

## Quarter 3 2025/26

### **Purpose of the report**

To provide a strategic overview of the Council's performance for Quarter 3 2025/26.

### **The following scorecards are enclosed:**

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Prepared by the Performance and Improvement Team

# Key to Symbols

Reporting Basis	
Year to Date	Performance accumulated over the year
Rolling Year	Average performance over a 12 month period
Annual	Performance measured once a year
Latest Quarter	Performance this quarter
Snapshot	Performance at a particular point in time
Forecast	Predicted position at the end of the year

Measure Symbols	
★	Performance Better than Target
●	Performance Worse than Target
▲	Performance significantly worse than Target
?	No information
!	Missing Target
?	No Value
Bigger is Better	A bigger value for this measure is good
Smaller is Better	A smaller value for this measure is good
Plan is best	Where it is better for performance to be on target rather than above or below

Risk	Impact/Consequence				
	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Critical
Highly Likely (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Remote (1)	1	2	3	4	5

## Risk Rating

(calculated by multiplying the Impact with the Likelihood of each risk)

Risk Symbols	
✖	Risk Value Increasing
✔	Risk Value Decreasing
➡	No Change

Level of Risk	Score
Low	1 - 6
Moderate	7 - 12
High	13 - 25

# Tackling Climate Change



## Climate Change

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Number of EV public Charge Points installed	Bigger Is Better	Quarterly	224	232	279	280	288	335	▲	288 EVCPs installed as at 31 Dec 25, of which 276 are fully operational ( This includes the 10 EVCPs at St Georges car park under the fleet charge points as these are publicly accessible). The actuals are lower than anticipated due to delays in delivering the next work package (38 EVCPs) which is expected to start on site in Quarter 4. The following work package of 56 EVCPs is still subject to technical approval and is anticipated to be delivered in the next few months. Delays are due to contractors performance in supplying accurate site survey, drawing and costs. The team continue to work closely with our contractor to manage and address these issues.	

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
Green jobs as a proportion of total jobs advertised online	Bigger Is Better	Quarterly	2.7%	3.0%	3.0%	3.4%	2.8%		

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Tonnes CO2e Council Emissions (buildings/transport exc schools)	Smaller Is Better	Year to Date	2,211.39	4,077.74	6,071.00	1,066.74	2,034.21		

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Renewable energy generation (kWh) (Councils Estate, exc schools)	Bigger Is Better	Year to Date	30,197,875	44,427,959	61,565,046	15,829,642	26,826,214		

## Waste

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Residual household waste per household (Kgs)	Smaller Is Better	Forecast	437	440	433	427	429	413	●		505
% of household waste sent for reuse, recycling and composting	Bigger Is Better	Forecast	51.8%	51.3%	51.0%	51.5%	50.3%	53.0%	▲	Half of household waste collected is sent for reuse, recycling, and composting; performance is worse than the stretch target (50.3% against a target of 54%). Performance has seen incremental reductions since Quarter 1 2024/25, down from 52.5%. Due to upcoming national policy changes, no further service changes are currently planned, and it is therefore unlikely the recycling rate will change for the time being. National changes to the Extended Producer Responsibility legislation as part of the Circular Economy Package are due by 2027.	46.7%
Net power produced (MWhr) by the Energy From Waste facility	Bigger Is Better	Forecast	28,417	34,202	31,463	21,778	36,224	29,100	★		
% of waste diverted from landfill	Bigger Is Better	Forecast	97.1%	97.4%	97.8%	95.9%	97.7%	92.8%	★		

# Improving Our Roads



## Highways

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of 2 hour emergency repairs made on time	Bigger Is Better	Latest Quarter	91.8%	97.4%	99.2%	99.4%	97.3%	96.0%	★		
% of 24 hour defects repaired on time	Bigger Is Better	Latest Quarter	99.9%	99.9%	99.9%	99.9%	100.0%	96.0%	★		
% of 28 day defects repaired or made safe in time	Bigger Is Better	Latest Quarter	99.1%	99.7%	99.9%	99.5%	99.6%	95.0%	★		
% of structural maintenance programme delivered	Bigger Is Better	Latest Quarter	91.3%	108.3%	47.5%	71.8%	84.5%	75.0%	★		

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
Number of Winter maintenance runs completed	Smaller Is Better	Quarterly	38	99	0	0	54		
Average additional days to complete overdue 28 day defect repairs	Smaller Is Better	Quarterly	2.00	1.60	0.33	10.17	13.10		
Number of repairs to non safety defects	Bigger Is Better	Latest Quarter	5,150	7,092	5,958	2,147	8,138		

Measure Description	Tolerance Type	Reporting Basis	Dec-21	Dec-22	Dec-23	Dec-24	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Overall resident satisfaction with Highways network	Bigger Is Better	Annual	50.0%	48.0%	48.0%	46.0%	49.0%	48.0%	★		50.0%

Measure Description	Tolerance Type	Reporting Basis	Mar-21	Mar-22	Mar-23	Mar-24	Actual Mar-25	Target Mar-25		Comments	Comparator Group
% of principal roads where maintenance should be considered	Smaller Is Better	Annual	2.0%	2.0%	2.0%	1.0%	1.0%	2.0%	★	Road condition is based on a sample survey undertaken in Summer 2020. Principal roads equate to 10.5% of the road network covering 571 Km.	5.0%
% Non-principal classified roads for maintenance consideration	Smaller Is Better	Annual	4.0%	5.0%	5.0%	4.0%	4.0%	4.0%	★	Road condition is based on a sample survey undertaken in Summer 2020. Non-principal (classified roads) equate to 36.2% of the road network covering 1,962 Km	8.0%
% of unclassified roads where maintenance should be considered	Smaller Is Better	Annual	12%	13%				12%		Due to government requirements changing, this KPI is no longer required to be reported on, however a measure to report Gloucestershire data is being defined.	

## Flooding

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% delivery of the annual gully emptying programme	Bigger Is Better	Latest Quarter	75.4%	100.0%	38.5%	62.3%	91.9%	75.0%	★		

## Road Safety

Measure Description	Tolerance Type	Reporting Basis	Jul-Sep 24	Oct-Dec 24	Jan-Mar 25	Apr-Jun 25	Actual Jul-Sep 25	Forecast Jul-Sep 25		Comments	Comparator Group
Number of killed and seriously injured people	Smaller Is Better	Calendar Year to Date	245	311	75	146	225	270	★		

# Sustainable Growth



## Connectivity

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% premises with next generation broadband access (NGA) Superfast	Bigger Is Better	Latest Quarter	98.3%	98.6%	98.6%	98.8%	98.8%	99.0%	●		
% of premises connected to broadband (Stage 1 - BT - FTTC)	Bigger Is Better	Quarterly	99.0%	99.1%	99.2%	99.3%	99.3%	99.0%	★		
% Gigabit (DOCSIS 3.1 or FTTP) Broadband coverage	Bigger Is Better	Latest Quarter	80.0%	82.4%	83.9%	86.0%	87.5%	84.5%	★		

# Levelling Up Our Communities

## Addressing Public Health Inequalities

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target		Comments	Comparator Group
% HLS customers achieving a significant risk factor improvement	Bigger Is Better	Quarter in Arrears	39.9%	49.1%	52.8%	62.2%		65.0%		This indicator includes calculating the amount of physical activity that people undertake. We are working on establishing how we can meaningfully measure what constitutes a significant risk factor improvement with regards to the physical activity element of the indicator. A discrete physical activity pathway is being developed (outside of the PA offer which is currently only available as part of a weight management group offer) as well as exploring if we can gather meaningful data on physical activity from the weight management App. Given the lag in reporting data i.e. that we are reporting in Q2 but delivery is into Q4 we propose that this indicator should be reported on from Q1 of 2026/27 when we will be able to provide consistent data across all pathways.	
Proportion of those who have successfully completed treatment for drugs and alcohol, are drug-free in treatment, or have sustained reduction in drug use	Bigger Is Better	Quarter in Arrears	42.0%	41.0%	40.0%	42.9%	42.0%	42.0%	★	The current performance against this measure is 42%. This measure covers the range of progress that individuals are making during treatment and combines: the proportion of those in treatment who completed successfully (excluding those who have acute housing problems), are drug/alcohol-free in treatment, or have sustained reduction in their drug and/or alcohol use. This is measured across a rolling twelve-month period. This is a key metric in measuring achievement against the 2021 Drug Strategy (HM Gov), and we have used it as a replacement to the previously reported successful completion and treatment effectiveness measures. This change has been made to coincide with the commencement of the new contract for the adult community drug and alcohol service (1 April 2024).	
% of pregnant smokers achieving a 4 week quit	Bigger Is Better	Quarter in Arrears	38.0%	58.0%	27.0%	57.0%	56.0%	80.0%	▲	In Q2, the number of pregnant people setting a quit date remains below target (34) but has continued to improve quarter on quarter (Q1=30). Whilst the 4 week quit rate is still below the target of 80% at 56% (19/34), compared to Q1 57% (17/30), it remains steady and is above the national average for pregnant people (48.7% in 2024/25). Overall performance remains impacted by ongoing challenges related to the quality of referrals from referring partners. However, work with the midwifery team to strengthen referral pathways is ongoing and is expected to support further performance improvements in future quarters.	

Measure Description	Tolerance Type	Reporting Basis	Sep-21	Sep-22	Sep-23	Sep-24	Actual Sep-25	Comments		Comparator Group
% Reception Children with obesity (including severe obesity)	Smaller Is Better	Academic Year	13.6%	8.7%	8.6%	9.3%	9.4%	<p>Among Reception aged children (aged 4 to 5), 9.4% were recorded as living with obesity, which is also significantly better than the national average. Performance for both age groups has remained stable over the last three years.</p> <p><b>Latest annual data for academic year 2024/25</b> - Performance relating to the national children's weight measurement programme was released late and became available in Quarter 3.</p>		10.5%
% Year 6 Children with obesity (including severe obesity)	Smaller Is Better	Academic Year	21.6%	20.7%	20.4%	19.9%	20.0%	<p>The risk of obesity in adulthood, and the likelihood of developing obesity related ill health, increases as children get older. Evidence from longitudinal studies shows that the probability of children who are overweight or living with obesity becoming overweight or obese adults rises with age. Local authorities are mandated to make provision for the collection of height and weight data for children in state-maintained schools in England (through The National Child Measurement Programme - NCMP). Data collection from special schools, pupil referral units, and independent schools is encouraged but not mandated.</p> <p>In Gloucestershire, 20% of Year 6 pupils (aged 10 to 11) were recorded as living with obesity, a rate that is significantly below the national average of 22.2%. Creating conditions under which it is easier to access and eat a healthy diet, and embed physical activity into daily life, are key priorities for the county. In addition, the council commissions services to support children, young people and adults, who are living with excess weight, to make sustainable life changes to help them to improve health and well being and maintain healthier weight.</p> <p><b>Latest annual data for academic year 2024/25</b> - Performance relating to the national children's weight measurement programme was released late and became available in Quarter 3.</p>		22.2%

Measure Description	Tolerance Type	Reporting Basis	Dec-21	Dec-22	Dec-23	Dec-24	Actual Dec-25	Target		Comments	Comparator Group
Suicide rate per 100,000 Population	Smaller Is Better	3-Year Average	11.0	11.3	10.7	10.6	9.9	11.3	★		10.9

# Transforming Children's Services

## Children's Social Care

### Quality Assurance

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% Children open to Social Care with 1-2 Social Workers in 6 mths	Bigger Is Better	Snapshot	93.8%	94.0%	93.1%	90.9%	90.3%	90.0%	★		
% of audits judged as good or better	Bigger Is Better	Latest Quarter	59.0%	63.0%	66.0%	67.0%	74.6%	65.0%	★		

### Contact Activity

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% re-referrals to Social Care within 12 months	Smaller Is Better	Latest Quarter	20.5%	21.6%	25.5%	28.7%	23.5%	21.5%	▲	<p>This measure has improved in this quarter but remains worse than target. There is continued focused QA work underway to try and understand what we can do to improve performance. There are a number of factors which we believe are likely to be impacting on this number:</p> <ul style="list-style-type: none"> <li>• A general increase in demand at the front door, putting pressure on teams to manage demand.</li> <li>• Changes in Police practice around the reporting of missing children.</li> <li>• Capacity pressure in commissioned children's centre services for 0 to 10s.</li> <li>• High turnover in targeted early help services due to the use of temporary contracts linked to short term grant funding.</li> <li>• Changes to working practices at the front door continue to embed as the newly appointed Front Door Advisor's develop practice knowledge and skills.</li> <li>• Increased staff turnover, in part linked to agency social work rule changes.</li> </ul>	20.9%

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of final decisions made within time for all contacts	Bigger Is Better	Latest Quarter	77.0%	73.7%	78.6%	74.2%	74.9%	90.0%	▲	This measure has improved slightly in the last quarter and this is likely due to the newly appointed front door advisors who have now all received training and an intensive induction process to ensure they are skilled to support the business. It is anticipated that this measure will continue to improve as they continue to develop their skills and experience.	
% of initial visits to children carried out in timescale	Bigger Is Better	Latest Quarter	94.5%	91.7%	90.7%	87.0%	86.0%	85.0%	★		

### Children in Need of Help & Protection

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of Single Assessments completed within 45 working days	Bigger Is Better	Latest Quarter	83.5%	77.9%	83.2%	79.2%	77.8%	85.0%	▲	Performance shows a slight fall in performance which has continued from the previous quarter. This performance remains in line with statistical neighbours and the national average.	83.7%
% of children with a second or subsequent Child Protection Plan	Smaller Is Better	Latest Quarter	26.1%	28.9%	33.6%	28.5%	41.3%	25.0%	▲	This figure can be volatile. Performance has dipped in this quarter in comparison to some improved performance in the last quarter and is currently worse than target. Work is underway to understand this which is supported by the development and roll out of multi-agency training that considers proportionate intervention with children.	26.6%
% of Child Protection Plans lasting 2 years or more	Smaller Is Better	Snapshot	3.3%	2.3%	1.7%	2.5%	1.3%	1.6%	★		2.4%
% Strategy discussions took place in 5 working days	Bigger Is Better	Quarterly	94.5%	93.8%	96.9%	94.4%	97.1%	90.0%	★		

## Children in Care

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of Children who are fostered with in-house fostering	Bigger Is Better	Snapshot	68.0%	67.0%	67.0%	65.0%	64.0%	70.0%	▲	This number has remained relatively stable over a significant period of time. Much work is underway to improve the recruitment of foster carers for GCC, this continues to take place in a very challenging national climate, which is seeing most LA's report overall reductions in foster carers. This continues to not be the case in GCC, and the recruitment activity ongoing was praised in the Ofsted report in June 2026.	
% Children in Care over 2.5 yrs, same placement for 2 or more yrs	Bigger Is Better	Snapshot	66.4%	60.7%	63.2%	64.8%	61.9%	68.0%	▲	This measure has slightly declined over the last quarter there is continued focus to improve this performance and we would expect to see this improve as more improvements come on line.	67.8%
% Children in Care (CIC) reviewed in timescales	Bigger Is Better	Latest Quarter	95.6%	99.2%	97.3%	96.3%	96.8%	95.0%	★		
% of Children in Care with 3 or more placements in 12 months	Smaller Is Better	Snapshot	11.4%	11.9%	12.4%	12.8%	14.2%	12.0%	▲	Performance remains lower than target and then has been a small decline in this figure. There is much focus on this area of practice to improve this performance but this is taking place in a very challenging national climate.	12.3%
% Children in Care persistently absent	Smaller Is Better	Snapshot	26.1%	27.9%	32.7%	20.4%	26.3%	15.0%	▲	Most children in care have good attendance at school (attendance of 90% of school days or more) (74%). However, a quarter of children in care had been persistently absent during the first two terms of the academic year (26%, Sep-Dec 2025). This is the following the same trend as the previous academic year.	
% of children admitted to care within 12 months of previously being in care	Smaller Is Better	Latest Quarter	4.8%	3.1%	10.0%	4.0%	1.4%	7.0%	★		

**Care Experienced Young People**

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% in care aged 16, now aged 19-21 yrs in suitable accommodation	Bigger Is Better	Snapshot	94.2%	94.0%	93.8%	93.9%	91.9%	95.0%	●	Performance in this area remains good and close to target. Gloucestershire's performance significantly exceeds the south west average for 2024 (89%) and statistical neighbour average (85%).	86.9%
% in care at 16, now aged 19-21 in employment/education/training	Bigger Is Better	Snapshot	52.7%	52.7%	51.1%	54.3%	54.3%	75.0%	▲	Although this figure remains below our ambitious target, performance has remained consistent with the previous quarter. Care leavers in EET was one of our only two recommendations from our recent Ofsted inspection and plans are underway to drive improvements in this area. Despite the challenges, recent national figures (2024) show GCC out performing regional and statistical neighbours.	55.2%

# Transforming Children's Services

## Education

### Education

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
Number of Children with an EHCP	Plan Is Best	Snapshot	6,411	6,584	6,971	7,111	7,467		
Number of Children with an EHCP in progress	Smaller Is Better	Snapshot	750	811	724	606	465		
% of notifications to assess within 6 weeks of the date of request	Bigger Is Better	Quarterly	98.7%	97.1%	98.3%	95.9%	97.5%		
% of draft EHCPs issued within 16 weeks of the date of request	Bigger Is Better	Latest Quarter	21.3%	29.3%	20.5%	17.9%	54.9%		
% of EHCPs issued within 20 weeks of the date of request	Bigger Is Better	Latest Quarter	23.0%	29.1%	22.4%	15.6%	45.4%		31.2%
Rate per 1,000 of children with an Education Health and Care Plan	Plan Is Best	Latest Quarter	36.3	37.0	38.7	40.3	42.3		38.4

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
% of pupils Persistently absent - Latest Term End	Smaller Is Better	Latest Term End	17.9%	18.9%	18.3%	21.9%	22.5%		18.8%
% of pupils Severely absent – latest term end	Smaller Is Better	Latest Term End		2.0%	2.3%	2.8%	2.5%		2.4%

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of good or outstanding Early Years Settings	Bigger Is Better	Latest Term End	91.6%	92.7%	92.3%	92.2%	93.2%	92.0%	★		
Number of pupils permanently excluded (All Pupils) Latest Term End	Smaller Is Better	Latest Term End	47	72	125	147	45	47	★		
Number of Suspensions (All Pupils) - Latest Term End	Smaller Is Better	Latest Term End	4,149	4,496	7,632	10,354	3,302	4,161	★		

# Transforming Adult Social Care Delivery

## Contact Activity

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar -25	Jun -25	Sep -25	Actual Dec -25	Target Dec-25		Comments	Comparator Group
% of all ASC Contacts with a decision within 24 Hours	Bigger Is Better	Latest Quarter	87.5%	87.0%	91.2%	90.5%	90.2%	95.0%	▲	<p>In Quarter 3 there were 25,760 contacts closed with 23,231 closed within 24 hours (90.2%). Performance overall in the quarter has decreased and is now just outside of tolerance, however remains in a similar position as seen in Quarter 2 , where 24,287 (90.5%) of contacts were closed of 26,840 contacts within 24 hours.</p> <p>The Adult Helpdesk team is trialling different methods in which to improve performance. Annual leave capacity during peak periods has been reviewed to maintain resilience across phone lines, allowing Customer Service Officers (CSOs) more time to complete administrative tasks promptly. The telephone usage process has been refined ensuring all CSOs are set to available for calls by default as opposed to 'not ready' to maintain consistent availability, helping to reduce call queues and giving greater flexibility for CSOs to manage their own workload effectively. Work is ongoing to review and improve the Helpdesk web form, usage of this is increasing month by month. The team are also exploring the use of Magic Notes which should create capacity within the team to ensure Contacts are completed in a timely manner.</p> <p>The recent Systems, Process and Data (SPD) changes have meant CSOs are taking more time to complete admin work while they adjust to new processes. In addition to this, a known system issue with returning Contacts to Outcome stage is causing Contacts to be held by CSOs for longer time periods while awaiting resolution for the task.</p>	

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar -25	Jun -25	Sep -25	Actual Dec -25	Target Dec-25		Comments	Comparator Group
% of ASC contacts signposted or closed	Bigger Is Better	Latest Quarter	30.6%	31.5%	29.1%	31.5%	31.7%	33.0%	●	In Quarter 3, 25,760 Contacts were closed. Of all completed Contacts in Quarter 3, 31.7% (8,170) were signposted, information or advice given or resulted in no further action (NFA). 5510 - No further action 2010 - Signposted 650 - Information/Advice Clearer staff guidance is now in place in line with recent Systems, Process & Data (SPD) changes. It is anticipated that the introduction of new Outcome data codes within the Contact Form will result in more accurate outcomes being recorded. However, current systems continue to only allow one recorded outcome per individual, even when multiple actions are taken, any Contacts sent on to locality teams that included signposting will not be picked up in the performance data for this measure.	

### Assessment, Brokerage & Review

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of people having had a review of their needs in 12months	Bigger Is Better	Snapshot	73.0%	75.2%	76.1%	78.0%	79.1%	75.0%	★	At the end of Quarter 3, 5,474 individuals had a long-term or short-term Care Act support plan. Of these, 79.1% (4,331) had an up-to-date Care Act review or were not yet due a review. This is an improvement from 73% at the same point last year. Performance has remained above target and seen a steady increase for the last two quarters. This positive trajectory reflects investment in this area and change to practices that have driven improvement.	

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
Average number of weeks people have been awaiting Brokerage	Smaller Is Better	Snapshot	4.0	4.1	3.0	3.6		<p>The average wait time to broker a service has decreased slightly to 3.1 weeks (21.6 days), down from 3.6 weeks (24.9 days) in Quarter 2. Performance remains better than the 12-month average of 3.5 weeks (25.2 days), indicating that the system is still maintaining a level of responsiveness that is better than the longer-term trend.</p> <p>Alongside this, the majority of services are being sourced within reasonable timeframes. 84% of services (446 out of 532) were brokered within one month, and 61% (327 out of 532) were in place within two weeks.</p> <p>The highest proportion of services being waited for are Homecare (37%) and Residential care (18%).</p> <p><b>Note:</b> Quarter 3 2025/26 figures are based on a data snapshot taken at the end of November 2025. Due to reporting issues, Brokerage data for December is currently unavailable. This issue is being investigated, and once resolved, the data will be backdated</p>	
% FAB Assessments completed within 40 calendar days	Bigger Is Better	Quarterly	30.0%	30.0%	31.0%	29.0%	40.2%	<p>In Quarter 3, 40.2% of Financial Assessments and Benefits (FAB) Assessments were completed within 40 calendar days, an increase of 11 percentage points in comparison to Quarter 2 (29%).</p> <p>This significant improvement has been seen following increased staffing levels, the appointment of a new remote assessment team, and process changes as part of the Systems, Process &amp; Data Review that went live on 8th December. Focused work has been completed by the core FAB team to bring assessments up to date and ensure that Financial Assessment Request forms are closed on Case management system (LAS) if work has been completed.</p>	
No. of new FAB Requests received within the quarter	Plan Is Best	Quarterly	858	885	1,202	1,339	1,150	<p>In Quarter 3 the Financial Assessment and Benefits (FAB) Team received a total of 1,150 requests (986 referrals) for 978 individuals. In comparison to Quarter 2, the number of requests has decreased by 189 (14%). This is the first quarterly decrease seen after an increasing trend over the last 2 years. Overall, the number of requests remains higher over time - in comparison to the same period last year, the number of requests has increased by 292 (34%).</p>	

## Hospital Discharge & Reablement

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of people who need no long term care after reablement	Bigger Is Better	Latest Quarter				66.5%	63.2%	85.0%	▲	<p>During Quarter 3, the reablement period concluded for 851 individuals. Of these, 538 people (63.2%) did not require long-term care following their reablement. Among those 538 individuals, 297 (51.9%) were reported as being independent at the end of the reablement period.</p> <p>Note: Please interpret this data with caution. Manual data entry inconsistencies, along with changes in data sources and capture methods, may affect historical comparability. Additionally, forthcoming national changes through the Client Level Dataset will further influence how this measure is defined and reported in future periods.</p>	

## Adult Safeguarding

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% Adult Section 42 enquiries where risk was reduced or removed	Bigger Is Better	Latest Quarter	88.5%	93.4%	89.6%	80.9%	95.7%	85.0%	★	<p>For Quarter 3, 197 Section 42 Enquiries were completed. Of these, 116 had a risk identified, and 111 were closed with the risk being reduced or removed. While a dip in performance was seen in Quarter 2, falling to within tolerance of target (80.9%), an improvement has been seen in Quarter 3 of 14.8 percentage points.</p> <p>Recent system changes to the end of the Safeguarding Process have resulted in more accurate recording, including that of outcomes, which has likely had a positive effect on performance for this measure.</p>	89.0%

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of S42 Enquiries open for more than 26 weeks	Smaller Is Better	Snapshot	8.4%	11.6%	6.0%	11.6%	15.8%	20.0%	★	<p>The percentage of Section 42 enquiries open for over 26 weeks increased from 11.6% in Quarter 2 to 15.8% in Quarter 3. An unusually low figure of 6% was seen in Quarter 1, primarily due to a targeted piece of work focused on enquiries that had been open the longest. Performance in Quarter 2 reflected a return to more typical levels, and the increase seen in Quarter 3 has remained steady throughout the 3 months in the quarter. This has been below the target level for the last 6 quarters.</p> <p>All Safeguarding Enquiries, both over and under 26 weeks, are monitored closely through supervisions and focused meetings to discuss and track progress. This is further backed up via the use of various Safeguarding Dashboards.</p>	

# Transforming Adult Social Care

## Commissioning

### Quality Assurance

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of Gloucestershire ASC Providers rated Good/Outstanding by CQC	Bigger Is Better	Latest Quarter	86.8%	86.2%	86.6%	86.5%	81.2%	90.0%	▲	<p>As of the end of Quarter 3, there were 393 Care Quality Commission (CQC)-registered providers in Gloucestershire. Of these, 254 are commissioned by Gloucestershire County Council, with the following ratings:            Outstanding: 16            Good: 191            Requires Improvement: 28            Inadequate: 1            Not Rated: 3            Not yet inspected: 15</p> <p>Of the 4,566 individuals placed with inspected providers, 3,690 (81%) are supported by providers rated Good or Outstanding. A further 690 individuals (15%) are placed with providers rated Requires Improvement, 9 (&lt;1%) with a provider rated Inadequate, and 177 (4%) with providers that have been inspected but not yet rated. Of the 699 individuals placed with providers rated Requires Improvement or Inadequate, 283 (41%) are in care homes and 416 (59%) receive support from community-based providers.</p> <p>Delays in Care Quality Commission (CQC) inspections in Gloucestershire reflect national backlogs rather than local authority performance. These delays mean some improving providers wait years for reassessment, while previously high-performing services may decline without updated ratings, creating a mismatch between actual quality and published information. To mitigate this, Gloucestershire County Council has introduced a new quality assurance framework, including annual provider visits and regular self-assessments. Now that this framework is in place, we expect its impact to become evident in stronger oversight and clearer performance trends over the coming quarters.</p> <p>Note: Methodology change due to enhanced data insights. As this is a snapshot, data cannot be retrospectively input.</p>	

**Assessment, Brokerage & Review**

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Average waiting time for a Carers Care Act Assessment	Smaller Is Better	Snapshot	15.0	11.0	11.0	11.0	11.0	30.0	★	The average number of working days to complete a Care Act Compliant assessment remains at 11 working days or just over two weeks. This is well below target of 30 working days. The 11 average days to complete an assessment has remained the same for 4 quarters. However, the number of assessments has been falling and Q3 had 292 assessments completed, Q2 at 387 and Q1 at 395. Quarter 3 does tend to have fewer assessments completed historically due the holiday period. The provider currently has 12,411 carers registered, with an average of 600 new carers registering each quarter. Of the 292 assessments completed in Quarter 3, 136 were Care Act Assessments and 156 were holistic assessments. Holistic assessments continue to be completed in a more timely manner than Care Act Assessments, with an average timescale of 3 days. A meeting will be held with the provider to review Key Performance Indicators and targets as part of future service specifications and contracts. Feedback from the current provider shows carers who receive support feel listened to and understood especially around the impact of being a carer. The Carers Improvement Group is working to ensure this feedback represents all carers and to align the assessment process for unpaid carers and the people they care for.	

**Long Term Care**

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Permanent admission 18-64 residential/nursing care per 100K pop	Smaller Is Better	Rolling Year	17.0	18.1	19.6	21.1		16.5		<b>Now reported a quarter in arrears until in-house reporting can replicate the published methodology.</b> For adults aged 18-64, the number of permanent admissions to care has increased to 82 people at the end of Quarter 2, equating to a rate of 21.1 per 100,000 population. This is in comparison to 76 people at the end of Quarter 1, equating to a rate of 19.6. The current rate is worse than the target of 16.5 per 100,000 population, which equates to approximately 63 people. <b>Note:</b> For Quarter 3 reporting, the methodology used for this measure has been changed from using the Short and Long Term data collection (SALT) methodology, to be in line with the Client Level Data (CLD) pulled from the Athena dashboard. A 12-month data refresh has been applied, back to Quarter 4 24/25, and due to this an expected increase has been seen in both the number and rate. Data via this methodology is currently available quarterly only and at time of reporting only a quarter in arrears has been published nationally.	16.5

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25	Comments	Comparator Group
Permanent admission 65+ residential/nursing care per 100K pop	Smaller Is Better	Rolling Year	524.2	543.8	539.7	549.9		585.9	<p><b>Now reported a quarter in arrears until in-house reporting can replicate the published methodology.</b> The number of older people permanently admitted to care over a rolling 12 months has fluctuated over the last 4 quarters, with 814 admissions recorded at the end of Quarter 2. This represents a 2% increase from Quarter 1, which saw 799 admissions. The admission rate in Quarter 2 was 549.9 per 100,000 population, up from 539.79 per 100,000 population in Quarter 1. This is in line with figures seen in Quarter 4 24/25, when 508 admissions were recorded at a rate of 543.8 per 100,000 population. The current rate is below the target and comparator group rate of 585.9 per 100,000 population (equivalent to around 852 people).</p> <p><b>Note:</b> For Quarter 3 reporting, the methodology used for this measure has been changed from using the Short and Long Term data collection (SALT) methodology, to be in line with the Client Level Data (CLD) pulled from the Athena dashboard. A 12-month data refresh has been applied, back to Quarter 4 24/25, and due to this an expected increase has been seen in both the number and rate. Data via this methodology is currently available quarterly only and at time of reporting only a quarter in arrears has been published nationally.</p>	585.9

## Mental Health

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
% AMHP assessments outcome: MH Act detention/support/admission	Plan Is Best	Latest Quarter	60.1%	66.7%	62.4%	58.0%	58.6%	In Quarter 3, a total of 276 Mental Health Act assessments were carried out by Approved Mental Health Professionals (AMHPs) in Gloucestershire, marking a 6% decrease from Quarter 2 (which saw 295 assessments), and an 11% decrease from the same period last year (213 assessments). Of those assessed in Quarter 3, 135 individuals (48.6%) were detained under Sections 2 or 3 of the Mental Health Act, 28 (10%) received community support or other protective measures, and 115 (41%) either required no further action or had outcomes that were not recorded.	

# Learning Disability

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25	Comments	Comparator Group
% of Adults with Learning Disabilities in settled accommodation	Bigger Is Better	Snapshot	66.3%	68.3%	67.7%	68.6%	70.1%	79.0%	▲ Since Quarter 1 last year there have been small incremental increases each quarter in the percentage of Adults with Learning Disabilities in settled accommodation. In June 2024 64.3% were in settled accommodation, this has increased each quarter since then and is now 70.1% in Quarter 3 (up 5.8%). At the end of December 2025, 431 of 615 adults living with Learning Disabilities were in settled accommodation, with 185 recorded as unsettled. Note: This measure is being updated nationally (ASCOF – Adults Social Care Outcomes Framework) to reflect the proportion of adults with learning disabilities living in their own home or with family. This measure methodology is being reviewed and developed with the CLD - Client Level Dataset Improvement group and the new definition will be adopted once the revised calculation and method is confirmed by the national team. Current categorisation of 'settled' does not include people living in supported accommodation, as the report in the case management system does not reflect latest thinking in this area.	79.0%
People in employment with a disability supported by Forwards	Bigger Is Better	Latest Quarter	1,008	1,033	1,054	1,100	1,125	1,000	★ There are 125 individuals in work with a disability or work-limiting condition in employment or voluntary work over the target for the quarter. This is 12.5% above target which is similar to the previous quarter at 12.8% and higher than Q1 at 10.9%.	

# Transforming Gloucestershire Fire and Rescue Service



## Response

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Average Response times to dwelling fires	Smaller Is Better	Latest Quarter	10.36	9.29	10.41	10.11	10.12	9.00	▲	<p>Timeliness of responding to all attended dwelling fires (National definition) has shown a slight improvement over the last two quarters at around 10:10 seconds. However, overall response times remain worse than performance achieved throughout the majority of the previous three financial years, are higher than target and the peer group average (09:04 2024/25).</p> <p>Wholetime crews responded in an average of 8 minutes 14 seconds during Quarter 3 (better than the target of 09:00), while on call crews responded in an average of 13 minutes 17 seconds.</p> <p>Call handling time and turn out times (those steps of an incident response which are more within the control of the Service) are better than target for wholetime at 1min16secs and 58secs respectively, On Call are slightly off target at 1min 35seconds for call handling time and 5mins 30seconds against a target of 5mins for firefighters to get to the station and get out on an engine.</p> <p>Wholetime availability remains at 100%, while On Call first pumps were available for 80% of Quarter 3. Lowest availability was in Chipping Camden (17%), followed by Nailsworth and Stow on the Wold (71% and 73% respectively). Availability varies depending on the time of day, with daytime availability at 70% overall, compared with 90% at night.</p>	9.04
% of Site-specific risk information visit (SSRIs) annual programme of work completed	Bigger Is Better	Latest Quarter	74.0%	100.0%	48.8%	62.5%	70.0%	76.3%	▲	<p>Site Specific Risk Information (SSRI) visits are visits to premises to identify potential risks to Firefighters in the event of a fire. During the 2025/26 programme, 80 premises have been identified to receive a SSRI visit. Between April to December 2025, 70% of visits had been completed (56 visits), although only 6 visits were achieved in Quarter 3. Delivery is behind target. 24 visits would need to be undertaken in Quarter 4 in order to complete this year's programme.</p>	

## Prevention

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Rate of Safe and Well visits undertaken per 1,000 population	Bigger Is Better	Latest Quarter	1.46	1.44	1.57	1.64	1.75	1.61	★	The rate of Safe and Well visits was better than target for the second quarter in succession (1,174 visits equating to 1.75 per 1,000 population). Performance has seen steady improvement over the last year, with almost 200 more visits completed in Quarter 3 2025/26 compared with the same period in 2024/25. We are on track to exceed our annual target of 4,244 visits, with just under 1,100 in need of completion before the end of March 2026. In addition, the proportion of Safe and Well visits compared to less intensive home fire safety activity has followed an increasing trend over the last year, up from 72% in Quarter 4 2024/25 to 86% in Quarter 3, demonstrating that the Service is delivering more in-depth prevention and wellbeing activity to improve outcomes for residents. There were 92 referrals for a Safe and Well visit which had been received more than 28 days previously at the end of Quarter 3. This is an increase from 30 referrals awaiting more than 28 days at the end of Quarter 2. 62 of those overdue at the end of Quarter 3 were rated as high risk and 12 as very high risk. Of these, 11 high risk and 4 very high-risk referrals had been open for more than 90 days - this is due to a number of reasons, including withdrawn consent, eviction orders being served, and safety concerns for staff visiting following Police advice. These have been reviewed and four remain open where visits are needed.	
% of Safe and Well Visits undertaken to those deemed vulnerable	Bigger Is Better	Latest Quarter	91.4%	90.1%	91.5%	90.6%	89.8%	89.0%	★	89.9% of Safe and Well visits were undertaken to people deemed vulnerable. Performance is meeting the target of 89% as has done so for the whole of 2025-26. Our Community Safety Officers (CSOs) carry out the majority of more complex cases across the county, in quarter 3 98.2% of all their visits were to people deemed vulnerable compared to 85.6% of wholtime firefighters' visits.	88.1%

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Statement of Intent Dec-25		Comments	Comparator Group
Number of Fatalities from all fires	Smaller Is Better	Latest Quarter	1	1	0	0	4	0	▲	<p>There were four fatalities in quarter 3 as a result of fires in domestic dwellings. This equals the number of deaths during 2024/25. Three of the fire deaths related to a family and occurred during a single fire incident. Due to the family's circumstances not matching any of the characteristics that would make them more likely to be deemed vulnerable of having a fire in the property, they were not known to the Service and therefore had not been targeted through our prevention activities. The fire investigation process is ongoing involving officers from GFRS and the Police and a report will be submitted to the Coroner once completed. Information about these, and all fires, such as the cause of fire, is used to help target our fire prevention campaigns. The Service has made progress on the actions following the review of fatal fires in 2024/25. The trend for older men, living alone, with hoarded or cluttered homes, who smoke and may have been drinking was clear. These risk factors have been shared with all agencies who work with or support people with such factors so that agencies can make a referral for a home fire safety visit. The Service is engaging with "Men's Groups" to offer safety talks, but many men do not engage with support services, so this is an ongoing challenge. Of the deaths which occurred in Quarter 3, one person was known to the Service and other agencies. They met a number of characteristics which placed them at greater risk and had received a Safe and Well visit during which a fire-retardant throw was provided which the individual was wearing when rescued. The Significant Fire Incident Review was discussed in the adult safeguarding fire safety subgroup, and it was agreed that agencies had worked to keep the person as safe as possible. The Coroner's findings are awaited, and any recommendations will be adopted. Following the fatal house fires in December and early January the Service has received a significant rise in requests for home fire safety visits, and an increase in engagement with safety messaging.</p>	

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Forecast Dec-25		Comments	Comparator Group
Rate of Dwelling fires per 10,000 population	Smaller Is Better	Latest Quarter	1.28	1.00	1.17	1.23	1.23	1.11	▲	<p>In quarter 3, the rate of Dwelling Fires was 1.23 per 10,000 population (82 dwelling fires). The rate forecast by the Service is set based on a 3% reduction in incidents using the seasonal forecast over time. Dwelling fires have exceeded the rate forecast over the last 3 quarters with 242 fires compared with 224 during the same period in the previous year.</p> <p>To help reduce the rate of dwelling fires the Service focusses on providing home fire safety advice to people living and working in Gloucestershire through targeted and more general prevention campaigns, media interviews and community engagement. During the months leading to Quarter 3, the Service completed 72 events focused on home fire safety, attended by approximately 10,000 members of the public. During quarter 3 a further 54 events were attended by over 3000 members of the public.</p> <p>Our Communications Campaign plan, which follows the NFCC and Fire Kills calendar, was focused on smoke alarms, smoking cessation, candle safety, fireworks and chimney fire safety throughout October; electrical safety, bonfire safety and chimney fires throughout November and finally, lithium batteries, and home fire safety over the festive period in December.</p>	0.97

**Protection**

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% of 2023-26 risk-based inspection programme audits completed	Bigger Is Better	Latest Quarter	40.2%	50.2%	61.4%	73.1%	88.1%	88.3%	●	<p>There is a requirement for business owners to make sure their buildings are safe. To support this, the service operates a Risk Based Inspection Programme (RBIP) which manages risk by taking into account various factors which relate to risk to life. During the programme which spans from June 2023 to March 2026, 2,343 premises have been identified for inspection. At the end of Quarter 3 in 2025-26, 83.5% of the programme had been delivered (1,956 premises), against a target of 88.3%. This quarter has been affected by the need for a number of staff to attend a critical training course to support our Duty Fire Safety Officer rota, and a significant draw on officer time to deal with a complex fire safety issue.</p> <p>In Quarter 3, the service completed 346 audits. To achieve the 2,343 audit target by March 2026, 387 audit inspections will need to be completed next quarter. Currently it is anticipated that this will be achieved given certain assumptions about availability of resources.</p>	

# Delivering Our Ambitions



## Performance

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25	Performance	Comments	Comparator Group
% of Council Strategy indicators that are on or ahead of target	Bigger Is Better	Quarterly	72.5%	74.6%	70.0%	70.8%	63.8%	65.0%	●		

## Workforce

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25	Performance	Comments	Comparator Group
Days lost to Sickness per FTE (excluding Schools and GFRS)	Smaller Is Better	Latest Quarter	2.05	1.97	1.66	1.87	2.46	2.00	▲	This quarter has seen an increase in sickness absence. This is also an increase on Q3 last year of 0.46. There has been an increase since 24/25 Q3 in stress-depression days (which represents about a third of all sickness absence), operations, cancers, nervous system disorders and back and neck problems, but cold and flu type illness and broader musculoskeletal illness has reduced. There is likely to be little we can do to reduce absence related to cancers, nervous system disorders or operations but we continue to have a focus on stress-depression - our first tranche of Mental Health First Aiders were trained this autumn. MSK and cold/flu related absence are often ranked in the top three reasons for absence, so it is good to see these come down.	2.30

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Turnover of children's social workers and senior practitioners	Smaller Is Better	Rolling Year	12.7%	15.2%	15.8%	15.3%	10.1%	20.0%	★	This brings turnover of children's social worker senior practitioners in line with our average council turnover rate, which is very pleasing. The full implementation of the Children's Agency Social Worker guidance as of 1 October 2025 will have had a positive effect on turnover figures and we saw an increase in agency to permanent conversions both before and after the implementation date. Recruitment to some roles in Q3 has been strong particularly to Team Manager roles and agency usage has continued to reduce. A successful campaign was also run in Community Care during Q3 to promote the recent 'Good' Ofsted rating and to position the Council as an employer of choice which may also have helped.	
% of Appraisals Completed	Bigger Is Better	Rolling Year	84.6%	82.1%	75.6%	76.6%	77.0%	85.0%	▲	At the end of Quarter 3, three-quarters of staff that had had an appraisal discussion with their manager in the last 12 months (77%). The PDR process is intended to provide a clear link between the work of individuals to their business plans and the Council Strategy. Performance falls short of the 85% target. The highest levels of Performance Development Review (PDR) compliance were seen in EE&I and Adult Services (around 90%) where performance was better than target. In contrast, Children's Services continued to report the lowest compliance, with 60% of staff having a PDR discussion in the last year.	

Measure Description	Tolerance Type	Reporting Basis	Dec-20	Dec-21	Dec-22	Dec-23	Actual Dec-24	Target Dec-24		Comments	Comparator Group
Employee Engagement Index	Bigger Is Better	Annual	94.2%	94.2%	82.4%	85.5%	85.5%	95.0%	▲	As a result of staff feedback, GCC introduced a new 5-point scale for all survey questions for the Annual Staff Survey 2023, which included more neutral answers, eg. neither agreeing nor disagreeing to questions in the survey, as well as increasing the number of free text boxes for additional comments. Although performance has reduced, this change has produced a richer and more complex set of data, but it means that we cannot directly compare the results from the last survey in 2022. The latest staff survey was launched at the start of Quarter 4 2024/25.	

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Comments	Comparator Group
GCC Turnover (staff leaving as a % of all staff)	Smaller Is Better	Rolling Year	10.5%	10.6%	10.7%	10.3%	10.2%	Turnover has reduced further this quarter, but broadly remains stable and at the lower end of typical for our industry	14.0%
Turnover of all adults social workers and senior practitioners	Smaller Is Better	Rolling Year	9.1%	6.2%	6.5%	9.1%	10.1%	There have been a number of internal promotions and leavers. A new 6-9 month campaign is being developed to fill 9.6FTE vacancies.	
Days lost to sickness/absence per FTE - Rolling Year	Smaller Is Better	Rolling Year	8.10	8.00	7.84	7.96	8.19		9.20

## Corporate Governance

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Number of audit recommendations rated "high" outstanding beyond target date	Smaller Is Better	Latest Quarter	6	4	8	6	4	4	★		
Number of reportable security incidents	Smaller Is Better	Latest Quarter	4	2	3	2	1	14	★	There was one incident this quarter that reached the threshold for reporting to the ICO <b>ISB250822</b> inadvertently shared an excessive amount of information with a nursery when they asked for advice re. an allegation received. The incident was reported to the ICO on 12.12.25 and to date Info Sec are still awaiting the outcome.	
% FOI/EIR request responses within legal time limits	Bigger Is Better	Latest Quarter	93.0%	96.0%	94.0%	93.0%	93.0%	90.0%	★		

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
% Subject Access Request responses within legal time limits	Bigger Is Better	Latest Quarter	86.0%	81.0%	78.0%	76.0%	79.0%	90.0%	▲	<p>79% of all SARs were responded to within legal time limits in Q3 2025/26. This is an increase of 3% compared with Q2 2025/26 (76%) and a decrease of 7% compared with Q3 2024/25 (86%).</p> <ul style="list-style-type: none"> <li>The number of SARs received in Q3 2025/26 was 140, which is 5 fewer requests than in Q2 2025/26 (145).</li> <li>The number of SARs closed in Q3 2025/26 was 71, a decrease of 8 requests compared with Q2 2025/26.</li> <li>The number of SARs closed out of time in Q3 2025/26 was 15, a decrease of 4 requests compared with Q2 2025/26 (19).</li> </ul> <p>This drop in performance is due largely to a reduction in capacity within the team due to sickness levels</p>	
Number of information decision notices upholding requestors position	Smaller Is Better	Latest Quarter	0	0	0	0	0	2	★		
Number of Cases Upheld by Local Government Ombudsman	Smaller Is Better	Latest Quarter	6	6	9	7	5	4	▲	The number of cases upheld by the Local Government and Social Care Ombudsman (LGSCO) has remained worse than target (4) for the last 21 months, with five cases were upheld this quarter.	7
Number of RIDDOR reportable incidents	Smaller Is Better	Latest Quarter	4	1	4	4	4	5	★		

ICT

Measure Description	Tolerance Type	Reporting Basis	Dec-24	Mar-25	Jun-25	Sep-25	Actual Dec-25	Target Dec-25		Comments	Comparator Group
Total number of ICT Priority 1 incidents raised per quarter	Smaller Is Better	Latest Quarter	1	4	1	1	6	4	▲	<p>The number of Priority 1 incidents was high in Q3, with a total of six P1s in the quarter. One of these was caused by a DICT-owned failure, one was related to GCC infrastructure outside of DICT management, and four were caused by third parties.</p> <p>In October, a failed change within Microsoft's Teams platform caused unavailability of English language IVR greetings services, leading to temporary loss of the usual IVR service for inbound calls to GCC contact centres. Microsoft backed out their change to fully restore service.</p> <p>In November, System C systems suffered two major failures: a Liquidlogic Children's System (LCS) outage caused by a known software defect, and a Liquidlogic Adults System outage for which System C have not identified a root cause. Both were resolved by System C restarting their applications.</p> <p>In December, a failure of power infrastructure at Shire Hall caused FortiClient VPN (remote access) to become unavailable, and the interruption of Wifi service within Shire Hall. Electrical works allowed ICT services to be restored. Separately, FortiClient VPN also became unavailable when a third-party certificate expired without being renewed by DICT, resolved by an updated certificate. Finally, LCS and Early Help Module became unresponsive and unusable, resolved by System C restarting the applications, with root cause not yet known.</p>	