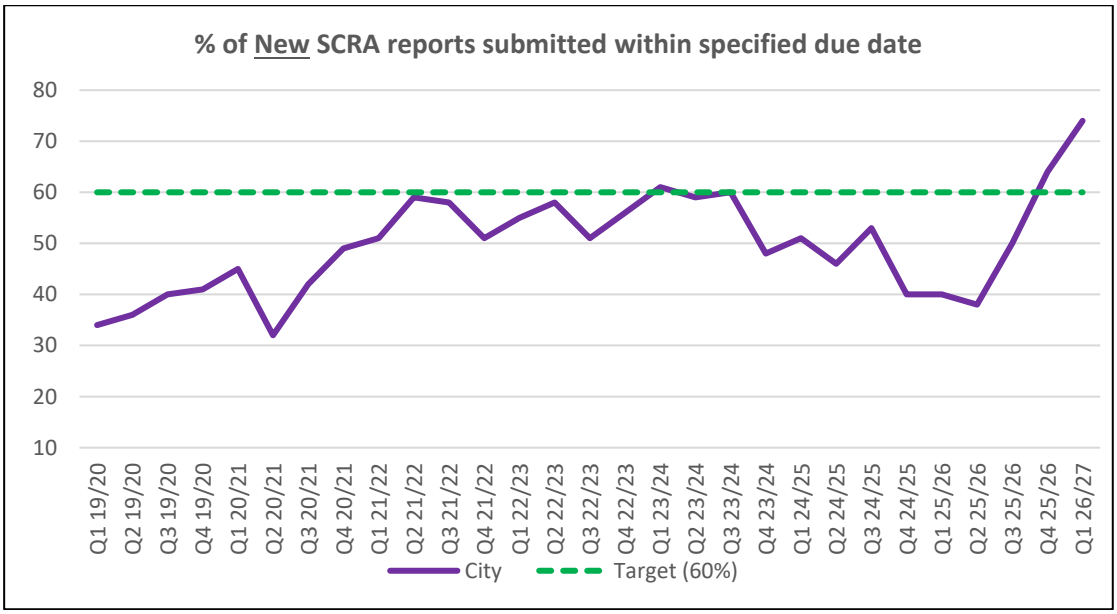
Longer Term Trend



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**				**26/27**
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**75%**	**77% (G)**	**77% (G)**	**75% (G)**	**74% (G)**	**72% (A)**	**74% (G)**	**74% (G)**	**72% (A)**	**73% (A)**	**76% (G)**
North East		**81% (G)**	**81% (G)**	**75% (G)**	**76% (G)**	**70% (R)**	**79% (G)**	**75% (G)**	**73% (A)**	**77% (G)**	**74% (G)**
North West		**74% (G)**	**72% (A)**	**69% (R)**	**69% (R)**	**70% (R)**	**69% (R)**	**69% (R)**	**70% (R)**	**71% (R)**	**71% (R)**
South		**80% (G)**	**81% (G)**	**79% (G)**	**75% (G)**	**74% (G)**	**76% (G)**	**76% (G)**	**73% (A)**	**72% (A)**	**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

Performance improved at city level and in South with both moving from AMBER to GREEN during the reporting period. North East continued to remain within the target range (GREEN) while North West remained slightly outwith the target range (RED).

During Q1 there was a slight reduction in the number of young people who do not have their employability status recorded; this dropped from 31 to 29 between Q4 25/26 and Q1 26/27. Of these 29 young people, 15 are allocated to North East, 1 to North West, 12 to South/YUAS and 1 young person whose team is "not indicated" i.e., those without a primary relationship to a worker or team, primarily due to transition from core teams to continuing care and aftercare teams.

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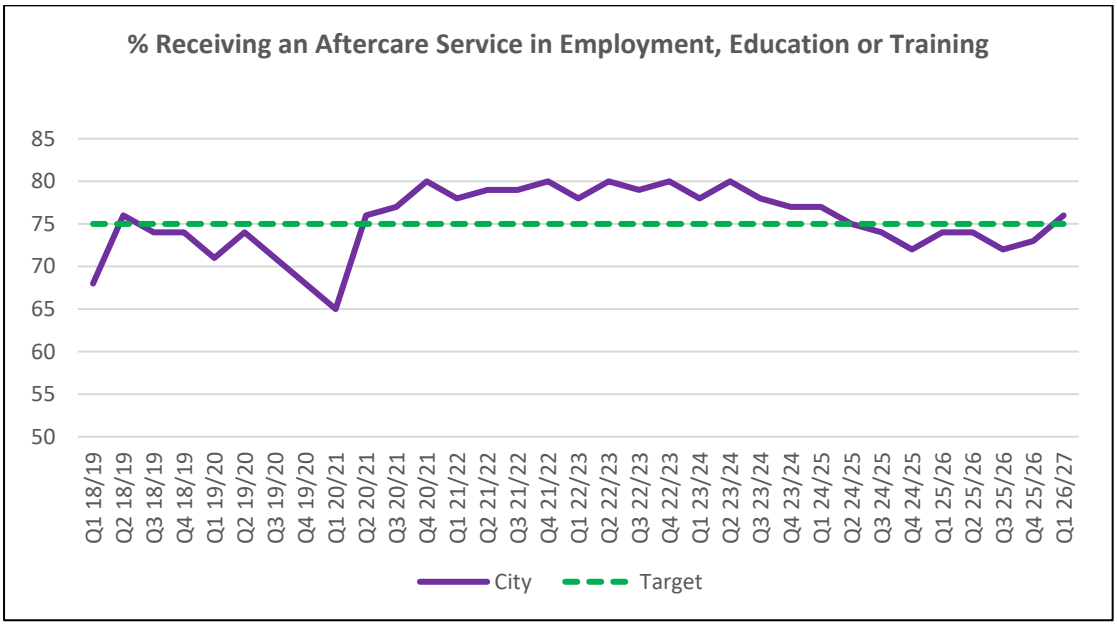
Longer Term Trend



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**				**26/27**
25 or fewer	**Q4**	**Q1***	**Q2***	**Q3***	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
	26 (A)	22 (G)	20 (G)	23 (G)	24 (G)	22 (G)	23 (G)	22 (G)	21 (G)	19 (G)

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

Performance Trend

The out of authority placement number remained below the target of 25 or less at the end of Q1 (GREEN).

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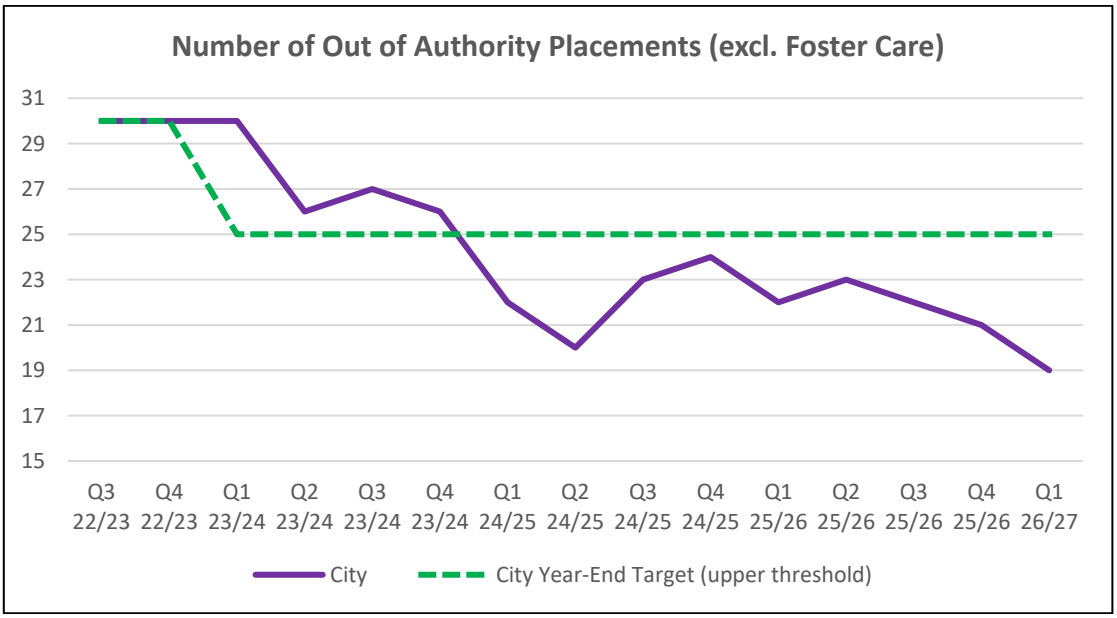
Longer Term Trend



Indicator	7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months
Purpose	To monitor uptake of the MMR vaccination in children at 24 months. MMR immunisation protects individuals and communities against measles, mumps and rubella. Community protection enables vulnerable adults and others to benefit from the direct immunisation of children. Rates of 95% uptake optimise this community protection.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 1 (See Appendix 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Karen Dyball, Assistant Chief Officer (Children's Services)

Locality	Target	2023/24		2024/25				2025/26			
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	95%	91.55 (A)	90.24 (R)	90.9 (A)	89.9 (R)	90.3 (A)	90.7 (A)	89.4 (R)	90.6 (A)	89.6 (R)	86.6 (R)
North East		90.91 (A)	88.21 (R)	88.5 (R)	87.6 (R)	87.6 (R)	90 (R)	89.5 (R)	88.3 (R)	88.4 (R)	83.4 (R)
North West		91.37 (A)	88.97 (R)	94.5 (G)	89 (R)	91 (A)	90 (R)	90.4 (A)	90.1 (R)	88.7 (R)	87.1 (R)
South		92.15 (A)	92.83 (G)	90.1 (R)	92.4 (A)	91.9 (A)	91.7 (A)	88.6 (R)	92.8 (G)	91.3 (A)	88.7 (R)

Performance Trend

Performance declined at city level and in all localities in the last quarter and remained RED.

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.'

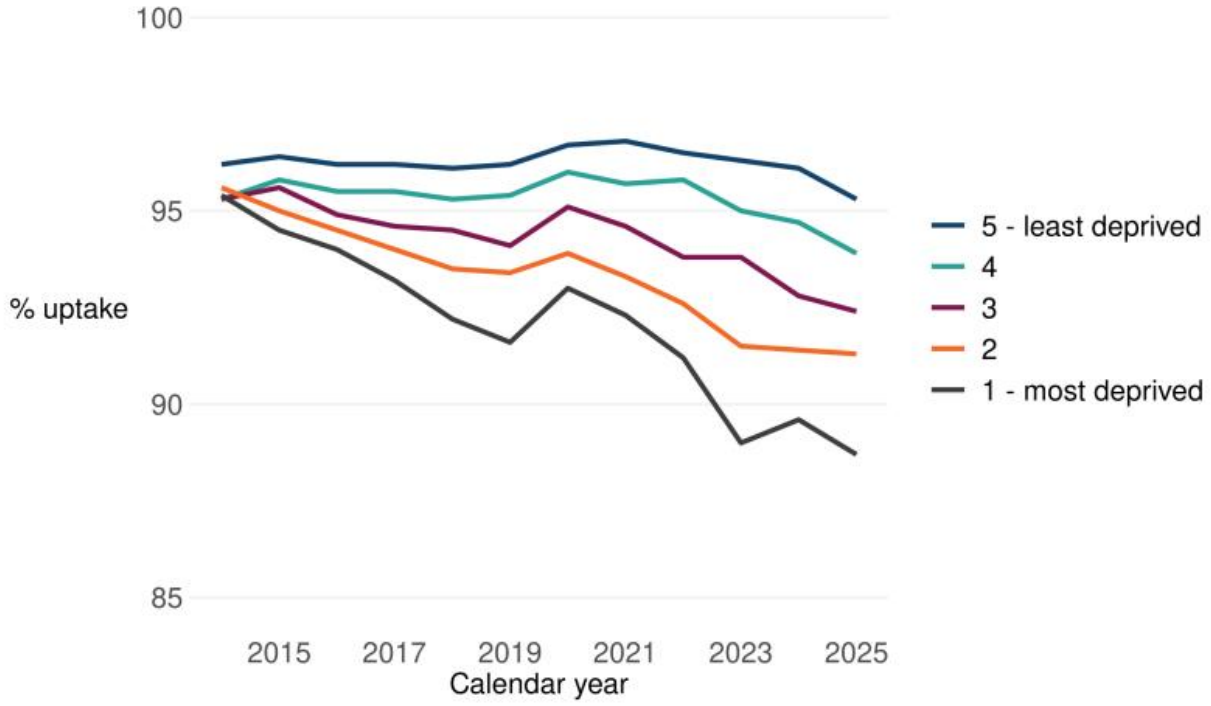
Furthermore, this data reflects all current children registered with a GP in Glasgow City, which impacts uptake rates if children were not available at the time of the vaccination for the reasons discussed above in relation to the Ready to Learn Assessments (KPI 1).

In the context of the demographic profile of families in Glasgow, our performance average of 86.6% is considered to be relatively good in the context of our population demographics given the national rate of 92.1% (as at year end, December 2025, which is the most recent figure available; https://publichealthscotland.scot/publications/childhood-immunisation-statistics-scotland/childhood-immunisation-statistics-scotland-quarter-and-year-ending-31-december-2025/). Overall, our uptake pattern is consistent with national trends:

Age group	Immunisation	2022 (%)	2023 (%)	2024 (%)	2025 (%)
24 months	MMR1 (first dose of MMR)	93.9	93.0	92.8	92.1

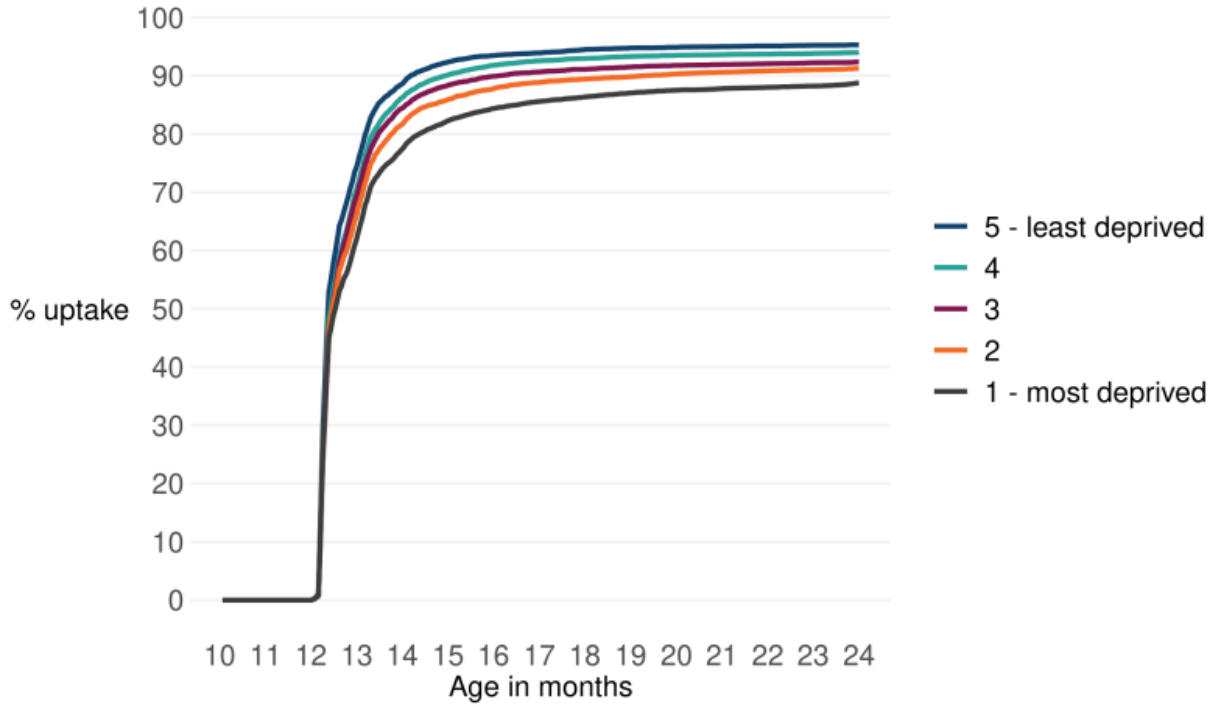
In addition to declining rates for MMR at 24 months, Public Health Scotland has stated that across all vaccines, uptake rates are lower in the most deprived areas, with MMR uptake at 24 months ranging from 88.7% in the most deprived group (quintile 1) to 95.3% in the least deprived group (quintile 5):

Figure 7: Uptake of first dose of MMR vaccine by 24 months of age, 2014 to 2025, by deprivation, Scotland



In addition, children living in the most deprived areas are also likely to be vaccinated later, with a slower uptake, than their peers living in less deprived areas. For children reaching 24 months in 2025, 82.2% of children in quintile 1 (most deprived) had received their first dose of MMR by 15 months of age, compared with 92.3% of children in quintile 5 (least deprived), a difference of 10.1 percentage points:

Figure 8: Uptake of first dose of MMR by age as of 31 December 2025, by deprivation, Scotland



1. SIMD quintiles (see **Glossary**).

2. Children turning 24 months old in the relevant year, e.g. for 2025 this would be children born January-December 2023.

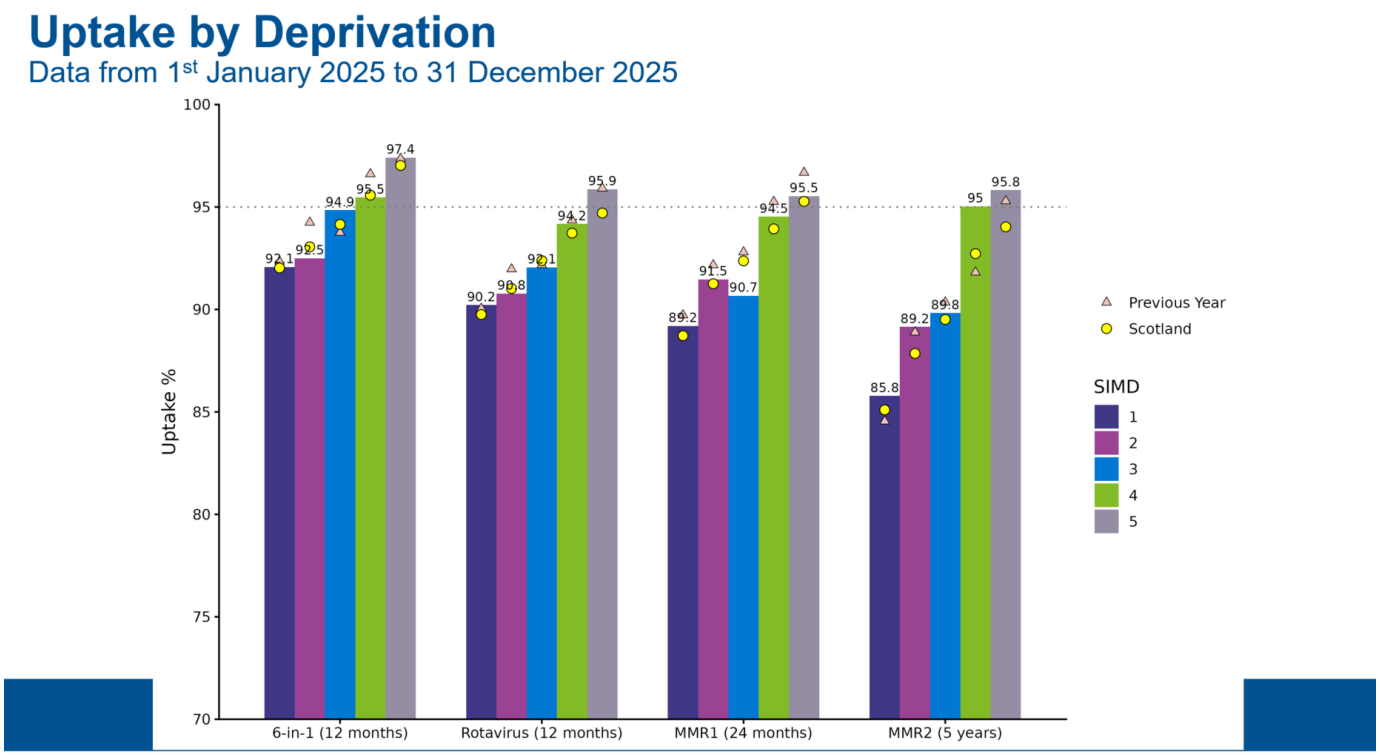
Actions to Improve Performance

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 through culturally appropriate information campaigns, trusted community-based outreach, reminder and recall systems, catch-up programmes, and ensuring vaccination services are accessible and responsive to the needs of families in areas of greatest deprivation. The service is exploring a range of outreach measures across NHS GGC currently that will target migrant and lower SIMD populations such as weekend drop in, vaccine bus, and outreach via nurseries to explore approaches to reaching families more effectively.

Continued partnership work is focusing on narrowing the gap in uptake, with community initiatives continuing to develop effective engagement approaches for migrant families. The Immunisations Team and Health Visitors continue to work closely to provide clear and consistent messaging about the benefits of immunisation to address differing cultural attitudes to vaccinations. Culturally sensitive practice is being developed across the service, with associated actions outlined in the improvement plan developed following the joint inspection of children's services in 2025 and the Children's Services Plan 2026 - 29.

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 this is continuing to impact overall uptake rates.

The graph below shows a substantial socio-economic gradient of immunisations uptake, which added to the level of migration, explains the percentage uptake in Glasgow City. Given that the same team delivers the service across the whole board area using a consistent approach, this highlights the impact of deprivation and reflects the transitory population of families who have missed the vaccine.



Source: NHS GG&C uptake data

Vaccine hesitancy is also being attributed to messages on social media about the safety of the MMR vaccine, which is disproportionately affecting uptake rates for younger children. The last measles outbreak in London is attracting media attention which may influence parents and carers nationally, though it is hoped that the recent Men B outbreak in England and subsequent rolling vaccination programme, will have a positive impact on families' perceptions of vaccine safety.

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

Timescales for Improvement

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

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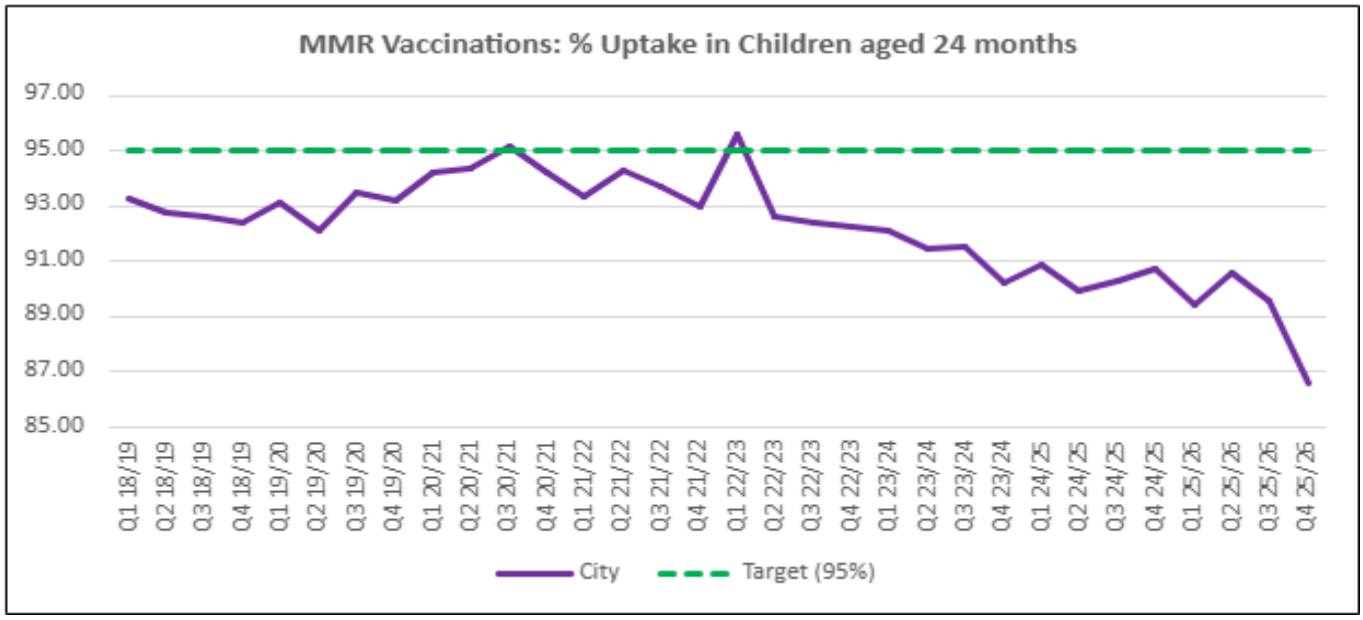
Longer Term Trend



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**			
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	95%	**95.68 (G)**	**94.97 (G)**	**94.6 (G)**	**95.1 (G)**	**94.8 (G)**	**94.5 (G)**	**95.5 (G)**	**94.1 (G)**	**94.3 (G)**	**94.3 (G)**
North East		**95.12 (G)**	**95.75 (G)**	**94.6 (G)**	**95.8 (G)**	**95 (G)**	**94.8 (G)**	**96.8 (G)**	**91.6 (A)**	**95.5 (G)**	**93.2 (G)**
North West		**96.21 (G)**	**94.17 (G)**	**93.1 (G)**	**95.6 (G)**	**95.6 (G)**	**93.5 (G)**	**94.1 (G)**	**95.9 (G)**	**94 (G)**	**93.9 (G)**
South		**95.73 (G)**	**94.93 (G)**	**95.7 (G)**	**94.1 (G)**	**94.2 (G)**	**95 (G)**	**95.4 (G)**	**94.8 (G)**	**93.6 (G)**	**95.5 (G)**

Performance Trend

Performance remained the same at a city level and remained GREEN in the last quarter. At locality level, there was a drop in performance in the North East and North West with the South improving.

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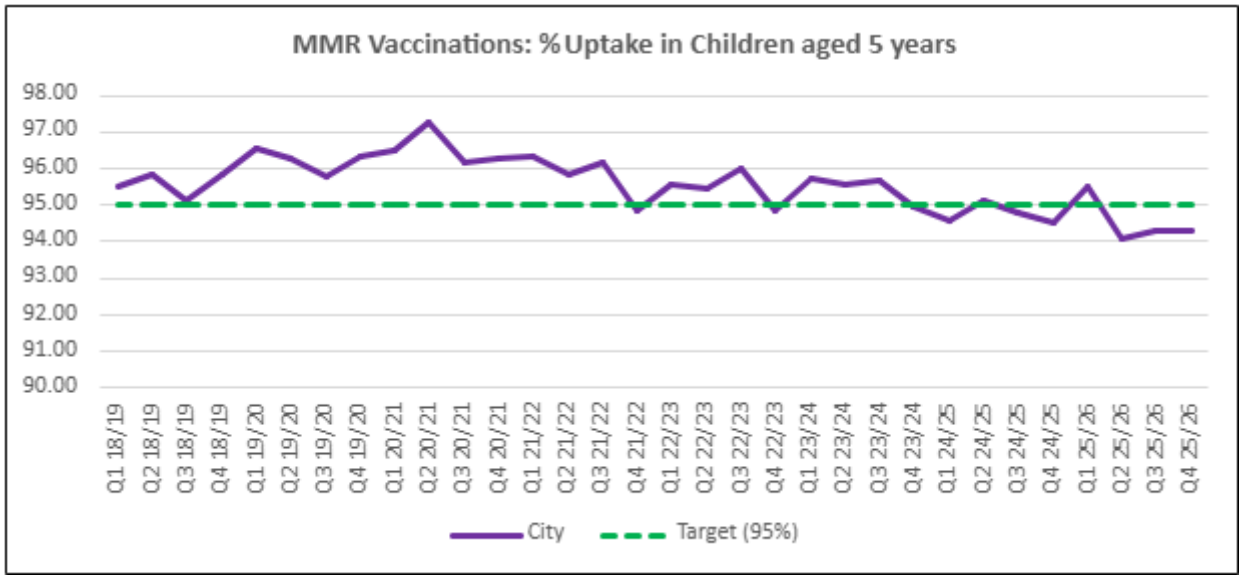
Longer Term Trends



OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Referral Source	**Target**	**24/25**				**25/26**				**26/27**
		Q1 %	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
Hospital Discharges	**75%** (70% prior to 23/24)	**73.9 (G)**	**80.2 (G)**	**82.0 (G)**	**84.0 (G)**	**81.5 (G)**	**82.6 (G)**	**85.5 (G)**	**84.2 (G)**	**84.6 (G)**
Community Referrals		**86.2 (G)**	**87.3 (G)**	**88.5 (G)**	**90.7 (G)**	**84.5 (G)**	**89.8 (G)**	**89.6 (G)**	**89.1 (G)**	**86.7 (G)**

Performance Trend

Performance in relation to both Hospital Discharges and Community Referrals remained above target and GREEN during the first quarter of 2026/27.

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

		24/25				**25/26**				**26/27**
Locality	**Target**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
City	**>35%**	**36.4 (G)**	**42.8% (G)**	**39.2% (G)**	**42.4% (G)**	**44.1% (G)**	**40.5% (G)**	**38.6% (G)**	**40.3% (G)**	**43.5% (G)**
North East		**39.2 (G)**	**43.1% (G)**	**40.7% (G)**	**45.5% (G)**	**47.7% (G)**	**41.8% (G)**	**42.4% (G)**	**43.5% (G)**	**49.5% (G)**
North West		**39.9 (G)**	**43.4% (G)**	**39.8% (G)**	**43.0% (G)**	**47.1% (G)**	**42.8% (G)**	**44.0% (G)**	**40.8% (G)**	**42.3% (G)**
South		**32.8 (R)**	**43.9% (G)**	**37.9% (G)**	**39.9% (G)**	**40.1% (G)**	**38.2% (G)**	**31.6% (R)**	**37.8% (G)**	**35.6% (G)**

Performance Trend

During Q1 performance remained above target (GREEN) at city level and in all localities.

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

Target	**23/24**		**24/25**				**25/26**				**26/27**
	Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
95%	**84% (R)**	**94% (G)**	**92% (A)**	**89% (R)**	**89% (R)**	**98% (G)**	**98% (G)**	**93% (G)**	**93% (G)**	**96% (G)**	**94% (G)**

Performance Trend

Performance in relation to day care review rates remained within the target range and GREEN during Quarter 1.

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

	23/24		24/25				25/26				26/27
Target	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
95%	**96% (G)**	**92% (A)**	**90.4% (A)**	**88% (R)**	**87% (R)**	**87% (R)**	**91.5% (A)**	**96% (G)**	**94.7% (G)**	**97% (G)**	**95.8% (G)**

Performance Trend

Performance in relation to occupancy rates remained above target and GREEN during Quarter 1.

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

	23/24			24/25				25/26				26/27
Target	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
95%	**92% (A)**	**91% (A)**	**91% (A)**	**93% (G)**	**85% (R)**	**90% (R)**	**85% (R)**	**93% (G)**	**97% (G)**	**93% (G)**	**90% (R)**	**91% (A)**

Performance Trend

Performance in relation to residential review rates for older people improved during Q1 with the RAG rating moving from RED to AMBER.

Issues Affecting Performance

There have been challenges in respect of conducting reviews in 2 care homes due to vacant Social Care Worker positions. This has led to delays in being able to arrange reviews for residents in those units.

Actions to Improve Performance

Re-allocation of workloads within the affected units has been carried out to support arranging reviews in the short to medium term; marginal improvements made as recruitment outcomes are finalised and anticipated reviews will meet target for next quarter.

Timescales for Improvement

Improvement should be noted by Q2 of 2026/27.

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ii. Commissioned Services

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

Locality	**Target**	**22/23 Total**	**23/24 Total**	**24/25 Total**	**25/26**					**26/27**
					Q1	**Q2**	**Q3**	**Q4**	**25/26 Total**	**Q1**
City	**75 per annum (19 per quarter)**	83 (G)	88 (G)	85 (G)	16 (R)	19 (G)	19 (G)	30 (G)	84 (G)	19 (G)
North East	25 per annum (6 per quarter)	21 (R)	26 (G)	23 (R)	7 (G)	7 (G)	8 (G)	13 (G)	35 (G)	12 (G)
North West		25 (G)	23 (R)	32 (G)	5 (R)	10 (G)	6 (G)	4 (R)	25 (G)	3 (R)
South		37 (G)	(39) (G)	30 (G)	4 (R)	2 (R)	5 (R)	13 (G)	24 (R)	4 (R)

Performance Trend

The city-wide quarterly target for this indicator was met during Q1. The locality target was exceeded in North East (GREEN) while North West and South remained below target (RED) during the reporting period.

Developments within Clustered Supported Living
The work has commenced on the additional five flats at Carntyne Gardens in the **North East Locality** with anticipated completion August/September 2026 further increasing availability in this locality.

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iii. HSCP Community Services

Target/Ref	7. Occupational Therapy (OT) Assessments: % completed within 12 months of request.
Purpose	This KPI measures the percentage of OT activities which were completed within 12 months of the request date.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 3 (See Appendix 3)
HSCP Lead	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Locality	**Target**	**24/25**			**25/26**				**26/27**
		% completed within 12 months of request (Total number of completed Activities)							
		Q2	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**98%**	**99% (G) 1,907**	**99% (G) 1,686**	**98% (G) 1,507**	**98% (G) 1,571**	**99% (G) 1,589**	**99.6% (G) 1,414**	**99.9% (G) 1,622**	**99.8% (G) 1,474**
Centre HSCC		**100% (G)** 1,289	**100% (G)** 1,089	**100% (G)** 888	**99% (G)** 967	**100% (G)** 971	**100% (G)** 919	**100% (G)** 1,174	**100% (G)** 910
North East		**100% (G)** 203	**100% (G)** 181	**99.5% (G)** 183	**98% (G)** 182	**99% (G)** 210	**99% (G)** 152	**100% (G)** 169	**99% (G)** 197
North West		**100% (G)** 177	**100% (G)** 197	**94% (A)** 199	**96% (G)** 210	**100% (G)** 192	**100% (G)** 176	**100% (G)** 136	**100% (G)** 201
South		**94% (A)** 227	**90% (R)** 219	**94% (A)** 236	**96% (G)** 211	**97% (G)** 216	**98% (G)** 167	**99.3% (G)** 143	**99.4% (G)** 166
Other (Learning Disability)		**100% (G)** 11	-	**100% (G)** 1	**100% (G)** 1	-	-	-	-

Performance Trend

At Q1 the 98% target continued to be met at city level, at Centre and in all localities (GREEN).

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Target/Ref	8. 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)
HSCP Lead	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Reason for Referral/ Intended Outcome	**Targets Annual (*Quarterly*)**	**23/24 Total**	**24/25 Total**	**2025/26**				**25/26 Total**	**26/27**
				Q1	**Q2**	**Q3**	**Q4**		**Q1**
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)**	**2,536 (G)**	**572 (G)**	**626 (G)**	**685 (G)**	**791 (G)**	**2,674 (G)**	**715 (G)**
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	**653 (G)**	**670 (G)**	**163 (G)**	**164 (G)**	**165 (G)**	**163 (G)**	**655 (G)**	**165 (G)**
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	**100 (G)**	**107 (G)**	**28 (G)**	**28 (G)**	**30 (G)**	**26 (G)**	**112 (G)**	**30 (G)**
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	**3,475 (G)**	**3,313 (G)**	**763 (G)**	**818 (G)**	**880 (G)**	**980 (G)**	**3,441 (G)**	**910 (G)**

Performance Trend
The quarterly targets for Telecare referrals were met during the first quarter of 26/27 (GREEN). Back to Summary

Indicator	9. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)
Purpose	To monitor the timeliness of the response of the Telecare Direct Response Team in situations which have been assessed as emergencies and requiring their intervention. This can include situations when service users have fallen; when they are not verbally responding; or when sensors installed by the service indicate a potential problem.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Indicator	**Target**	**2024/25**				**2025/26**				**26/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Response Time: % Arrived within 45 Minutes	90%	**98.8% (G)**	**99.0% (G)**	**98.2% (G)**	**98.4% (G)**	**99.3% (G)**	**99.6% (G)**	**99.0% (G)**	**99.7% (G)**	**99.6% (G)**

Performance Trend
Performance in relation to Emergency Calls remained above target and GREEN during the first quarter of 26/27. Back to Summary

Indicator	10. 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 Reponses. The intention is to ensure that people are not unnecessarily delayed when contacting the Telecare Service.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 2 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Lead	Gordon Bryan, Lead Head of Service for Operational & Technical Care Services, and Older People's Residential & Day Care Robert Murray, Interim Head of Operational & Technical Care Services

Indicator	**Target**	**2024/25**				**2025/26**				**26/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Call Handling: % within 60 Seconds	97.5%	**96.0% (G)**	**96.4% (G)**	**95.2% (G)**	**93.7% (A)**	**96.9% (G)**	**98.2% (G)**	**97.3% (G)**	**97.0% (G)**	**97.6% (G)**

Performance Trend
Performance in relation to Telecare call handling exceeded target (GREEN) during the first quarter of 26/27. Back to Summary

Indicator	11. 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**	**22/23 Full Year Total**	**23/24 Full Year Total**	**24/25 Full Year Total**	**25/26**				**25/26 Full Year Total**	**26/27**
					Q1	**Q2**	**Q3**	**Q4**		**Q1**
Glasgow	1,900 (475 per Q)	**2,533 (G)**	**3,229 (G)**	**2,748 (G)**	**687 (G)**	**618 (G)**	**608 (G)**	**648 (G)**	**2,561 (G)**	**650 (G)**
North East	633 (158 per Q)	**866 (G)**	**1,016 (G)**	**878 (G)**	**247 (G)**	**206 (G)**	**198 (G)**	**217 (G)**	**868 (G)**	**221 (G)**
North West	633 (158 per Q)	**777 (G)**	**998 (G)**	**793 (G)**	**196 (G)**	**186 (G)**	**176 (G)**	**186 (G)**	**744 (G)**	**183 (G)**
South	633 (158 per Q)	**890 (G)**	**1,215 (G)**	**1,077 (G)**	**244 (G)**	**226 (G)**	**234 (G)**	**245 (G)**	**949 (G)**	**246 (G)**

Performance Trend

The quarterly target for this indicator continued to be exceeded during Quarter 1 (GREEN) at both city-wide and locality level.

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UNSCHEDULED CARE

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

Timescale	**2025/26 Target**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26**
Annual Total	**161,155**	**113,633 (G)**	**139,967 (G)**	**141,753 (G)**	**147,080 (G)**	**146,996 (G)**	**147,611 (G)**
Monthly Average	**13,430**	**9469 (G)**	**11,664 (G)**	**11,813 (G)**	**12,257 (G)**	**12,250 (G)**	**12,301 (G)**

Performance Trend

Performance for 2025/26 finished GREEN, although the annual figure was slightly higher than the 2024/25 total.

Note: MSG Unscheduled care targets were adjusted in 2024/25, to reflect the Baseline Figures for 2019/20, having previously been based on 2015/16 figures. This was to demonstrate progress towards pre-pandemic performance.

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

Timescale	2024/25 Target	2020/21	2021/22	2022/23	2023/24	2024/25	To Q3 2025/26*
Annual Total	**63,855**	**54,947 (G)**	**59,197 (G)**	**56,574 (G)**	**58,878 (G)**	**57,732 (G)**	**43,161* (G)**
Monthly Average	**5,321**	**4,579 (G)**	**4,933 (G)**	**4,715 (G)**	**4,907 (G)**	**4,811 (G)**	**4796* (G)**

***Provisional**

Performance Trend
Data for 25/26 is reported in arrears and remains provisional at this stage but is GREEN to Q3 with a monthly average lower than the target and slightly below the 2024/25 average. Note: MSG Unscheduled care targets were adjusted in 2024/25, to reflect the Baseline Figures for 2019/20, having previously been based on 2015/16 figures. This was to demonstrate progress towards pre-pandemic performance. 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**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**To Q3* 2025/26**
Annual Total	**507,633**	**450,954 (G)**	**522,500 (R)**	**548,108 (R)**	**553,550 (R)**	**547,042 (R)**	**387,761* (G)**
Monthly Average	**42,303**	**37,580 (G)**	**43,542 (R)**	**45,676 (R)**	**46,129 (R)**	**45,587 (R)**	**43,085* (G)**

***Provisional**

Performance Trend

Data for 25/26 is reported in arrears and remains provisional at this stage but is GREEN to Q3 (although slightly above target figure), with the monthly average below that of 2024/25.

Note: MSG Unscheduled care targets were adjusted in 2024/25, to reflect the Baseline Figures for 2019/20, having previously been based on 2015/16 figures. This was to demonstrate progress towards pre-pandemic performance.

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Indicator	4. Number of Unscheduled Hospital Bed Days – Mental Health (18+)
Purpose	To monitor the extent to which people are occupying mental health beds after being admitted to hospital as emergencies. Partners are working together to reduce these over time, reducing unnecessary hospital stays and shifting the balance of care towards the community. Unscheduled bed days relate to all occupied bed days within a continuous hospital stay following an emergency admission as defined for indicator 3 above. Source of data is ISD MSG data reports.
Type of Indicator	Ministerial Strategic Group (MSG) Indicator 2
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Karen Lockhart, Assistant Chief Officer (Adult Services)

Timescale	**2024/25 Target**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**	**2025/26***
Annual Total	**198,258**	**182,185 (G)**	**181,869 (G)**	**185,739 (G)**	**187,665 (G)**	**182,788 (G)**	**180,593* (G)**
Monthly Average	**16,522**	**15,182 (G)**	**15,156 (G)**	**15,478 (G)**	**15,639 (G)**	**15,232 (G)**	**15,049* (G)**

***Provisional**

Performance Trend

Data is reported in arrears and remains provisional at this stage but is GREEN for 2025/26 with a monthly average lower than the target and below that in 2024/25.

Note: MSG Unscheduled care targets were adjusted in 2024/25, to reflect the Baseline Figures for 2019/20, having previously been based on 2015/16 figures. This was to demonstrate progress towards pre-pandemic performance.

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

Locality	**Target**		**2024/25**				**2025/26**					
		Jun 24	**Sep 24**	**Dec 24**	**Mar 25**	**Jun 25**	**Sep 25**	**Dec 25**	**Mar 26**	**Apr 26**	**May 26**	**Jun 26**
North East	**160**	21	45	20	30	28	29	28	34	37	50	41
North West		24	27	19	30	38	28	33	24	31	28	29
South		31	33	31	36	29	40	36	27	36	33	32
Other										1		
Sub-Total (Included Codes)		**76**	**105**	**70**	**96**	**95**	**97**	**97**	**85**	**105**	**111**	**102**
North East		26	22	35	30	31	30	19	18	18	22	19
North West		22	24	19	18	16	16	15	11	8	9	11
South		22	23	26	28	30	27	24	25	19	23	19
Other												
Sub-Total (Complex Codes)		**70**	**69**	**80**	**76**	**77**	**73**	**58**	**54**	**45**	**54**	**49**
Overall Total		**146 (R)**	**174 (R)**	**150 (R)**	**172 (R)**	**172 (R)**	**170 (R)**	**155 (G)**	**139 (G)**	**150 (G)**	**165 (G)**	**151 (G)**

Performance Trend

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

Note: the target was adjusted from 120 to 160 in Q3 in with agreement with Health Board.

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Indicator	6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+)
Purpose	To monitor the extent to which beds are occupied unnecessarily by people medically fit for discharge, with the aim being that these are reduced.
Type of Indicator	MSG Indicator 4
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Lead	Caroline Sinclair, Assistant Chief Officer (Older People's Services and Primary Care)

Timescale	2025/26 Target	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Annual Total	45,318	49,902 (R)	64,853 (R)	74,875 (R)	76,777 (R)	83,528 (R)	87,160 (R)
Monthly Average	3,776	4,159 (R)	5,404 (R)	6,240 (R)	6,398 (R)	6,961 (R)	7,263 (R)

Performance Trend

Performance for 2025/26 finished RED, with the monthly average continuing its upward trend.

Note: MSG Unscheduled care targets were adjusted in 2024/25, to reflect the Baseline Figures for 2019/20, having previously been based on 2015/16 figures. This was to demonstrate progress towards pre-pandemic performance.

Issues Affecting Performance

- NHS in patient system has been very busy.
- This measure draws in all delays, including mental health and learning disability service delays. Mental health delays account for a significant component of this measure and there is targeted work underway to aim to respond to this.
- 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:

- A comprehensive programme of work in mental health service to develop a refreshed approach to discharge planning and bed management. Dedicated bed manager coming into post shortly.
- Targeted work to refresh the mental health integrated discharge team approach and to identify potential delays early.

- Appointment of two additional qualified social workers to undertake case work and additional SW hours being utilised to increase capacity for assessment in the acute hospital social work team.
- Recruitment of additional legal capacity to speed up private applications for Guardianship. Person comes into post July 2026.
- Continued Partnership with British Red Cross to accelerate / facilitate discharge home where capacity and complex care, including mental health issues, 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. Daily ACO oversight of progress.
- Significant improvement on targeting long term delays – with statistical shift in the level of long-term bed days.
- Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions.
- Engagement in NHS Quest meetings daily to understand and help to decompress the system where possible.
- An increase in the under-65 cohort open to adult services, development of cross-commissioned services.
- Ongoing actions linked with Scot Gov will improvement plan and above improvements. Comprehensive Unscheduled Care Action Plan for 2026 – 2027 has been developed and agreed and is now implemented and delivering planned targets.

Timescales for Improvement

Agreed timescale up to Quarter 1 26/27. This is still ongoing.

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PRIMARY CARE

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

Locality	Target	23/24	2024/25				2025/26			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	78%	73.52 (R)	73.46 (R)	73.19 (R)	72.65 (R)	72.81 (R)	72.72 (R)	72.83 (R)	72.88 (R)	72.76 (R)
NE		73.98 (R)	73.98 (R)	73.73 (R)	73.13 (R)	73.26 (R)	73.25 (R)	73.34 (R)	73.36 (R)	73.18 (R)
NW		72.96 (R)	72.87 (R)	72.63 (R)	72.08 (R)	72.24 (R)	72.08 (R)	72.24 (R)	72.27 (R)	72.06 (R)
S		73.56 (R)	73.48 (R)	73.17 (R)	72.68 (R)	72.89 (R)	72.76 (R)	72.86 (R)	72.94 (R)	72.95 (R)
NHSGGC		**73.9**	**73.91**	**73.63**	**73.23**	**73.4**	**73.35**	**73.42**	**73.54**	**73.49**

Performance Trend

During Q4 performance declined slightly at a city level and in the North East and North West, with South increasing slightly. All areas remained RED. This indicator is reported one quarter in arrears.

Issues Affecting Performance

New issues:

- The phased transition away from the NHS GG&C formulary to the West of Scotland Formulary is an additional factor affecting formulary compliance, largely outwith local control. As each chapter is published, compliance may be impacted by new medicines being added and/or existing formulary choices being changed or removed. The West of Scotland Formulary also classifies medicines as either 'formulary' or 'non-formulary' and will not support continued reporting of 'preferred list' prescribing. At present, four chapters are live, with much of the remainder actively under development. This transition limits scope for local formulary amendments to support a path to green.
- During Q4, the preferred ICS/LABA inhaler was changed to Proxor to support an NHS GG&C-wide switch. Early Proxor prescriptions are categorised as non-formulary.

Ongoing issues:

- Prescribing of newer anti-diabetic agents continues to increase. During Q3 2025-26 dapagliflozin (an SGLT2 Inhibitor primarily utilised for diabetes) came off patent. Our primary care teams have undertaken a proactive switch from other SGLT2 inhibitors to dapagliflozin. We anticipate increased prescribing due to the benefits in heart failure and chronic kidney disease following guideline updates. SGLT2's as a class are the third most commonly prescribed 'total formulary' medications. (>1% of total prescribing as a drug class during Q4)
- In line with the board sustainability commitments and national guidance, the reliever inhaler of choice was changed from a metered dose (aerosol) inhaler (MDI) to a dry powder inhaler (DPI) during Q1 of 2023/2024. Salbutamol MDI remains the most commonly prescribed non-preferred list item. (1.4% of total items during Q4)
- Colecalciferol (vitamin D) is the second most commonly prescribed non-preferred product. Vitamin D is included in the total formulary, however, there is not currently a preferred list product. (1.2% of total items during Q4)

Actions to Improve Performance

Ongoing actions/considerations:

- Proxor will be updated to preferred list for ongoing reporting from Q1 2026-27.
- Pharmacy teams are progressing with a cost-efficiency programme for 2026-27, focusing on cost-containment, prescribing improvement and polypharmacy reviews in patients on high-numbers of medicines. Formulary status is also considered.
- Prescribing leads continue to engage around the West of Scotland Formulary to ensure that local clinical priorities are considered where possible, recognising that chapter publication, medicine additions and changes to existing formulary choices may affect reported compliance independently of local prescribing actions.
- 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.

Timescales for Improvement

- Proxor will be added to the local preferred list for reporting purposes from Q1 2026-27.
- The 2026-27 cost-efficiency programme commenced towards the end of Q4. The 2026-27 programme focusses on switching alternative SGLT2's to dapagliflozin as preferred SGLT2, new preferred inhalers and a large number of smaller switches which align with formulary preferred list prescribing. This programme will be completed throughout the financial year in line with team capacity.
- The West of Scotland Formulary continues to be developed and introduced on a chapter-by-chapter basis, with the majority expected to be in place by early 2027. Each chapter publication may affect reported compliance as medicines are added, changed or removed from formulary status. Given the alternate categorisation, alternate formulary compliance reporting metrics will be developed throughout 2026-27.
- 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.

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

Locality	**Target**	**23/24**	**2024/25**				**2025/26**			
		Mar	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**
City	Cost below (or same) as Board average	**£179.8 (G)**	**£178.3 (G)**	**£178.9 (G)**	**£180.1 (G)**	**£179.3 (G)**	**£178.6 (G)**	**£176.7 (G)**	**£176.1 (G)**	**£177.4 (G)**
NE		**£179.9 (G)**	**£181.7 (G)**	**£182 (G)**	**£183.9 (G)**	**£182.7 (G)**	**£182 (G)**	**£180.3 (G)**	**£180.5 (G)**	**£181.5 (G)**
NW		**£172.9 (G)**	**£165.1 (G)**	**£165.8 (G)**	**£166.4 (G)**	**£166.1 (G)**	**£165.5 (G)**	**£162.7 (G)**	**£161.6 (G)**	**£162.6 (G)**
S		**£185.6 (G)**	**£187.1 (G)**	**£188 (G)**	**£189.2 (G)**	**£188.2 (G)**	**£187.5 (G)**	**£186.4 (G)**	**£185.5 (G)**	**£187.3 (G)**
NHSGGC		**£199.4**	**£200.6**	**£201.3**	**£202.5**	**£201.1**	**£200.1**	**£198.4**	**£197.9**	**£199.4**

Performance Trend

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

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ADULT MENTAL HEALTH

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

Locality	Target	2024/25				2025/26				2026/27		
		Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26	Apr 26	May 26	Jun 26
North East	90%	77.3 (R)	84.9 (R)	91.7 (G)	85.7 (A)	84.6 (R)	88.5 (G)	91.9 (G)	75.9 (R)	78.6 (R)	87.3 (A)	89.4 (G)
North West		94.4 (G)	93.8 (G)	95.7 (G)	91.4 (G)	93.9 (G)	78.3 (R)	42.5 (R)	74.6 (R)	69.7 (R)	67.9 (R)	60 (R)
South		82.3 (R)	87.5 (A)	84.6 (R)	80.9 (R)	90.2 (G)	83.5 (R)	78.6 (R)	81.9 (R)	86.4 (A)	83.8 (R)	89.1 (G)

Performance Trend

Performance has moved from RED to GREEN in the North East and South since March. The North West has remained RED with performance declining since March.

Issues Affecting Performance

Performance is impacted by a number of factors that can cause variation between teams including the clinical skills & practices available, and the operational management of referrals, data recording and quality issues; and staffing levels are impacted by delays in vacancy approval and recruitment processes.

Actions to Improve Performance

A range of actions are in the process of addressing these challenges:

- An independent panel has been set up, with Heads of Service involvement, to review all over 52-week waits and identify areas for improvement which could be addressed strategically and taken forward across all local teams to improve performance.
- The Performance and Quality Improvement Subgroup (PQIS) of the Psychological Therapies (PT) Steering Group is leading work to analyse variation across teams and identify best practices which could be rolled out across the city. Actions include:
  - Clinical leads have agreed to take recommendations from a literature review on PT input and frequency to their local teams, with a view to identifying where changes to practice could be made to improve performance.

- Analysing variations in referral criteria, how referrals are managed, and strategies to maximise attendance at appointments, in order to identify and promote the most successful approaches for reducing waiting times.
- Promoting referrals to the Board-wide computerised CBT (cCBT) service, which accounts for a large proportion of all PT activity in the Board.

- Data quality assurance is being prioritised through the development of training materials, including video guidance and FAQs, alongside a new support process to encourage better recording of data and regular data checks by service managers to correct errors.

Timescales for Improvement

Actions and improvements are ongoing to continue to reduce the number of long waits by improving patient flow through to treatment and through to discharge. Revised projections will be developed into 2026/27 to reflect new activity patterns, the impact of ongoing improvement actions, and any changes in available workforce. Full achievement of the standard may, however, require additional capacity or further system-wide redesign.

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

Hospital	Target	2024/25				2025/26				2026/27		
		Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26	Apr 26	May 26	Jun 26
Stobhill	28 days	24.3 (G)	22.1 (G)	23.9 (G)	23.1 (G)	28.7 (G)	25.3 (G)	32.5 (R)	29.1 (A)	35.4 (R)	27.6 (G)	24.4 (G)
Leverndale		32.3 (R)	39.2 (R)	38.7 (R)	38.7 (R)	39.3 (R)	43 (R)	46.7 (R)	37.6 (R)	33.7 (R)	47 (R)	41 (R)
Gartnavel		41 (R)	34.9 (R)	35 (R)	37.5 (R)	41.5 (R)	34.6 (R)	38.3 (R)	35.9 (R)	36.3 (R)	37 (R)	44.1 (R)

Performance Trend

In the last quarter, Stobhill has moved from AMBER to GREEN while the other two hospitals have remained RED with average length of stay increasing.

Issues Affecting Performance

Average length of stay continues to be influenced by a combination of clinical need, discharge complexity and wider system capacity.

While some patients require longer admissions because of the nature and complexity of their mental health needs, a significant proportion of delayed discharge is associated with factors beyond the direct control of inpatient services. These include the availability of community mental health support, supported accommodation, housing options, rehabilitation pathways and social care provision.

Whilst recognising these wider influences, local services continue to focus on improving patient flow within their direct sphere of control.

The data suggest that inpatient services are increasingly accommodating pressures arising elsewhere in the pathway, including constraints in community mental health, housing, supported accommodation and social care capacity. Even when acute assessment and treatment have been completed, delays in accessing appropriate community-based support can result in people remaining in hospital longer than clinically required.

A relatively small number of individuals with extended lengths of stay continue to have a disproportionate impact on overall performance, bed availability and patient flow. This reduces system flexibility and limits the ability of short-stay services to operate consistently within their intended model of care.

Actions to Improve Performance

Daily operational oversight continues across all adult acute sites, including routine multidisciplinary review of patients with extended stays, active management of patient flow and early identification of barriers to discharge.

The Mental Health Programme Board and Heads of Service continue to promote a whole-system approach to patient flow, recognising that sustainable reductions in length of stay require coordinated action across inpatient services, community mental health teams, housing services, social care and third-sector partners.

Current improvement activity includes strengthening discharge planning from the point of admission, improving coordination between services, reviewing pathway bottlenecks and introducing earlier escalation where delays emerge.

A revised bed management function is being implemented to provide greater oversight of flow across the system, support timely decision-making and reinforce shared responsibility for reducing unnecessary delays in discharge.

Alongside these operational measures, wider work associated with the Mental Health Strategy and Transforming Together programme is focused on improving community capacity and developing sustainable alternatives to inpatient care, with the aim of ensuring that people can receive support in the least restrictive and most appropriate setting.

Timescales for Improvement

Delivery of the Mental Health Strategy and Transforming Together programme will continue throughout 2026 and beyond. This work is intended to deliver sustainable improvements across the whole pathway rather than short-term improvements within inpatient services alone.

Recruitment to key posts, including the designated bed manager role, will support more consistent oversight of patient flow and discharge coordination across sites.

Revised operational models and pathways are expected to be implemented during 2026, with learning used to refine discharge processes, strengthen community alternatives and improve coordination between services.

Some improvement is anticipated as these changes become embedded. However, sustained reductions in length of stay will depend on progress across the wider system, including the availability of community mental health services, supported accommodation, housing solutions and social care support. Improvement is therefore expected to be progressive rather than immediate, and dependent on community capacity.

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

Hospital	Target	2024/25				2025/26				2026/27		
		Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26	Apr 26	May 26	Jun 26
Stobhill	<95%	98 (A)	95 (G)	92.4 (G)	91.3 (G)	98.1 (A)	96.4 (G)	89.8 (G)	100 (R)	99.4 (A)	100.7 (R)	96.2 (G)
Leverndale		101.8 (R)	99.9 (R)	98.8 (A)	100.7 (R)	101.9 (R)	99.6 (A)	98.4 (A)	99.5 (A)	96.7 (G)	99 (A)	100.7 (R)
Gartnavel		99 (A)	99 (A)	90.3 (G)	96.7 (G)	100.3 (R)	100.8 (R)	94.3 (G)	97 (G)	98.2 (A)	99.8 (R)	99.2 (A)

Performance Trend

In the last quarter, Stobhill has moved from RED to GREEN, with Leverndale moving from AMBER to RED and Gartnavel moving from GREEN to AMBER.

Issues Affecting Performance

Occupancy across adult acute mental health beds continues to exceed the intended maximum of 95%, reflecting sustained pressure across the wider mental health and care system.

High occupancy is closely linked to the challenges described under KPI 2, *Average Length of Stay*. The availability of beds is influenced not only by the number of admissions but also by the ability of patients to progress safely through the system and access appropriate support following discharge. Delays relating to community mental health services, supported accommodation, housing provision and social care support reduce throughput and restrict bed availability.

The continued presence of patients with extended lengths of stay further reduces flexibility within the system. Although these patients represent a relatively small proportion of admissions, they occupy beds for prolonged periods and significantly influence overall occupancy levels.

When occupancy consistently operates at or above intended levels, the system has limited capacity to absorb fluctuations in demand. This can lead to increased boarding, reduced ability to admit patients to their local area, and greater operational pressure across inpatient and community services. Sustained high occupancy should therefore be viewed as an indicator of pressure across the whole pathway rather than solely within inpatient wards.

Actions to Improve Performance

Ensuring that people receive care in the least restrictive and most appropriate setting remains a key operational and strategic priority.

Daily oversight of bed capacity and patient flow continues across all sites, with particular focus on patients experiencing delayed discharge and those requiring complex onward care arrangements.

A range of whole-system improvement actions is being progressed to reduce avoidable admissions, support earlier discharge and improve patient flow. These include strengthening crisis and community-based alternatives to admission, implementing and evaluating the impact of Flow Navigation Centres, improving coordination between inpatient and community services, and addressing pathway bottlenecks relating to housing, supported accommodation and social care provision.

A revised bed management function is being introduced to provide improved oversight of capacity across sites, support earlier escalation of emerging pressures and promote a more coordinated approach to managing flow across the system.

Alongside these operational measures, implementation of the Mental Health Strategy and Transforming Together programme aims to strengthen community capacity and ensure that more people can receive care and support in the least restrictive and most appropriate setting.

Timescales for Improvement

The mental health elements of the Transforming Together Strategy will continue to be implemented throughout 2026 and beyond. This work is intended to improve patient flow across the whole pathway and reduce reliance on inpatient care where safe and appropriate alternatives exist.

Recruitment to key posts, including the designated bed manager role, will strengthen oversight of capacity and support more coordinated management of patient flow across sites.

Revised operational arrangements and pathway improvements will be implemented progressively during 2026, with ongoing evaluation of their impact on both occupancy and length of stay.

While some improvement is anticipated as these changes become embedded, sustained reductions in occupancy will depend on progress across the wider system, including community mental health provision, housing availability, supported accommodation and social care capacity. As a result, improvement is expected to be gradual, reflecting the scale and complexity of the factors influencing demand and patient flow.

Sustained improvement will depend on the collective ability of partners across health, social care, housing and the third sector to provide support in the least restrictive setting, prevent avoidable admission and enable timely discharge when inpatient care is no longer required.

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

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

Locality	Target	2024/25				2025/26				2026/27		
		Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26	Apr 26	May 26	Jun 26
N. East		20	14	12	8	8	21	26	17	17	12	13
N. West		7	11	5	7	13	9	15	15	12	8	6
South		16	15	12	9	14	10	24	20	25	20	19
City		0	0	0	1	1	0	4	7	5	3	3
Sub-Total (Included Codes)		**43**	**40**	**29**	**25**	**36**	**40**	**69**	**59**	**59**	**43**	**41**
N. East		3	3	2	7	5	3	1	2	0	0	0
N. West		2	2	2	1	1	0	1	2	2	3	2
South		1	2	3	6	5	3	3	5	5	8	9
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		**6**	**7**	**7**	**14**	**11**	**6**	**5**	**9**	**7**	**11**	**11**
All Delays	**20**	**49 (R)**	**47 (R)**	**36 (R)**	**39 (R)**	**47 (R)**	**46 (R)**	**74 (R)**	**68 (R)**	**66 (R)**	**54 (R)**	**52 (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		2024/25				2025/26					
	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Dec 25	Mar 26	Apr 26	May 26	Jun 26
North East	7	1	3	3	3	11	16	11	11	7	6
North West	6	7	3	5	7	7	7	7	6	4	3
South	6	7	5	5	7	2	13	11	14	11	12
City	0	0	0	0	0	0	0	4	3	2	2
Sub-Total (Included Codes)	**19**	**15**	**11**	**13**	**17**	**20**	**36**	**33**	**34**	**24**	**23**
North East	1	2	1	2	2	1	0	0	0	0	0
North West	2	2	2	1	1	0	0	1	1	2	1

South	1	0	0	0	2	2	0	1	0	2	2
City	0	0	0	0	0	0	2	0	0	0	0
Sub-Total (Complex Codes)	**4**	**4**	**3**	**3**	**5**	**3**	**2**	**2**	**1**	**4**	**3**
All Delays	**23**	**19**	**14**	**16**	**22**	**23**	**38**	**35**	**35**	**28**	**26**

Psychiatry of Old Age

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

Performance Trend

Performance remains RED although there has been a significant decrease in overall delays between March and June (-16), following the decrease in the previous quarter (-6). In terms of the types of delays, included codes fell by 18 while complex codes rose by 2. In terms of client groups, adult delays decreased by 9 while older people delays decreased by 7.

Issues Affecting Performance

Delayed discharges remain above the agreed target despite recent improvements in overall performance. Although recent reductions have been achieved, the underlying challenges affecting timely discharge remain largely unchanged.

Timely discharge depends on both effective operational processes and the availability of appropriate onward support. Inpatient services must ensure that patients who are clinically ready for discharge are identified promptly, that delays are recorded accurately, and that referrals, assessments and escalation processes are completed appropriately. Work continues with relevant staff to ensure that processes are consistent across all localities

A significant proportion of delayed discharges continue to relate to limited availability of supported accommodation, specialist care home placements, housing options and community services able to support individuals with complex mental health needs.
A number of patients remain in hospital despite being clinically ready for discharge because the care, accommodation or support required to meet their needs safely in the community is not yet available. In addition, some discharges continue to be affected by legal processes, including guardianship and other statutory arrangements, which can extend discharge timescales.

The data increasingly reflect the capacity of the wider system to receive and support people when hospital treatment has been completed.

These factors continue to affect the HSCP's ability to reduce delays at the pace required and contribute directly to increased lengths of stay, sustained bed occupancy pressures and reduced flexibility across the inpatient system.

Actions to Improve Performance

Delayed discharge continues to be a priority area for operational management and strategic improvement.

All delays are actively reviewed to ensure escalation of barriers and progression towards sustainable discharge solutions. Alongside individual case management, work continues across health, social care, housing, commissioning and third-sector partners to identify additional capacity and reduce pathway bottlenecks.

- Pilot enabling access to clozapine in NE and work underway
  - Extended to South and referrals now coming into that area
- Mapping through the MH strategy group to look at longest stay patients and admission criteria
  - All data for long stay patients now collected
  - Analysis to be done and this will form part of the flow navigation work and the bed remodelling
  - Short life working group looking at pathways for admission and work to be done to standardise the process for admission to discharge
- Starting date for new Flow Navigation Manager post is now confirmed as August 3rd

The overall programme of work includes examining the characteristics of people with the longest lengths of stay, discharge barriers and admission criteria to identify opportunities to improve flow and reduce reliance on inpatient care where alternative support can be provided safely.

Timescales for Improvement

Improvement is expected during 2026/27, supported by enhanced bed management arrangements, strengthened operational oversight and ongoing service redesign work.

However, the scope for improvement will remain closely linked to the availability of housing, supported accommodation, community mental health services, social care provision and specialist placements.

Sustainable reductions in delayed discharge will therefore depend on the collective ability of partners across health, social care, housing and the third sector to create sufficient community capacity to support people safely outside hospital.

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ALCOHOL AND DRUGS

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

Locality	**Target**	**23/24**	**24/25**				**25/26**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	**90%**	**93% (G)**	**92% (G)**	**94% (G)**	**97% (G)**	**88% (G)**	**93% (G)**	**93% (G)**	**92% (G)**	**94% (G)**
North East ADRS		**98% (G)**	**99% (G)**	**99% (G)**	**100% (G)**	**97% (G)**	**97% (G)**	**99% (G)**	**98% (G)**	**99% (G)**
North West ADRS		**88% (G)**	**89% (G)**	**92% (G)**	**96% (G)**	**80% (R)**	**86% (A)**	**92% (G)**	**83% (R)**	**89% (G)**
South ADRS		**96% (G)**	**99% (G)**	**100% (G)**	**98% (G)**	**97% (G)**	**93% (G)**	**92% (G)**	**93% (G)**	**90% (G)**

Performance Trend

This indicator is reported one quarter in arrears.

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

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SEXUAL HEALTH SERVICES

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

Locality	**Target**	**2024/25**				**2025/26**				**2026/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City		**1361**	**1319**	**1137**	**1027**	**1029**	**1135**	**932**	**988**	**1103**
NE		275	312	227	130	224	284	221	156	171
NW		892	801	756	797	713	780	662	741	846
S		194	206	154	100	92	71	49	91	86
NHSGGC	**1670 per Quarter**	**1562 (G)**	**1479 (G)**	**1308 (A)**	**1175 (R)**	**1168 (R)**	**1293 (A)**	**1076 (R)**	**1098 (R)**	**1207 (R)**
DNA rate (%)		**11.2**	**11.76**	**11.85**	**12.17**	**11.98**	**10.21**	**11.9%**	**12.75**	**11.43**

Performance Trend

Performance improved slightly at NHSGGC level in Q1 but remained RED. It should be noted that the NHSGGC-wide target was revised upwards at Q3 25/26 following implementation of the Sexual Health Review (from 1,354 to 1,670 per quarter).

Issues Affecting Performance

Demand on this aspect of the service remains high. New staff recruitment has been completed but training is ongoing as workforce remains fairly new. New Team Leader for Central will start in August 2026.

Actions to Improve Performance

- Team Lead for Sandyford Central will start August 2026.
- All band 6 posts recruited to.
- Targets are unlikely to be met while clinic closures remain.
- Other mitigations such as Saturday clinics are currently being explored – costings to be approved.

Timescales for Improvement

2026.

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

Locality	**Target**	**2024/25**				**2025/26**				**2026/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City		**1243**	**1533**	**1208**	**1070**	**853**	**698**	**795**	**792**	**1011**
NE		333	451	371	175	285	179	257	227	282
NW		580	736	613	699	463	395	359	277	396
S		330	346	224	196	105	124	179	288	333
NHSGGC	**1338 per Quarter**	**2190 (G)**	**2203 (G)**	**1848 (G)**	**1687 (G)**	**1176 (G)**	**998 (R)**	**1119 (R)**	**1238 (R)**	**1560 (G)**
DNA rate (%)		**15**	**16.8**	**18.07**	**15.64**	**15.05**	**13**	**13.14**	**12.44**	**13**

Performance Trend

Performance improved at NHSGGC level in Q1 and moved from RED to GREEN. It should be noted that the NHSGGC-wide target was revised upwards at Q3 following implementation of the Sexual Health Review (from 1,166 to 1,338 per quarter).

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

Locality	**Target**	**2024/25**				**2025/26**				**2026/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**2 working days**	**1 (G)**	**1 (G)**	**1 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
NE		**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
NW		**1 (G)**	**1 (G)**	**1 (G)**	**2 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**
S		**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**1 (G)**	**2 (G)**	**1 (G)**
NHSGGC		**1**	**1**	**1**	**2**	**2**	**1**	**1**	**1**	**1**

Performance Trend

Performance remains GREEN across the city and Health Board and remains identical to Q4 in all areas apart from the South, where waiting times decreased. Target based on median rather than average waiting times as small numbers of outliers distort the figures.

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

Locality	**Target**	**2024/25**				**2025/26**				**2026/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City		363	380	369	282	350	232	298	303	305
NE		119	118	99	48	100	102	96	119	104
NW		177	188	192	160	179	155	132	177	124
S		67	74	78	74	71	75	70	67	77
NHSGGC	**504 per quarter**	**510 (G)**	**516 (G)**	**511 (G)**	**472 (G)**	**501 (G)**	**485 (G)**	**438 (R)**	**457 (R)**	**475 (R)**
DNA rate (%)		27.06	27.91	28.57	27.75	24.75	24.33	28.08	25.16	29.47

Performance Trend

Performance improved slightly in Q1 but remained RED. However, it should be noted that the NHSGGC-wide target was revised upwards in Q3 following implementation of the Sexual Health Review (from 315 to 504 per quarter).

Issues Affecting Performance

Overall attendance of young people at specialist sexual health services remains a challenge. Staffing has been maximised where possible. Engagement with health improvement colleagues to work with vulnerable groups is ongoing. Upturn in number of complex referrals for Young People Specialist Services.

Actions to Improve Performance

Ongoing commitment within the service to provide accessible clinics for Young People and to continue local engagement with youth groups etc.
Ongoing work with health improvement colleagues, networking with education, and 3rd sector.
Review of clinic times to see if more young people will attend during alternative times.

Timescales for Improvement

Will continue in 2026.

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

Target	**2024/25**				**2025/26**				**2026/27**
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
5 working days	**3 (G)**	**3 (G)**	**5 (G)**	**6 (R)**	**5 (G)**	**5 (G)**	**6 (R)**	**4 (G)**	**6 (R)**

Performance Trend
Performance declined in Q1 with the RAG rating moving from GREEN to RED.
Issues Affecting Performance
Majority of patients now requesting face-to-face appointments and a scan leading to a slight delay in wait however a reduced need to return for follow up appointments. There has been some absence.
Actions to Improve Performance
Overall performance is good as patients are having to return less for any follow up as all can be managed in the one appointment. More in person clinics are being opened for patients to be scanned. Two band 6 nurses have completed their scan training.
Timescales for Improvement
Ongoing 2026. 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**				**26/27**
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**95%**	**84% (R)**	**91% (A)**	**91% (A)**	**98% (G)**	**98% (G)**	**99% (G)**	**97% (G)**	**97% (G)**	**98% (G)**	**97% (G)**
North East		**51% (R)**	**87% (R)**	**99% (G)**	**100% (G)**	**98% (G)**	**99% (G)**	**99% (G)**	**97% (G)**	**98% (G)**	**98% (G)**
North West		**94% (G)**	**98% (G)**	**94% (G)**	**91% (A)**	**98% (G)**	**99% (G)**	**98% (G)**	**98% (G)**	**100% (G)**	**99% (G)**
South		**96% (G)**	**86% (R)**	**78% (R)**	**100% (G)**	**99% (G)**	**98% (G)**	**95% (G)**	**95% (G)**	**96% (G)**	**96% (G)**
Asylum & Refugee Team (ARST)		**95% (G)**	**95% (G)**	**95% (G)**	**98% (G)**	**98% (G)**	**99% (G)**	**97% (G)**	**98% (G)**	**99% (G)**	**98% (G)**

Performance Trend

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

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

Target	**Total 21/22**	**Total 22/23**	**Total 23/24**	**Total 24/25**	**25/26**				**Total 25/26**	**26/27**
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**
21/22 5,000 p a (1,250 p q)	**4,675 (R)**	**4,016 (G)**	**4,539 (G)**	**5,562 (G)**	**1,195 (G)**	**1,286 (G)**	**1,399 (G)**	**1,406 (G)**	**5,286 (G)**	**1,336 (G)**

Performance Trend

The quarterly target for the number of completed resettlement plans continued to be exceeded during the first quarter of 26/27 (GREEN).

Note: Target increased from 3,750 to 4,000 new resettlement plans per annum for 24/25.

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Indicator	3. Average number of weeks from assessment decision to settled accommodation
Purpose	A core element of the Council's Rapid Rehousing Transition Plan (RRTP) is to achieve a reduction in the time it takes for people to access settled accommodation. This indicator provides insight into performance on the length of time from homelessness assessment decision to resettlement. The measure reported changed at the start of 2024/25 from an overall figure for all sizes of apartment to being reported by apartment size.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Apartment Size	Target	24/25			25/26				26/27
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
1 apt	21 weeks	26 (R)	29 (R)	36 (R)	36 (R)	39 (R)	47 (R)	61 (R)	41 (R)
2 apt	36 weeks	50 (R)	47 (R)	55 (R)	60 (R)	62 (R)	67 (R)	63 (R)	64 (R)
3 apt	31 weeks	34 (R)	36 (R)	44 (R)	43 (R)	30 (G)	39 (R)	58 (R)	38 (R)
4 apt	81 weeks	90 (R)	135 (R)	79 (G)	91 (R)	95 (R)	76 (G)	98 (R)	92 (R)
5 apt	225 weeks	277 (R)	236 (A)	297 (R)	231 (A)	212 (G)	253 (R)	357 (R)	315 (R)

Performance Trend

During Q1, the average number of weeks decreased for all apartment sizes except 2 apartment which increased slightly however performance in relation to all apartment size accommodation remained below target and RED.

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

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.

In 2026/27, Homelessness Services have secured 56.5% of social housing lets in the city however contemporary data shows that social housing turnover has reduced across the city

meaning that increases in the percentage of lets being secured are not translating into a higher number of lets.
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. Discussions are also taking place to arrange meetings with some RSLs in the city whose performance is not at a level which would be considered appropriate by Homelessness Services.
Timescales for Improvement
It is anticipated that the number of lets in Q2 of 2026/27 will increase however it is likely that demand will continue to be higher than supply. As noted, there has been improvement across all property sizes (except 2 apartment properties) however it is unlikely that these measures will return to GREEN until a sustained period of reduction in demand and an increase in supply. Back to Summary

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

Target	**Full Year Total 21/22**	**Full Year Total 22/23**	**Full Year Total 23/24**	**Full Year Total 24/25**	**25/26**				**Full Year Total 25/26**	**26/27**
					Q1	Q2	Q3	Q4		Q1
<480 per annum (<120 per Quarter)	**526 (R)**	**406 (G)**	**312 (G)**	**414 (G)**	**97 (G)**	**101 (G)**	**106 (G)**	**106 (G)**	**410 (G)**	**108 (G)**

Performance Trend

The quarterly number of Repeats continued to remain below the upper threshold (120 per quarter) (GREEN) during the reporting period.

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

Target	23/24			24/25				25/26				26/27
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
100%	70% (R)	60% (R)	58% (R)	52% (R)	53% (R)	49% (R)	51% (R)	49% (R)	53% (R)	52% (R)	53% (R)	54% (R)

Performance Trend

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

Issues Affecting Performance

Demand for temporary accommodation remains high and supply of social housing continues to decrease meaning that households are spending longer periods of time in temporary accommodation reducing turnover of temporary accommodation placements and throughput.

The above measure of 54% relates to the percentage of instances where temporary accommodation has been provided, rather than the number of households.

Actions to Improve Performance

Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised to reduce homelessness presentations within the city and subsequently reduce the demand on temporary accommodation. In 2025/26, Glasgow witnessed a 5% reduction in homelessness applications which reduces the pressure on temporary accommodation and actions to prevent homelessness will continue throughout 2026/27.

The HSCP's 10-year Temporary Accommodation Strategy has now been approved by the IJB and sets out how the service aims to transform the use of temporary accommodation across the city and increase capacity within temporary accommodation.

Work is also being undertaken with colleagues in Commissioning Services and Procurement which aims to increase the provision of suitable temporary accommodation by expanding the use of the Private Rented Sector.

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

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

Target		**Base-line**	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**
		Start of 20/21	**Annual Total**	**Annual Total**	**Annual Total**	**Annual Total**	**Annual Total**	**Annual Total**	**Q1**
24/25 20 per quarter (392 by year end) 23/24 350 at year-end 15 per quarter 22/23 year-end 280	Number created during quarter	**0**	**76**	**61**	**34**	**22**	**14**	**28** (22 HF & 6 HFFY*)	**8** (7 HF & 1 HFFY*)
	Cumu-lative Total	**119**	**195 (R)**	**256 (R)**	**290 (G)**	**312 (R)**	**326 (R)**	**354 (R)**	**362 (R)**

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

Performance Trend

Target revised for 24/25 to 20 new Housing First tenancies per quarter. Awaiting target for 25/26.

At quarter 1, performance remained below the target of 20 Housing First tenancies per quarter (RED). From Q1 25/26 the quarterly total includes Housing First for Youth (HFFY) tenancies in addition to Housing First (HF) tenancies. The table above shows the breakdown of the HF and HFFY tenancy numbers.

Issues Affecting Performance

Staff have now returned from sickness which has led to an increase in the number of HF tenancies secured in Q1, which has been the highest quarterly total since Q4 in 2023/24. Although this is still below target, this should increase in the coming quarters now staff have returned to work.

Actions to Improve Performance

Senior managers within the Housing First service continue to attend the 10 Local Letting Community forums to highlight the positive work being undertaken by the service with an aim of increasing the number of settled lets secured for homeless households aligned to a Housing First pathway.

The service continues to work with key partners both within the wider HSCP, as well as housing providers, to increase the number of settled lets for households with complex case histories. Furthermore, work is currently on-going with WAYfinder partners to support the delivery of the Housing First model.

Timescales for Improvement

With the staff sickness challenges now resolved, it is anticipated that the number of new HF tenancies created throughout 2026/27 will increase towards the target.

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

Target	**24/25**				**25/26**				**26/27**
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
2,400 or less	**2,344 (G)**	**2,392 (G)**	**2,429 (G)**	**2,402 (G)**	**2,417 (G)**	**2,419 (G)**	**2,441 (G)**	**2,434 (G)**	**2,460 (A)**

Performance Trend

Performance in relation to TFFs fell during Q1 with the numbers outwith the target range and the RAG rating moving from GREEN to AMBER.

In order to reduce the number of households in B&B, the HSCP was looking to increase its current stock of TFFs within the social housing and private rented sectors. The target for 2022/23 was therefore adjusted to circa 2,400 (from 1,850 in 2021/22) and was kept at this number for 23/24 and 24/25. A revised target will be agreed once the new Temporary Accommodation (TA) Strategy is launched.

Issues Affecting Performance

A new performance target will be agreed in Q2 which will reflect the aims and objectives set out in the HSCP's Temporary Accommodation Strategy. The target will reflect the need to expand the use of dispersed accommodation in the city (TFFs) and also the desire to expand the use of the PRS within the provision of temporary accommodation.

Actions to Improve Performance

As noted above, an updated performance target will be set for Q2 which will reflect the aims and objectives of the Temporary Accommodation Strategy.

Timescales for Improvement

New target will be set for Q2.

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CRIMINAL JUSTICE

Indicator	1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence
Purpose	To monitor whether Community Payback Order unpaid work placements are commencing within at least 7 working days of the order having been made. This indicator reflects the need for speed of response in respect of CPOs.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality	Target	24/25				25/26				26/27
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	85 (G)	84 (G)	86 (G)	83 (G)	88 (G)	90 (G)	87 (G)	88 (G)	87 (G)
North East		83 (G)	84 (G)	87 (G)	89 (G)	87 (G)	85 (G)	78 (A)	84 (G)	85 (G)
North West		86 (G)	87 (G)	85 (G)	81 (G)	88 (G)	93 (G)	86 (G)	92 (G)	88 (G)
South		87 (G)	82 (G)	87 (G)	81 (G)	88 (G)	91 (G)	97 (G)	87 (G)	86 (G)

Performance Trend

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

City-wide a total of 590 CPOs (North East, North West, South, Caledonian Team) were made during Q1; a higher figure than Q4 (555). There were an additional 35 Orders assigned to our Public Protection Team and 2 assigned to Clyde Quay.

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Indicator	2. Percentage of Orders with a Case Management Plan within 20 days: **i) Community Payback Orders** (CPOs) (By locality and for the Caledonian Domestic Abuse Programme) **ii) Drug Treatment and Testing Orders** (DTTO) (Drug Court) **iii) Throughcare Licences** (Clyde Quay, Sex Offender Criminal Justice Services)
Purpose	This KPI monitors the extent to which CPOs, DTTOs and Throughcare Licenses 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**	**24/25**				**25/26**				**26/27**
		Q1 %	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
City (All)	85%	**91 (G)**	**90 (G)**	**91 (G)**	**89 (G)**	**90 (G)**	**93 (G)**	**93 (G)**	**90 (G)**	**87 (G)**
North East (CPOs)		**90 (G)**	**93 (G)**	**88 (G)**	**84 (G)**	**81 (A)**	**87 (G)**	**82 (A)**	**88 (G)**	**83 (G)**
North West (CPOs)		**90 (G)**	**90 (G)**	**93 (G)**	**91 (G)**	**95 (G)**	**97 (G)**	**77 (R)**	**87 (G)**	**89 (G)**
South (CPOs)		**95 (G)**	**88 (G)**	**92 (G)**	**89 (G)**	**93 (G)**	**94 (G)**	**97 (G)**	**96 (G)**	**87 (G)**
Caledonian Team (CPOs)		**75 (R)**	**75 (R)**	**90 (G)**	**91 (G)**	**93 (G)**	**95 (G)**	**87 (G)**	**72 (R)**	**79 (R)**
Drug Court Team (DTTOs)		**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**
Clyde Quay (Throughcare Licenses)		**100 (G)**	**100 (G)**	**100 (G)**	**100 (G)**	**92 (G)**	**91 (G)**	**92 (G)**	**91 (G)**	**100 (G)**

Performance Trend

During Q1 all teams and localities met target (GREEN) with the exception of the Caledonian Team where performance remained below target and RED.

There are additional Orders assigned to our Public Protection Team; 97% of their Case Management Plans were within 20 days.

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

Locality/ Team	Target	24/25				25/26				26/27
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City (All)	75%	83 (G)	78 (G)	84 (G)	80 (G)	74 (G)	77 (G)	82 (G)	85 (G)	82 (G)
North East (CPOs)		83 (G)	79 (G)	81 (G)	77 (G)	63 (R)	64 (R)	75 (G)	76 (G)	71 (R)
North West (CPOs)		82 (G)	81 (G)	84 (G)	82 (G)	74 (G)	86 (G)	76 (G)	87 (G)	81 (G)
South (CPOs)		85 (G)	83 (G)	87 (G)	82 (G)	81 (G)	83 (G)	91 (G)	92 (G)	88 (G)
Caledonian Team (CPOs)		82 (G)	78 (G)	84 (G)	65 (R)	82 (G)	57 (R)	80 (G)	83 (G)	93 (G)
Drug Court Team (DTTOs)		80 (G)	89 (G)	60 (R)	83 (G)	100 (G)	100 (G)	67 (R)	100 (G)	83 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	100 (G)	93 (G)	100 (G)	91 (G)	95 (G)	60 (R)

Performance Trend

During Q1 performance remained above target and GREEN for the North West and South localities and the Caledonian and Drug Court Teams. Performance in the North East locality and Clyde Quay declined during the reporting period with the RAG-rating moving from GREEN to RED.

There are additional Orders assigned to our Public Protection Team; 91% of their reviews were held on time.

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Indicator	4. Percentage of Unpaid Work (UPW) requirements completed within timescale
Purpose	To monitor the extent to which unpaid work requirements are completed on time. It is important that an unpaid work requirement is completed within the shortest possible timescale. A focused period of activity for the individual will ensure that the link between conviction and punishment is maintained. Completion should be achieved within 3 or 6 months depending on the requirement. This indicator remains important to emphasise the need for speed and efficiency.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 4 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Lynsey Smith, Assistant Chief Officer for Operations and Governance

Locality	**Target**	**24/25**				**25/26**				**26/27**
		Q1 %	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
City	70%	**84 (G)**	**83 (G)**	**79 (G)**	**75 (G)**	**70 (G)**	**65 (R)**	**71 (G)**	**73 (G)**	**79 (G)**
North East		**82 (G)**	**87 (G)**	**85 (G)**	**73 (G)**	**74 (G)**	**64 (R)**	**72 (G)**	**66 (R)**	**73 (G)**
North West		**84 (G)**	**82 (G)**	**76 (G)**	**82 (G)**	**72 (G)**	**70 (G)**	**71 (G)**	**79 (G)**	**84 (G)**
South		**85 (G)**	**80 (G)**	**76 (G)**	**70 (G)**	**65 (R)**	**60 (R)**	**69 (G)**	**73 (G)**	**81 (G)**

Performance Trend

During Q1 performance continued to meet target at city-level and in North West and South (GREEN). Performance improved significantly in North East during the reporting period with the RAG-rating moving from RED to 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 84%, NE 76%, NW 89% and South 91%.

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

Locality/Team	Target	24/25				25/26				26/27
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	81 (G)	80 (G)	81 (G)	80 (G)	82 (G)	82 (G)	83 (G)	81 (G)	82 (G)
North East		82 (G)	79 (G)	83 (G)	79 (G)	77 (A)	83 (G)	81 (G)	75 (R)	82 (G)
North West		80 (G)	81 (G)	83 (G)	83 (G)	86 (G)	81 (G)	84 (G)	84 (G)	80 (G)
South		82 (G)	82 (G)	82 (G)	81 (G)	85 (G)	82 (G)	84 (G)	85 (G)	84 (G)
Caledonian Team		80 (G)	81 (G)	69 (R)	78 (A)	69 (R)	81 (G)	83 (G)	77 (A)	83 (G)
Drug Court Team		72 (R)	67 (R)	50 (R)	48 (R)	67 (R)	67 (R)	80 (G)	65 (R)	54 (R)

Performance Trend

During Q1 the 80% target continued to be exceeded in the city overall and in North West and South. Performance improved for North East during the reporting period which moved from RED to GREEN and the Caledonian Team which moved from AMBER to GREEN. The Drug Court Team continued to be below target (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.

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

Locality /Team	Target	24/25				25/26				26/27
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	**80%**	100 (G)	97 (G)	92 (G)	91 (G)	94 (G)	100 (G)	98 (G)	95 (G)	85 (G)
North East		100 (G)	100 (G)	100 (G)	90 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
North West		100 (G)	83 (G)	83 (G)	100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	86 (G)
South		100 (G)	100 (G)	100 (G)	71 (R)	92 (G)	100 (G)	89 (G)	93 (G)	93 (G)
Clyde Quay		100 (G)	100 (G)	92 (G)	93 (G)	92 (G)	100 (G)	100 (G)	91 (G)	43 (R)

Performance Trend

During Q1 the city and the 3 localities continued to meet the target in respect of post-release interviews (GREEN). Performance at Clyde Quay fell significantly with the RAG-rating moving from GREEN to RED during the reporting period.

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HEALTH IMPROVEMENT

Indicator	1. Alcohol brief intervention delivery (ABI)
Purpose	To monitor the extent to which alcohol brief interventions are being delivered within community settings which includes primary care (which should deliver approximately 80%) and other wider settings e.g. dentists, pharmacists, prisons, police custody suites, smoking cessation groups, district nurses and partner agency staff. Alcohol Brief Interventions (ABI) are structured conversations, usually undertaken opportunistically with patients whose alcohol consumption is identified as being above those levels identified by the Chief Medical Officer as low risk.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 1 (See Appendix 1)
Strategic Priority	Priority 1 (See Appendix 1)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	**Annual Target**	**Target to Q1**	**23/24 Total**	**24/25 Total**	**25/26 Total**	**Q1**	**Q2**	**Q3**	**Q4**	**Year to Date**
City	**5066**	**1266**	**10,479 (G)**	**10,376 (G)**	**10,929 (G)**	**2,684 (G)**				**2,684 (G)**

Performance Trend
Performance above target for Q1. Back to Summary

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 Q4**	**22/23 Total**	**23/24 Total**	**24/25 Total**	**2025/26 – Cumulative Totals**				
						To Q1	**To Q2**	**To Q3**	**To Q4**	**Total for Year**
City	**1190**	**1190**	**1050 (R)**	**1,097 (R)**	**1105 (R)**	**242 (R)**	**509 (R)**	**710 (R)**	**945 (R)**	**945 (R)**
NE	**521**	**521**	**358 (R)**	**407 (R)**	**426 (R)**	**94 (R)**	**188 (R)**	**255 (R)**	**350 (R)**	**350 (R)**
NW	**316**	**316**	**303 (R)**	**338 (R)**	**354 (G)**	**65 (R)**	**157 (G)**	**233 (G)**	**304 (A)**	**304 (A)**
S	**353**	**353**	**389 (G)**	**352 (G)**	**325 (R)**	**83 (G)**	**164 (R)**	**222 (R)**	**291 (R)**	**291 (R)**

Performance Trend

Performance below target and RED at city level and in the North East and South localities for 2025/26. The North West has finished 2025/26 as AMBER. Targets are phased throughout the year to reflect historical trends.

Issues Affecting Performance Updated narrative required

Glasgow City Community QYW (Quit Your Way) Service is now implementing the recommendations following the Service Review, which is resulting in many changes as we standardise processes. This will impact on service delivery while new systems and processes are embedded. During this time the service implemented a citywide referral and client management system which was the first significant change as part of the service being a citywide service. Training and support was provided for staff during this time. Staff have also been involved in preparations for a tiered approach to be implemented in the service, and also a cost benefit analysis review of different methods of support offered to clients. Various staff from across the service are involved in working groups, supporting the review requirements as well as continuing to deliver the service.

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

Actions to Improve Performance Updated narrative required

Face-to-face community clinics operate in each of the three localities offering clients an opportunity to get support face-to-face as well as other support options including telephone support and digital support via the Smoke Free App. Most face-to-face clinics take place in Health Centres but in one locality, the face-to-face clinic operates from a local Pharmacy. Two groups operated in the North East and North West during this time, enhancing the support options available for clients.

Timescales for Improvement Updated narrative required
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

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**	**2024/25**				**25/26**				**26/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**10%**	**6.4% (G)**	**7.7% (G)**	**6% (G)**	**5.5% (G)**	**6.8% (G)**	**6.2% (G)**	**5.2% (G)**	**5.3% (G)**	**5.8% (G)**
North East		8.5	8.3	7.5	5.4	6.9	8.7	6.6	6.6	8.3
North West		6.5	8.2	7.2	4.1	6.6	4.8	4.7	3.3	4.8
South		4.7	6.8	4.1	6.5	6.9	5.6	4.5	5.8	4.4

Performance Trend

'Smoking at booking' rate at city level increased slightly in the last quarter but remained GREEN. At locality level, North East and North West rates also increased while the rates in the South reduced.

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

Locality	**Target**	**2024/25**				**2025/26**				**26/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**14%**	**10% (G)**	**12.3% (G)**	**8.5% (G)**	**8.1% (G)**	**10.3% (G)**	**9.9% (G)**	**7.7% (G)**	**8% (G)**	**9.4% (G)**
North East		11.5	10.8	9.4	7.2	9.1	10.5	8.8	7.7	10.8
North West		10.7	13.4	9.9	6.3	9.0	7.9	7.8	6.3	8.0
South		8.1	12.8	6.5	10.3	12.6	11.1	6.5	9.7	9.1

Performance Trend

Smoking at booking' rate at city level increased slightly in the last quarter but remained GREEN. At locality level, North East and North West rates also increased while the rates in the South reduced.

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

Locality	**Target**	**2023/24**		**2024/25**				**25/26**		
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
City	**33%**	**30.7 (R)**	**30.7 (R)**	**31.2 (R)**	**33.9 (G)**	**32.7 (G)**	**36 (G)**	**37.3 (G)**	**35.5 (G)**	**35.3 (G)**
North East		21.7	24.5	22.1	27.6	25.6	27.8	30.3	31.2	27.3
North West		34.4	34.9	37.9	37.9	40.6	41.9	41.8	40.7	40.7
South		34.7	32.2	33.3	36.4	32.8	37.4	39.3	35	37.5

Performance Trend

Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly. Performance fell in the North East, while rising in the South and remaining the same in the North West.

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

Locality	**Target**	**2023/24**		**2024/25**				**25/26**		
		Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**
City	**24.4%**	**22.7 (R)**	**24.2 (G)**	**24.3 (G)**	**24.1 (G)**	**26.5 (G)**	**30.1 (G)**	**30.5 (G)**	**31.2 (G)**	**29.0 (G)**
North East		21.7	21.9	20.7	21.9	23.4	25.3	26.6	26.8	22.6
North West		23.9	26.9	26.2	31.4	33.3	34.5	35.7	36.6	36.5
South		22.7	24.6	27.3	22.2	24.7	31.8	30.7	32	30

Performance Trend

Performance remained GREEN at a city level in the last quarter, with rates decreasing slightly, as was the case in all localities.

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

AREA	17/18 Drop Off Rates	24/25 Target	23/24		24/25				25/26		
			Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
HSCP	**32.3%**	**29.1%**	**24.6 (G)**	**21.4 (G)**	**22.0 (G)**	**19.9 (G)**	**22.0 (G)**	**19.5 (G)**	**16.6 (G)**	**20.5 (G)**	**18.8 (G)**
NE	39.9%	35.9%	31.9	21.6	25.6	26.2	25.8	21.6	22.5	26.3	22.3
NW	27.2%	24.5%	20.1	17.2	18.8	13.8	17.1	15.6	13.5	15.7	14.2
S	31.3%	28.2%	23.5	24.2	21.9	19.1	23.0	21.1	14.8	20.3	19.9

Performance Trend

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

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HUMAN RESOURCES

Indicator	1. NHS Sickness absence rate (%)
Purpose	To monitor the level of sickness absence across NHS Services. Lower sickness absence levels are desirable for service delivery and efficiency. The NHS target is for sickness levels to be at **6%** or below.
Type of Indicator	NHS LDP (Local Development Plan) Standard
Health & Wellbeing Outcome	Outcome 8 (See Appendix 2)
Strategic Priority	Priority 5 (See Appendix 3)
HSCP Lead	Geraldine Collier, Assistant Chief Officer, HR

Area	**2025/26**				**26/27**
	Q1	**Q2**	**Q3**	**Q4**	**Q1**
Grand Total	**7.73%**	**7.52%**	**8.26%**	**8.11%**	**7.51%**
	(R)	**(R)**	**(R)**	**(R)**	**(R)**
Adult Services	7.39%	7.43%	8.16%	8.11%	7.47%
	(R)	(R)	(R)	(R)	(R)
Children's Services	7.17%	7.49%	8.66%	8.42%	7.55%
	(R)	(R)	(R)	(R)	(R)
Finance & Resources	6.87%	6.64%	7.87%	7.27%	5.76%
	(R)	(R)	(R)	(R)	(G)
Older People & Primary Care	8.26%	7.89%	8.4%	7.88%	7.95%
	(R)	(R)	(R)	(R)	(R)
Operations & Governance	9.38%	7.59%	8.29%	10.19%	7.83%
	(R)	(R)	(R)	(R)	(R)

**Please note: The staffing compositions within service areas have changed within the HSCP to reflect the new structure from Q1 25/26 onwards so no comparisons with historical data are provided.*

Performance Trend
Q1 2026/27 shows a continued decrease in overall sickness absence, with the HSCP absence rate reducing from 8.11% to 7.51% (-0.60%), the lowest rate recorded over the period shown. Across service areas, only Older People and Primary care showed alight increase, with Finance & Resources moving to GREEN.
Issues Affecting Performance
The Q1 position reflects a continuing stabilisation of absence levels following the pressures observed in Q3 and Q4, with the overall position suggesting the pressures experienced over the winter have begun to ease. The weekly monitoring approach supports early identification of sustained increases versus short-term seasonal fluctuation, enabling targeted action where required.
Actions to Improve Performance
1. Performance Improvement Groups remain in place across HSCP management teams, with absence continuing as a priority focus for ACOs and Heads of Service. Actions feed into the Performance Review Group chaired by the Chief Officer.

2. The HR Support and Advice Unit are implementing an Attendance Management Team on a permanent basis, including the appointment of 10 dedicated staff who will supplement a team of 10 existing HR staff. The HR team will work closely with the Attendance Management Team to ensure this additional resource is focussed in the areas of the HSCP that require the greatest level of support.
3. An Attendance Management Action Plan for the HSCP has being developed to capture the ongoing and planned activity across the HSCP including timescales and joint working opportunities.
4. The HR Team continues to support and contribute to NHSGGC initiatives, including Attendance Management awareness sessions and increased access to the People Management Programme.
5. The Wellbeing and Attendance Action Plan continues to be implemented to support a consistent approach to attendance management, including early intervention, reasonable adjustments, and proactive wellbeing support.
6. Management teams are being supported to make use of attendance data, improving the ability to respond quickly to emerging trends and seasonal pressures.

Timescales for Improvement

Performance Improvement Groups are anticipated to operate over a 12-month period, supporting sustained improvement through consistent oversight and targeted actions. While Q1 indicates an improvement in absence levels following earlier increases, the introduction of weekly monitoring alongside existing quarterly reporting strengthens the organisation's ability to respond dynamically during periods of increased absence levels. It is anticipated that this enhanced monitoring, combined with ongoing performance improvement activity, will support more timely interventions and gradual improvement as actions continue to embed across services.

Back to Summary

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

Area	**Target**	**2024/25**				**2025/26**				**26/27**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
Overall Total	**5%**	**11.0 (R)**	**10.5 (R)**	**10.3 (R)**	**9.6 (R)**	**9.6 (R)**	**9.6 (R)**	**10.0 (R)**	**9.6 (R)**	**9.1 (R)**
Finance & Resources		5.7	7.0	6.6	6	6.7	6.6	6.7	5.6	5.2
Adult Services		11	10.8	9.6	9.3	11.1	11.1	9.7	8.9	9.2
Operations and Governance		9.4	7.3	8.6	8	8.2	7.8	7.3	7.9	7.5
Children's Services		11	10.3	9.9	8.6	8.9	9	9.6	8.3	8.6
Older People & Primary Care		5.8	5.2	8.4	7.7	7.6	7.8	9.8	9.4	8.1
Care Services		13.8	12.5	12.0	11.6	11	10.8	11.5	11.7	10.8

Performance Trend

Q1 2026/27 demonstrates continual progress in reducing overall absence levels, reporting at 9.1%, 0.5% lower than the same quarter the previous year. This is also the lowest quarterly figure since Q1 2021.

Issues Affecting Performance

The demands of delivering frontline social care services can present challenges to workforce health and resilience. Employees are often exposed to both physically strenuous tasks and emotionally demanding situations. Combined with demographic trends showing an aging workforce profile, this can lead to a greater incidence of ongoing health conditions that affect availability for work.

Actions to Improve Performance

The 2026/27 Supporting Attendance Action Plan has been developed to maintain momentum, which includes more robust governance of absence performance at senior management level on a monthly basis, to ensure focus is in areas of highest priority to try and make the biggest impact at service level.

A key focus of the plan is reducing absence related to psychological and musculoskeletal conditions, which remain the most common causes of sickness absence within the Service. Enhanced support for managers, combined with targeted health and wellbeing interventions, is intended to improve how employees are supported both during periods of absence and in maintaining their attendance at work.

Manager development will continue through a programme of HR briefings and guidance sessions, shaped by feedback from services. These sessions aim to strengthen management capability and provide greater confidence in dealing with attendance matters while promoting staff wellbeing.

Timescales for Improvement

The Supporting Attendance Action Plan is intended to achieve improvements over the coming year, with close monitoring to ensure specific actions are complete. The Plan covers the period up to March 2027. Back to Summary

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

Area	**2025/26**				**26/27**
	Q1 - 25/26	**Q2 - 25/26**	**Q3 - 25/26**	**Q4 - 25/26**	**Q1 - 26/27**
Glasgow	**46.55%**	**53.63%**	**61.85%**	**62.24%**	**59.89%**
	(R)	**(R)**	**(R)**	**(R)**	**(R)**
Adult Services	37.35%	46.91%	56.05%	55.16%	55.4%
	(R)	(R)	(R)	(R)	(R)
Children Services	66.35%	73.71%	78.56%	78.94%	74.34%
	(R)	(R)	(G)	(G)	(R)
Finance & Resources	37.67%	43.00%	63.72%	70.76%	72.95%
	(R)	(R)	(R)	(R)	(R)
Older People & Primary Care	51.14%	58.00%	67.44%	61.96%	58.34%
	(R)	(R)	(R)	(R)	(R)
Operations & Governance	37.19%	35.42%	41.37%	42.84%	53.56%
	(R)	(R)	(R)	(R)	(R)

**Please note: The staffing compositions within service areas have changed within the HSCP to reflect the new structure from Q1 25/26 onwards so no comparisons with historical data are provided.*

Performance Trend

Q1 2026/27 shows a slight decrease in overall e-KSF completion. This follows a sustained period of improvement over the previous three years, but it remains substantially higher than performance recorded at the start of this period and is 13% higher than in Q1 last year. Variation between services persist, with Children's Services continuing to record the highest compliance while Operations & Governance remains the lowest, although the latter demonstrated the greatest improvement during the last quarter.

Issues Affecting Performance

Completion of KSF reviews remains an ongoing challenge across the HSCP. Some services continue to experience capacity and workload pressures that affect the ability to complete reviews in a timely manner. Ongoing issues have also been reported around navigation and use of the TURAS system, particularly where staff or reviewers have changed roles or reporting lines following service restructure. These factors contribute to uneven progress across services and underline the need for continued support and monitoring.

Actions to Improve Performance

1. Performance Improvement Groups remain in place across HSCP management teams, with a specific focus on Absence, KSF, and HSE compliance. These groups continue to identify targeted actions and report into the monthly Performance Review Group chaired by the Chief Officer.

2. A renewed focus on e-KSF compliance has been embedded within these groups, with closer scrutiny of service-level performance and escalation where progress stalls.
3. Issues regarding data quality and system issues are escalated to senior management within NHSGGC to assist in resolving matters that impact the data.
4. The Chief Officer launched a renewed focus on PDP for all staff across the HSCP supported by a series of on-line briefings for managers.
5. Annual KSF trajectory reporting, updated monthly, continues to support monitoring of progress and highlight areas requiring additional intervention.
6. Monthly communications continue to be issued to line managers highlighting KSF review status for their teams, supporting accountability and follow-up.
7. Ongoing training and on-site support provided by Learning & Education colleagues continues to be promoted to both reviewers and staff, supporting confidence in using TURAS and completing reviews effectively.

Timescales for Improvement

Given historically low performance in this area, a 12-month sustained improvement focus remains in place for KSF compliance alongside Absence and HSE. A significant improvement has been evidenced however the levelling off of this improvement will be addressed through performance groups. It is anticipated that continued application of these measures will support further incremental improvement over the coming quarters, with the aim of narrowing variation between services and progressing toward the 80% target.

Back to Summary

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

Area	Target	2024/25				2025/26				26/27
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Glasgow	100%	57.67 (R)	43 (R)	57.67 (R)	52.33 (R)	40 (R)	41.67 (R)	46 (R)	32.96 (R)	41.49 (R)

Performance Trend

Q1 2026/27 shows an improvement in overall induction compliance, following the decline recorded in the previous quarter, although performance remains below the levels achieved during 2024/25. When compared to the same quarter last year, performance has also slightly improved. The overall pattern is, however, one of fluctuation, with performance remaining inconsistent.

Issues Affecting Performance

Several factors continue to impact induction compliance. While there is evidence that some inductions are taking place, completion is not always being recorded online, resulting in under-reporting and missed compliance. Managers receive notification of induction due dates alongside two automated reminders. However, the continued decline suggests that reminders alone are insufficient, and that clearer accountability and process ownership are required.

It should also be noted that induction volumes are also relatively low, meaning that small changes in the number of completions can produce significant percentage fluctuations between reporting periods.

Actions to Improve Performance

1. Work continues to increase both completion and recording of inductions, with managers reminded of the requirement to ensure inductions are completed and signed off online. Monthly named data continues to be provided to all service areas to support follow-up and improvement.
2. Induction compliance is incorporated into the Performance Improvement Groups, enabling closer scrutiny, escalation where required, and targeted action within services showing persistent non-compliance.
3. Work is underway within HR to review the induction process end-to-end, including timescales, content, ownership, and reporting arrangements, to identify opportunities for simplification and improvement.
4. HR continues to provide regular compliance updates to Core Leadership Groups, supporting increased visibility and accountability at senior management level.

Timescales for Improvement

Given the sustained low and declining position, improvement activity will be progressed as a priority through the Performance Improvement Groups, with short-term recovery actions alongside longer-term process review. Progress will continue to be monitored on a monthly basis, with the expectation that clearer ownership, improved recording, and strengthened governance will support gradual recovery in performance over coming quarters.

Back to Summary

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

Area	Target	2024/25				2025/26				26/27
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Glasgow	100%	55.33 (R)	61.67 (R)	55.33 (R)	38 (R)	35.33 (R)	39.00 (R)	26.00 (R)	57.33 (R)	59.79 (R)

Performance Trend

Q1 2026/27 shows a further improvement in Healthcare Support Worker induction compliance and is the highest rate since Q2 of 2024/25, suggesting performance is moving in a positive direction. The overall pattern is, however, one of fluctuation.

Issues Affecting Performance

As with general induction, several factors continue to impact performance. While some Health Care Support Worker inductions are taking place, completion is not always being recorded online, which can be missed at service level and leads to under-reporting. The HCSW induction is mandatory for all staff who are not part of a registered profession, up to senior management grade. Historically, there has been limited awareness of this requirement, resulting in some eligible staff not recognising that this aspect of induction applies to them.

It should also be noted that induction volumes are also relatively low, meaning that small changes in the number of completions can produce significant percentage fluctuations between reporting periods.

Actions to Improve Performance

1. Work continues to increase both completion and recording of HCSW inductions, with managers encouraged to ensure inductions are completed and signed off online. Monthly named data continues to be provided to all service areas to support monitoring and follow-up.
2. Induction compliance for Health Care Support Workers being incorporated into the Performance Improvement Groups, enables closer scrutiny and escalation where improvement is not evidenced.
3. Work is underway within HR to review HCSW induction processes, including timescales, content, awareness and reporting arrangements, to identify opportunities for improvement and simplification.

Timescales for Improvement
Given the historically low and volatile performance position, a sustained focus is required to support improvement in this area. Progress will continue to be monitored through Core Leadership Groups, with escalation to Performance Review Groups where required. It is anticipated that strengthened governance, clearer ownership, and improved recording will support gradual and more stable improvement over coming quarters. Back to Summary

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**	**2024/25**				**2025/26**				**26/27**
		Q1 % *of* no.	**Q2 % *of* no.**	**Q3 % *of* no.**	**Q4 % *of* no.**	**Q1 % *of* no.**	**Q2 % *of* no.**	**Q3 % *of* no.**	**Q4 % *of* no.**	**Q1 % *of* no.**
City	**70%**	**90 (G) 175**	**82 (G) 88**	**64.3 (R) 157**	**78.5 (G) 107**	**83 (G) 84**	**85.4 (G) 96**	**80 (G) 65**	**65 (R) 71**	**76 (G) 37**
North East		**70 (G) 20**	**65 (R) 20**	**60.9 (R) 23**	**69 (G) 16**	**70 (G) 20**	**68 (G) 19**	**57 (R) 23**	**86 (G) 14**	**80 (G) 15**
North West		**83 (G) 36**	**65 (R) 26**	**72.1 (G) 43**	**70 (G) 30**	**76 (G) 17**	**76 (G) 29**	**93 (G) 14**	**75 (G) 16**	**50 (R) 2**
South		**N/A 0**	**N/A 0**	**N/A 0**	**67 (A) 3**	**78 (G) 9**	**N/A 0**	**75 (G) 4**	**50 (R) 6**	**87 (G) 8**
Prisons		**94.9 (G) 119**	**100 (G) 42**	**61.5 (R) 91**	**86.2 (G) 58**	**94.7 (G) 38**	**97.9 (G) 48**	**95.8 (G) 24**	**54.3 (R) 35**	**66.7 (A) 12**

Performance Trend

Performance at city level improved during Q1 and moved from RED to GREEN at city level.

Back to Summary

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	2024/25				2025/26				26/27
		Q1 % *of* no.	Q2 % *of* no.	Q3 % *of* no.	Q4 % *of* no.	Q1 % *of* no.	Q2 % *of* no.	Q3 % *of* no.	Q4 % *of* no.	Q1 % *of* no.
City	**70%**	38 (R) 110	35 (R) 113	47 (R) 74	40 (R) 57	36 (R) 97	31 (R) 67	49 (R) 86	48 (R) 54	43 (R) 65
North East		100 (G) 4	100 (G) 3	100 (G) 3	67 (A) 3	100 (G) 7	100 (G) 5	100 (G) 6	75 (G) 12	100 (G) 12
North West		44 (R) 16	53 (R) 19	50 (R) 14	61 (R) 18	75 (G) 20	46 (R) 26	75 (G) 28	38 (R) 24	53 (R) 19
South		62 (R) 13	50 (R) 12	13 (R) 8	60 (R) 5	22 (R) 9	N/A 0	100 (G) 7	56 (R) 9	57 (R) 7
Prisons		30 (R) 77	27 (R) 79	49 (R) 49	23 (R) 31	18 (R) 61	11 (R) 36	18 (R) 45	33.3 (R) 9	7.4 (R) 27

Performance Trend

Performance at city level reduced during Q1, remaining RED.

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

Issues Affecting Performance

A number of issues have affected performance across areas:

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

Prisons report that performance is being affected primarily by nursing staff having to balance complaints investigations with their normal clinical duties. These pressures are being compounded by significant staffing pressures across both nursing and administrative teams due to vacancies, sickness absence and other organisational demands. High volumes of Stage 1 complaints - contributed to by prison overcrowding of over 500 at present – can also have ‘knock-on’ effects on Stage 2 delays. In turn, when stage 2s are delayed additional work can be

incurred as a result of SPSO enquires, which place strain on limited business support capacity. Pressures are also being created upon staff by the commencement of work to deal with a backlog of Fatal Accident Inquiries and demands arising from Scottish Prison Service early release scheme.

Actions to Improve Performance

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

Timescales for Improvement

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

Back to Summary

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			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
City	70%	**71% (G) 199**	**67% (A) 186**	**69% (G) 177**	**70% (G) 159**	**67% (A) 129**	**58% (R) 169**	**79% (G) 140**	**71% (G) 175**	**80% (G) 240**
North East		**47% (R)** 15	**82% (G)** 11	**69% (G)** 16	**69% (G)** 16	**54% (R)** 13	**58% (R)** 19	**91% (G)** 11	**64% (R)** 11	**67% (A)** 21
North West		**67% (A)** 12	**36% (R)** 11	**36% (R)** 11	**50% (R)** 4	**40% (R)** 10	**67% (A)** 3	**80% (G)** 15	**77% (G)** 13	**88% (G)** 17
South		**47% (R)** 19	**35% (R)** 23	**40% (R)** 30	**35% (R)** 17	**44% (R)** 16	**17% (R)** 18	**31% (R)** 16	**29% (R)** 17	**76% (G)** 25
Central Homelessness Services		**57% (R)** 28	**50% (R)** 24	**52% (R)** 21	**68% (A)** 31	**62% (R)** 21	**55% (R)** 31	**71% (G)** 24	**80% (G)** 20	**85% (G)** 27
Care Services		**83% (G)** 109	**89% (G)** 90	**92% (G)** 78	**87% (G)** 69	**92% (G)** 53	**76% (G)** 75	**92% (G)** 51	**71% (G)** 89	**82% (G)** 76
All Other Central Services		**69% (G)** 16	**48% (R)** 27	**57% (R)** 21	**64% (R)** 22	**75% (G)** 16	**35% (R)** 23	**83% (G)** 23	**92% (G)** 25	**79% (G)** 76

Performance Trend

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

During Q4 performance continued to be above target and GREEN at city-wide level, in North West and in the following teams: *Central Homelessness Services* and *Care Services*. Performance improved in North East which moved from RED to AMBER and in South which moved from RED to GREEN.

Performance improved across all areas during the reporting period with the exception of *All Other Central Services* where performance declined although the RAG-rating remained GREEN.

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

	23/24				24/25				25/26			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Target	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**	**% *of* no.**
70%	**66% (R)** 59	**53% (R)** 90	**73% (G)** 62	**52% (R)** 109	**53% (R)** 91	**64% (R)** 87	**59% (R)** 118	**65% (R)** 130	**56% (R)** 109	**60% (R)** 143	**66% (R)** 161	**60% (R)** 188

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 Q4. The number of complaints received continued to rise with an increase of over 17% between Q3 (161) and Q4 (188).

Issues Affecting Performance

The ongoing issue affecting performance in Q4 is the high volume of Stage 2 complaints received. For the sixth consecutive quarter, CFIT received over 100 Stage 2 complaints in a single quarter, with Q4 representing the highest volume of Stage 2 complaints received in a single quarter over the past 14 quarters – the third consecutive quarter where this has happened. There is a cumulative effect in terms of consecutive quarters of high demand, and where complaints handlers continue to carry large caseloads, including cases from the previous quarter, into a new quarter, there is a subsequent impact on productivity. Taken in isolation, however, the volume of Stage 2 complaint logged in Q4 of 25/26 is the highest we have ever received, exceeding the previous quarter's record high.

The upwards trend in volume of Stage 2 complaints reflects general increases in complaints activity that are being seen nationwide, and the reasons for these increases have been discussed within the Local Authority Complaints Handlers Network (LACHN). The consensus view is that the increase in complaints activity nationwide is attributable to the increasing use of AI tools by the general public. Complaints written with the assistance of AI are more likely to be presented in more complex terms, and at greater length, and may be more exaggerated, which makes complaints more likely to be escalated to Stage 2 for full

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

As previously noted, Subject Access Request (SAR) processing impacts on the capacity of the team to carry out complaints investigations. While increased resource to address SAR processing has mitigated this to some degree, one Senior Officer left the team in Q3 to take up a promoted post, which has impacted on the capacity of the team. Despite these challenges, and while the team have again failed to meet the target of 70% of complaints completed on time, they have maintained a high level of performance in terms of the number of investigations completed within timescale, with the team producing one of the highest ever volumes of on-time complaint responses – 113 of 188 complaints were closed within timescale, which would have been sufficient to exceed the 70% target in any previous quarter on record.

Actions to Improve Performance

At present, the focus of the team remains on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which can be more resource-intensive than any other complaints activity if the SPSO proceeds to investigation. During Q1 backfill will be completed for the Senior Officer post.

In addition, CFIT management are reviewing internal performance monitoring in order to ensure any issues or support requirements are identified at the earliest opportunity. Given the increase in complaints activity appears to be AI-supported, it is hoped access to Copilot licences for key members of the team will assist those staff to address this new level of demand, and these licences are being pursued with the intention to have them granted later in 2026/27.

It should also be noted that Q4 has seen the adoption of a new complaints system (as of 21st January 2026), and there are some issues around reporting accuracy that have been identified – it is highly likely that not all complaints received in Q4 have been captured due to reporting issues that have been highlighted to CGI and are being resolved, however it is hoped that only a small number, if any, have been missed.

Timescales for Improvement

Performance was expected to exceed 70% in Q1 26/27, with the completion of backfill recruitment for the vacant Senior Officer post, however it is now clear that there is evidence of an exponential rise in complaints activity and should this continue, meeting this aim may prove challenging. Despite the continued failure to meet the 70% target, it's relevant to note that performance has improved over three consecutive quarters in terms of the volume of responses issued in time.

Back to Summary

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

	23/24				24/25				25/26			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
100%	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126	90% (R) 126	90% (R) 126	82% (R) 114	89% (R) 124	91% (R) 123	80% (R) 66	88% (R) 137	93% (R) 177

Performance Trend

This indicator is reported one quarter in arrears.

Performance in relation to FOIs improved during the quarter however it continued to remain outwith the target range (RED). Demand increased further during quarter 4 (177) with the number of requests increasing by 29% since Q3 (137).

Issues Affecting Performance

The demands around both SAR processing and Stage 2 complaint handling have remained high, and so these issues continue to have a direct impact on FOI compliance as this activity is carried out by staff who have responsibility for all three workstreams. Following on from a marked increase in volume of requests in Q3, there has been a further rise in demand resulting in the highest ever volume of FOI requests in a single quarter, making compliance a significantly greater challenge. It is believed more applicants are using AI to support their FOI requests, and that this likely accounts for the some of the increased demand.

Actions to Improve Performance

While staff were unable to prioritise FOI requests at this time due to ICO intervention with regards SAR performance, staff are expected to make every effort to ensure responses are issued to timescale where possible. CFIT staff will continue to set clear deadlines when requesting information, to ensure all service areas are aware of the requirements and urgency around information gathering. If any particular bottlenecks are identified in terms of the flow of information from other areas, we will look to determine if any useful training or process review could address such issues, and the line manager of responsible staff will be asked to closely monitor performance to assist in identifying any individual performance issues in future. Junior members of staff have also now undertaken some FOI duties as a development opportunity and to assist in addressing the demand, and the addition of a new Senior Officer (backfill) will increase FOI capacity from Q1 26/27 onwards.

Timescales for Improvement

While improvement from 88% was achieved as expected in Q4, as previously identified significant periods of staff leave and the loss of one senior officer in Q3 have impacted on performance, particularly in light of the continued increase in demand (i.e. over 100% increase in Q3, and a further 29% increase in Q4). Q4 was the predicted target for increase in performance to a rate that exceeds 95%, and the team managed to reach 93% despite the increase in demand – the 165 FOI requests responded to in time in Q4 represent a higher total than any other total received requests in any previous quarter and so ordinarily would have represented 100% compliance. It is expected that backfill resource in Q1 will lead to 95+% compliance.

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

	23/24			24/25				25/26			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Target	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
100%	42% (R) 243	38% (R) 185	38% (R) 175	42% (R) 175	22% (R) 220	28% (R) 218	34% (R) 265	35% (R) 262	21% (R) 338	22% (R) 471	64% (R) 465

Performance Trend

This indicator is reported one quarter in arrears.

Although remaining below target and RED, performance in relation to Subject Access Requests (SARs) improved significantly between Q3 and Q4.

Demand continued to remain high during Q4 (465); 75% higher than the same quarter in 24/25 (265).

Issues Affecting Performance

There is continuing high demand driven primarily by demand for records to support applications for redress via Redress Scotland. Q4 had almost matched the Q3 record for the highest volume of requests in a single quarter on record and represents the second consecutive quarter where over 450 requests have been received.

As previously noted, 'legacy' cases closed from the significant backlog of SAR cases are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above, however those cases are where the work of the team is currently concentrated. The figures above reflect the proportionate closure of *new* 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 298 case closures are recognised here, a record 618 cases were closed in the period in total – a 17% increase in case closures over the previous (record) quarter.

Despite the failure to meet the target set here, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and that additional resources currently available have made an immediate impact on increasing output. While not reflected in the figures reported, the volume of SAR processing completed in the period remains very high – in the period in question, a total in excess of 155,000 pages was processed by the team, 48% more than in the previous quarter.
Actions to Improve Performance
The focus of the team will continue to be SAR processing, and in particular processing requests that have been awaiting response for the longest period of time, albeit some activity is also taking place to look to identify and clear small cases at the earliest opportunity. The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing. Three further staff joined in Q4 and are expected to increase their output (and by extension the output of the team) as they learn their roles. It should be noted that there has also been an error identified in how previous returns were counted – until Q4, CFIT have reported only on cases closed within one month (the standard required response time for a SAR), however as all CFIT requests are currently subject to the full extension permitted by legislation and are instead currently required to be closed within three months, figures now accurately reflect cases closed within the appropriate extended statutory deadlines.
Timescales for Improvement
Resolution of the backlog is projected to be complete by the end of March 2027; however it is recognised that this is contingent on demand not outstripping the ability of the team to address it. Back to Summary

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	24/25				25/26				26/27
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
		% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.	% *of* no.
City	80%	**75% (R) 433**	**70% (R) 280**	**67% (R) 300**	**68% (R) 436**	**71% (R) 465**	**70% (R) 495**	**67% (R) 470**	**70% (R) 498**	**76% (R) 478**
North East		**92% (G)** 73	**79% (G)** 67	**78% (A)** 60	**73% (R)** 73	**79% (G)** 81	**78% (A)** 74	**71% (R)** 72	**74% (R)** 82	**87% (G)** 91
North West		**75% (R)** 73	**73% (R)** 51	**71% (R)** 42	**66% (R)** 74	**68% (R)** 78	**64% (R)** 72	**57% (R)** 90	**68% (R)** 82	**74% (R)** 80
South		**56% (R)** 95	**63% (R)** 52	**45% (R)** 67	**38% (R)** 73	**36% (R)** 64	**42% (R)** 98	**52% (R)** 77	**58% (R)** 93	**63% (R)** 104
Centre		**77% (A)** 172	**65% (R)** 103	**69% (R)** 118	**75% (R)** 190	**76% (R)** 217	**79% (G)** 234	**75% (R)** 217	**72% (R)** 231	**78% (A)** 194
Care Services (prev. Cordia)		**90% (G)** 20	**86% (G)** 7	**92% (G)** 13	**96% (G)** 26	**96% (G)** 25	**94% (G)** 17	**86% (G)** 14	**90% (G)** 10	**100% (G)** 9

Performance Trend

Despite improvement in the figures, Q1 performance continued to remain below target and RED at city level, and in North West and South. Performance also improved in North East which exceeded target moving from RED to GREEN during the quarter and in Centre which moved from RED to AMBER. Care Services continued to exceed target (GREEN) during the reporting period.

Issues Affecting Performance

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

Demand can be driven by a small number of people creating a large volume of correspondence, often through multiple elected members at once, and that this activity appears to circumvent both complaints procedures and unacceptable actions policy procedures due to the correspondence being submitted via Members.

Q4 saw the receipt of the highest total number of EMQs on record. Given the wide range of issues spread across the city and services, it remains challenging to identify specific reasons for the increase in demand, but the level of demand has been identified as the key challenge in terms of performance. As with complaints submissions, it is possible that some increase in demand relates to increasing use of AI-tools by the general public in submitting correspondence to their elected representatives.
Actions to Improve Performance
As the process, deadlines and level of demand are outwith the control of SWS, staff are limited in terms of actions that they can undertake to improve performance. Further discussions are planned across areas to identify whether any changes of process can impact performance, and to assist in determining any reasons for late responding.
Timescales for Improvement
Currently unclear due to lack of available information, however Business Development staff began a review of processes during Q4 which continued into Q1 26/27. 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	18/19	19/20	20/21	21/22	22/23	23/24	24/25	Target
MSG 5. % of Last 6 months of life spent in the Community	Glasgow	87.2%	87.4%	**89.3% (G)**	**89.1% (G)**	**87.9% (G)**	**87.5% (G)**	**87.4% (G)**	**87.4%**
	Scotland	88.0%	88.2%	90.2%	89.7%	88.9%	88.9%	89.1%	**N/A**
MSG 6. % of the Population at Home - Supported and Unsupported (Aged 65+)	Glasgow	94.9%	94.9%	**95.2% (G)**	**95.3% (G)**	**95% (G)**	**95.2% (G)**		**94.9%**
	Scotland	96%	96.1%	96.4%	96.5%	96.4%	91.5%		**N/A**

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	June 26	**31% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Declined since March when was 36%. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q1	**94.58% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Decreased slightly from Q4 when was 96.6%. Produced quarterly.
3. AHP Waiting Times – Community Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Q1	**81.3% (R)**	N/A	N/A	N/A	This service is hosted by the Acute Sector. Decrease from 95% for Q4. Pharmacy Dietetic performance is 73.1% (was 76.21% in Q4). Produced quarterly.
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q1	**98.9% (G)**	**100% (G)**	**99.4% (G)**	**99.4% (G)**	This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were all 100%. Produced quarterly.
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral. (Numbers shown below % figures).	Local HSCP indicator Outcome 4	100%	Q1	**100% (G)** **9** (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 78% (under 5s) and 83% (over 5s). Produced quarterly.
		100%	Q1	**95% (A)** **24** Aged 5-18				

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
6. Percentage of those invited who undertake bowel screening	Local HSCP indicator Outcome 1	60%	Apr23 to Mar25	**56.4% (R)**	**56.2% (R)**	**57% (R)**	**56% (R)**	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Apr 2026. Previous figures for 2022-24 were 56.2% (citywide); NE 56%; NW 56.8%; S 55.8%. Next report due Apr 27.
7. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr21 to Mar24	**70.4% (G)**	**68.3% (G)**	**70% (G)**	**72.6% (G)**	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Last report was for Apr 20 to Mar 23 when was 64.1% (citywide); NE 61.2%: NW 62.7%; S 67.9%. Next report due Apr 27.
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 Apr 27.
9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2024-25	**74.7% (G)**	**72.7% (G)**	**74.9% (G)**	**76.4% (G)**	HSCP not directly responsible but has role in encouraging uptake. From Annual NHSGGC screening report last produced Apr 2026. Previous figures for 23/24 were 75.5% (citywide); NE 75.8%; NW 71.3%; S 78.5%. Next report due Apr 2027

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1 Prevention, early intervention, and well-being

Priority 2 Supporting greater self-determination and informed choice

Priority 3 Supporting people in their communities

Priority 4 Strengthening communities to reduce harm

Priority 5 A healthy, valued and supported workforce

Priority 6 Building a sustainable future

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 Clustered Supported living tenancies offered
2. Percentage of service users who receive a reablement service following referral for a home care service
3. Number of Telecare referrals received by Reason for Referral
4. Total number of Adult Mental Health delays (Adults and Older People)
5. New Accident and Emergency Attendances (18+)
6. Number of Emergency Admissions (18+) (MSG Indicator)
7. Number of Unscheduled Hospital Bed Days (Acute and Mental Health) (MSG Indicator)
8. Total number of Acute Delays
9. Total number of Bed Days Lost to Delays (All delays and all reasons 18+) (MSG Indicator)
10. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement
11. Percentage of HPIs (Health Plan Indicators) allocated by Health Visitors by 24 weeks
12. % of young people currently receiving an aftercare service who are known to be in employment, education or training
13. Number of out of authority placements (children)

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