Corporate Performance Monitoring Report

Quarter 2 2025/26

Purpose of the report

To provide a strategic overview of the Council's performance for Quarter 2 2025/26.

The following scorecards are enclosed:

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				
Likelihood	**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	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Number of EV public Charge Points installed	Bigger Is Better	Quarterly	224	224	232	279	280	300	▲	280 EVCP's now operational- delay due to contract performance management .	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Green jobs as a proportion of total jobs advertised online	Bigger Is Better	Quarterly	3.2%	2.7%	3.0%	3.0%	3.4%		

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25	Comments	Comparator Group
Tonnes CO2e Council Emissions (buildings/transport exc schools)	Smaller Is Better	Year to Date	1,188.10	2,211.39	4,077.74	6,071.00	1,050.51		Council carbon emissions in the 12 months to the end of June remained 20% lower than emissions in 2019/20. However, we are seeing a rise in emissions from a low of 5,750 tonnes of COe in the 12 months to the end of December 2023 to 6,200 in the 12 months to the end of June 2025 (up 8%). Caution is advised in relation to this data while the team works to assess data quality.	

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Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
Renewable energy generation (kWh) (Councils Estate, exc schools)	Bigger Is Better	Year to Date	18,123,078	30,197,875	44,427,959	61,565,046	15,844,285		

Waste

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Residual household waste per household (Kgs)	Smaller Is Better	Forecast	434	437	440	433	427	413	🟠		516
% of household waste sent for reuse, recycling and composting	Bigger Is Better	Forecast	52.3%	51.8%	51.3%	51.0%	51.5%	53.0%	🟠		43.9%
Net power produced (MWhr) by the Energy From Waste facility	Bigger Is Better	Forecast	23,977	28,417	34,202	31,463	21,778	29,100	🔺	The facility had its planned annual maintenance shutdown during the quarter and also an unplanned maintenance shutdown.	
% of waste diverted from landfill	Bigger Is Better	Forecast	97.5%	97.1%	97.4%	97.8%	95.9%	92.8%	⭐		

Improving Our Roads

Highways

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of 2 hour emergency repairs made on time	Bigger Is Better	Latest Quarter	94.0%	91.8%	97.4%	99.2%	99.4%	96.0%	★		
% of 24 hour defects repaired on time	Bigger Is Better	Latest Quarter	99.8%	99.9%	99.9%	99.9%	99.9%	96.0%	★		
% of 28 day defects repaired or made safe in time	Bigger Is Better	Latest Quarter	99.8%	99.1%	99.7%	99.9%	99.5%	95.0%	★		
% of structural maintenance programme delivered	Bigger Is Better	Latest Quarter	76.9%	91.3%	108.3%	47.5%	71.8%	50.0%	★		

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Number of Winter maintenance runs completed	Smaller Is Better	Quarterly	0	38	99	0	0		
Average additional days to complete overdue 28 day defect repairs	Smaller Is Better	Quarterly	4.05	2.00	1.60	0.33	10.17	This relates to 7 jobs missed within contractual time frames. 2 jobs have elevated the average time to complete due to 25 days taken and 10 days taken respectively. The remaining 5 where 1 day overdue each.	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments		Comparator Group
Number of repairs to non safety defects	Bigger Is Better	Latest Quarter	9,075	5,150	7,092	5,958	2,147			

Measure Description	Tolerance Type	Reporting Basis	Dec-20	Dec-21	Dec-22	Dec-23	Dec-24	Target Dec-24		Comments	Comparator Group
Overall resident satisfaction with Highways network	Bigger Is Better	Annual	52.0%	50.0%	48.0%	48.0%	46.0%	48.0%	🟠	There continues to be a downward trend across all Authorities. Gloucestershire's score fell by 2% points, compared to 3% points fall Nationally and across the NHT Peer Group. We are still performing in the lower middle of our Peer Group (lowest 44%, highest 51%) and we have improved our ranking within the Group (from 19 of 30 in 2023, to 17 of 30 in 2024).	49.0%

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	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% delivery of the annual gully emptying programme	Bigger Is Better	Latest Quarter	54.7%	75.4%	100.0%	38.5%	62.3%	50.0%	★		

Road Safety

Measure Description	Tolerance Type	Reporting Basis	Mar-Jun 24	Jul-Sep 24	Oct-Dec 24	Jan-Mar 25	Actual Apr-Jun 25	Forecast Apr-Jun 25		Comments	Comparator Group
Number of killed and seriously injured people	Smaller Is Better	Calendar Year to Date	164	245	311	75	146	180	★		

Sustainable Growth

Connectivity

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% premises with next generation broadband access (NGA) Superfast	Bigger Is Better	Latest Quarter	98.3%	98.3%	98.6%	98.6%	98.8%	99.0%	🟠	Performance is within tolerance of target due to some properties being descoped from the contract (agreed by the project board). The focus is now on increasing gigabit coverage, which will support some of the premises that still have a sub-superfast connection.	97.9%
% of premises connected to broadband (Stage 1 - BT - FTTC)	Bigger Is Better	Quarterly	98.9%	99.0%	99.1%	99.2%	99.3%	99.0%	⭐		99.3%
% Gigabit (DOCSIS 3.1 or FTTP) Broadband coverage	Bigger Is Better	Latest Quarter	78.8%	80.0%	82.4%	83.9%	86.0%	84.0%	⭐		82.0%

Levelling Up Our Communities

Addressing Public Health Inequalities

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target		Comments	Comparator Group
% HLS customers achieving a significant risk factor improvement	Bigger Is Better	Quarter in Arrears	20.7%	39.9%	49.1%	52.8%	62.2%	65.0%	🟠	Commissioners and the service provider are in the process of reviewing the methodology we use to most accurately assess this indicator. At present the data stands as follows: The % of clients achieving a SRFI per quarter was as follows: 2024/25: Q1: 9% (17/182), Q2: 40% (114/286), Q3: 49% (268/546), Q4: 53% (344/652) and 2025/26 Q1: 62% (422/678), which demonstrates a continuous improvement in SRFI, reflecting enhanced engagement and service outcomes. This improvement is attributed to positive trends across all monitored risk factors. However, going forward, we aim capture the number of individuals that have improved at least one lifestyle risk factor (allowing for the fact that some individuals might achieve more than one improvement e.g. a reduction in alcohol and weight) and this will be reported from Q2 2025/26.	
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	44.0%	42.0%	41.0%	40.0%	42.9%	42.0%	⭐	The current performance against this measure is 42.9%. 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).	

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target		Comments	Comparator Group
% of pregnant smokers achieving a 4 week quit	Bigger Is Better	Quarter in Arrears	33.0%	38.0%	58.0%	27.0%	57.0%	80.0%	▲	The data for this indicator has been resubmitted to reflect amendments to the date from which the four week quit is measured i.e. from the date the quit was set ('quit date') instead of the date the service received the referral. We have also discovered some undercounting in previous quarters and re taking steps to ensure this does no continue. The remodeled data, taking into account quit date set, are as follows: 2024/25: Q1: 33% (1/3), Q2: 38% (11/29), Q3: 58% (14/24), Q4: 27% (6/22) and 2025/26 Q1: 57% (17/30). These data continue to show fluctuating quit rates and work is ongoing to improve the number of quit dates set and the quit rate. The focus of this is working with midwifery to improve referral quality and client engagement as out of 402 referrals in year 2024/25 only 20% went on to set a quit date.	

Measure Description	Tolerance Type	Reporting Basis	Sep-20	Sep-21	Sep-22	Sep-23	Actual Sep-24	Comments	Comparator Group
% Reception Children with obesity (including severe obesity)	Smaller Is Better	Academic Year	10.0%	13.6%	8.7%	8.6%	9.3%	**Latest annual data for academic year 2023/24** - Performance relating to the national children's weight measurement programme was released late and became available in Quarter 3.	7.6%
% Year 6 Children with obesity (including severe obesity)	Smaller Is Better	Academic Year	18.4%	21.6%	20.7%	20.4%	19.9%	**Latest annual data for academic year 2023/24** - Performance relating to the national children's weight measurement programme was released late and became available in Quarter 3.	19.1%

Measure Description	Tolerance Type	Reporting Basis	Dec-20	Dec-21	Dec-22	Dec-23	Actual Dec-24	Target		Comments	Comparator Group
Suicide rate per 100,000 Population	Smaller Is Better	3-Year Average	11.0	11.3	11.3	11.3	10.7	11.3	★	Relates to the period 2020-2022	11.9

Transforming Children's Services

Children's Social Care

Quality Assurance

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% Children open to Social Care with 1-2 Social Workers in 6 mths	Bigger Is Better	Snapshot	89.3%	93.8%	94.0%	93.1%	90.9%	90.0%	★		
% of audits judged as good or better	Bigger Is Better	Latest Quarter	55.0%	59.0%	63.0%	66.0%	67.0%	65.0%	★		

Contact Activity

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% re-referrals to Social Care within 12 months	Smaller Is Better	Latest Quarter	23.3%	20.5%	21.6%	24.9%	28.8%	21.5%	▲	The increases in this figure are a concerns and QA activity is underway to try and understand the causes of the increase and what we can do to improve performance. There are number of factors which we believe are likely to be impacting on this number: • A general increase in demand at the front door, putting pressure on teams to manage demand. • Changes in Police practice around the reporting of missing children. • Capacity pressure in commissioned children's centre services for 0 to 10s. • High turnover in targeted early help services due to the use of temporary contacts linked to short term grant funding. • Changes to working practice at the front door are underway and embedding - the last quarter saw significant recruitment to the newly created Front Door Advisor roles. • Increased staff turnover, in part linked to agency social work rule changes.	19.0%

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of final decisions made within time for all contacts	Bigger Is Better	Latest Quarter	68.9%	77.0%	73.7%	78.6%	74.2%	90.0%	▲	This measure has declined slightly in the last quarter. Although this can be impacted by staffing challenges over the summer period, this same period usual sees a reduction in demand as schools are not sitting. This quarter has coincided with the induation and training of our newly appointed front door advisors - as they settle into post we would expect to see this performance improve.	
% of initial visits to children carried out in timescale	Bigger Is Better	Latest Quarter		94.5%	91.7%	90.7%	83.3%	85.0%	●		

Children in Need of Help & Protection

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of Single Assessments completed within 45 working days	Bigger Is Better	Latest Quarter	82.7%	83.5%	77.9%	83.2%	79.2%	85.0%	▲	Performance this quarter show as slight fall but remains inline with stat and regional neighbours and the national average.	85.4%
% of children with a second or subsequent Child Protection Plan	Smaller Is Better	Latest Quarter	34.9%	26.1%	28.9%	33.6%	28.5%	25.0%	▲	This figure can be volatile and although it is positive to see a reduction since the last quarter, it remains higher than target.	24.6%
% of Child Protection Plans lasting 2 years or more	Smaller Is Better	Snapshot	1.9%	3.3%	2.3%	1.7%	2.5%	1.6%	▲	Performance this quarter shows a slight uplift, but this is a very volatile indicator due to very small overall numbers. This figure constitutes 11 children and six families.	3.0%
% Strategy discussions took place in 5 working days	Bigger Is Better	Quarterly	95.7%	94.5%	93.8%	96.9%	94.4%	90.0%	★		

Children in Care

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of Children who are fostered with in-house fostering	Bigger Is Better	Snapshot	69.0%	68.0%	67.0%	67.0%	65.0%	70.0%	▲	This number has remained relativity stable over a **significant** period of time. Much work is underway to improve the recruitment of foster carers for GCC, but this it taking place in a very challenging national climate, which is seeing most LAs report overall reductions in foster carers. This is not the case in GCC, and the recruitment activity ongoing was praised in June's Ofsted report.	
% Children in Care over 2.5 yrs, same placement for 2 or more yrs	Bigger Is Better	Snapshot	63.1%	66.4%	60.7%	63.2%	64.8%	68.0%	🟠	Although this figure remains below target, it is continuing to improve as a result of concerted efforts in this area, and as more improvements come on line we would expect to see this continue.	66.4%
% Children in Care (CIC) reviewed in timescales	Bigger Is Better	Latest Quarter	98.5%	95.6%	99.2%	97.3%	96.3%	95.0%	⭐		
% of Children in Care with 3 or more placements in 12 months	Smaller Is Better	Snapshot	11.1%	11.4%	11.9%	12.4%	12.8%	12.0%	▲		11.6%
% Children in Care persistently absent	Smaller Is Better	Snapshot	20.0%	26.1%	27.9%	32.7%	20.4%	15.0%	▲		
% of children admitted to care within 12 months of previously being in care	Smaller Is Better	Latest Quarter	6.5%	4.8%	3.1%	10.0%	4.0%	7.0%	⭐		

Care Experienced Young People

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% in care aged 16, now aged 19-21 yrs in suitable accommodation	Bigger Is Better	Snapshot	94.7%	94.2%	94.0%	93.8%	93.9%	95.0%	🟠	Performance in this area remains good and close to target. Gloucestershire performance also significantly exceeds the south west average for 2024 (89%) and our statistical neighbour average (85%).	85.2%

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% in care at 16, now aged 19-21 in employment/education/ training	Bigger Is Better	Snapshot	53.8%	52.7%	52.7%	51.1%	54.3%	75.0%	▲	Although this figure remains well below our ambitious target, it is improved since the last quarter. Care leavers in EET was one of only two recommendations from our recent Ofsted inspection and plans are in place to drive improvements in this space. Despite the challenges, the most recent national figures (2024) show GCC out performing the South west, neighbours and England.	51.6%

Transforming Children's Services

Education

Education

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Number of Children with an EHCP	Plan Is Best	Snapshot	6,214	6,411	6,584	6,971	7,111		
Number of Children with an EHCP in progress	Smaller Is Better	Snapshot	709	750	811	724	606		
% of notifications to assess within 6 weeks of the date of request	Bigger Is Better	Quarterly	92.4%	98.7%	97.1%	98.3%	95.9%		
% of draft EHCPs issued within 16 weeks of the date of request	Bigger Is Better	Latest Quarter	33.8%	21.3%	29.3%	20.5%	17.9%		
% of EHCPs issued within 20 weeks of the date of request	Bigger Is Better	Latest Quarter	22.6%	23.0%	29.1%	22.4%	15.6%		31.2%
Rate per 1,000 of children with an Education Health and Care Plan	Plan Is Best	Latest Quarter	35.2	36.3	37.0	38.7	40.3		38.4

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

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of good or outstanding Early Years Settings	Bigger Is Better	Latest Term End	90.3%	91.6%	92.7%	92.3%	92.2%	92.0%	★		
Number of pupils permanently excluded (All Pupils) Latest Term End	Smaller Is Better	Latest Term End	174	48	72	125	147	174	★		
Number of Suspensions (All Pupils) - Latest Term End	Smaller Is Better	Latest Term End	10,335	3,174	4,496	7,632	10,354	9,962	▲	There were a total of 10,354 suspensions in the 2024/25 academic year; this is similar to the previous year (10,335), with both years showing inflated levels of suspensions compared with the 2022/23 academic year (8,259). Performance is worse than target (9,962).	

Transforming Adult Social Care

Delivery

Contact Activity

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec -24	Mar -25	Jun -25	Actual Sep -25	Target Sep-25		Comments	Comparator Group
% of all ASC Contacts with a decision within 24 Hours	Bigger Is Better	Latest Quarter	91.2%	87.5%	87.0%	91.2%	90.5%	95.0%	🟠	In Quarter 2 there were 26,840 Adult Social Care contact records closed with 24,287 closed within 24 hours (90.5%). This is in comparison to 23,925 (91.8%) Adult Social Care contact records being closed of 26,062 contacts within 24 hours in Quarter 1. Performance has decreased however remains in tolerance of target for the quarter. Over the past three years, the proportion of Contacts receiving a decision within 24 hours has remained broadly stable, ranging from a high of 94.7% in Quarter 1 2023/24 to a low of 87% in Quarter 4 2024/25. Although the 95% target has not been met during this period, the majority of quarters have remained within tolerance, with only three falling outside. The average performance across the three years is 91.5%, with a slightly lower average of 89.5% over the most recent 12 months. The Adult Helpdesk team is currently supporting two additional phone lines, Care Services Finance and Financial Assessments & Benefits, resulting in approximately 300 extra calls per week. This increase is significantly impacting the team's capacity to manage core administrative functions, as Customer Service Officers are required to balance high call volumes with email enquiries. Seasonal pressures, such as the September spike in Switchboard activity, further compound the strain on resources. To mitigate demand, improvements to the Helpdesk web form are underway, aimed at enhancing digital self-service through clearer guidance and signposting. The team is also contributing to wider systems and process improvement work. While these changes are expected to ease operational pressures, they are not scheduled to go live until December 2025.	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec -24	Mar -25	Jun -25	Actual Sep -25	Target Sep-25		Comments	Comparator Group
% of ASC contacts signposted or closed	Bigger Is Better	Latest Quarter	31.8%	30.6%	31.5%	29.1%	31.5%	33.0%	🟠	In Quarter 2, 26,840 Adults Social Care Contacts were closed, 31.5% (8,457) were signposted, information or advice given or resulted in no further action (NFA). 5379 - No further action/ 2374 - Signposted/ 704 - Information/Advice. This represents a slight improvement in performance compared to Quarter 1 and brings figures back up to a similar position as seen in Quarter 4, and within tolerance of target. However, the target has not been met for over a year. Current systems only allow one recorded outcome per individual contact, even when multiple actions are taken. New data codes as part of the wider Systems, Process and Data programme will improve reporting but won't fully resolve this. Therefore, clearer staff guidance is being developed to support accurate recording. In addition, uptake of the Minor Adaptations pathway is increasing, with the intention of this helping people stay safe and independent at home and supporting prevention priorities.	

Assessments, Brokerage and Review

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of people having had a review of their needs in 12months	Bigger Is Better	Snapshot	70.9%	73.0%	75.2%	76.1%	78.0%	75.0%	⭐	At the end of Quarter 2, 5,521 individuals had a long or short-term Care Act support plan. Of these, 78% (4,307) had an up-to-date review or were not yet due a review. This is an improvement from 70.9% at the same point last year. Performance has remained above target and seen a steady increase throughout this quarter. Performance is also better than the national average for annual review compliance across all local authorities, 58%, as reported by the Care Quality Commission. This positive trajectory reflects the continuation of effective practices that have driven improvement, including the work of the care home review team, the presence of dedicated reviewers in each team, and a data-led approach that prioritises the completion of the oldest reviews first.	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Average number of weeks people have been awaiting Brokerage	Smaller Is Better	Snapshot	5.0	4.0	4.1	3.0	3.6	At the end of Quarter 2, 408 people were waiting for 496 services, a 53.4% reduction compared to the same period last year. This improvement highlights the impact of targeted interventions and better system coordination. Although the average wait time to broker a service rose slightly to 3.6 weeks, it remains below the 12-month average of 3.8 weeks, suggesting the system is still performing well. Most services continue to be sourced promptly, with 83% brokered within a month and 63% in place within two weeks, indicating strong operational responsiveness. Homecare and Residential care account for the largest share of service waits, at 30% and 20% respectively. Demand for Homecare has grown by 14% over the past year, driven by pressures such as Discharge to Assess and progressions, while Residential placements have increased by 7%, though growth is slowing. To improve efficiency, Brokerage is preparing to roll out E-Brokerage (an online platform that automates and streamlines the process of sourcing care services) across all service areas, aiming to enhance consistency and reduce delays. Alongside broader initiatives like Better Brokerage Commissioning, there are plans to monitor individuals facing longer waits more closely, with escalation routes and further analysis underway to support Strategic Commissioning in identifying and addressing barriers.	
% FAB Assessments completed within 40 calendar days	Bigger Is Better	Quarterly	27.0%	30.0%	30.0%	31.0%	29.0%	Of 842 FAB Assessments completed in Quarter 2, only 29% (244) were concluded within 40 calendar days of the referral date, a decrease of 2 percentage points in comparison to Quarter 1 (31%). Timeliness performance remains stuck at around 30%, but this is impacted by rising demand and current system constraints. A full review of processes and data is underway to improve input accuracy and reporting. To support improvement, additional staff have joined both the visiting and remote assessment teams, increasing capacity and enabling more efficient use of resources. Work is also progressing to improve appointment utilisation, reduce cancellations, and strengthen practitioner training, particularly around financial conversations. System changes and clearer messaging are being introduced to reduce delays and improve engagement with the assessment process.	
No. of new FAB Requests received within the quarter	Plan Is Best	Quarterly	824	858	885	1,202	1,339	In Quarter 2 the Financial Assessment and Benefits (FAB) Team received a total of 1,339 requests (1,194 referrals) for 1,170 individuals. The number of requests each quarter continues to increase. Quarter 2 saw an increase of 11% in comparison to Quarter 1, and an increase of 63% in comparison to the same period last year. The increase can be partly attributed to growing demand for services, however, in addition the Financial Assessment and Benefits (FAB) team has improved the recording of reassessment referrals, which are now being completed to better reflect overall workload. Improvement work is also underway with the Practice Development team to strengthen financial conversations, including promoting the use of the Online Financial Assessment tool instead of in-person visits where appropriate all of which is generating requests.	

Hospital Discharge & Reablement

Measure Description	Tolerance Type	Reporting Basis	Mar-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of people who need no long term care after reablement	Bigger Is Better	Latest Quarter					66.5%	85.0%	▲	During Quarter 2, the reablement period concluded for 793 individuals. Of these, 528 people (66.5%) did not require long-term care following their reablement. Among those 528 individuals, 260 (49.2%) were reported as being independent at the end of the reablement period. 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.	

Adult Safeguarding

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% Adult Section 42 enquiries where risk was reduced or removed	Bigger Is Better	Latest Quarter	89.0%	88.5%	93.4%	89.6%	80.9%	85.0%	●	The methodology for calculating this measure has been changed to align with the national reporting standards, previously reported performance has been updated to reflect this change. The percentage of S42 Enquiries where risk was reduced or removed has fallen below target for the first time since Quarter 2 2023/24. Of the 136 closed S42 Enquiries where a risk was identified 26 resulted in the risk remaining, 81 where the risk was reduced and 29 where the risk was removed. While this measure is below target it is within the tolerance allowance. Performance will be monitored over the coming quarter to assess whether this represents a developing trend. complexity of individuals' circumstances have been increasing over the past 2 years and services are not always able to successfully engage with every individual, and in some cases, people choose to remain in relationships that pose a risk, often involving family members. Additionally, individuals have the right to decline safeguarding interventions, even when this means the identified risk may persist.	
% of S42 Enquiries open for more than 26 weeks	Smaller Is Better	Latest Quarter	10.1%	8.4%	11.6%	6.0%	11.6%	20.0%	★	The percentage of Section 42 enquiries open for over 26 weeks increased from 6% in Quarter 1 to 11% in Quarter 2. The Quarter 1 figure was unusually low for this measure, primarily due to a targeted piece of work focused on enquiries that had been open the longest. The Quarter 2 performance reflects a return to more typical levels and remains consistently below the target.	

Transforming Adult Social Care
Commissioning

Quality Assurance

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of Gloucestershire ASC Providers rated Good/Outstanding by CQC	Bigger Is Better	Latest Quarter	86.4%	86.8%	86.2%	86.6%	86.5%	90.0%	🟠	By the end of Quarter 2, the Care Quality Commission (CQC) had inspected 319 registered providers: 20 were rated Outstanding, 256 Good, 40 Requires Improvement, 1 Inadequate, and 2 had been inspected but were awaiting a rating. Of the 5,112 individuals placed with inspected providers, 4,302 (84%) are with providers rated Good or Outstanding, 771 (15%) are with those rated Requires Improvement, 12 (<1%) are with a provider rated Inadequate, and 27 (<1%) are with providers that have been inspected but not yet rated. Among the 783 individuals placed with providers rated Requires Improvement or Inadequate, 357 (46%) are in care homes and 426 (54%) receive support from community-based providers. Additionally, 79 providers supporting 351 individuals remain uninspected, representing nearly 20% of all CQC-registered providers. Inspection delays are due to national operational challenges, not local authority performance. The CQC has acknowledged a backlog worsened by the rollout of the Single Assessment Framework, leading to outdated ratings and delayed reassessments. To address this, Gloucestershire County Council will launch a new quality assurance framework in January 2026, including annual provider visits and regular self-assessments to improve oversight, identify issues early, and track service improvements. Note: Additionally, there are approximately 1,400 individuals also receive services from non-CQC registered providers.	

Assessment, Brokerage & Review

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Average waiting time for a Carers Care Act Assessment	Smaller Is Better	Snapshot	14.0	15.0	11.0	11.0	11.0	30.0	★	For Quarter 2, the average time to complete a Carer's Care Act-compliant assessment was 11 days. This has been the same now for 3 consecutive quarters and below the target of 30 days for more than 3 years. A total of 158 Carer Care Act-compliant assessments were completed during the quarter, an increase from 146 in Quarter 1 and 33 more than in Quarter 2 of 2024/25. This represents a 26% increase compared to the same quarter last year.	

Long Term Care

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Permanent admission 18-64 residential/nursing care per 100K pop	Smaller Is Better	Rolling Year	15.4	15.1	15.7	13.3	10.0	16.5	★	At the end of Quarter 2, the number of adults aged 18–64 permanently admitted to care over the a rolling 12 months decreased to 39, equating to a rate of 10.0 per 100,000 population. This marks a notable improvement from the peak of 60 admissions earlier in the year and is lower than the same period last year (55 admissions; 14.2 per 100,000). The current rate is also well below the target and comparator of 16.5. The reduction in care admissions for adults aged 18–64 supports Gloucestershire's ambitions to enable people to live independently, with family or in supported community settings. This reflects a shift away from institutional care toward personalised, flexible support that promotes choice, inclusion, and long-term wellbeing. Sustaining this trend depends on ensuring access to flexible, personalised support that meets individual needs are available in the county. Note: There is a data lag with recording numbers of permanent admissions when data is refreshed numbers increase. This measure is calculated using Short and Long Term data collection (SALT) methodology and will need to change shortly in line with Client Level Data (CLD).	16.5

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Permanent admission 65+ residential/nursing care per 100K pop	Smaller Is Better	Rolling Year	666.1	637.9	611.1	534.8	464.8	585.9	★	At the end of Quarter 2, the number of older people permanently admitted to care over a rolling 12 months decreased to 688, a 13% drop from the 792 admissions recorded in the 12 months to end of Quarter 1. This equates to a rate of 464.8 per 100,000 population, down from 535.0 last quarter and well below the target and comparator of 585.9. The reduction in care home admissions reflects the council's ambition to prevent, reduce, and delay the need for formal care by supporting older people to live independently at home. This approach promotes better outcomes for individuals, including improved wellbeing, autonomy, and connection to their communities. However, as more people are supported outside of residential settings, demand on homecare services continues to grow. This can stretch capacity and lead to increased use of temporary or bed-based alternatives. To sustain the benefits of the prevention strategy, it's essential that homecare provision is strengthened to meet rising demand effectively. Note: There is a data lag with recording numbers of permanent admissions when data is refreshed numbers increase. This measure is calculated using Short and Long Term data collection (SALT) methodology and will need to change shortly in line with Client Level Data (CLD).	585.9

Mental Health

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
% AMHP assessments outcome: MH Act detention/support/admission	Plan Is Best	Latest Quarter	56.1%	60.1%	66.7%	62.4%	58.0%	In Quarter 2, a total of 295 Mental Health Act assessments were carried out by Approved Mental Health Professionals (AMHPs) in Gloucestershire, marking a 2% increase from both Quarter 1 and the same period last year (which each saw 288 assessments). Of those assessed, 139 individuals (47%) were detained under Sections 2 or 3 of the Mental Health Act, 35 (12%) received community support or other protective measures, and 121 (41%) either required no further action or had outcomes that were not recorded. Compared to national figures, Gloucestershire's outcomes are broadly in line with expectations. Nationally, 50–55% of assessments result in detention, 10–15% lead to community support, and 30–40% end with no further action or unrecorded outcomes. Gloucestershire's slightly lower detention rate may reflect effective use of alternatives to hospitalisation. Note: In the data provided AMHP (Approved Mental Health Proffessional) Assessment Outcomes are listed in the following Categories: • Detention under the Mental Health Act (Section 2 allows detention for up to 28 days for assessment of a mental disorder, while Section 3 permits longer-term detention, initially up to six months, for treatment when hospital care is necessary). • Community Support or protection being put in place (Section 17A - a legal order that enables a patient to live in the community while receiving necessary medical treatment for a mental disorder). • Informal Admission (Section 131 - the informal admission of patients who require treatment for a mental disorder, permitting them to be admitted to a hospital or registered establishment voluntarily, without the need for a formal detention order). • No Further Action/Other/Not Recorded (Where an individual is not detained, the outcome has not been recorded, or other)	

Learning Disability

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of Adults with Learning Disabilities in settled accommodation	Bigger Is Better	Snapshot	65.4%	66.3%	68.3%	67.7%	68.6%	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 68.6% in Quarter 2 (up 4.3%). At the end of September 2025, 382 of 557 adults living with Learning Disabilities were in settled accommodation with 175 were 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%

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
People in employment with a disability supported by Forwards	Bigger Is Better	Latest Quarter	988	1,008	1,033	1,054	1,100	975	★	As of September 2025, the GCC Forward Service was supporting 1,100 individuals with a disability or work-limiting health condition into employment or voluntary work. This reflects a consistent upward trend, with an average increase of 28 people per quarter over the past year. Notably, this quarter saw a sharper rise, with an increase of 46 people. Performance remains well above the target of 975, demonstrating sustained progress in supporting inclusive employment.	

Transforming Gloucestershire Fire and Rescue Service

Response

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Average Response times to dwelling fires	Smaller Is Better	Latest Quarter	8.00	10.36	9.29	10.41	10.06	9.00	▲	Timeliness of responding to all attended dwelling fires (National definition) have fluctuated and remained elevated for the last 18 months. Average response time was at an average of more than 10 minutes in Quarter 2, remaining a minute worse than target and the peer group average. Seven in ten dwelling fires were attended by Wholetime crews in Quarter 2. These incidents should see quicker turnout times than those attended by On Call crews (target 1 minute 30 compared with 5 minutes), as well as shorter drive times due to stations being based within closer proximity of fires in urban areas than rural ones (which On Call crews typically respond to). This is reflected in average response times (Wholetime crews: 8 minutes 57 seconds, On Call: 12 minutes 28 seconds). However, over the last 18 months, we have seen an increase in the average response time for wholetime crews. On Call availability to man a first pump in the event of an incident was 78% in Quarter 2, down from 84.5% 18 months ago. There is a disparity between On Call availability based on the time of day, with availability higher at night (87%) than during the day for which availability was 69% in Quarter 2. This reflects the increased challenge we're facing in staffing On Call areas, which may pull Wholetime crews away from their station ground to respond to fires further afield impacting response times. This risk is being managed by agile and flexible use of wholetime, other on-call firefighters, and over the border support. This is a key challenge that will be addressed as part of the next Community Risk Management Plan 2026-30. The service is bringing in an external service to provide objective, professional analysis of data and provide potential options for consideration, in relation to the way the Response model could be adapted to be more resilient	9.01
% of Site-specific risk information visit (SSRIs) annual programme of work completed	Bigger Is Better	Latest Quarter	45.6%	74.0%	100.0%	47.5%	61.3%	52.5%	★	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. At the end of Quarter 2, delivery was ahead of the scheduled target (61.3% 49 out of 80 visits, better than the target of 53%, 42 visits).	

Prevention

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Rate of Safe and Well visits undertaken per 1,000 population	Bigger Is Better	Latest Quarter	1.47	1.46	1.44	1.57	1.64	1.61	★	In Quarter 2, the rate of Safe and Well visits was 1.57 per 1,000 population (just over 1,050 visits). Performance has steadily improved over the last 18 months, from a rate of 1.39 per 1,000 population in Q1 2024/25 and moved to a better than target position this quarter. This has been possible through improved access to performance data for our Station Managers and a clear, focused direction from leadership about the importance of broadening the reach of our fire prevention awareness and wellbeing checks, particularly for those most at risk of injury or death in the event of a fire. We aim to continue this improvement when the length of the day shift is extended slightly in January 2026, providing us with 1,825 more productive hours per year to engage with our communities.	
% of Safe and Well Visits undertaken to those deemed vulnerable	Bigger Is Better	Latest Quarter	89.0%	88.4%	85.6%	84.2%	86.4%	89.0%	🟠	The service continues to target the most vulnerable people in our community, where data tells us there is a higher risk of serious injury or death if a dwelling fire were to occur. In Quarter 2, 86.4% of Safe and Well visits undertaken were to people deemed vulnerable. Performance is within tolerance of target (89%).	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Statement of Intent Sep-25		Comments	Comparator Group
Number of Fatalities from all fires	Smaller Is Better	Latest Quarter	0	1	1	0	0	0	★	There were no fatalities in Quarter 2 as a result of Fire. The Prevention Team have undertaken a fatal fire review and findings were shared with the Gloucestershire Safeguarding Adults Board, Social Workers and Health staff. These partners have suggested new ways to reach people whose personal, behavioural or home factors place them at greater risk. These ideas will be taken forward and evaluated for impact over the next two quarters. Fire safety talks have been arranged at support groups to build relationships with and offer visits to people who are often hesitant to engage.	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Forecast Sep-25		Comments	Comparator Group
Rate of Dwelling fires per 10,000 population	Smaller Is Better	Latest Quarter	0.93	1.28	1.00	1.17	1.20	1.02	▲	In Quarter 2, the rate of Dwelling Fires was 1.20 per 10,000 population (80 dwelling fires). This is worse than the seasonal forecast which aims to see a reduction in incidents over time and continues the slight upward trend seen over the last year (310 dwelling fires, up from an average of 285 in the previous two financial years – a 9% growth). While not statistically significant, the annual rate of dwelling fires is worse than our comparator group at 4.64 per 10,000 population compared to 3.75 per 10,000 per population. Due to population figure changes, the forecast rates have been updated for the FY 25/26	0.90

Protection

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of 2023-26 risk-based inspection programme audits completed	Bigger Is Better	Latest Quarter	30.9%	44.5%	55.0%	65.0%	74.4%	76.6%	🟠	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. The programme has been affected by challenges in recruiting qualified staff, but over the last four quarters the team had caught up the backlog of inspections accrued. At the end of Quarter 2, delivery was within tolerance of the scheduled target (74.4%, 1,744 premises, compared to the target of 1,797, 76.7% of the overall 3-year programme). In Quarter 2, the service completed 220 audits which is 53 audits lower than the 273 in-quarter target. Performance was affected by team members were completing training and providing operational cover for On Call stations. To achieve the 2,343 audit target by March 2026 we will need to complete 300 audits per quarter for the remainder of the programme. The team have a plan in place to ensure the backlog is completed and the Service is going to review arrangements for non-operational day staff who provide on-call cover, to balance impact and risk.	

Delivering Our Ambitions

Performance

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25	Performance	Comments	Comparator Group
% of Council Strategy indicators that are on or ahead of target	Bigger Is Better	Quarterly	70.4%	73.9%	74.6%	71.0%	70.8%	65.0%	★		

Workforce

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Days lost to Sickness per FTE (excluding Schools and GFRS)	Smaller Is Better	Latest Quarter	1.54	2.05	1.97	1.66	1.87	1.80	🟠	This quarter sees slight increase in sickness absence which takes the metric slightly over target for this period (by 0.07), but remains positive metric in benchmarking. This suggests that the work around managing sickness absence and wellbeing is having a positive impact. However, there remains a significant variation in absence rates in different areas of the council which will require greater focus over the next year.	2.30
Turnover of children's social workers and senior practitioners	Smaller Is Better	Rolling Year	11.3%	12.7%	15.2%	15.8%	15.3%	20.0%	★	Turnover has reduced slightly to 15.3% from 15.8% in the previous reporting period which is pleasing to note and continues to remain below target. In advance of the full implementation of the Children's Agency Social Worker statutory guidance from 1 October 2025 we saw a number of former agency staff join us on a permanent employed basis and expect these numbers to increase as the impact of these agency changes is realised.This should continue to have a positive impact on turnover rates in coming months. We continue to promote Gloucestershire as an employer of choice and currently have a 3 month campaign live with Community Care featuring our recent 'Good' Ofsted rating and job opportunities which we hope will also result in a number of our vacancies being filled on a permanent basis.	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% of Appraisals Completed	Bigger Is Better	Rolling Year	80.7%	84.6%	82.1%	75.6%	76.6%	85.0%	▲	At the end of Quarter 2, 3 out of 4 staff (77%) had had an appraisal discussion with their manager in the last 12 months. This falls short of the 85% target set for Performance Development Review (PDR) compliance. The PDR process is designed to provide a clear link between individual roles, service business plans, and the Council Strategy. The highest levels of compliance were observed in EE&I and Adult Services, both exceeding the target. In contrast, Children's Services and Community Safety continue to report the lowest compliance, with only around half of staff having a PDR discussion in the past year (52% and 54% respectively). To support improvement, a Managers Brief was prepared to provide enhanced clarity on the PDR process and the reporting timetable. Additionally, the completion rate email sent to managers has been updated to include the same information. These changes aim to ensure managers are now much clearer on expectations, which should help drive improved compliance in future quarters.	

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	96.3%	94.2%	94.2%	82.4%	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	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
GCC Turnover (staff leaving as a % of all staff)	Smaller Is Better	Rolling Year	10.4%	10.5%	10.6%	10.7%	10.3%	In 2021-22 the LGA published a rate of 14% typical turnover rates in local government. Average turnover rates across all industries is estimated to be significantly higher. The council has performed well against this typical figure throughout 24-25 and in this quarter the rate of 10.3% is very similar to last quarter (slightly lower) and continues to reflect a broadly stable workforce.	14.0%
Turnover of all adults social workers and senior practitioners	Smaller Is Better	Rolling Year	13.4%	9.1%	6.2%	6.5%	9.1%		

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Comments	Comparator Group
Days lost to sickness/absence per FTE - Rolling Year	Smaller Is Better	Rolling Year	8.20	8.10	8.00	7.84	7.96	This quarter sees slight increase in sickness absence which takes the metric slightly over target for this period (by 0.12 of a day), but remains positive metric in benchmarking. This suggests that the work around managing sickness absence and wellbeing is having a positive impact. However, there remains a significant variation in absence rates in different areas of the council which will require greater focus over the next year.	9.20

Corporate Governance

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Number of audit recommendations rated "high" outstanding beyond target date	Smaller Is Better	Latest Quarter	4	6	4	8	6	4	▲	At the end of Quarter 2, there were six audit recommendations that have been rated as "high" that were outstanding beyond their implementation date. This is a decrease from eight recommendations last quarter but remains worse than target (4). There remain three recommendations where revised implementation dates had been agreed but have also passed, these recommendations have been outstanding for some time with their initial implementation dates being in 2023 or 2024.	
Number of reportable security incidents	Smaller Is Better	Latest Quarter	1	4	2	3	2	14	★	There were two incident this quarter that reached the threshold for reporting to the ICO: **ISB250603** An ex-employee of a children's home posted a malicious review on Google including a vulnerable young person's initials plus details of their current location. **ISB250649** A student social worker accessed the social care records of the a family member without authorisation/business need.	
% FOI/EIR request responses within legal time limits	Bigger Is Better	Latest Quarter	92.0%	93.0%	96.0%	94.0%	93.0%	90.0%	★	Number of official requests for information closed: 423 Number of official requests for information closed out of time: 28 93% of all FOI requests were responded to within legal time limits in Q2 2025/26. This is a 1% decrease on the previous quarter (Q1 25/26 94%) but a 1% increase compared with Q2 2024/25 (92). The number of FOI requests received in Q2 2025/26 is 439; an increase of 45 requests received in Q1 2025/26 (394). The number of FOI closed in Q2 2025/26 is 423, an increase of 51 requests when compared with Q1 2025/26 (372). The number of FOI requests closed out of time in Q2 2025/26 is 28; an increase of 6 requests when compared with Q1 25/26 (22).	

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
% Subject Access Request responses within legal time limits	Bigger Is Better	Latest Quarter	88.0%	86.0%	81.0%	78.0%	76.0%	90.0%	▲	Additional temporary resource has been allocated to the team, and a permanent position is being filled, starting at the beginning of November. Overdue SARs continue to be monitored to prevent the buildup of significant / long standing backlogs. 76% of all SARs were responded to within legal time limits in Q2 2025/26. This is a 2% decrease when compared with Q1 2025/26 (78%) and a decrease of 12% compared with Q1 2024/25 (88%). The number of SARs received inQ2 2025/26 is 145; an increase of 21 requests received Q1 2025/25(133). The number of SARs closed in Q2 2025/26 is 79, an increase of 7 requests when compared with Q1 2025/26 (72). The number of SARs closed out of time in Q2 2025/26 is 19, an increase of 3 requests when compared with Q1 2025/26 (16).	
Number of information decision notices upholding requestors position	Smaller Is Better	Latest Quarter	0	0	0	0	0	2	★	There have been no ICO decisions upholding the requesters position in Q2 2025/26.	
Number of Cases Upheld by Local Government Ombudsman	Smaller Is Better	Latest Quarter	9	6	6	9	7	4	▲		7
Number of RIDDOR reportable incidents	Smaller Is Better	Latest Quarter	5	4	1	4	4	5	★		

ICT

Measure Description	Tolerance Type	Reporting Basis	Sep-24	Dec-24	Mar-25	Jun-25	Actual Sep-25	Target Sep-25		Comments	Comparator Group
Total number of ICT Priority 1 incidents raised per quarter	Smaller Is Better	Latest Quarter	8	1	4	1	1	4	★	There was one Priority 1 incident in the quarter, which was outside of GCC's environment and controls, affecting a service delivered by a third party. 12/08 - One instance of Liquidlogic Children's System, hosted by System C, had fallen over. This meant that some users were unable to access the system for a period of approximately 2 hours. The issue was resolved when the vendor, System C, restarted the services.	