Item No. 12

Meeting Date: **Wednesday 10th September 2025**

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 2025/26

Purpose of Report:	To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 1 of 2025/26 for noting. The IJB Finance Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for 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 4.4; 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 2025/26. The IJB Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic 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.

Exceptions

4.4 At Q1, 52 indicators were GREEN (57.8%); 33 RED (36.7%) and 5 AMBER (5.5%). 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 West and South*	23
1. Uptake of the Ready to Learn Assessments – *North East*	23
3. % looked after & accommodated children under 5 who have had a Permanency Review	27
4. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	30
Older People & Carers	
6. Number of Clustered Supported Living tenancies offered to Older People	44
8. Intermediate Care: Average Length of stay (Days)	46
Unscheduled Care	
5. Total Number of Acute Delays	60
6. Total number of Bed Days Lost to Delays (All delays, all reasons 18+)	62

Primary Care	
1. Prescribing Costs: Compliance with Formulary Preferred List	64
Adult Mental Health	
1. Psychological Therapies: Percentage of people who started treatment within 18 weeks of referral – North East	67
2. Average Length of Stay (Short Stay Adult Mental Health Beds) – *Leverndale and Gartnavel*	69
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Leverndale and Gartnavel*	70
4. Total number of Adult and Older People Mental Health Delays	71
Sexual Health	
1. Number of vLARC (Long-Acting Reversible Contraception) IUD appointments offered across all Sandyford locations	74
Homelessness	
3. Average number of weeks from assessment decision to settled accommodation (1, 2 and 3 apartment)	82
3. Average number of weeks from assessment decision to settled accommodation (4 apartment)	82
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made.	85
6. Number of new Housing First tenancies created	87
Health Improvement	
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	96
Human Resources	
1. NHS Sickness absence rate	103
2. Social Work Sickness Absence Rate	105
3. % of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	106
4. % of NHS staff who have completed the standard induction training within the agreed deadline	108
5. % NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	109
Business Processes	
4. Percentage of Social Work Stage 2 Complaints responded to within timescale	114
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days	116
6. % of Social Work Data Protection Subject Access Requests completed within required timescale	117
7. Percentage of elected member enquiries handled within 10 working days	119

Changes in RAG Status

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

i. Performance Improved

A) RED TO GREEN
Older People & Carers
5. Provided Residential Care – Review Rates
9. Intermediate Care: Percentage of users transferred home

Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - *South*
Sexual Health
5. Median waiting times for access to first TOPAR appointments
Business Processes
2. Percentage of NHS Stage 2 Complaints responded to within timescale
B) RED to AMBER
Older People & Carers
4. Provided Residential Care – Occupancy Rates
Homelessness
3. Average number of weeks from assessment decision to settled accommodation – 5 *apt*
C) AMBER to GREEN
Children's Services
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training
Older People & Carers
14. Telecare Call Handling – % Answered Within 60 Seconds

ii. Performance Declined

A) GREEN TO RED
Children's Services
1. Uptake of the Ready to Learn Assessments – *North East*
Older People & Carers
6. Number of Clustered Supported Living tenancies offered to Older People
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) - *Gartnavel*
Homelessness
3. Average number of weeks from assessment decision to settled accommodation – *4 apt*
B) AMBER to RED
Adult Mental Health
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral – *North East*
C) GREEN to AMBER
Adult Mental Health
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) – *Stobhill*
Business Processes
3. Percentage of Social Work Stage 1 Complaints responded to within timescale.

5. Recommendations

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

a) Note the attached performance report;
b) Consider the exceptions highlighted in section 4.4; and
c) Review and discuss performance with the Strategic Lead for Children's Services.

CORPORATE PERFORMANCE REPORT

QUARTER 1
2025/26

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1. PERFORMANCE SUMMARY

1. Key to the Report

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

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

2a. Summary

The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
Children's Services	4 (30.8%)	2 (15.4%)	7 (53.8%)		5 (41.7%)	1 (8.3%)	6 (50.0%)	
Older People & Carers	4 (22.2%)	1 (5.6%)	13 (72.2%)		2 (11.1%)	1 (5.6%)	15 (83.3%)	
Unscheduled Care	2 (33.3%)		4 (66.7%)		2 (33.3%)		4 (66.7%)	
Primary Care	1 (50%)		1 (50%)		1 (50%)		1 (50%)	
Adult Mental Health	5 (50%)	1 (10%)	4 (40%)		6 (60%)	1 (10%)	3 (30%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
Sandyford Sexual Health	2 (40%)		2 (40%)	1 (20%)	1 (20%)		4 (80%)	
Homelessness	6 (54.5%)		5 (45.5%)		6 (54.5%)	1 (9.1%)	4 (36.4%)	
Criminal Justice			6 (100%)				6 (100%)	

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
Health Improvement	1 (14.3%)		6 (85.7%)		1 (14.3%)		6 (85.7%)	
Human Resources	5 (100%)				5 (100%)			
Business Processes	5 (71.4%)		2 (28.6%)		4 (57.1%)	1 (14.3%)	2 (28.6%)	
TOTAL No. and (%)	**35 (38.5%)**	**4 (4.4%)**	**51 (56.0%)**	**1 (1.1%)**	**33 (36.7%)**	**5 (5.5%)**	**52 (57.8%)**	**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 25	NE 88% NW 90% S 89%	NE ▼ to NW ▲ S ▶
2. Percentage of HPIs allocated by Health Visitors by 24 weeks. (reported in arrears)	95%	Apr 25	NE 96% NW 94% S 96%	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	54%	▶
4. Percentage of New SCRA (Scottish Children's Reporter Administration) reports submitted within specified due date	60%	Q1	40%	▶
5. Percentage of young people currently receiving an aftercare service who are known to be in employment, education or training	75%	Q1	74%	▲ to
6. Number of out of authority placements	25 or fewer	Q1	22	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
7. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 24 months (reported in arrears)	95%	Q4	90.7%	▲
8. Mumps, Measles and Rubella Vaccinations (MMR): Percentage Uptake in Children aged 5 years (reported in arrears)	95%	Q4	94.5%	▼
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%	Q4	Hosp. discharges 81.5% Community Referrals 84.5%	Hosp ▼ Comm ▼
2. Percentage of service users leaving the service following reablement period with no further home care support	>35%	Q1	44.1%	▲
3. Day Care (provided) – Review Rates	95%	Q1	98%	►
4. Provided Residential Care – Occupancy Rates	95%	Q1	91.5%	▲ to
5. Provided Residential Care – Review Rates	95%	Q1	93%	▲ 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	16 🛑	▼ ✅ to 🛑
7. Intermediate Care: Percentage Occupancy		90%	Jun 25	89% ✅	▼
8. Intermediate Care: Average Length of stay (Days)		< 42 days	Jun 25	48 days 🛑	▲
9. Intermediate Care: Percentage of users transferred home		>30%	Jun 25	8% ✅	▲ 🛑 to ✅
iii. HSCP Community Services					
10. Number of Future Care Plan summaries completed and shared with the patient's GP.		360 summaries per annum	Q1	237 ✅	▼
11. Occupational Therapy (OT) Assessments: % completed within 12 months of request		98%	Q1	98% ✅	►
12. Number of Telecare referrals received by Reason for Referral	**(i) Outcome 1** Reducing risk of admission to acute, residential and nursing care settings	560 per annum (140 per q)	Q1	572 ✅	▼

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
	(ii) Outcome 2 Avoiding hospital discharge delays	650 per annum (163 per q)	Q1	163 ✅	▼
	(iii) Outcome 3 Supporting Carers	100 per annum (25 per q)	Q1	28 ✅	▲
13. Telecare Direct Response Team – % of Arrivals Within 45 Minutes of the Decision to Deploy (Emergency Calls)		90%	Q1	99.3% ✅	▲
14. Telecare Call Handling – % Answered Within 60 Seconds		97.5%	Q1	96.9% ✅	▲ ⚠ to ✅
15. Number of Carers identified during the quarter that have requested or accepted the offer of a Carers Support Plan or Young Carer Statement		1,900 per annum	Q1	687 ✅	▼
Unscheduled Care					
1. New Accident and Emergency (A&E) attendances (18+) (reported in arrears)		161,155 (13,430 /month)	Full Year 2024/25	146,996 (12,250 per month) ✅	▲
2. Number of Emergency Admissions (18+) (reported in arrears)		63,855 (5,321/month)	Apr – Dec 2024	44,182 (4,909 per month) ✅	▼

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Number of Unscheduled Hospital Bed Days - Acute (18+) (reported in arrears)	507,633 (42,303/ month)	Apr – Dec 2024	398,462 (44,274 per month)	▼
4. Number of Unscheduled Hospital Bed Days – Mental Health (18+) (reported in arrears)	198,258 (16,522 per month)	Apr – Dec 2024	131,250* (14,583* per month) *provisional	▼
5. Total number of Acute Delays	120	June 25	172 (Total) 95 (Non-AWI) 77 (AWI)	Total ► Non-AWI ▲ AWI ▼
6. Total number of Bed Days Lost to Delays (All delays and all reasons 18+). (reported in arrears)	45,318 (monthly ave. 3,776)	Full Year 2024/25	83,528 (6,961 per month)	▼
Primary Care				
1. Prescribing Costs: Compliance with Formulary Preferred List (reported in arrears)	78%	Q4	72.81%	▲
2. Prescribing Costs: Annualised cost per weighted registered patient (reported in arrears)	At/Below NHSGGC average	Mar 25	£179.30	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Adult Mental Health				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	June 25	NE 84.6% NW 93.9% S 90.2%	NE ▼ to NW ▲ S ▲ to
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	June 25	Stob 28.3 Lev 39.2 Gart 41.3	Stob ▼ Lev ▼ Gart ▼
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	June 25	Stob 98.1% Lev 103.3% Gart 101.6%	Stob ▼ to Lev ▼ Gart ▼ to
4. Total number of Adult and Older People Mental Health Delays	20	June 25	47 Total 36 (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	88%	▼
Sexual Health				
1. Number of vLARC (Long-Acting Reversible Contraception) IUD	1,354 per quarter	Q1	1,168	▼

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
appointments offered across all Sandyford locations					
2. Number of vLARC (Long-Acting Reversible Contraception) Implant appointments offered across all Sandyford locations		1,166 per quarter	Q1	1,176	▼
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		315	Q1	584	▲
5. Median waiting times for access to first TOPAR appointments.		5 working days	Q1	5	▲ to
Homelessness					
1. Percentage of decision letters issued within 28 days of initial presentation: Settled (Permanent) Accommodation		95%	Q1	99%	▲
2. Number of new resettlement plans completed - total to end of quarter (citywide)		Annual target 4,000/1,000 per quarter	Q1	1,195	▼
3. Average number of weeks from assessment decision to settled accommodation	1 apt	21 weeks	Q1	36	▶
	2 apt	36 weeks		60	▼
	3 apt	31 weeks		43	▲

Indicator		Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
	4 apt	81 weeks		91	▼ to
	5 apt	225 weeks		231	▲ to
4. Number of households reassessed as homeless or threatened with homelessness within 12 months.		<480 per annum (<120 per quarter)	Q1	97	▲
5. The percentage of instances where emergency accommodation is required (statutory duty) and an offer is made		100%	Q1	49%	▼
6. Number of new Housing First tenancies created		20 per quarter	Q1	7	▲
7. Number of Temporary Furnished Flats		2,400 or less	Q1	2,417	▼
Criminal Justice					
1. Percentage of Community Payback Order (CPO) unpaid work placements commenced within 7 days of sentence		80%	Q1	88%	▲
2. Percentage of Orders with a Case Management Plan within 20 days: i) CPOs ii). Drug Treatment and Testing Orders (DTTO) (Drug Court) iii). Licences (Clyde Quay)		85%h	Q1	90%	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Percentage of 3-month Reviews held within timescale	75%	Q1	74% ✅	▼
4. Percentage of Unpaid Work (UPW) requirements completed within timescale	70%	Q1	70% ✅	▼
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	94% ✅	▲
Health Improvement				
1. Alcohol Brief Intervention delivery (ABI)	5,066 (annual)	Q1	2,692 ✅	▲
2. Smoking Quit Rates at 3 (from the 40% most deprived areas)	1,190 (annual)	Full Year 2024/25	1,105 🛑	▲
3. Women smoking in pregnancy (general population)	10%	Q1	6.8% ✅	▼
4. Women smoking in pregnancy (from 20% most deprived areas)	14%	Q1	10.3% ✅	▼
5. Exclusive Breastfeeding at 6-8 weeks (general population) (reported in arrears)	33%	Q4	36.0% ✅	▲
6. Exclusive Breastfeeding at 6-8 weeks (from 15% most deprived areas)	24.4%	Q4	30.1% ✅	▲
7. Breastfeeding Drop-Off Rates (Between 1st Health Visitor Visit and 6 weeks)	29.1%	Q4	19.5% ✅	▲

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
Human Resources				
1. NHS Sickness absence rate (%)	<4%	Q1	7.73%	▲
2. Social Work Sickness Absence Rate (%)	<5%	Q1	9.6%	►
3. Percentage of NHS staff with an e-KSF (Electronic Knowledge and Skills Framework (KSF)	80%	Q1	46.55%	▲
4. Percentage of NHS staff who have completed the standard induction training within the agreed deadline	100%	Q1	35.33%	▼
5. Percentage of relevant NHS staff who have completed the mandatory Healthcare Support Worker induction training within the agreed deadline	100%	Q1	40.0%	▲
Business Processes				
1. Percentage of NHS Stage 1 complaints responded to within timescale (reported in arrears)	70%	Q1	83.0%	▲
2. Percentage of NHS Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q1	71.0%	▲ to

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel in Last period/Change in Status
3. Percentage of Social Work Stage 1 Complaints responded to within timescale. (reported in arrears)	70%	Q4	67%	▼ to
4. Percentage of Social Work Stage 2 Complaints responded to within timescale (reported in arrears)	70%	Q4	65%	▲
5. Percentage of Social Work Freedom of Information (FOI) requests responded to within 20 working days (reported in arrears)	100%	Q4	89%	▲
6. Percentage of Social Work Data Protection Subject Access Requests completed within the required timescale (reported in arrears)	100%	Q4	34%	▲
7. Percentage of elected member enquiries handled within 10 working days	80%	Q1	71%	▲

CHILDREN'S SERVICES

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

Locality	Target	2023/24				2024/25				2025/26		
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
North East	95%	82 (R)	88 (R)	90 (A)	88 (R)	87 (R)	85 (R)	87 (R)	94 (G)	85 (R)	89 (R)	88 (R)
North West		85 (R)	87 (R)	87 (R)	91 (A)	84 (R)	87 (R)	86 (R)	79 (R)	87 (R)	87 (R)	90 (R)
South		85 (R)	83 (R)	92 (A)	88 (R)	89 (R)	90 (A)	91 (A)	89 (R)	86 (R)	86 (R)	89 (R)

Performance Trend

Performance in all areas GREEN throughout the period April to June.

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 – 30 month period. These children will still receive a developmentally appropriate assessment as a priority as soon as we are aware they are in the city but are not included in this data. Potential methods for capturing this data have been explored, but this would necessitate a manual trawl which would be too resource intensive.

Actions to Improve Performance

Performance in North West and South has improved slightly as compared to the last quarter, and there has only been a 1% reduction in North East in spite of the significant challenges on teams linked to the complexity of families' needs and the shifting demographics.

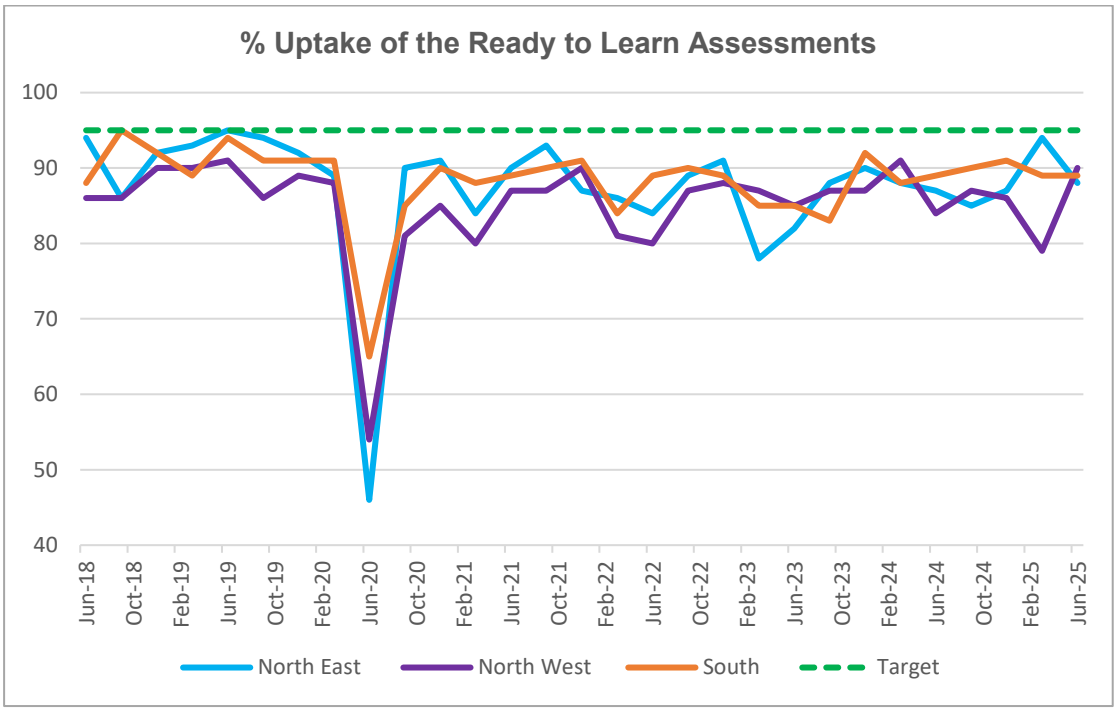
Teams continue to monitor 27 – 30 month assessments using Microsoft Strategy and efforts are continuing to identify children on caseloads who are known not to be in country at the time of the assessment so that these children are not included in the performance data.

Timescales for Improvement

Developmentally appropriate assessments continue to be undertaken and performance in this area continues to be impacted by the proportion of transitory population of families living in the city.

Back to Summary

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)

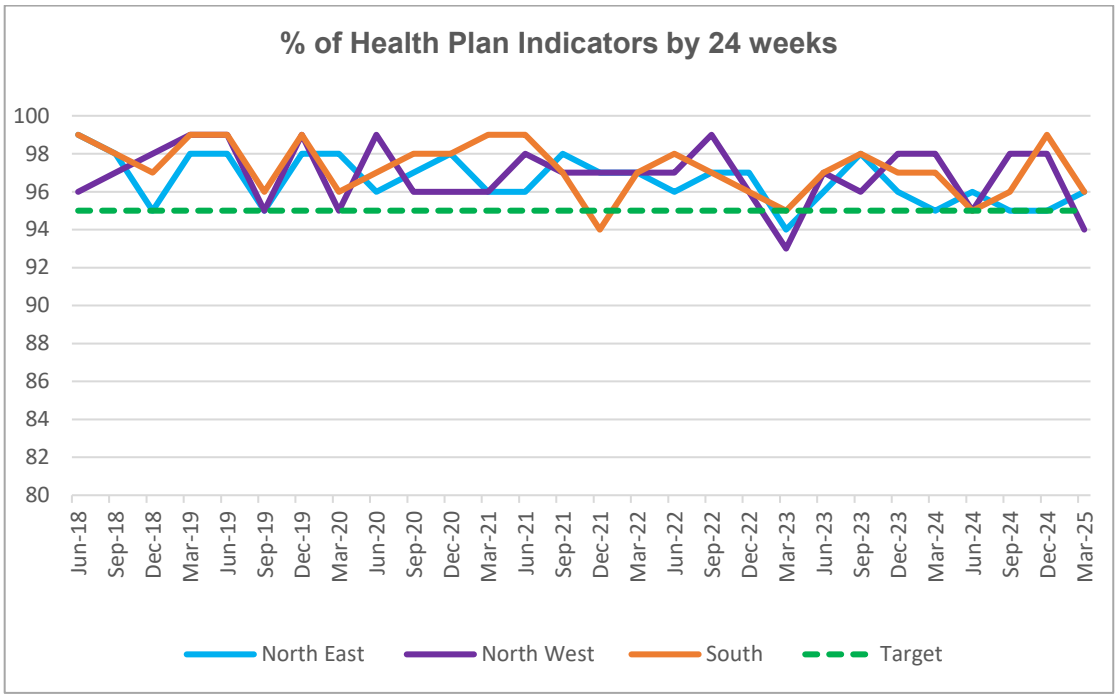
Locality	**Target**	**2022/23**		**2023/24**				**2024/25**				**25/26**
		Dec 22	**Mar 23**	**Jun 23**	**Sep 23**	**Dec 23**	**Mar 24**	**Jun 24**	**Sep 24**	**Dec 24**	**Mar 25**	**Apr 25**
North East	95%	**97 (G)**	**94 (G)**	**96 (G)**	**98 (G)**	**96 (G)**	**95 (G)**	**96 (G)**	**95 (G)**	**95 (G)**	**96 (G)**	**96 (G)**
North West		**96 (G)**	**93 (G)**	**97 (G)**	**96 (G)**	**98 (G)**	**98 (G)**	**95 (G)**	**98 (G)**	**98 (G)**	**94 (G)**	**94 (G)**
South		**96 (G)**	**95 (G)**	**97 (G)**	**98 (G)**	**97 (G)**	**97 (G)**	**95 (G)**	**96 (G)**	**99 (G)**	**96 (G)**	**96 (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**	**23/24**				**24/25**				**25/26**	
										Quarter 1	
		Q1 %	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**% with review**	**Number *without* a Permanency Review***
City	**90%**	**54 (R)**	**61 (R)**	**59 (R)**	**59 (R)**	**56 (R)**	**55 (R)**	**50 (R)**	**54 (R)**	**54 (R)**	**30**
North East		**61 (R)**	**68 (R)**	**69 (R)**	**60 (R)**	**58 (R)**	**61 (R)**	**52 (R)**	**43 (R)**	**44 (R)**	10
North West		**60 (R)**	**56 (R)**	**56 (R)**	**59 (R)**	**53 (R)**	**61 (R)**	**50 (R)**	**71 (R)**	**83 (R)**	3
South		**38 (R)**	**50 (R)**	**45 (R)**	**53 (R)**	**53 (R)**	**40 (R)**	**45 (R)**	**52 (R)**	**41 (R)**	13

*3 of these children are currently allocated to a hospital team, 1 to YUAS.

Performance Trend

Performance at city and locality level remained significantly below target and RED during Quarter 1.

At the end of June, a total of 30 children (of 65 children under 5 looked after for 6 months or more) had not yet had a permanency review.

Issues Affecting Performance

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

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

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

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

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

There has been significant focus on the area of permanence, both locally and nationally, which has questioned the current timescales in permanence care planning, and we are embarking on some quality improvement work supported by the Promise Design School which will consider all aspects of permanence care planning and performance.

Actions to Improve Performance

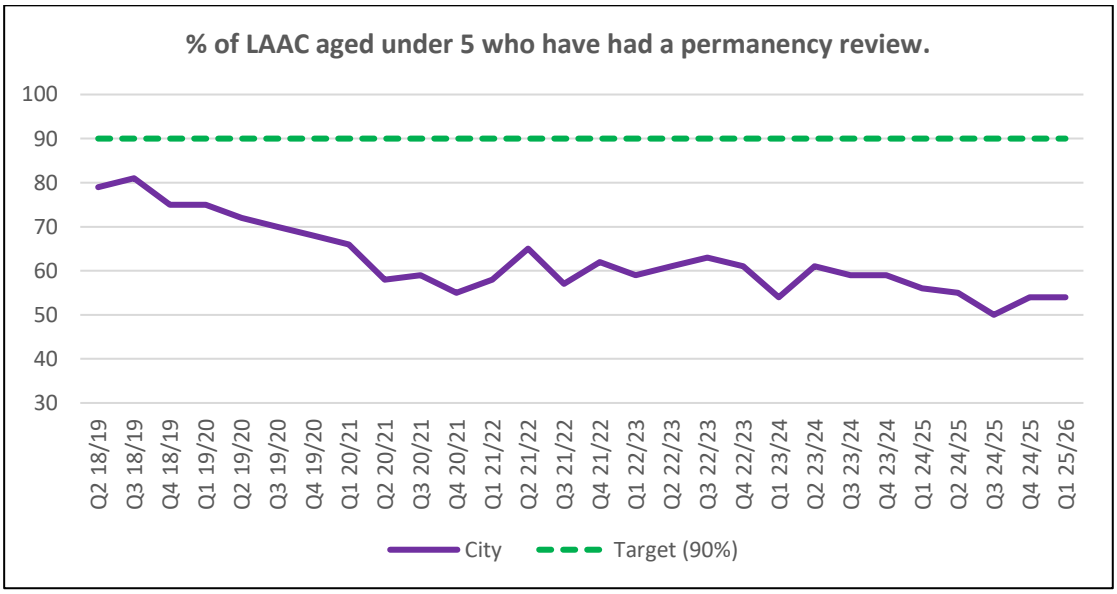
- Increased governance responsibility of locality Permanence Forums, having oversight of all care experienced children and young people in foster care and Children's Houses.
- Locality Permanence Forum chairs are notified immediately when children become care experienced in order that they can track and have oversight of their care planning from the point of accommodation.
- Permanence Forum chairs determine when cases are ready to progress to Permanence Review, thus reducing the number of repeated Permanence Reviews for the same children.
- Permanence Forums report directly into the citywide Permanence Steering group.
- Increased chairing capacity with the introduction of Independent Reviewing Officers (IRO's chairing Permanence Reviews).
- IRO's and ASM's are now being allocated on Carefirst and have tracking responsibility for the children and young people whose meetings they chair.
- Quality Improvement work planned, supported by Promise Design School to consider improvement in both practice and data measurement of permanence performance nationally.
- Alternative KPI's proposed at Permanence Steering group include measuring performance of LAAC Reviews taking place for care experienced children and young people at 6 weeks, 3 months and 6 monthly (as determined by LAAC Regulations). These are considered to be more effective in improving permanence performance.

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

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

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

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	22/23	23/24				24/25				25/26
		Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	60%	56 (R)	61 (G)	59 (G)	60 (G)	48 (R)	51 (R)	46 (R)	53 (R)	40 (R)	40 (R)
North East		48 (R)	44 (R)	60 (G)	63 (G)	76 (G)	52 (R)	58 (A)	59 (G)	32 (R)	49 (R)
North West		42 (R)	58 (A)	47 (R)	57 (R)	31 (R)	45 (R)	38 (R)	49 (R)	53 (R)	33 (R)
South		68 (G)	72 (G)	68 (G)	63 (G)	39 (R)	53 (R)	44 (R)	51 (R)	38 (R)	36 (R)

Performance Trend

During Q1 performance remained below target (RED) at city level and in each locality.

The total number of new SCRA reports requested during Q1 was 161 (55 North East, 48 North West, 56 South and 2 for "other Teams").

Issues Affecting Performance

Children's services staff complement is being affected by movement to other HSCP services. WE have responded by implementing a rolling programme of recruitment, but vacancies are not being filled at the rate required. We have therefore embarked on a programme of work with HR to improve recruitment processes and timescales and also proactively work with universities to showcase the opportunities available in Glasgow City. We have also been delivering a wellbeing programme to support staff retention.

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

Actions to Improve Performance

There is continued management oversight of the requested reports and Service Managers are having regular discussions with Team Leaders about ensuring that frontline staff are supported to meet deadlines, with hybrid arrangements in place to accommodate periods of dedicated report writing when required.

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

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

Timescales for Improvement

During quarter 1, we had to reallocate resource to undertake the full programme of inspection activities, which involved case file reading for 120 children and young people, 37 focus groups, 38 visits to services, and additional visits to staff teams, and supporting involvement of approximately 100 children and families to contribute, including practical transportation.

Attention will now be redirected back to SCRA reports, though it should be considered that notification has been received for a fostering and adoption inspection, which will also impact frontline services.

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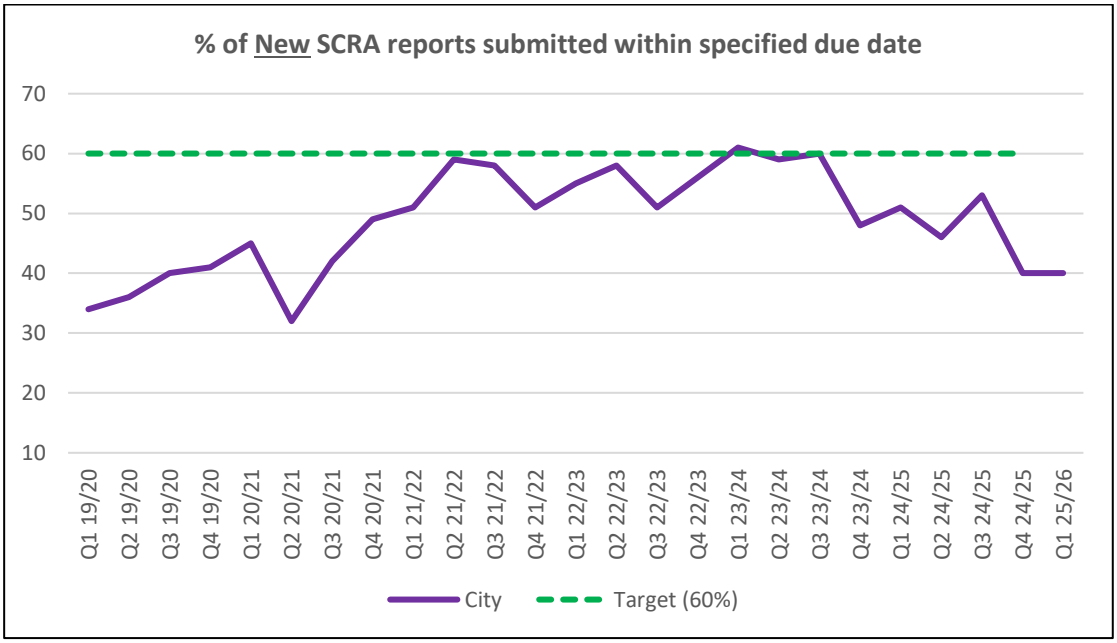
Longer Term Trend



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	22/23	23/24				24/25				25/26
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	**75%**	**80% (G)**	**78% (G)**	**80% (G)**	**78% (G)**	**77% (G)**	**77% (G)**	**75% (G)**	**74% (G)**	**72% (A)**	**74% (G)**
North East		**81% (G)**	**79% (G)**	**79% (G)**	**78% (G)**	**81% (G)**	**81% (G)**	**75% (G)**	**76% (G)**	**70% (R)**	**79% (G)**
North West		**80% (G)**	**79% (G)**	**80% (G)**	**73% (A)**	**74% (G)**	**72% (A)**	**69% (R)**	**69% (R)**	**70% (R)**	**69% (R)**
South		**84% (G)**	**82% (G)**	**83% (G)**	**82% (G)**	**80% (G)**	**81% (G)**	**79% (G)**	**75% (G)**	**74% (G)**	**76% (G)**

Notes
-The proportion drops when the number of young people in an economic activity is given as a proportion of all young people who were eligible for aftercare. In July 2017, this was 25% nationally and 50% for Glasgow.
-From Q1 18/19, these figures exclude care leavers who are not in employment, education, or training (NEET) who have a barrier to employment (for example pregnancy, mental/physical health problems).

Performance Trend

During Q1 performance in the City improved with the RAG rating moving from AMBER to GREEN. Performance in North East improved significantly with the RAG rating moving from RED to GREEN during the reporting period. Performance in South remained GREEN. North West continued to be below target and RED.

The recording of Employability status improved during Q1 with the number of young people who do not have their employability status recorded decreasing from 42 to 14 between Q4 (24/25) and Q1 (25/26). Of these 14 young people, 3 are allocated to North East, 1 to North West, 1 to South, and 9 are young people whose team is "not indicated" i.e., those without a primary relationship to a worker or team.

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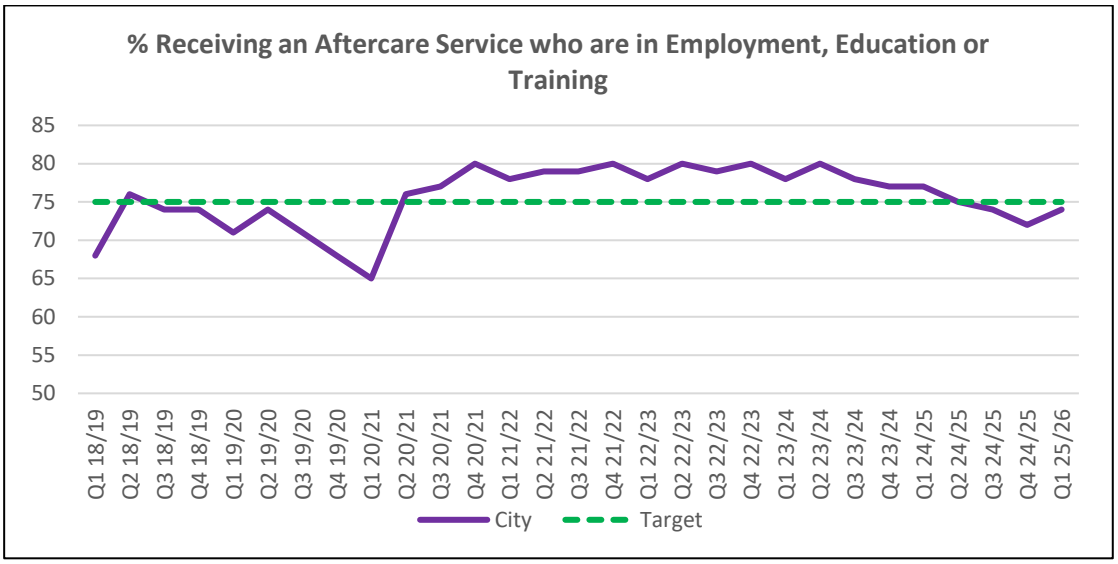
Longer Term Trend



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	**22/23**	**23/24**				**24/25**				**25/26**
25 or fewer	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1***	**Q2***	**Q3***	**Q4**	**Q1**
	30 (G)	**30 (G)**	**26 (G)**	**27 (A)**	**26 (A)**	**22 (G)**	**20 (G)**	**23 (G)**	**24 (G)**	**22 (G)**

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

Performance Trend

The out of authority placement numbers remained below the 25 or less target at the end of the reporting period.

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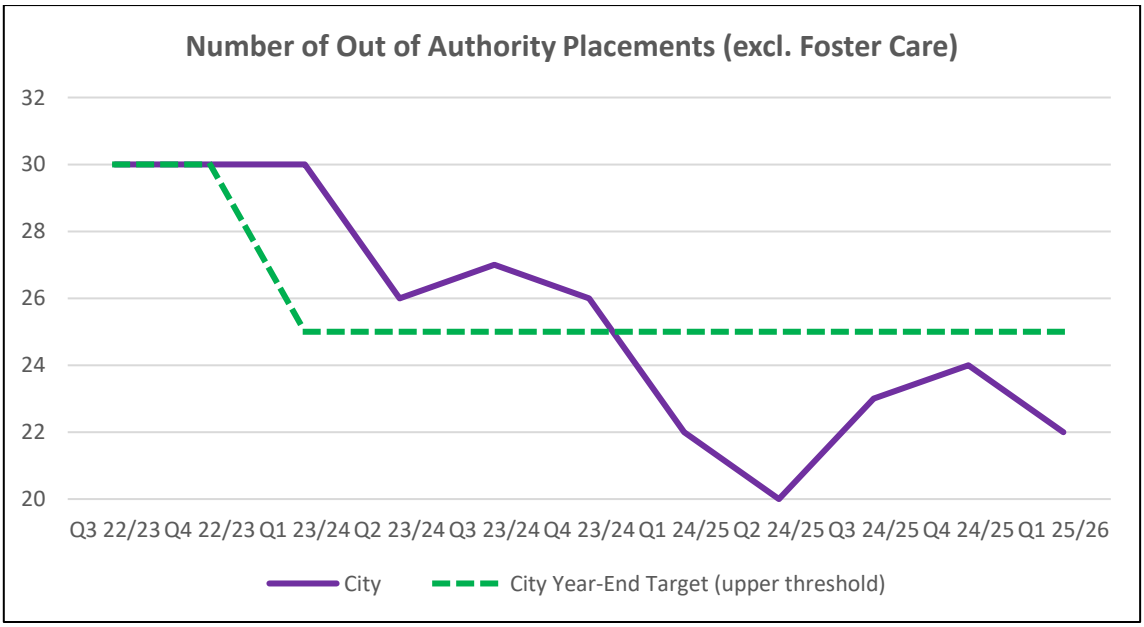
Longer Term Trend



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**	**22/23**	**2023/24**				**2024/25**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	95%	92.27 (A)	92.14 (A)	91.47 (A)	91.55 (A)	90.24 (R)	90.9 (A)	89.9 (R)	90.3 (A)	90.7 (A)
North East		92.72 (G)	91.03 (A)	92.27 (A)	90.91 (A)	88.21 (R)	88.5 (R)	87.6 (R)	87.6 (R)	90 (R)
North West		91.00 (A)	92.84 (A)	90.25 (A)	91.37 (A)	88.97 (R)	94.5 (G)	89 (R)	91 (A)	90 (R)
South		92.84 (G)	92.45 (A)	91.72 (A)	92.15 (A)	92.83 (G)	90.1 (R)	92.4 (A)	91.9 (A)	91.7 (A)

Performance Trend

Performance improved slightly in the last quarter but remained AMBER at city level. Performance improved but remained RED in the North East while declining in the other two localities, with the North West moving from AMBER to RED. This indicator is reported in arrears.

Issues Affecting Performance

The World Health Organisation has raised concerns that vaccine uptake has declined internationally. A number of factors appears to be impacting on willingness of individuals to receive vaccines. UNICEF has reported that 'a toxic combination of misleading information, declining trust in experts, and political polarisation have contributed to the fall in vaccine confidence, as well as uncertainty about the response to the pandemic.'

Furthermore, this data reflects all current children registered with a GP in Glasgow City, which impacts uptake rates if children were not available at the time of the vaccination.

In this context, the rates being achieved in Glasgow City are regarded as good, and directly comparable to the national average in spite of demographic differences.

Quarter 3 2024/25 - 01/10/2024 – 31/12/2024			
	AIM	GGC	National
Q3 MMR uptake at 24 months	95%	92.4%	92.9%

Actions to Improve Performance

The team continues to focus on areas where uptake is lowest and is working with public health colleagues to undertake 'tests of change' to improve uptake, with targeted follow up and taking the service to families, for example, through 'mop up' clinics over the summer, as well as a nursery catch up programme. The vaccine bus has been used in some circumstances. Specific videos have been produced for use with some marginalised communities and the team continue to recall and chase up families who have not attended for vaccines with Health Visitors continuing to support these discussions. The Glasgow City team has also been involved in delivering the NHS Board-wide measles elimination plan, which is aimed at primary school children but provides general learning. This work has meant that we are achieving uptake rates above the national average despite being below the 95% target.

Approximately 30% of births in Glasgow are to families with BME backgrounds, and we are currently developing our culturally inclusive and sensitive approaches through ongoing partnership work with Glasgow Caledonian University, and we are also seeking the advice of community representatives to engage parents.

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

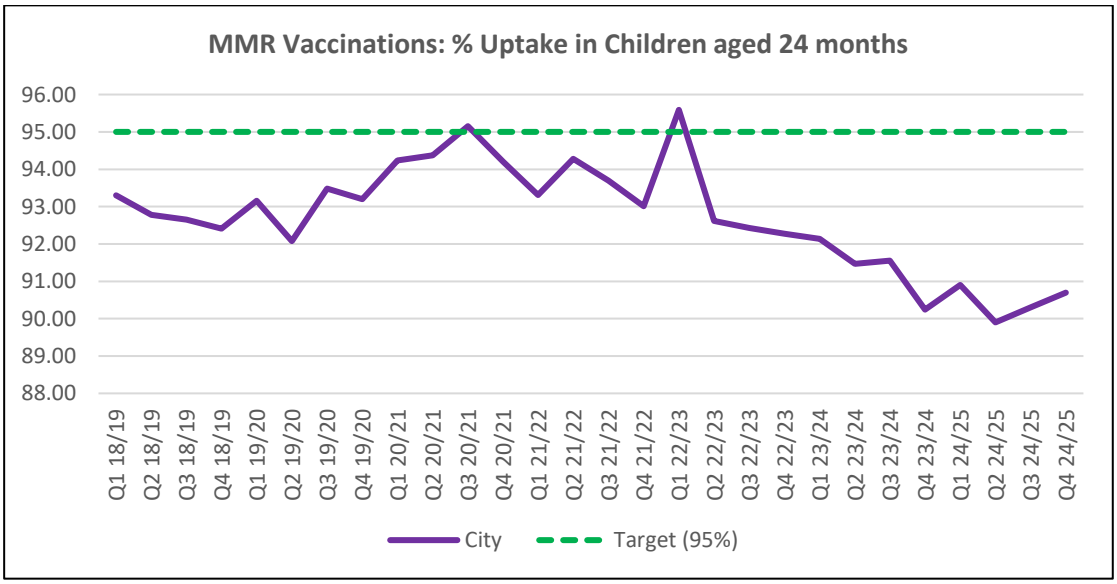
Recent media attention on increasing rates of measles and one example of a child death might help to address vaccination hesitancy.

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 Health Visitors' discussions with families.

Back to Summary

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)

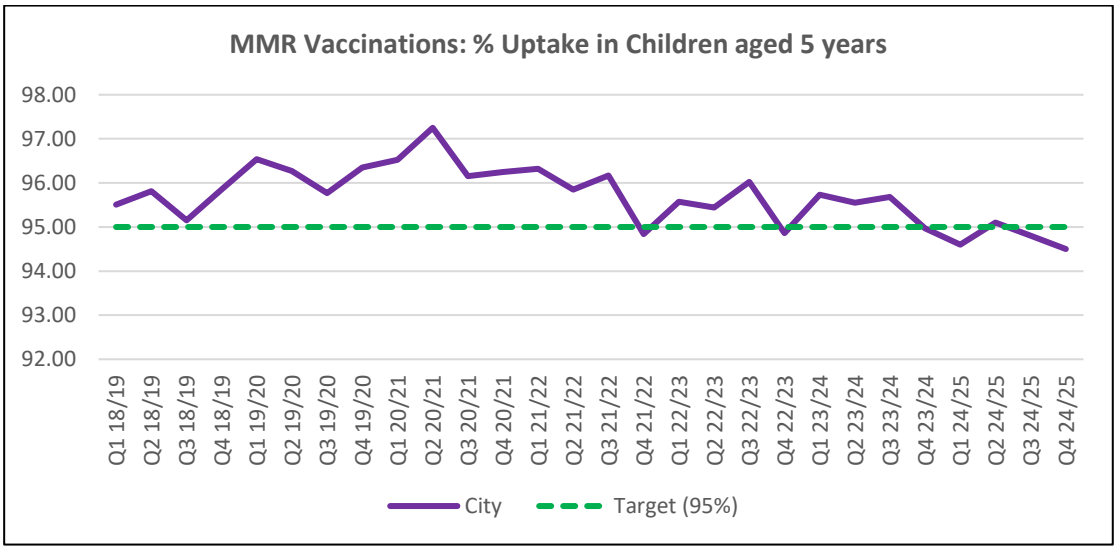
Locality	Target	2022/23	2023/24				2024/25			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	95%	94.86 (G)	95.73 (G)	95.55 (G)	95.68 (G)	94.97 (G)	94.6 (G)	95.1 (G)	94.8 (G)	94.5 (G)
North East		93.26 (G)	96.12 (G)	94.56 (G)	95.12 (G)	95.75 (G)	94.6 (G)	95.8 (G)	95 (G)	94.8 (G)
North West		95.42 (G)	96.3 (G)	95.74 (G)	96.21 (G)	94.17 (G)	93.1 (G)	95.6 (G)	95.6 (G)	93.5 (G)
South		95.76 (G)	95.01 (G)	96.25 (G)	95.73 (G)	94.93 (G)	95.7 (G)	94.1 (G)	94.2 (G)	95 (G)

Performance Trend

Performance declined slightly but remained GREEN at city level and in the North East and North West. The South improved slightly. This indicator is reported in arrears.

Back to Summary

Longer Term Trend



OLDER PEOPLE & CARERS

i. Home Care, Day Care and Residential Services

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

Referral Source	**Target**	**23/24**				**24/25**				**25/26**
		Q1 %	**Q2 %**	**Q3* %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
Hospital Discharges	**75%** (70% prior to 23/24)	**76.6 (G)**	**77.8 (G)**	**79.0 (G)**	**73.9 (G)**	**73.9 (G)**	**80.2 (G)**	**82.0 (G)**	**84.0 (G)**	**81.5 (G)**
Community Referrals		**86.2 (G)**	**83.8 (G)**	**87.9 (G)**	**88.4 (G)**	**86.2 (G)**	**87.3 (G)**	**88.5 (G)**	**90.7 (G)**	**84.5 (G)**

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

Performance Trend

Performance in relation to both Hospital Discharges and Community Referrals remained above target and GREEN during Quarter 1.

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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	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

		23/24				**24/25**				**25/26**
Locality	**Target**	**Q1* %**	**Q2* %**	**Q3* %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
City	**>35%**	**34.5 (G)**	**34.6 (G)**	**34.4 (G)**	**37.5 (G)**	**36.4 (G)**	**42.8% (G)**	**39.2% (G)**	**42.4% (G)**	**44.1% (G)**
North East		**38.7 (G)**	**32.1 (R)**	**32.5 (R)**	**43.5 (G)**	**39.2 (G)**	**43.1% (G)**	**40.7% (G)**	**45.5% (G)**	**47.7% (G)**
North West		**37.6 (G)**	**34.9 (G)**	**36.9 (G)**	**38.2 (G)**	**39.9 (G)**	**43.4% (G)**	**39.8% (G)**	**43.0% (G)**	**47.1% (G)**
South		**30.7 (R)**	**35.6 (G)**	**33.5 (A)**	**33.4 (A)**	**32.8 (R)**	**43.9% (G)**	**37.9% (G)**	**39.9% (G)**	**40.1% (G)**

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

Performance Trend

Performance at city level and in each locality improved further during Q1 remaining above target and GREEN.

Back to Summary

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

Target	**22/23**		**23/24**				**24/25**				**25/26**
	Q3	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
95%	**86% (R)**	**92% (A)**	**92% (A)**	**89% (R)**	**84% (R)**	**94% (G)**	**92% (A)**	**89% (R)**	**89% (R)**	**98% (G)**	**98% (G)**

Performance Trend

Performance in relation to day care review rates during quarter one remained above target and GREEN.

Back to Summary

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

	22/23	23/24				24/25				25/26
Target	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
95%	**95% (G)**	**94% (G)**	**90.5% (A)**	**96% (G)**	**92% (A)**	**90.4% (A)**	**88% (R)**	**87% (R)**	**87% (R)**	**91.5% (A)**

Performance Trend

Performance improved during Q1 with the RAG-rating moving from RED to AMBER during the reporting period.

Issues Affecting Performance

There have been fewer referrals of potential residents living with advanced dementia, while most beds identified as vacant are within specialist residential dementia placements. Work has been carried out to identify a responsive enhanced care pathway to support timely discharge meaning that 30 beds across 2 of the care homes have been placed on hold in order to develop this service/create capacity.

Actions to Improve Performance

Following approval at IJB in June 2025, a new enhanced care pathway will become operational which will support safe and effective discharge without delay. People will be referred to these placements for short stay intervention and the opportunity to be assessed in a more homely setting. This will remove 30 beds from long term admission performance, utilising capacity to meaningfully support older adults in transition from hospital.

Meanwhile, with the implementation of a revised RAG process, occupancy is expected to be maximised across the remaining care home estate.

Timescales for Improvement

Q3 of 25/26.

Back to Summary

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

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

Performance Trend

Performance in relation to this KPI improved during Quarter 1 with the figure now within the target range and the RAG-rating moving from RED to GREEN.

Back to Summary

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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

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

Performance Trend

Between year-end (Q4) and Q1 performance fell from GREEN to RED in the city, North West and South. Performance in North East improved with the RAG-rating moving from RED to GREEN during the reporting period.

Issues Affecting Performance

Slow turnover in vacant properties being offered, this is a positive as people are living longer and sustaining tenancies in their respective communities.

Actions to Improve Performance

Increase the clustered estate where possible**,** for example, it is anticipated that there will be an additional 5 flats at Carntyne Gardens in the North East further increasing availability in this locality. In addition to this Bield HA have advised that it is their intention to further increase tenancies with an additional 8 new one-bedroom flats and 6 new 2-bedroom flats. Planning and dates still to be confirmed.

Timescales for Improvement

Timescale for new developments is likely to be 2026, pending any budgetary pressures that may impact on the expansion of the clustered estate.

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

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

Performance Trend

Performance at city level and in the North East and North West has remained GREEN between March and June. South moved to RED in June.
Note: The Burlington unit in the North East was closed during November and December 2023.

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

Locality	Target	2023/24				2024/25				2025/26		
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
City	**<42 days**	53 (R)	46 (R)	53 (R)	44 (R)	45 (R)	47 (R)	51 (R)	69 (R)	44 (A)	60 (R)	48 (R)
North East		66 (R)	44 (R)	N/A	13 (G)	47 (R)	36 (G)	55 (R)	72 (R)	114 (R)	78 (R)	48 (R)
North West		62 (R)	80 (R)	69 (R)	74 (R)	56 (R)	56 (R)	49 (R)	48 (R)	45 (R)	71 (R)	48 (R)
South		45 (R)	33 (R)	45 (R)	41 (R)	40 (G)	47 (R)	50 (R)	75 (R)	37 (G)	41 (G)	49 (R)

Performance Trend

Performance has fluctuated but was RED at a city level and in all localities in June.
Note: Target moved from <28 to <42 days for 2024/25.

Issues Affecting Performance

- Performance was better for June across all 3 localities a number of pending AWIs had been awarded at court and individuals moving on resulting in an end date for the longest length of stay residents in Intermediate Care.
- Complexity continues to remain a feature for those admitted into IMC (Intermediate Care) – age profile more under 65's being admitted into IMC, service users have higher needs requiring more time for arrangements to be in place to get to final destination.
- Housing and AWI remain themes impacting on length of stay throughout this quarter.
- The hospital team are also seeing an increase in demand for discharge to assess option for those who are likely to require long term care, with care home of choice being the preferred option.

Actions to Improve Performance

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

Timescales for Improvement
Performance actions remain the same for Q1 and improvement is expected to be ongoing throughout 25/26. Back to Summary

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

Area	Destination	Target	2023/24				2024/25				2025/26		
			Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
Glasgow	**Home**	**30%**	29 (A)	32 (G)	22 (R)	14 (R)	22 (R)	23 (R)	14 (R)	23 (R)	30 (G)	26 (R)	42 (G)
	Res/Nursing	N/A	43	48	52	68	59	64	57	68	50	58	39
	Readmissions	N/A	14	19	17	14	19	9	29	3	13	13	13
	Deceased	N/A	14	0	9	5	0	5	0	6	7	3	6
NE	**Home**	**30%**	57 (G)	67 (G)	**N/A**	0 (R)	13 (R)	25 (R)	0 (R)	30 (G)	50 (G)	45 (G)	13 (R)
	Res/Nursing	N/A	43	17	**N/A**	33	75	75	50	70	50	55	63
	Readmissions	N/A	0	17	**N/A**	33	13	0	50	0	0	0	13
	Deceased	N/A	0	0	**N/A**	33	0	0	0	0	0	0	13
NW	**Home**	**30%**	33 (G)	14 (R)	29 (G)	0 (R)	20 (R)	25 (R)	17 (R)	50 (G)	29 (A)	17 (R)	43 (G)
	Res/Nursing	N/A	33	71	57	100	40	75	50	50	43	67	29
	Readmissions	N/A	33	14	0	0	40	0	33	0	29	17	14
	Deceased	N/A	0	0	14	0	0	0	0	0	0	0	14
South	**Home**	**30%**	17 (R)	28 (A)	19 (R)	21 (R)	29 (A)	21 (R)	18 (R)	16 (R)	29 (A)	14 (R)	56 (G)
	Res/Nursing	N/A	44	50	50	64	57	57	64	68	52	57	31
	Readmissions	N/A	17	22	25	14	14	14	18	5	10	21	13
	Deceased	N/A	22	0	6	0	0	7	0	11	10	7	0

Performance Trend

City wide performance improved in the last quarter and moved from RED to GREEN, as did the South. North East moved from GREEN to RED with North West remaining GREEN.

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iii. HSCP Community Services

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

Indicator	**Target 24/25**	**21/22**	**22/23**	**23/24**	**24/25**	**2025/26**				
						Q1	**Q2**	**Q3**	**Q4**	**Total**
No. summaries completed and shared with GPs	**360 p.a./ 90 per quarter**	**50 (R)**	**276 (G)**	**399 (G)**	**605 (G)**	**237 (G)**				**237 (G)**

Performance Trend
Target has been exceeded for Q1. This relates to the number of completed Future Care Plan Summaries that have been shared with GPs via the Clinical Portal and includes teams across GCHSCP including District Nursing, Community Rehab and Social Work. **Note:** Target was increased from 260 to 360 in 2024/25. Back to Summary

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

Locality	**Target**	**23/24**	**24/25**				**25/26**
		% completed within 12 months of request (Total number of completed Activities)					
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**98%**	**96% (G) 2,129**	**98% (G) 2,107**	**99% (G) 1,907**	**99% (G) 1,686**	**98% (G) 1,507**	**98% (G) 1,571**
Centre		100% (G) 1,369	100% (G) 1,403	100% (G) 1,289	100% (G) 1,089	100% (G) 888	99% (G) 967
North East		81% (R) 217	99% (G) 226	100% (G) 203	100% (G) 181	99.5% (G) 183	98% (G) 182
North West		98% (G) 256	100% (G) 248	100% (G) 177	100% (G) 197	94% (A) 199	96% (G) 210
South		86% (R) 256	87% (R) 209	94% (A) 227	90% (R) 219	94% (A) 236	96% (G) 211
Other (Learning Disability)		71% (R) 31	100% (G) 21	100% (G) 11	-	100% (G) 1	100% (G) 1

Performance Trend

At Q1 the target continued to be met at city level, at Centre and in North East (GREEN). Performance improved in North West and South which moved from AMBER to GREEN during the reporting period.

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

Reason for Referral/ Intended Outcome	**Targets Annual (*Quarterly*)**	**2023/24 Totals**	**2024/25**				**24/25 Total**	**2025/26**
			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)**	**654 (G)**	**575 (G)**	**612 (G)**	**695 (G)**	**2,536 (G)**	**572 (G)**
Outcome 2 Avoiding hospital discharge delays (Reason 4)	Annual **650** (*Quarterly*) **163**	**653 (G)**	**165 (G)**	**170 (G)**	**169 (G)**	**166 (G)**	**670 (G)**	**163 (G)**
Outcome 3 Supporting Carers (Reason 5)	Annual **100** (*Quarterly*) **25**	**100 (G)**	**30 (G)**	**26 (G)**	**25 (G)**	**26 (G)**	**107 (G)**	**28 (G)**
Total number of Referrals	Annual **1,310** (*Quarterly*) **328**	**3,475 (G)**	**849 (G)**	**771 (G)**	**806 (G)**	**887 (G)**	**3,313 (G)**	**763 (G)**

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

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

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

Performance Trend
New indicator for 24/25. Performance remained above target and GREEN in the first quarter of 25/26. Back to Summary

Indicator	14. Telecare Call Handling – % Answered Within 60 Seconds
Purpose	This is a nationally recognised industry standard and is reported to the TEC Services Association (TSA). The KPI monitors the timeliness of the Telecare Service Call Handling 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	Frances McMeeking, Assistant Chief Officer, Operational Care Services Gordon Bryan, Head of Care Services

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

Performance Trend
New indicator for 24/25. Performance improved during Q4 with RAG-rating moving from AMBER to GREEN. Since the go live of the new UMO platform on 04/03/2025, performance in relation to call handling has steadily improved. Staff have become more familiar with how the system operates and are able to answer, deal with and resolve calls quickly which is reflected in the improved performance figure above. Back to Summary

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

Locality	**Annual Target**	**20/21 Full Year Total**	**21/22 Full Year Total**	**22/23 Full Year Total**	**23/24 Full Year Total**	**24/25**			**24/25 Full Year Total**	**25/26**
						Q2	Q3	Q4		Q1
Glasgow	1,900 (475 per Q)	**1928 (G)**	**2,391 (G)**	**2,533 (G)**	**3,229 (G)**	**632 (G)**	**625 (G)**	**782 (G)**	**2,748 (G)**	**687 (G)**
North East	633 (158 per Q)	**604 (A)**	**801 (G)**	**866 (G)**	**1,016 (G)**	**217 (G)**	**163 (G)**	**287 (G)**	**878 (G)**	**247 (G)**
North West	633 (158 per Q)	**445 (R)**	**684 (G)**	**777 (G)**	**998 (G)**	**180 (G)**	**189 (G)**	**203 (G)**	**793 (G)**	**196 (G)**
South	633 (158 per Q)	**879 (G)**	**906 (G)**	**890 (G)**	**1,215 (G)**	**235 (G)**	**273 (G)**	**292 (G)**	**1,077 (G)**	**244 (G)**

Performance Trend

The quarterly targets for this indicator were exceeded during the first quarter of 25/26 (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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	**2024/25 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**
Annual Total	**161,155**	**161,155 (A)**	**113,633 (G)**	**139,967 (G)**	**141,753 (G)**	**147,080 (G)**	**146,996 (G)**
Monthly Average	**13,430**	**13,430 (A)**	**9469 (G)**	**11,664 (G)**	**11,813 (G)**	**12,257 (G)**	**12,250 (G)**

Performance Trend

Performance for 2024/25 remained GREEN and reduced very slightly from the 2023/24 total.

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

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

Timescale	**2024/25 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**Apr 24-Dec 24**
Annual Total	**63,855**	**63,855 (G)**	**54,947 (G)**	**59,197 (G)**	**56,574 (G)**	**58,878 (G)**	**44,182 (G)**
Monthly Average	**5,321**	**5,321 (G)**	**4,579 (G)**	**4,933 (G)**	**4,715 (G)**	**4,907 (G)**	**4,909 (G)**

Performance Trend

Performance reported in arrears. Performance to Q3 remains GREEN with monthly average slightly above the 2023/24 figure.

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

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

Timescale	**2024/25 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**Apr 24-Dec 24**
Annual Total	**507,633**	**507,633 (R)**	**450,954 (G)**	**522,500 (R)**	**548,108 (R)**	**553,550 (R)**	**398,462 (R)**
Monthly Average	**42,303**	**42,303 (R)**	**37,580 (G)**	**43,542 (R)**	**45,676 (R)**	**46,129 (R)**	**44,274 (R)**

Performance Trend

Performance reported in arrears. Performance to Q3 RED with monthly average slightly below the 2023/24 figure.

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

Issues Affecting Performance

Key issues contributing to this include:

- Increased acuity and complexity of patients admitted, often requiring longer hospital stays.
- Delayed discharges: whilst the vast majority of patients are discharged without delay some complex delays, particularly AWI delays can result in lengthy delays consuming hospital bed days.
- Availability of intermediate care and step-down facilities to support timely transitions from hospital.

Actions to Improve Performance

To address these challenges, the HSCP is implementing a range of targeted interventions:

- Strengthening early discharge planning processes by recruiting 2 hospital social workers to participate and engage in acute multidisciplinary team (MDT) reviews and discharge huddles with a view to expediting discharge.
- Home First Response Service expansion to expedite early discharge up to 72 hours for frail individuals.
- Extending our Intermediate Care Pathways by increasing discharge to assess capacity with additional 17 beds and providing 2 x 15 bed complex discharge units.

- Optimising our Hospital at Home model to support more people with respiratory conditions to be treated safely in the community and avoid admission.
- Increase legal capacity for AWI cases.
- Implementation of Red Cross discharge test of change providing patient settlement support.
- Technology enabled care investment with a new dedicated post working alongside Red Cross to optimise the use of assistive technology to safely support settlement at home following discharge.

Timescales for Improvement

Focus on reducing delayed discharges through improved discharge coordination, H@H optimisation. 25/26 Embedding of all activity outlined above expected to reduce unscheduled bed days by Q4 2026.

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Timescale	**2024/25 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**Apr-Dec 2024**
Annual Total	**198,258**	**198,258 (R)**	**182,185 (G)**	**181,869 (G)**	**185,739 (G)**	**187,665 (G)**	**131,250* (G)**
Monthly Average	**16,522**	**16,522 (R)**	**15,182 (G)**	**15,156 (G)**	**15,478 (G)**	**15,639 (G)**	**14,583* (G)**

***Provisional**

Performance Trend

Performance to Q3 below target and remains GREEN, with the monthly average below the 2023/24 figure. Figures remain provisional at this stage.

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

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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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Locality	Target	22/23	2023/24				2024/25					
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
North East	120	21	25	30	20	21	45	20	30	26	27	28
North West		20	26	21	30	24	27	19	30	29	37	38
South		24	38	33	33	31	33	31	36	39	25	29
Other												
Sub-Total (Included Codes)		**65**	**89**	**84**	**83**	**76**	**105**	**70**	**96**	**94**	**89**	**95**
North East		25	31	24	24	26	22	35	30	30	33	31
North West		22	16	15	11	22	24	19	18	14	15	16
South		14	20	25	22	22	23	26	28	29	31	30
Other												
Sub-Total (Complex Codes)		**61**	**67**	**64**	**57**	**70**	**69**	**80**	**76**	**73**	**79**	**77**
Overall Total		**126 (R)**	**156 (R)**	**148 (R)**	**140 (R)**	**146 (R)**	**174 (R)**	**150 (R)**	**172 (R)**	**167 (R)**	**168 (R)**	**172 (R)**

Performance Trend

Performance remains RED. Total numbers in June the same as in March after a small reduction in between. Included codes fallen by one, while complex codes rose by one.

Issues Affecting Performance

- The Hospital Social Work Team are seeing a significant increase in the number of daily activations on Trak – of which they have no control over.
- Awaiting care home places – Lack of availability, impact of patient & family choice, engagement required to liaise and progress discharge.
- Increase in Adults with Incapacity (AWI) issues requiring Court/Sherriff involvement, impacting on the length of time required to process.
- Delays linked to issues which may not have an HSCP locus such as house cleans, equipment, housing factors etc.
- Increase in homelessness linked cases, reflecting the wider housing crisis in the city.

- Increased complexity of referrals with a significant increase in under 65 referrals and co-morbidities, individuals presenting from other authorities (and out-with Scotland), and housing.
- Ongoing staffing issues – general sickness/absence and planned retirements.
  These trends continue for this quarter.

Actions to Improve Performance

- Aim for a shift from patients being delayed towards a planned discharge date, with actions being progressed to support this.
- Continuing input to local planning and implementation of Planned Discharge Date agenda.
- Liaise with and utilise support from the discharge team on issues at ward level such as medications and transport required on discharge.
- Improve access to care home places through ad hoc Commissioning inputs, linking with care homes to progress pre-admission assessments and mitigate discharge delays, and attending care home webinars to liaise with the homes on an ongoing basis.
- Regular links with legal department to support AWI issues and using a tracker to progress cases. Using interim powers to support progress and aiming for additional court dates.
- Maximising use of Intermediate Care & Discharge to Assess using the daily Intermediate Care Huddle and liaising with HSCP residential units to improve pathways.
- Supporting the Homelessness Liaison team via a weekly multi-disciplinary meeting involving a range of HSCP functions and teams including addictions, homelessness services, commissioning, and the complex needs team – and ad hoc service manager link, homelessness services.
- Management of complex cases through a focused joint approach with multi-disciplinary teams, including NHS Acute and a range of HSCP services including community health, home care, commissioning, occupational therapy, and social work.
- Management of staffing issues through targeted action around short and long term absence and the use of some temporary capacity. Ongoing active recruitment.
- Implementing a service improvement programme working across a range of areas including demand, activity, capacity, and queueing.
- Involved in ongoing programme with Scot Gov and Health Improvement Scotland.
- Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions.
- An increase in the under 65 cohort open to adult services, development of cross-commissioned services.
- Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance.
- Chief Officer leading an action focussed improvement plan across key areas of delays, care home placement, SW resources supporting acute wards with highest levels of delay impact, access to HSCP Residential services.

Performance continues to be managed using parameters above.

Timescales for Improvement

Improvement is ongoing into 25/26 at present.

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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	Stephen Fitzpatrick, Assistant Chief Officer (Older People's Services)

Timescale	**2024/25 Target**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**
Annual Total	**45,318**	**45,318 (R)**	**49,902 (R)**	**64,853 (R)**	**74,875 (R)**	**76,777 (R)**	**83,528 (R)**
Monthly Average	**3,776**	**3,776 (R)**	**4,159 (R)**	**5,404 (R)**	**6,240 (R)**	**6,398 (R)**	**6,961 (R)**

Performance Trend

Performance for 2024/25 has remained RED with the number of bed days lost to delays continuing to increase.

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

Issues Affecting Performance

See issues set out in KPI 5 above. (Under 65)

- Focused work and bespoke commissioning solutions are being sought for complex cases, and this includes under 65 and clinically complex patients.
- High level of complex cases and increased level of referrals to SW for assessment.
- Recognition that private applications for Guardianship taking a significant time.
- Increase again in longer term delays due to complexity and provision required to support discharge.

Actions to Improve Performance

Targeted funding being used for a number of actions to reduce numbers of delays and associated bed days lost:

- Appointment of two qualified social workers – recruitment in progress and aiming for October 25 for staff in post. Meantime additional SW hours being utilised to increase capacity for assessment.
- Recruitment of additional legal capacity to speed up private applications for Guardianship. Recruitment in progress and aiming for October in post.
- Commencement of Partnership with British Red Cross to accelerate / facilitate discharge home where capacity is a feature. Service recruiting and aiming to commence September / October 25.
- Commence use of GCHSCP Residential beds to facilitate discharge of cases. 30 beds to be made available, with start date accelerated to July 25 and admissions progressing.

- Commissioning of complex beds within an identified care home to facilitate discharge of complex cases such as spinal. Potential for up to 5 beds with 3 patients identified to date.
- Chief Officer continues to lead joint work with GCHSCP and Acute colleagues to progress opportunities to accelerate discharge and prevent / mitigate delays.
- Significant improvement on targeting long term delays – with statistical shift in the level of long-term bed days.
- Focussed work on complex cases.
- Regular scrutiny and monitoring of all delays and identification of opportunities to progress actions required to support delays – links with commissioning and homeless colleagues.
- Reporting directly to ACO and strategic performance planning is ongoing.
- Ongoing collaboration with commissioning in relation to complex individuals within acute to identify bespoke placement solutions.
- Targeted input to spinal unit in relation to Delayed Discharges within said unit.
- Current commissioning role expanded to include support from adult commissioning.
- Focused commissioning joint work for complex, long-stay patients to develop bespoke solutions.
- An increase in the under 65 cohort open to adult services, development of cross-commissioned services.
- Focus on LD and MH under 65 cases by equivalent management structure with a focus on performance and governance.
- Chief Officer leading an action focussed improvement plan across key areas of delays, care home placement, SW resources supporting acute wards with highest levels of delay impact, access to HSCP Residential services.

Timescales for Improvement

Agreed timescale up to Quarter 4 25/26. This is still ongoing in Q2.

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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 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	**Target**	**22/23**	**2023/24**				**2024/25**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	78%	76.41 (G)	75.80 (A)	71.88 (R)	72.9 (R)	73.52 (R)	73.46 (R)	73.19 (R)	72.65 (R)	72.81 (R)
NE		77.02 (G)	76.32 (G)	72.53 (R)	73.48 (R)	73.98 (R)	73.98 (R)	73.73 (R)	73.13 (R)	73.26 (R)
NW		75.87 (A)	75.18 (A)	71.48 (R)	72.39 (R)	72.96 (R)	72.87 (R)	72.63 (R)	72.08 (R)	72.24 (R)
S		76.32 (G)	75.85 (A)	71.63 (R)	72.82 (R)	73.56 (R)	73.48 (R)	73.17 (R)	72.68 (R)	72.89 (R)
NHSGGC		**76.45**	**75.77**	**72.03**	**73.75**	**73.9**	**73.91**	**73.63**	**73.23**	**73.4**

Performance Trend

During Q4 there was a slight increase in performance at a city level and in all localities, but all remained RED. This indicator is reported one quarter in arrears.

Issues Affecting Performance

Ongoing Issues:

- 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. Data supports that appropriate review, engagement and counselling with patients results in an overall reduction in salbutamol use following a switch to a DPI, which offsets additional costs per unit. Gradual transition is continuing. (Approximately 5.5% of non-preferred list prescribing in the latest quarter)
- Vitamin D is the second most commonly prescribed non-preferred product. Vitamin D is included in the total formulary for appropriate patients but there is not a preferred list product. (Approximately 3.7% of non-preferred list prescribing in the latest quarter)
- Newer anti-diabetic agents (SGLT2 inhibitors and GLP1/GLP-GIP's) are licensed for diabetes but are also being used to prevent cardiovascular and renal disease. Their use in primary care is increasing with medicines initiated both in primary care and by acute

services. These are non-preferred list and will therefore reduce preferred list formulary compliance.
- As part of ongoing review of medicines of low or limited clinical value, lidocaine plasters have been completely removed from the NHS GG&C formulary. Approximately 6,000 items are prescribed each quarter.

Actions to Improve Performance

Ongoing actions/considerations:

- Pharmacy teams are progressing with a cost-efficiency programme for 2025-26, focusing on cost-containment, quality prescribing improvement and polypharmacy reviews in patients on high-numbers of medicines. Formulary status will be considered as part of reviews.
- The gradual transition from salbutamol MDI to dry powder (DPI) continues in a structured way.
- SGLT2 inhibitors and GLP1/GLP-GIPs are subject to preferred list adoption processes. This has been highlighted to NHS GG&C and will be considered as part of regional formulary development.
- Lidocaine patches remain under review by our pharmacy and general practice teams.

Timescales for Improvement

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

Lidocaine reviews will continue throughout 2025/2026.

Salbutamol will take a number of years to fully convert to DPIs. This work is being led by the Primary Care Sustainability (Climate) Group. Pilot work is being undertaken at several practice sites across the city however genuine culture change among clinicians and patients will take a number of years to embed.

Adoption of a preferred list SGLT2 is subject to the development of the West Region Formulary.

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Indicator	2. Prescribing Costs: Annualised cost per weighted registered patient
Purpose	Prescribing costs are a significant proportion of HSCP budgets. The Annualised cost per weighted registered patient is an indicator which monitors medicines management. While some of the variation between GP practices and localities in this indicator is expected due to differences in the patients treated, some is due to differences in medicines management with a lower cost per treated patient expected in practices where medicines management practices are fully implemented. Figures shown are for the last 12 months.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 9 (See Appendix 2)
Strategic Priority	Priority 6 (See Appendix 3)
HSCP Leads	Gary Dover, Assistant Chief Officer (Primary Care and Early Intervention)

Locality	**Target**	**22/23**	**2023/24**				**2024/25**			
		Mar	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**
City	Cost below (or same) as Board average	**£160.2 (G)**	**£164.4 (G)**	**£175.4 (G)**	**£176.2 (G)**	**£179.8 (G)**	**£178.3 (G)**	**£178.9 (G)**	**£180.1 (G)**	**£179.3 (G)**
NE		**£169.3 (G)**	**£173.7 (G)**	**£177.9 (G)**	**£179.1 (G)**	**£179.9 (G)**	**£181.7 (G)**	**£182 (G)**	**£183.9 (G)**	**£182.7 (G)**
NW		**£157.8 (G)**	**£162.2 (G)**	**£164.9 (G)**	**£164.3 (G)**	**£172.9 (G)**	**£165.1 (G)**	**£165.8 (G)**	**£166.4 (G)**	**£166.1 (G)**
S		**£174.1 (G)**	**£178.8 (G)**	**£182.6 (G)**	**£184.5 (G)**	**£185.6 (G)**	**£187.1 (G)**	**£188 (G)**	**£189.2 (G)**	**£188.2 (G)**
NHSGGC		**£187.7**	**£193.4**	**£197.5**	**£198.3**	**£199.4**	**£200.6**	**£201.3**	**£202.5**	**£201.1**

Performance Trend

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

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	2023/24				2024/25				2025/26		
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
North East	90%	45.5 (R)	49 (R)	74.1 (R)	78.7 (R)	77.3 (R)	84.9 (R)	91.7 (G)	85.7 (A)	79.3 (R)	84.8 (R)	84.6 (R)
North West		96.7 (G)	96.7 (G)	100 (G)	93.7 (G)	94.4 (G)	93.8 (G)	95.7 (G)	91.4 (G)	88.2 (G)	96.4 (G)	93.9 (G)
South		89.1 (G)	93 (G)	78.4 (R)	81.6 (R)	82.3 (R)	87.5 (A)	84.6 (R)	80.9 (R)	89.3 (G)	85.6 (R)	90.2 (G)

Performance Trend

Performance has improved in the North West and South since December with the South moving from RED to GREEN and the North West remaining GREEN. The North East has declined slightly moving from AMBER to RED.

Issues Affecting Performance

There was a Board wide, and therefore a Glasgow City HSCP, focus on delivering PT within the national 90% PT within 18 weeks LDP Standard addressing and eliminating long waits, especially those of 53+ weeks. Initial projections were to improve meeting the Standard by the end of Q3 & 4 2025/26. This was partially dependent on the unknown impact of staff turnover, recruitment, funding and demand. Trajectories may not meet the projections as identified due to the range of operational pressures. This will be an area of ongoing review by clinical and operational leads.

During June 2025 the 160+ Services continued to prioritise actions aimed at balancing the delivery of the standard and reducing the number of long waiting patients. A total of 1,287 eligible patients started their treatment during June 2025. Of this total, 170 patients waiting over 18 weeks started Psychological Therapies. Prioritising patients waiting over 18 weeks coupled with ongoing new demand, the review of Scottish Government Mental Health funding and the impact this has had on Psychological Therapies funded posts compounded by the lengthy recruitment process are all having an impact on the ability to deliver a service to meet the target.

If services carry on as they are, NHSGGC will potentially result in missing of the national 18 week Standard to the final quarter 2025/2026.

Actions to Improve Performance

Individual weekly and monthly performance can be, within the 18 weeks Standard, however balancing delivering the Standard whilst reducing the numbers waiting is proving difficult.

Total number of people waiting for treatment to start is collectively increasing across the Health Board. People waiting >18 wks for treatment to start is increasing. People waiting 53+ wks for treatment to start is increasing.

The above percentages do not reflect the volume of work being undertaken by staff.

There are teams reducing their numbers waiting 18+ wks and/or shortening the length of time waiting. There are currently a number of teams with all waits to start a PT within the Standard 18 weeks**.** There are also up to eight teams with 27 people waiting 53+ wks.

Teams are updating their local Psychological Therapy action plans on a rolling basis each month. Delivering treatment in the existing collegiate approach will need revisiting to deliver the target Standardising protocol numbers of treatment appointments requires collegiate discussion and development.

It remains hard for services co-operating across HSCP organisations to counteract the impact of the funding implications for 25/26 and the recruitment drag. HSCP financial planning will also affect the number of people starting a PT. Internal appointments do not increase the overall capacity until a successor vacancy is filled from an additional resource.

Timescales for Improvement

- Achieving the 90% national Psychological Therapies 18 weeks waiting time Standard
- Appointing people waiting 53+ weeks will continue throughout 2025/2026.
- Appointing people waiting 36+ weeks will continue throughout 2025/2026.

Draft 25/26 projections for both achieving the 90% Standard and reducing the number waiting 53+ weeks to zero are aspirational to March 2026. The draft 25/26 trajectories, derived from the actual activity data, are indicatively less optimistic. Despite all the work being done by everyone, continuing with the current activity will increase the number of people and time spent waiting. Risk areas include the number of people waiting in the >40-52 & the 53+ week time bands. Developing the understanding the number of referrals accepted to be assessed, understanding the number/proportion assessed as suitable for treatment, and the numbers completing treatment/discharged is more important than the basic number of referrals received. Nationally psychological priority planning has identified understanding treatment appointments required, what type, provided by whom and how many, how many patients at a time, frequency between intervention and for how long- and managing the workforce for the assessed treatment needs of the people referred into our services. It is unclear if this work can be realised in advance of creating further local initiatives before the end of 2025/2026.

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2023/24				2024/25				2025/26		
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
Stobhill	28 days	28.9 (A)	25.5 (G)	34.2 (R)	27.5 (G)	24.3 (G)	22.1 (G)	23.9 (G)	23.1 (G)	26.5 (G)	33.3 (R)	28.3 (G)
Leverndale		33.5 (R)	43.2 (R)	35.4 (R)	39.9 (R)	32.3 (R)	39.2 (R)	38.7 (R)	38.7 (R)	34.7 (R)	37.6 (R)	39.2 (R)
Gartnavel		35.1 (R)	27.8 (G)	40.7 (R)	34.8 (R)	41 (R)	34.9 (R)	35 (R)	37.5 (R)	39.3 (R)	35.3 (R)	41.3 (R)

Performance Trend

Since March, Stobhill has fluctuated but has moved back to GREEN in June. Leverndale and Gartnavel have remained RED throughout.

Issues Affecting Performance

In Q1 Inpatient wards pauses and closures to admissions across the wider NHSGGC system of inpatient mental health provision were reduced from the previous quarter. Pressure and fluctuations in the numbers of admissions and discharges on each of the three Glasgow City sites remains constant. Performance in the quarter remained within the recent norms for the same three sites overall. Stobhill and Levendale have marginally but not significant reduced adult acute average length of stay from the previous two years. Although pressure on average length of stay is maintained, this continues to also reflect more people boarding into site from community catchments that would more usually go into a different hospital. The average number of people with stays of over 6 months also continues to maintain pressure on inpatient ward daily operation. Staffing remains an ongoing key pressure on the delivery of care plans to optimise treatment and discharge. The current variation around the average length of stay is not significant statistically, albeit would still benefit from collective reduction.

Actions to Improve Performance

There remains ongoing operational review of boarders and options to further improve bed management and discharge co-ordination. Operational responses prioritise maintaining safe care. Clinical leadership continues to be more operationally applied to further support use across wards and hospital sites. Mental Health Programme Board is restructuring the approach and reporting to consider ways of reducing variance in practices, duplication and repetition across the patient journey, improving developing condition-based pathways, expanding protocols review of forms of treatment and people transitioning to next care focussed on minimising duration of service contact.

Timescales for Improvement

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

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Hospital	Target	2023/24				2024/25				2025/26		
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
Stobhill	<95%	101.3 (R)	99.6 (A)	100.1 (R)	101 (R)	98 (A)	95 (G)	92.4 (G)	91.3 (G)	94.1 (G)	98.8 (A)	98.1 (A)
Leverndale		99.4 (A)	99.9 (R)	96.9 (G)	101.2 (R)	101.8 (R)	99.9 (R)	98.8 (A)	100.7 (R)	99.7 (A)	101.1 (R)	103.3 (R)
Gartnavel		99.4 (A)	96.1 (G)	98.5 (A)	99.6 (A)	99 (A)	99 (A)	90.3 (G)	96.7 (G)	99.9 (R)	99.6 (A)	101.6 (R)

Performance Trend

During the period between March and June, performance has remained RED in Leverndale; moved from GREEN to AMBER in Stobhill; while moving from GREEN to RED in Gartnavel.

Issues Affecting Performance

Boarders to an external Health Board during the quarter remain minimal. On-going planned ward movement to support anti-ligature work continues to impact on the sites. Wards outwith Glasgow City reduced bed numbers remain. Taking this into account and the overall position for the quarter has remained stable, with no significant statistical change. Overall occupancy remains too high, service ability to admit those who require inpatient care continued to be maintained whilst pressured. The practice of transferring to other sites/types of mental health bed wards people whose condition is stable continues as an option of last resort to facilitate a new admission remains anticipated as a contingency for the whole of 2025-26 when required. Adult acute psychiatric capacity has returned to 1 bed shy of 285. Community vacancy reduction is still yet to realise reducing pressure on inpatient admissions. An anticipated reduction in occupancy is not yet indicated for 2025/26.

Actions to Improve Performance

The consistency of use of adult MH services for people in adult acute care across all sites including those approaching readiness for discharge from adult acute to allow new admissions to acute care remains an area of on-going work. Reducing vacancies during 25/26 in community and inpatient services remains a significant operational issue whilst recognising the imperative to contribute to delivering financial planning requirements. The medium term impact of changes to mental health promotion services on future psychiatric need is unknown.

Timescales for Improvement

NHSGGC is developing the remit of the Transforming Together Portfolio Board to oversee the progress and delivery of 5 programmes of transformation including Mental Health Strategy. The Mental Health Programme Board is restructuring the approach and reporting to consider ways of reducing variance in practices, duplication and repetition across the patient journey, improving developing condition-based pathways, expanding protocols review of forms of treatment and people transitioning to next care focussed on minimising duration of service contact. There will remain requirements throughout 2025-26. Discharge work, reducing prolonged lengths of stay, variance in site admission and discharge will be areas of focus for change management to 2025/2026.

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

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

Locality	Target		2023/24				2024/25					
		Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
N. East		5	5	9	9	20	14	12	8	9	6	8
N. West		4	4	3	11	7	11	5	7	9	12	13
South		10	12	13	11	16	15	12	9	15	18	14
City		0	0	0	2	0	0	0	1	1	1	1
Sub-Total (Included Codes)		**19**	**21**	**25**	**33**	**43**	**40**	**29**	**25**	**34**	**37**	**36**
N. East		0	2	3	4	3	3	2	7	5	5	5
N. West		2	1	4	5	2	2	2	1	1	0	1
South		4	4	2	3	1	2	3	6	5	5	5
City		0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)		**6**	**7**	**9**	**12**	**6**	**7**	**7**	**14**	**11**	**10**	**11**
All Delays	**20**	**25 (R)**	**28 (R)**	**34 (R)**	**45 (R)**	**49 (R)**	**47 (R)**	**36 (R)**	**39 (R)**	**45 (R)**	**47 (R)**	**47 (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	2022/23		2023/24				2024/25				
	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
North East	2	2	4	4	7	1	3	3	2	1	3
North West	3	2	2	7	6	7	3	5	6	7	7
South	5	3	7	3	6	7	5	5	7	10	7
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Included Codes)	**10**	**7**	**13**	**14**	**19**	**15**	**11**	**13**	**15**	**18**	**17**
North East	0	1	2	2	1	2	1	2	2	2	2
North West	1	0	3	4	2	2	2	1	1	0	1
South	0	0	0	3	1	0	0	0	0	1	2

City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	**1**	**1**	**5**	**9**	**4**	**4**	**3**	**3**	**3**	**3**	**5**
All Delays	**11**	**8**	**18**	**23**	**23**	**19**	**14**	**16**	**18**	**21**	**22**

Psychiatry of Old Age

Locality	2022/23		2023/24				2024/25				
	Jun 23	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Apr 25	May 25	Jun 25
North East	3	3	5	5	13	13	9	5	7	5	5
North West	1	2	1	4	1	4	2	2	3	5	6
South	5	9	6	8	10	8	7	4	8	8	7
City	0	0	0	2	0	0	0	1	1	1	1
Sub-Total (Included Codes)	**9**	**14**	**12**	**19**	**24**	**25**	**18**	**12**	**19**	**19**	**19**
North East	0	1	1	2	2	1	1	5	3	3	3
North West	1	1	1	1	0	0	0	0	0	0	0
South	4	4	2	0	0	2	3	6	5	4	3
City	0	0	0	0	0	0	0	0	0	0	0
Sub-Total (Complex Codes)	**5**	**6**	**4**	**3**	**2**	**3**	**4**	**11**	**8**	**7**	**6**
All Delays	**14**	**20**	**16**	**22**	**26**	**28**	**22**	**23**	**27**	**26**	**25**

Performance Trend

Performance remains RED with an increase overall between March and June (+8). Within this, adult delays increased by six while older people delays increased by 2. The increase was also in relation to included codes (+11) while complex codes fell (-3).

Issues Affecting Performance

Ongoing issues continue around those with complex care needs. Resource availability and individual needs require regular communication to find appropriate placements for those fit for discharge. Overall delays have increased slightly for this period. There continues to be issues with placements. Some of the patients with complex needs continue to require ongoing inpatient care and other options continue to be explored.

Actions to Improve Performance

The discharge team review has concluded. Next steps will look at amalgamating staff into a central Glasgow city team consisting of social work and health staff. Management arrangements and staffing skill mix currently being looked at in line with available budget options as the revised arrangements will include adults and older people. This will be reported to the Adult Core Leadership Team for approval prior to implementing any recommended changes.

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

Timescales for Improvement

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

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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	Kelda Gaffney, Assistant Chief Officer (Adult Services)

Locality	Target	22/23	23/24				24/25			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	**90%**	**96% (G)**	**98% (G)**	**96% (G)**	**96% (G)**	**93% (G)**	**92% (G)**	**94% (G)**	**97% (G)**	**88% (G)**
North East ADRS		**98% (G)**	**99% (G)**	**98% (G)**	**100% (G)**	**98% (G)**	**99% (G)**	**99% (G)**	**100% (G)**	**97% (G)**
North West ADRS		**76% (R)**	**95% (G)**	**92% (G)**	**82% (R)**	**88% (G)**	**89% (G)**	**92% (G)**	**96% (G)**	**80% (R)**
South ADRS		**100% (G)**	**100% (G)**	**98% (G)**	**97% (G)**	**96% (G)**	**99% (G)**	**100% (G)**	**98% (G)**	**97% (G)**

Performance Trend

This indicator is reported one quarter in arrears.

During Q4 the overall performance for the city slipped, however it remained within the target range and GREEN. Both North East and South continued to exceed target (GREEN); performance in North West slipped during the reporting period with the RAG-rating moving from GREEN to RED.

The slight slippage in the City figure is primarily due to staff shortages and system access issues. The Glasgow ADRS Senior Management Team are aware of these challenges, and a plan is now in place to mitigate the risk of recurrence.

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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 (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	**Target**	**2023/24**				**2024/25**				**2025/26**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City		**1110**	**1189**	**1118**	**1322**	**1361**	**1319**	**1137**	**1027**	**1029**
NE		210	182	190	266	275	312	227	130	224
NW		750	817	786	883	892	801	756	797	713
S		150	190	142	173	194	206	154	100	92
NHSGGC	**1354 per Quarter**	**1393 (G)**	**1471 (G)**	**1304 (A)**	**1524 (G)**	**1562 (G)**	**1479 (G)**	**1308 (A)**	**1175 (R)**	**1168 (R)**
DNA rate (%)		**11.25**	**11.09**	**8.69**	**10.03**	**11.2**	**11.76**	**11.85**	**12.17**	**11.98%**

Performance Trend

Performance has declined slightly at NHSGGC level in Q1 but remains RED.

Issues Affecting Performance

There were a number of clinic closures during this quarter, due to low staffing levels.
Admin vacancies (Band 2 receptionists and Band 4 medical Secretaries) had been vacant in Q4, were filled in April but spent April-May in induction phase. 3WTE Band 2 vacancies still in place and still having impact on clinics.

Nursing vacancies: during Q1 Band 6 nurse vacancies were filled internally resulting in Band 5 nursing vacancies from June 2025.

During Q1:
Barrhead and Kirkintilloch clinics were closed
Greenock had 1 day/week closed
Woodside and Paisley each had 1 day closed/week.
These closures have negatively affected the number of appointments able to be offered to patients.

Actions to Improve Performance

Woodside clinic is now fully open; however, the other closures have continued.

Nursing Band 5 vacancies have been recruited to and will start in post from August 2025, with induction and training phase, improvements should be seen from Q3 onwards. Sandyford Management Team are concluding discussions and plans for implementing the revised service model, which should impact positively on performance.
Timescales for Improvement
Autumn 2025. Back to Summary

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 (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	**Target**	**2023/24**				**2024/25**				**2025/26**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City		**1069**	**1168**	**1011**	**1167**	**1243**	**1533**	**1208**	**1070**	**853**
NE		253	200	209	300	333	451	371	175	285
NW		552	650	546	541	580	736	613	699	463
S		264	318	256	326	330	346	224	196	105
NHSGGC	**1166 per Quarter**	**1859 (G)**	**2090 (G)**	**2004 (G)**	**1916 (G)**	**2190 (G)**	**2203 (G)**	**1848 (G)**	**1687 (G)**	**1176 (G)**
DNA rate (%)		**19.47**	**18.92**	**19.5**	**14.68**	**15**	**16.8**	**18.07**	**15.64**	**15.05**

Performance Trend
Performance has reduced at NHSGGC level in Q1 but remains GREEN. Back to Summary

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 (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

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

Performance Trend

Remains GREEN across the city and Health Board. Waiting times reduced at City level and in the North West in the last quarter while going up in the North East. The South remained the same as did the figures at NHSGGC level. 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 (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Locality	**Target**	**2023/24**				**2024/25**				**2025/26**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City		474	385	385	404	470	486	429	352	433
NE		67	56	53	62	119	118	99	48	99
NW		353	253	258	279	284	294	252	230	263
S		54	76	74	63	67	74	78	74	71
NHSGGC	**315**	**676 (G)**	**601 (G)**	**575 (G)**	**560 (G)**	**617 (G)**	**622 (G)**	**571 (G)**	**542 (G)**	**584 (G)**
DNA rate (%)		31.66	24.29	26.26	26.96	28.2	30.55	28.9	28.04	26

Performance Trend
Work to determine target has been completed and performance classified against this target for all of the periods shown. Above target and GREEN. Back to Summary

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 (Adult Services) Rhoda Macleod, Head of Adult Services (Sexual Health)

Target	**2023/24**				**2024/25**				**2025/26**
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
5 working days	**7 (R)**	**6 (R)**	**3 (G)**	**4 (G)**	**3 (G)**	**3 (G)**	**5 (G)**	**6 (R)**	**5 (G)**

Performance Trend
Performance improved during Q1 and moved from RED to GREEN. 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	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Locality	Target	22/23	23/24				24/25				25/26
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
City	95%	99% (G)	99% (G)	98% (G)	99% (G)	84% (R)	91% (A)	91% (A)	98% (G)	98% (G)	99% (G)
North East		99% (G)	100% (G)	99% (G)	97% (G)	51% (R)	87% (R)	99% (G)	100% (G)	98% (G)	99% (G)
North West		97% (G)	98% (G)	98% (G)	99% (G)	94% (G)	98% (G)	94% (G)	91% (A)	98% (G)	99% (G)
South		99% (G)	100% (G)	95% (G)	100% (G)	96% (G)	86% (R)	78% (R)	100% (G)	99% (G)	98% (G)
Asylum & Refugee Team (ARST)		99% (G)	98% (G)	99% (G)	100% (G)	95% (G)	95% (G)	95% (G)	98% (G)	98% (G)	99% (G)

Performance Trend

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

A total of 1,556 decisions were made during Q1; 22 (1.4%) were outwith timescale.

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

Target	**Total 20/21**	**Total 21/22**	**Total 22/23**	**Total 23/24**	**24/25**				**Total 24/25**	**25/26**
24/25 4,000 per annum (1,000 per quarter) **22/23 & 23/24** 3,750 p a (938 p q)					**Q1**	**Q2**	**Q3**	**Q4**		**Q1**
21/22 5,000 p a (1,250 p q)	**3,961 (R)**	**4,675 (R)**	**4,016 (G)**	**4,539 (G)**	**1,411 (G)**	**1,368 (G)**	**1,259 (G)**	**1,524 (G)**	**5,562 (G)**	**1,195 (G)**

Performance Trend

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

The quarterly target for the number of completed resettlement plans continued to be exceeded during the first quarter of 25/26 (GREEN).

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

Apartment Size	**Target**	**24/25**				**25/26**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**
1 apt	21 weeks	**21 (G)**	**26 (R)**	**29 (R)**	**36 (R)**	**36 (R)**
2 apt	36 weeks	**41 (R)**	**50 (R)**	**47 (R)**	**55 (R)**	**60 (R)**
3 apt	31 weeks	**36 (R)**	**34 (R)**	**36 (R)**	**44 (R)**	**43 (R)**
4 apt	81 weeks	**82 (G)**	**90 (R)**	**135 (R)**	**79 (G)**	**91 (R)**
5 apt	225 weeks	**296 (R)**	**277 (R)**	**236 (A)**	**297 (R)**	**231 (A)**

Performance Trend

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

Performance in relation to 1, 2 and 3 apartment size accommodation remained RED during the reporting period. Performance in relation to 4 room apartments fell with the RAG rating moving from GREEN to RED, while performance in respect of 5 room apartments improved with the RAG rating moving from RED to AMBER between Q4 (24/25) and Q1 (25/26).

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.

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

Actions to Improve Performance

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

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

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

Homelessness Services have also met with a number of key RSLs in the city (where performance has, historically, been lower than the LLP ask) with a view to increasing the number of lets secured from these RSLs and early indications suggest that these meetings have been successful with an increased number of lets secured from many of the RSLs who were visited.

Work is also ongoing with colleagues in NRS to utilise the acquisition programme funding to purchase larger family homes in order to offer these properties to homeless households to increase the supply of larger family homes.

Timescales for Improvement

It is anticipated that the number of lets in Q2, and throughout 2025/26 will increase however demand is also likely to remain high which may mean that performance remains RED. It is unlikely that performance will return to GREEN until a sustained period of increased lets, coupled with reduced demand, is witnessed.

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Target/Ref	4. Number of households reassessed as homeless or threatened with homelessness within 12 months
Purpose	This indicator reports on the number of "*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	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

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

Performance Trend

The number of Repeats during Q1 continued to remain below the upper threshold (GREEN).

Additional Information: Breakdown of reassessment/repeat figures

Analysis of the 97 households reassessed during Q1 shows:

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

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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	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

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

Performance Trend

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

Issues Affecting Performance

Demand for temporary accommodation remains high, particularly given the increased demand from households granted refugee status who are disproportionately more likely to require temporary accommodation than non-refugee households. Unfortunately, at this time, the HSCP is unable to offer temporary accommodation at the point of request to all households who request it.

The above measure of 49% relates to the percentage of instances where temporary accommodation has been provided, rather than the number of households.

Actions to Improve Performance

There remain significant financial and capacity pressures on the HSCP's Homelessness Services, and it is likely both these pressures will continue throughout 2025/26.

Prevention activity within both Health and Social Care Connect (HSCC) and the Community Homelessness Teams continues to be prioritised in order to reduce homelessness presentations within the city and subsequently reduce the demand on temporary accommodation.

Homelessness Services are also working to bring two new accommodation projects on-line which will increase capacity within temporary accommodation in 2025/26.

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

Timescales for Improvement
Given the current pressures on Homelessness Services at this time, and the increase in demand, it is likely that the HSCP will be unable to offer temporary accommodation on first request for all households. It is likely that this will continue into Q2 and throughout 2025/26 until there is a sustained reduction in demand coupled with an increase in lets. Back to Summary

Indicator	6. Number of new Housing First tenancies created
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to rehouse 600 households through the Housing First approach over the life of the plan. This indicator provides an overview of the progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target		Base-line	20/21	21/22	22/23	23/24	24/25				25/26
		Start of 20/21	Annual Total	Annual Total	Annual Total	Annual Total	Q2	Q3	Q4	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**	5*	2	4	**14**	7
	Cumu-lative Total	**119**	**195 (R)**	**256 (R)**	**290 (G)**	**312 (R)**	**320* (R)**	**322 (R)**	**326 (R)**	**326 (R)**	**333 (R)**

*Q2 figure has been revised from 4 to 5.

Performance Trend

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

Performance during Q1 was below the quarterly target of 20 Housing First tenancies per quarter (RED).

Issues Affecting Performance

The conclusion of the Glasgow Alliance to End Homeless has impacted on the multi-disciplinary work which is essential to the Housing First service delivery model.

Revised arrangements with key stakeholders are currently being finalised for the Housing First service moving forward aligned to the All in For Glasgow and forthcoming WAYfinder recommissioning workstream. The WAYfinder outreach service is due to commence in August 2025.

Actions to Improve Performance

The service continues to work with key partners both within the wider HSCP, as well as housing providers, to increase the number of settled lets for households with complex case histories. Development work is underway with the Complex Needs Service, Alcohol & Drug Recovery Services, Community Justice and Community Homelessness Services to improve the number and appropriateness of referrals.

Senior managers within the Housing First service have attended the 10 Local Letting Community forums to highlight the positive work being undertaken by the service with an aim of increasing the number of settled lets secured for homeless households aligned to a Housing First pathway. This has led to a small increase in the number of Housing First lets in Q1 however it does remain below target.

Timescales for Improvement

Given the input from Housing First managers at the Local Letting Communities and to HSCP Service areas, it is anticipated that the number of referrals and lets secured for Housing First will increase in Q2 2025/26.

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Indicator	7. Number of Temporary Furnished Flats (TFFs)
Purpose	The Rapid Rehousing Transition Plan (RRTP) sets out an objective to reduce the number of Temporary Furnished Flats (TFFs) over the life of the plan. The reduction in TFFs is contingent upon the securing of additional settled lets. This indicator provides an overview of progress with the implementation of this objective.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 7 (See Appendix 2)
Strategic Priority	Priority 4 (See Appendix 3)
HSCP Leads	Frances McMeeking, Assistant Chief Officer, Operational Care Services Jim McBride, Head of Adult Services (Homelessness & Complex Needs)

Target	**23/24**				**24/25**				**25/26**
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
2,400 or less	**2,415 (G)**	**2,413 (G)**	**2,407 (G)**	**2,342 (G)**	**2,344 (G)**	**2,392 (G)**	**2,429 (G)**	**2,402 (G)**	**2,417 (G)**

Performance Trend

Performance remained within the target range and GREEN during Quarter 1.

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

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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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

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

Performance Trend

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

City-wide a total of 615 CPOs (North East, North West, South, Caledonian Team) were made during Q1; a very slightly lower number than Q4 (636).

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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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	**Target**	**23/24**				**24/25**				**25/26**
		Q1 %	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
City (All)	85%	99 (G)	91 (G)	90 (G)	93 (G)	91 (G)	90 (G)	91 (G)	89 (G)	90 (G)
North East (CPOs)		100 (G)	86 (G)	87 (G)	91 (G)	90 (G)	93 (G)	88 (G)	84 (G)	81 (A)
North West (CPOs)		100 (G)	94 (G)	94 (G)	97 (G)	90 (G)	90 (G)	93 (G)	91 (G)	95 (G)
South (CPOs)		97 (G)	91 (G)	88 (G)	91 (G)	95 (G)	88 (G)	92 (G)	89 (G)	93 (G)
Caledonian Team (CPOs)		100 (G)	94 (G)	96 (G)	100 (G)	75 (R)	75 (R)	90 (G)	91 (G)	93 (G)
Drug Court Team (DTTOs)		100 (G)	93 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	80 (R)	100 (G)	100 (G)	100 (G)	100 (G)	100 (G)	92 (G)

Performance Trend

During Q1 all teams and localities exceeded target (GREEN) except the North East locality which remained slightly outwith the target range and moved from GREEN to AMBER during the reporting period.

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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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/ Team	Target	23/24				24/25				25/26
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City (All)	75%	85 (G)	81 (G)	78 (G)	84 (G)	83 (G)	78 (G)	84 (G)	80 (G)	74 (G)
North East (CPOs)		88 (G)	83 (G)	76 (G)	77 (G)	83 (G)	79 (G)	81 (G)	77 (G)	63 (R)
North West (CPOs)		93 (G)	88 (G)	85 (G)	86 (G)	82 (G)	81 (G)	84 (G)	82 (G)	74 (G)
South (CPOs)		83 (G)	77 (G)	74 (G)	88 (G)	85 (G)	83 (G)	87 (G)	82 (G)	81 (G)
Caledonian Team (CPOs)		65 (R)	77 (G)	82 (G)	100 (G)	82 (G)	78 (G)	84 (G)	65 (R)	82 (G)
Drug Court Team (DTTOs)		71 (R)	71 (R)	88 (G)	75 (G)	80 (G)	89 (G)	60 (R)	83 (G)	100 (G)
Clyde Quay (Throughcare Licenses)		100 (G)	100 (G)	100 (G)	91 (G)	100 (G)	100 (G)	100 (G)	100 (G)	93 (G)

Performance Trend

During Q1 performance at city level and in all localities and teams was either within the target range (city, NW) or exceeded target (S, Caledonian, Drug Court and Clyde Quay Teams) (GREEN) with the exception of North East where performance slipped from GREEN to RED during the reporting period. Performance in the Caledonian Team improved during the reporting period with the RAG-rating moving from RED to GREEN.

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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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality	**Target**	**23/24**				**24/25**				**25/26**
		Q1 %	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**	**Q2 %**	**Q3 %**	**Q4 %**	**Q1 %**
City	70%	**85 (G)**	**85 (G)**	**82 (G)**	**82 (G)**	**84 (G)**	**83 (G)**	**79 (G)**	**75 (G)**	**70 (G)**
North East		**87 (G)**	**85 (G)**	**81 (G)**	**83 (G)**	**82 (G)**	**87 (G)**	**85 (G)**	**73 (G)**	**74 (G)**
North West		**87 (G)**	**79 (G)**	**80 (G)**	**85 (G)**	**84 (G)**	**82 (G)**	**76 (G)**	**82 (G)**	**72 (G)**
South		**81 (G)**	**89 (G)**	**82 (G)**	**77 (G)**	**85 (G)**	**80 (G)**	**76 (G)**	**70 (G)**	**65 (R)**

Performance Trend

During Q1 performance continued to meet target in the city and in North East and North West (GREEN). Performance slipped in South during the reporting period with the RAG-rating moving from GREEN to RED.

Excluding awaiting breaches gives the following figures: NE 79%, NW 78% and South 70% (City 75%).

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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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

Locality/Team	Target	23/24				24/25				25/26
		Q1 %	Q2 %	Q3 %	Q4 %	Q1 %	Q2 %	Q3 %	Q4 %	Q1 %
City	80%	79 (G)	79 (G)	79 (G)	79 (G)	81 (G)	80 (G)	81 (G)	80 (G)	82 (G)
North East		78 (A)	80 (G)	77 (A)	80 (G)	82 (G)	79 (G)	83 (G)	79 (G)	77 (A)
North West		85 (G)	82 (G)	82 (G)	81 (G)	80 (G)	81 (G)	83 (G)	83 (G)	86 (G)
South		77 (A)	79 (G)	78 (A)	78 (A)	82 (G)	82 (G)	82 (G)	81 (G)	85 (G)
Caledonian Team		71 (R)	70 (R)	84 (G)	84 (G)	80 (G)	81 (G)	69 (R)	78 (A)	69 (R)
Drug Court Team		36 (R)	52 (R)	74 (R)	70 (R)	72 (R)	67 (R)	50 (R)	48 (R)	67 (R)

Performance Trend

During Q1 performance was maintained in the city and in North West and South all of which remained above target and GREEN. Performance in the North East locality and the Caledonian Team slipped with the RAG-ratings moving from GREEN to AMBER and AMBER to RED respectively. Although remaining RED, performance in the Drug Court Team improved by 19 percentage points.

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	Karen Lockhart, Assistant Chief Officer (Adult Services) Lynsey Smith, Head of Adult Services (Justice Services)

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

Performance Trend

During Q1 all localities and Teams exceeded target in relation to post release interviews (GREEN). Performance in South improved significantly with the RAG-rating moving from RED to GREEN 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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Area	**Annual Target**	**Quarterly Target**	**22/23 Total**	**23/24 Total**	**24/25 Total**	**2024/25**				
						Q1	**Q2**	**Q3**	**Q4**	**Year to Date**
City	**5066**	**1267**	**8,966 (G)**	**10,479 (G)**	**10,376 (G)**	**2,692 (G)**				**2,692 (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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	**Annual Target**	**Target to Q4**	**22/23 Total**	**23/24 Total**	**2024/25**				
					To Q1	**To Q2**	**To Q3**	**To Q4**	**24/25 Total**
City	**1190**	**1190**	**1050 (R)**	**1,097 (R)**	**299 (G)**	**567 (A)**	**792 (R)**	**1105 (R)**	**1105 (R)**
NE	**521**	**521**	**358 (R)**	**407 (R)**	**119 (A)**	**229 (R)**	**304 (R)**	**426 (R)**	**426 (R)**
NW	**316**	**316**	**303 (R)**	**338 (R)**	**91 (G)**	**172 (G)**	**249 (G)**	**354 (G)**	**354 (G)**
S	**353**	**353**	**389 (G)**	**352 (G)**	**89 (G)**	**166 (A)**	**239 (A)**	**325 (R)**	**325 (R)**

Performance Trend

Performance is below target and RED at a city level and in the North East and South. North West was the only locality to meet its annual target, as was also the case in 2022/23 and 2023/24.

This indicator is reported in arrears and cumulative totals are shown at each quarter. Targets were adjusted slightly at Health Board level for 2024/25 which has reduced the annual target at city level from 1224 to 1190. Targets are phased throughout the year to reflect historical trends with Q4 targets higher than those for Q2.

Issues Affecting Performance

This is lower than expected due to a number of reasons including issues with pharmacy capacity and unavailability of several products including varenicline. This has now been unavailable since June 2021 and was the most popular and effective product.

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

The service has also been significantly impacted with staff absences and vacancies across the City, which has affected all three locality teams.

Actions to Improve Performance

Our community QYW staff are engaging with Public Health Pharmacy and local pharmacy colleagues to try and provide support and identify solutions to improve pharmacy performance

and resolve current challenges. Face-to-face community clinics operate in each of the three localities offering clients an opportunity to get support face-to-face and CO (carbon monoxide) monitoring. Most clinics take place in Health Centres but in some localities, a face-to-face clinic has been set up in a local Pharmacy which has been going well, improving links with local Pharmacies as well as enabling clients to have easy access to one of our practitioners and collecting their cessation prescription.
Timescales for Improvement
Improvements will be monitored by the NHS GG&C Tobacco Planning and Implementation Group and City Tobacco Group on an ongoing basis. Back to Summary

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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	**Target**	**2023/24**				**2024/25**				**25/26**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**10%**	**9.5% (G)**	**6.1% (G)**	**7.2% (G)**	**7.3% (G)**	**6.4% (G)**	**7.7% (G)**	**6% (G)**	**5.5% (G)**	**6.8% (G)**
North East		12.2	6.1	7.9	8.8	8.5	8.3	7.5	5.4	6.9
North West		8.8	6.6	5.8	7.2	6.5	8.2	7.2	4.1	6.6
South		8.1	5.7	7.9	6.4	4.7	6.8	4.1	6.5	6.9

Performance Trend
Performance at city level and in all localities declined in the last quarter but remained GREEN. Back to Summary

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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	**Target**	**2023/24**				**2024/25**				**2025/26**
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**
City	**14%**	**14% (G)**	**15.6% (R)**	**11.4% (G)**	**10.8% (G)**	**10% (G)**	**12.3% (G)**	**8.5% (G)**	**8.1% (G)**	**10.3% (G)**
North East		14.6	17.4	11.2	11.0	11.5	10.8	9.4	7.2	9.1
North West		12.3	13.8	8.1	11.4	10.7	13.4	9.9	6.3	9.0
South		14.9	15.2	14.6	10.3	8.1	12.8	6.5	10.3	12.6

Performance Trend

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

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Indicator	5. Exclusive Breast 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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	Target	22/23	23/24				2024/25			
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
City	**33%**	**31.1 (R)**	**30.3 (R)**	**32.1 (G)**	**30.7 (R)**	**30.7 (R)**	**31.2 (R)**	**33.9 (G)**	**32.7 (G)**	**36 (G)**
North East		23.3	22.6	24	21.7	24.5	22.1	27.6	25.6	27.8
North West		36	34.4	37.4	34.4	34.9	37.9	37.9	40.6	41.9
South		34	33.4	34.7	34.7	32.2	33.3	36.4	32.8	37.4

Performance Trend

Performance improved and remained GREEN at a city level in the last quarter, with rates increasing across all localities.

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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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

Locality	**Target**	**22/23**	**23/24**				**2024/25**			
		Q4	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
City	**24.4%**	**25.0 (G)**	**21.6 (R)**	**24.1 (G)**	**22.7 (R)**	**24.2 (G)**	**24.3 (G)**	**24.1 (G)**	**26.5 (G)**	**30.1 (G)**
North East		21.8	20.8	21.4	21.7	21.9	20.7	21.9	23.4	25.3
North West		26.3	20.5	26.7	23.9	26.9	26.2	31.4	33.3	34.5
South		28.0	23.7	25.3	22.7	24.6	27.3	22.2	24.7	31.8

Performance Trend
Performance improved and remained GREEN at a city level in the last quarter, with rates increasing across all localities. Back to Summary

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 2)
Strategic Priority	Priority 1 (See Appendix 3)
HSCP Lead	Fiona Moss, Head of Health Improvement and Equalities

AREA	17/18 Drop Off Rates	24/25 Target	22/23	23/24				24/25			
			Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
HSCP	**32.3%**	**29.1%**	**22.4 (G)**	**23.8 (G)**	**21.6 (G)**	**24.6 (G)**	**21.4 (G)**	**22 (G)**	**19.9 (G)**	**22 (G)**	**19.5 (G)**
NE	39.9%	35.9%	26.9	27.0	23.9	31.9	21.6	25.6	26.2	25.8	21.6
NW	27.2%	24.5%	17.7	22.2	20.8	20.1	17.2	18.8	13.8	17.1	15.6
S	31.3%	28.2%	22.6	22.8	20.8	23.5	24.2	21.9	19.1	23.0	21.1

Performance Trend

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

Targets have been set to achieve a 10% reduction in drop off rates over the period to the end of 24/25. Data is reported in arrears.

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HUMAN RESOURCES

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

		2023/24				2024/25				25/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Overall Total	4%	6.54%	6.94%	7.21%	7.66%	7.80%	7.78%	8.22%	8.11%	7.73%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult Services		6.51%	7.21%	7.30%	7.86%	7.73%	7.73%	7.75%	7.65%	7.63%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children's Services		7.05%	6.51%	7.84%	9.03%	8.63%	8.24%	9.19%	9.40%	7.30%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Primary Care/ Health Improvement		4.44%	5.71%	5.23%	4.00%	4.39%	5.14%	8.92%	4.30%	5.23%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People		6.88%	6.97%	7.23%	7.70%	8.67%	8.51%	9.42%	9.28%	8.77%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Resources		2.87%	3.39%	4.15%	4.11%	5.36%	4.56%	5.30%	8.32%	5.94%
		(G)	(G)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Public Protection/ Complex Care		9.21%	9.07%	10.21	8.79%	8.57%	8.92%	8.02%	10.08	10.79%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend
Q1 has shown a slight decrease in absence consistent with the time of year. However, there remains consistently high sickness absence levels across services with targets being exceeded.
Issues Affecting Performance
These figures reveal growing pressures across several key services, especially in frontline areas such as Older People and Children's Services. This trend underscores the need for targeted strategies to address the increasing absence rates and support workforce resilience.
Actions to Improve Performance
1. Performance Improvement Groups were established across the HSCP management teams in February to focus on various compliance and improvement targets and absence is a key area for all ACO's and HOS. These groups will identify specific actions to support improved management of absence and feeding into the Performance review group chaired by the Chief Officer.

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

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

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

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

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

Timescales for Improvement

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

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

Area	Target	2023/24				2024/25				2025/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Overall Total	5%	**10.30 (R)**	**10.38 (R)**	**11.2 (R)**	**11.5 (R)**	**11.0 (R)**	**10.5 (R)**	**10.3 (R)**	**9.6 (R)**	**9.6 (R)**
Resources		6	6.5	6.9	6.3	5.7	7.0	6.6	6	6.7
Adult		10.3	10.0	9.9	8.6	11	10.8	9.6	9.3	11.1
Public Protection		7.8	7.3	7.7	7.4	9.4	7.3	8.6	8	8.2
Children		9.1	9.8	10.4	11.3	11	10.3	9.9	8.6	8.9
Older People		6.3	5.7	6.1	6.7	5.8	5.2	8.4	7.7	7.6
Care Services		13.3	13.2	14.5	15.3	13.8	12.5	12.0	11.6	11

Performance Trend

All Care Groups continue to report absence above the 5% target. However, 2024/25 Quarter 1 overall percentage absence figure mirrors the previous quarter and remains the lowest quarterly figure achieved for Social Work in 3 years (with our largest Care Group, Care Services, achieving a significant improvement, reducing absence by 2.8% compared to Quarter 1 last year).

Issues Affecting Performance

Absence performance continues to be influenced by a combination of complex factors including the emotional and physical demands of social care roles. These are further compounded by workforce age-related health challenges, such as musculoskeletal issues and other chronic conditions.

The implementation of Attendance Management Action Plans are a vital step to address these challenges to empower managers to support employee wellbeing and attendance and ensure that sickness absence is effectively managed.

Actions to Improve Performance

The Attendance Management Action Plan for 2025/26 has been launched, placing emphasis on tackling the primary causes of absence within the service; psychological, stress, and musculoskeletal conditions. Alongside this, a renewed focus will be introduced to strengthen support for managers in addressing long-term absence, the leading contributor to overall absence rates. New measures will also be implemented to proactively manage short-term absence more effectively.

Support for managers will remain a key priority to further develop their knowledge and confidence to ensure that the GCC Supporting Attendance Policy is consistently and compassionately applied. At the same time, there will be an increased focus on employee wellbeing, exploring targeted initiatives to help support attendance.

Timescales for Improvement

The 2025/26 Attendance Management Action Plan incorporates activities over the coming year, and it is anticipated that it will support the continued downward trend of quarterly absence figures.

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

Area	Target	2023/24				2024/25				25/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Overall Total	80%	35.48%	34.68%	35.39%	36.37%	38.09%	39.54%	39.76%	41.48%	46.55%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Adult		29.89%	28.84%	29.75%	29.45%	30.56%	31.18%	30.60%	32.63%	37.35%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Children's Services		52.02%	57.50%	52.87%	51.78%	54.44%	58.58%	61.13%	59.73%	66.35%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Primary Care/ Health Improvement		36.67%	40.97%	48.30%	61.47%	61.03%	66.97%	67.75%	61.77%	66.55%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Older People		31.61%	32.35%	35.34%	39.21%	41.62%	42.59%	42.43%	45.99%	51.14%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Public Protection/ Complex Care		24.77%	24.19%	26.73%	29.49%	34.05%	34.58%	35.84%	36.25%	37.19%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)
Resources		52.13%	48.51%	41.75%	30.29%	30.47%	38.83%	43.85%	25.94%	37.67%
		(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)	(R)

Performance Trend

Performance has improved each quarter over the last year. but remains RED. There are wide variations across services, however all services require significant improvement to move towards target performance.

Issues Affecting Performance

Completion of KSF reviews across the HSCP had stalled since Covid 19 pandemic. There are reported issues around the use of the TURAS system and service pressures that impact on compliance.

Actions to Improve Performance

1. Performance Improvement Groups have been set up across the HSCP management teams to focus on the following compliance and improvement targets (as discussed in relation to NHS Absences).
2. An annual trajectory reporting (updated monthly) for the HSCP
3. Guidance issued to managers on ensuring staff are aligned correctly to reviewers on TURAS system
4. Monthly communications issued to line managers advising of KSF review status for all employee's

5. Reviewers are advised to take a supportive approach to the discussion, ensuring that it is a "wellbeing" conversation with staff and that it also includes "financial wellbeing", so that staff can be signposted to the right supports. The TURAS review meeting is deemed an opportunity to have that meaningful conversation
6. Regular training provided by L&E colleagues communicated to all staff.

Timescales for Improvement

In cognisance of the poor performance in this area a 12 month focus has been given to this and other HR indicators.

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

Area	Target	2023/24				2024/25				25/26
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Glasgow	100%	44.33 (R)	38.33 (R)	37.33 (R)	50.00 (R)	55.33 (R)	61.67 (R)	55.33 (R)	53.33 (R)	35.33 (R)

Performance Trend

Performance remains RED. It has been seeing a steady rise over the period shown but Q1 has seen a significant dip.

Issues Affecting Performance

While some inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.

Managers receive notification of the induction due date and 2 further reminders. It is therefore unclear what the barrier is. It is the intention to channel inductions into the Performance Improvement Groups should significant improvement not be achieved.

Actions to Improve Performance

1. Work continues to seek to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.

2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

3. HR providing compliance updates to Core Leadership Groups

Timescales for Improvement

Ongoing improvement will be sought through the above steps. Given the stagnant position this will be picked up with leadership groups.

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

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

Performance Trend

There has been a slight improvement this quarter (Q1) but performance remains RED significantly below target.

Issues Affecting Performance

While some Health Care Support Worker inductions may not be being completed on time there also remains an ongoing issue where some individuals complete the induction but do not complete the online record of this, which can on occasion be missed by their managers. The numbers completing inductions is also relatively small which can produce significant variations between periods.

Actions to Improve Performance

1. Work continues to improve the numbers of inductions being undertaken and recorded with managers encouraged to ensure all induction is completed and signed off online. Monthly named data is provided to all service areas and performance is monitored on a monthly basis to encourage improvement.

2. Work is underway within HR to review induction processes and identify areas for improvement in timescales, content and reporting.

Timescales for Improvement

Given the deteriorating picture, a focus in this area has been identified and will continue to be picked up at core leadership meetings, with potential channelling to Performance Review Groups as required

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BUSINESS PROCESSES

Indicator	1. Percentage of NHS Stage 1 complaints responded to within timescale
Purpose	To monitor performance in relation to the agreed NHS target time for responding to complaints (on or within 5 working days for stage 1).
Type of Indicator	Scottish Public Services Ombudsman (SPSO) Statutory Indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Locality	**Target**	**2023/24**				**2024/25**				**2025/26**
		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%**	**89.9 (G) 168**	**88.2 (G) 170**	**90 (G) 120**	**84.5 (G) 142**	**90 (G) 175**	**82 (G) 88**	**64.3 (R) 157**	**78.5 (G) 107**	**83 (G) 84**
North East		**66.7 (A) 9**	**55.6 (R) 18**	**100 (G) 6**	**80 (G) 10**	**70 (G) 20**	**65 (R) 20**	**60.9 (R) 23**	**69 (G) 16**	**70 (G) 20**
North West		**80 (G) 50**	**83.3 (G) 24**	**89.6 (G) 29**	**67.8 (A) 28**	**83 (G) 36**	**65 (R) 26**	**72.1 (G) 43**	**70 (G) 30**	**76 (G) 17**
South		**N/A 0**	**N/A 0**	**N/A 0**	**0 (R) 1**	**N/A 0**	**N/A 0**	**N/A 0**	**67 (A) 3**	**78 (G) 9**
Prisons		**96.3 (G) 109**	**93.8 (G) 128**	**89.4 (G) 85**	**90.3 (G) 103**	**94.9 (G) 119**	**100 (G) 42**	**61.5 (R) 91**	**86.2 (G) 58**	**94.7 (G) 38**

Performance Trend
Performance at city level improved during Q1 and the RAG rating remained GREEN. The majority of complaints relate to prisons which largely determine overall HSCP performance. 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**	**2023/24**				**2024/25**				**2025/26**
		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%**	**65.3 (R) 95**	**76 (G) 92**	**80 (G) 140**	**78.4 (G) 102**	**85 (G) 95**	**36 (R) 99**	**79.5 (G) 44**	**57 (R) 30**	**71 (G) 31**
North East		**100 (G) 4**	**100 (G) 4**	**100 (G) 1**	**88.9 (G) 9**	**100 (G) 5**	**60 (R) 5**	**100 (G) 3**	**100 (G) 2**	**100 (G) 1**
North West		**66.7 (A) 12**	**66.6 (A) 27**	**75 (G) 24**	**60.9 (R) 23**	**72 (G) 25**	**52 (R) 25**	**64.7 (R) 17**	**56 (R) 16**	**77 (G) 22**
South		**N/A 0**	**N/A 0**	**N/A 0**	**100 (G) 4**	**100 (G) 2**	**N/A 0**	**N/A 0**	**50 (R) 4**	**67 (G) 3**
Prisons		**63.3 (R) 79**	**78.7 (G) 61**	**80.9 (G) 115**	**81.2 (G) 66**	**88.9 (G) 63**	**29 (R) 69**	**87.5 (G) 24**	**50 (R) 8**	**40 (R) 5**

Performance Trend
Performance at city level improved during Q1 and the RAG rating moved from RED to GREEN. 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	22/23	23/24				24/25			
		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%	**62% (R) 133**	**67% (A) 134**	**73% (G) 191**	**77% (G) 237**	**71% (G) 199**	**67% (A) 186**	**69% (G) 177**	**70% (G) 159**	**67% (A) 129**
North East		**75% (G)** 8	**71% (G)** 14	**62% (R)** 13	**73% (G)** 11	**47% (R)** 15	**82% (G)** 11	**69% (G)** 16	**69% (G)** 16	**54% (R)** 13
North West		**27% (R)** 15	**87% (G)** 15	**64% (R)** 11	**35% (R)** 17	**67% (A)** 12	**36% (R)** 11	**36% (R)** 11	**50% (R)** 4	**40% (R)** 10
South		**29% (R)** 21	**14% (R)** 14	**35% (R)** 17	**50% (R)** 14	**47% (R)** 19	**35% (R)** 23	**40% (R)** 30	**35% (R)** 17	**44% (R)** 16
Home-lessness		**45% (R)** 11	**57% (R)** 14	**60% (R)** 25	**65% (R)** 23	**57% (R)** 28	**50% (R)** 24	**52% (R)** 21	**68% (A)** 31	**62% (R)** 21
Home Care		**82% (G)** 67	**77% (G)** 62	**88% (G)** 96	**90% (G)** 155	**83% (G)** 109	**89% (G)** 90	**92% (G)** 78	**87% (G)** 69	**92% (G)** 53
Centre		**64% (R)** 11	**60% (R)** 15	**66% (R)** 29	**71% (G)** 17	**69% (G)** 16	**48% (R)** 27	**57% (R)** 21	**64% (R)** 22	**75% (G)** 16

Performance Trend

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

During Q4, city-level performance fell below target, resulting in a shift in the RAG rating from GREEN to AMBER. The Home Care Team continued to be above target. Performance in the North East declined from GREEN to RED, and the Homelessness Team also saw a drop from AMBER to RED. The Centre Team showed improvement, with its RAG rating moving from RED to GREEN during the reporting period. Both the North West and South teams remain below target, with their ratings staying at RED.

Issues Affecting Performance

In each of the three localities, Children and Families complaints were the identifiable areas where there were a higher number of overdue complaints. Heads of Service for each area have advised that the volume of work, complexity and competing demand that sits with both Team Leaders and Service Managers within the service can impact their ability to compile Stage 1 complaint responses within required timescales. This is also impacted by vacancies reducing frontline staffing levels at present. In addition, the volume of EM enquiries and the preparation for and landing of the CP inspection has had an impact on C&F capacity to handle complaint activity.

In addition to locality issues, Homelessness has also been identified as an area requiring improvement. Service Manager input from Homelessness cite the considerable pressures on the Homelessness Service due to the level of demand for homelessness assistance as having an impact on the capacity of the service to respond to complaints within timescales, but the service consider it positive that the majority of complaints are not upheld and that they are closer to meeting KPI than in the past. Homelessness also cite a lack of a weekly report on complaints activity, a process that had previously been put in place.

Actions to Improve Performance

Locally, South have already made changes to staffing arrangements to spread the impact of complaints (and EMQ) activity across more staff – they have found that their Children Affected by Disability Team has been disproportionately impacted by demand across both complaint and EMQ activity. CFIT staff to also meet with locality staff to discuss any training/knowledge gaps and reiterated opportunities for extension and/or escalation.

Senior managers have expressed concern that the volume of EMQ activity, particularly recurring correspondence that appears to be attempting to circumvent complaint procedures, is having a detrimental impact on the ability of staff to respond to complaints in good time, and this has been identified as a matter for further consideration and potential investigation.

Homelessness have requested a regular report from CFIT regarding outstanding complaints, to assist them in managing their output. CFIT will ensure weekly updates to key areas identifying any problem cases.

CFIT increasing chase-up activity around all Stage 1 complaints. CFIT publishing Stage 1 complaints guidance for all staff on the new Staff Intranet within next few weeks.

Timescales for Improvement

Q2 2025/26, due to delay of impact when reporting in arrears.

Back to Summary

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

	22/23				23/24				24/25			
	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%	73% (G) 56	64% (R) 84	57% (R) 70	56% (R) 85	66% (R) 59	53% (R) 90	73% (G) 62	52% (R) 109	53% (R) 91	64% (R) 87	59% (R) 118	65% (R) 130

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.
Issues Affecting Performance
The ongoing issue affecting performance in Q4 is the high volume of Stage 2 complaints received. For the second consecutive quarter, CFIT received the highest number of Stage 2 complaints in a single quarter, more than double the quantity received in either Q1 or Q3 in the previous year. As has been the case since 2021, the team responsible for the investigation of these complaints remains in a position whereby priority is given to Subject Access Request (SAR) processing, which directly impacts on the capacity of the team to carry out complaints investigations. Despite these challenges, while the team have failed to meet the target of 70% of complaints completed on time, they have improved performance in terms of this percentage completed within timescale to the highest rate since Q3 of 23/24, and in addition have done so by completing investigations on a higher number of complaints than in any previous reported quarter, with 84 completed investigations during the quarter. This is greater than the total number of complaints received in 5 of the previous 11 quarters and would have been sufficient to reach at least 71% performance in any previous reported quarter.
Actions to Improve Performance
At present, the focus of the team is on ensuring high quality responses to avoid this increase in Stage 2 complaints leading to a subsequent increase in Stage 3 complaints, which are

often more resource-intensive than any other complaints activity. Due to ongoing enforcement action by the ICO and staff absence, resource to improve performance in terms of volume is strictly limited. Staff will continue to be asked to prioritise SAR work, however fixed term recruitment activity has been agreed to service the SAR backlog, which will free capacity for complaints investigators to improve compliance around Stage 2 complaints investigation once these staff are in post.
Timescales for Improvement
While improvement in output required to meet the 70% target is, to a degree, dependent on demand, it is also dependent on progress addressing the SAR backlog. Performance is expected to exceed 70% in Q3 25/26, as by this point recruitment and training of additional SAR staff should be complete, and Senior Officers should have greater capacity to dedicate time to complaint investigation and resolution. Back to Summary

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

	22/23				23/24				24/25			
	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%	96% (A) 77	95% (R) 99	89% (R) 135	90% (R) 143	93% (R) 103	97% (G) 130	91% (R) 138	94% (R) 126	90% (R) 126	90% (R) 126	82% (R) 114	89% (R) 124

Performance Trend

This indicator is reported one quarter in arrears.

Performance in relation to FOIs increased slightly but remained below target at the end of the quarter (RED).

Issues Affecting Performance

The demands around both SAR processing and Stage 2 complaint handling have remained high, and so these issues continue to have a direct impact on FOI compliance as this activity is carried out by staff who have responsibility for all three workstreams. Overdue cases from this quarter have not fallen to a particular area of the business, but feature information requests covering various different functions, suggesting that the lack of capacity within CFIT to pursue information and/or final sign-off for responses has had an impact on compliance rates. Records indicate that cases are being progressed by CFIT in good time, however with resource limitations preventing staff from proactively issuing reminders or chase up requests to prompt service areas to return data.

Actions to Improve Performance

Staff are unable to prioritise FOI requests at this time due to ICO intervention with regards SAR performance, as the priority of the team is now and will remain addressing the significant backlog of SAR casework, and no further resource is available to address FOI demand. CFIT staff continue to set clear deadlines when requesting information, to ensure all service areas are aware of the requirements and urgency around information gathering.

Timescales for Improvement

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

Back to Summary

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

	22/23			23/24				24/25			
	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%	18% (R) 256	34% (R) 182	40% (R) 200	45% (R) 217	42% (R) 243	38% (R) 185	38% (R) 175	42% (R) 175	22% (R) 220	28% (R) 218	34% (R) 265

Performance Trend

This indicator is reported one quarter in arrears.

Performance in relation to Subject Access Requests continued to remain below target and RED during the reporting period.

Issues Affecting Performance

As previously reported, a number of severe long-term pressures inhibit performance of this function. There is continuing high demand driven primarily by demand for records to support applications for redress via Redress Scotland. Demand has increased in every quarter during 24/25, and throughout the past four years has been at a level far beyond the capacity of the team to address, particularly in the context of a large backlog of cases numbering in the hundreds.

The activity measured above only describes the closure of cases within legal deadlines. Any 'legacy' cases closed from the backlog are, by definition, no longer within legal deadlines and do not contribute to the performance figure in the table above, however those cases are where the work of the team is currently concentrated. The figures above reflect the proportionate closure of *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.

Despite these figures, it is the view of team management that the team is functioning at high performance level, given the scale of the challenge and resources currently available. While not reflected in the figures reported, the volume of SAR processing completed in the period

remains very high – in the period in question, 218 SAR responses were issued, with a total of around 55,000 pages processed.
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. The team have continually sought to identify opportunities to improve processes and to commit the maximum possible level of resource to SAR processing. As previously reported, recruitment activity has been approved and additional staff have been appointed (subject to final checks and agreed notice periods), on a fixed term basis, to address the backlog of work that has accumulated. In addition, CFIT continue to seek to implement new software that will increase efficiency of processing.
Timescales for Improvement
The intention is for planned recruitment to be completed by late August 2025/early September, and for new software to be introduced at around the same time. Resolution of the backlog is projected to be complete 18 months from that point. Thereafter, CFIT should be sufficiently resourced to address typical demand. Back to Summary

Indicator	7. Percentage of elected member enquiries handled within 10 working days
Purpose	To monitor performance in relation to response times for elected member enquiries. The Corporate deadline for responses is set at 10 working days.
Type of Indicator	Local HSCP indicator
Health & Wellbeing Outcome	Outcome 3 (See Appendix 2)
Strategic Priority	Priority 2 (See Appendix 3)
HSCP Lead	Craig Cowan, Head of Business Development

Locality	Target	23/24				24/25				25/26
		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%	**80% (G) 478**	**79% (G) 518**	**74% (R) 455**	**70% (R) 451**	**75% (R) 433**	**70% (R) 280**	**67% (R) 300**	**68% (R) 436**	**71% (R) 465**
North East		**97% (G)** 87	**97% (G)** 98	**92% (G)** 103	**87% (G)** 102	**92% (G)** 73	**79% (G)** 67	**78% (A)** 60	**73% (R)** 73	**79% (G)** 81
North West		**94% (G)** 71	**89% (G)** 111	**67% (R)** 89	**80% (G)** 56	**75% (R)** 73	**73% (R)** 51	**71% (R)** 42	**66% (R)** 74	**68% (R)** 78
South		**67% (R)** 87	**60% (R)** 110	**65% (R)** 77	**63% (R)** 84	**56% (R)** 95	**63% (R)** 52	**45% (R)** 67	**38% (R)** 73	**36% (R)** 64
Centre		**73% (R)** 220	**73% (R)** 187	**66% (R)** 167	**58% (R)** 186	**77% (A)** 172	**65% (R)** 103	**69% (R)** 118	**75% (R)** 190	**76% (R)** 217
Care Services (prev. Cordia)		**92% (G)** 13	**83% (G)** 12	**100% (G)** 19	**96% (G)** 23	**90% (G)** 20	**86% (G)** 7	**92% (G)** 13	**96% (G)** 26	**96% (G)** 25

Performance Trend

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

The number of enquiries received during Q1 (465) was slightly higher than the number received during Q4 (436) and significantly higher than the number received during Q2 (280) and Q3 (300).

Issues Affecting Performance

Heads of Service across localities have cited limited resource/staffing issues as challenging in resolving EMQs in good time. The impact of the CP inspection has also been cited as impacting on capacity.

In addition, they have highlighted that the 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. Senior Management in South identified that there were 19 EMQs from one constituent within the quarter, all directed at

one service (and therefore a single Service Manager), and this represents 30% of the total requests for the entire locality for the quarter. Processes for response also often require review and approval from senior managers, which can lead to delay.
Actions to Improve Performance
Development of a logging system that can identify the reasons for delays is to resume, and further discussions to take place between senior management, CFIT and other stakeholders regarding the circumvention of processes in place around complaints and unacceptable actions to determine whether any further measure can be taken to ensure the smooth operation of this function. South have made changes to the remit of key staff to better spread the impact of high volumes of EMQs focussed on specific services.
Timescales for Improvement
Q2 25/26. Back to Summary

APPENDIX 1 – OTHER INDICATORS

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

1. MINISTERIAL STRATEGIC GROUP INDICATORS

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

*Provisional

2. NATIONAL INTEGRATION INDICATORS

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

3. OTHER INDICATORS

Indicator	Type/ Outcome	Target	Date	City	North East	North West	South	Comments
1. AHP Waiting Times – MSK Physio - % urgent referrals seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	June 25	**30% (R)**	N/A	N/A	N/A	This service is hosted by West Dunbartonshire HSCP. Decreased from 39% in March. Produced quarterly.
2. AHP Waiting Times – Podiatry - % seen within 4 weeks	Local HSCP indicator Outcome 9	90% within 4 weeks	Q1	**90% (G)**	N/A	N/A	N/A	This service is hosted by Renfrewshire HSCP. Increased slightly from Q4 when was 89.75%. Produced quarterly.
3. AHP Waiting Times – Community Dietetics - % on waiting list waiting < 12 weeks	Local HSCP indicator Outcome 9	100% within 12 weeks	Q1	**99.8% (G)**	N/A	N/A	N/A	This service is hosted by the Acute Sector. Increased from 98.2% for Q4. Produced quarterly. Pharmacy Dietetic Performance is 95.9% (A).
4. Child and Adolescent Mental Health Services (CAMHS) services: % seen within 18 weeks	Local HSCP indicator Outcome 9	100%	Q1	**98.8% (G)**	**98.1% (G)**	**98.4% (G)**	**99.6% (G)**	This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 96.4% (City); 95.5% (NE); 93.3% (NW); 99.4% (S). Produced quarterly.
5. % looked after children who are offered and receive an Initial Comprehensive Health Assessment (IHA) within 28 days of accepted referral. (Numbers shown below % figures).	Local HSCP indicator Outcome 4	100%	Q1	**100% (G)** **6** (Under 5s)				This service is hosted by East Dunbartonshire HSCP. Figures for Q4 were 57% (under 5s) and 92% (over 5s). Produced quarterly.
		100%	Q1	**90% (R)** **29** 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%	Apr22 to Mar24	**56.2% (R)**	**56% (R)**	**56.8% (R)**	**55.8% (R)**	HSCP not directly responsible as is nationally delivered but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Previous figures for 2021-23 were 55.6% (citywide); NE 55.2%; NW 56.2%; S 55.3%. Next report due Mar 26.
7. Percentage of women invited who attend for breast screening	Local HSCP indicator Outcome 1	70%	Apr21 to Mar24	**70.4% (G)**	**68.3% (G)**	**70% (G)**	**72.6% (G)**	HSCP not directly responsible as programme is delivered by Health Board on a West of Scotland basis but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Last report was for Apr 20 to Mar 23 when was 64.1% (citywide); NE 61.2%: NW 62.7%; S 67.9%. Next report due Mar 26.
8. Percentage of women invited who attend for cervical screening (all ages)	Local HSCP indicator Outcome 1	80%	2023/ 24	**58.5% (R)**	**60.5 (R)**	**49.9% (R)**	**66.4% (R)**	HSCP not directly responsible, as delivered by the Health Board's Public Protection unit, but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Previous figures for 22/23 were 59.5% (citywide); NE 61.3%; NW 52.8%; S 65.3%. Next report due Mar 2026.
9. Abdominal Aortic Aneurysms Screening Rate (AAA) - % men who take up invitation by age 66 and 3 months	Local HSCP indicator Outcome 1	75%	2023-24	**75.5% (G)**	**75.8% (G)**	**71.3% (G)**	**78.5% (G)**	HSCP not directly responsible but has role in encouraging uptake. From Annual NHSGGC screening report last produced Mar 2025. Previous figures for 22/23 were 76.2% (citywide); NE 75.3%; NW 76.4%; S 76.6%. Next report due Mar 2026

APPENDIX 2 - NATIONAL HEALTH AND WELLBEING OUTCOMES

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

APPENDIX 3 - HEALTH & SOCIAL CARE PARTNERSHIP CORPORATE PRIORITIES

Priority 1 Prevention, early intervention, and well-being

Priority 2 Supporting greater self-determination and informed choice

Priority 3 Supporting people in their communities

Priority 4 Strengthening communities to reduce harm

Priority 5 A healthy, valued and supported workforce

Priority 6 Building a sustainable future

APPENDIX 4 – APR KPIs

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

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

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