Corporate Overview & Scrutiny Committee

Quarter 1 2025/26

Purpose of the report

To provide a strategic overview of the Council's performance for Quarter 1 2025/26.

The following scorecards are enclosed:

Prepared by the Performance and Improvement Team

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	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Number of EV public Charge Points installed	Bigger Is Better	Quarterly	224	224	224	232	279	270	★	At the end of June 2025 there were 279 Electric Vehicle Charging Points (EVCPs) installed, 228 of these are operational. This is an increase of only 8 chargepoints being made live since last quarter.	

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
Green jobs as a proportion of total jobs advertised online	Bigger Is Better	Quarterly	2.9%	3.2%	2.7%	3.0%	3.0%		

Measure Description	Tolerance Type	Reporting Basis	Mar-24	Jun-24	Sep-24	Dec-24	Actual Mar-25	Target Mar-25	Comments	Comparator Group
Tonnes CO2e Council Emissions (buildings/transport exc schools)	Smaller Is Better	Year to Date	5,798.46	1,188.10	2,211.39	4,077.74	6,072.00			3,371.20

Measure Description	Tolerance Type	Reporting Basis	Mar-24	Jun-24	Sep-24	Dec-24	Actual Mar-25	Comments	Comparator Group
Renewable energy generation (kWh) (Councils Estate, exc schools)	Bigger Is Better	Year to Date	64,017,590	18,123,078	30,197,875	44,427,959	61,565,046		

Waste

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Residual household waste per household (Kgs)	Smaller Is Better	Forecast	436	434	437	440	433	413	●		516
% of household waste sent for reuse, recycling and composting	Bigger Is Better	Forecast	52.5%	52.3%	51.8%	51.3%	51.0%	54.0%	▲	It is still very early in the year, and the majority of the data remains forecast. These will be replaced by actual data as the year progresses.	43.9%
Net power produced (MWhr) by the Energy From Waste facility	Bigger Is Better	Forecast	36,055	23,977	28,417	34,202	31,463	29,100	★	Target is a flat quarterly division of contractual annual target.	
% of waste diverted from landfill	Bigger Is Better	Forecast	97.6%	97.5%	97.1%	97.4%	97.8%	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	99.6%	94.0%	91.8%	97.4%	99.2%	96.0%	★	Target set at outset of contract	
% of 24 hour defects repaired on time	Bigger Is Better	Latest Quarter	100.0%	99.8%	99.9%	99.9%	99.9%	96.0%	★	Target set at outset of contract	
% of 28 day defects repaired or made safe in time	Bigger Is Better	Latest Quarter	99.9%	99.8%	99.1%	99.7%	99.9%	95.0%	★	Target set at outset of contract	
% of structural maintenance programme delivered	Bigger Is Better	Latest Quarter	42.0%	76.9%	91.3%	108.3%	47.5%	25.0%	★		

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
Number of Winter maintenance runs completed	Smaller Is Better	Quarterly	0	0	38	99	0		
Average additional days to complete overdue 28 day defect repairs	Smaller Is Better	Quarterly	0.00	4.05	2.00	1.60	0.33		

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments		Comparator Group
Number of repairs to non safety defects	Bigger Is Better	Latest Quarter	9,342	9,075	5,150	7,092	5,958			

Measure Description	Tolerance Type	Reporting Basis	Dec-20	Dec-21	Dec-22	Dec-23	Actual 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%	★		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%	★		8.0%

Measure Description	Tolerance Type	Reporting Basis	Mar-21	Mar-22	Mar-23	Mar-24	Actual Mar-25	Target Mar-25	Comments	Comparator Group
% of 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	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% delivery of the annual gully emptying programme	Bigger Is Better	Latest Quarter	28.1%	54.7%	75.4%	100.0%	38.5%	25.0%	★		

Road Safety

Measure Description	Tolerance Type	Reporting Basis	Jan-Mar 24	Apr-Jun 24	Jul-Sep 24	Sep-Dec 24	Actual Jan-Mar 25	Forecast Jan-Mar 25		Comments	Comparator Group
Number of killed and seriously injured people	Smaller Is Better	Calendar Year to Date	68	164	245	311	75	90	★		

Sustainable Growth

Connectivity

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25	Comments	Comparator Group
% premises with next generation broadband access (NGA) Superfast	Bigger Is Better	Latest Quarter	98.2%	98.3%	98.3%	98.6%	98.6%	99.0%	🟠	97.9%
% of premises connected to broadband (Stage 1 - BT - FTTC)	Bigger Is Better	Quarterly	98.9%	98.9%	99.0%	99.1%	99.2%	99.0%	⭐	
% Gigabit (DOCSIS 3.1 or FTTP) Broadband coverage	Bigger Is Better	Latest Quarter	77.7%	78.8%	80.0%	82.4%	83.9%	83.5%	⭐	77.8%

Levelling Up Our Communities

Addressing Public Health Inequalities

Measure Description	Tolerance Type	Reporting Basis	Mar-24	Jun-24	Sep-24	Dec-24	Actual Mar-25	Target		Comments	Comparator Group
% HLS customers achieving a significant risk factor improvement	Bigger Is Better	Quarter in Arrears	61.8%	3.8%	47.0%	45.6%	45.0%	65.0%	▲	This is an aggregate measure across all lifestyle interventions (smoking, weight loss, physical activity and alcohol intake) with 'significant improvement' being based on published evidence of clinical benefit for each lifestyle change. Performance against this indicator has remained consistently below the 65% target over the last three quarters and in Q4 45% of those entering a behaviour change pathway had achieved a significant risk factor improvement by the end of the intervention (usually 12 weeks). While it has taken the new service provider time to bed in following a difficult transition from the previous provider (including significant staff losses during 2024), the majority of roles have now been recruited into and staff onboarded. However, performance against this indicator is failing to improve. We are working closely with the provider to understand the reasons for this and develop an improvement plan.	
% of pregnant smokers achieving a 4 week quit	Bigger Is Better	Quarter in Arrears	45.0%	33.0%	86.0%	48.0%	36.0%	80.0%	▲	Performance is reported a quarter in arrears. During Q1 the healthy lifestyles service provider identified a data quality issue related to a glitch in their systems. They have also amended their reporting methodology to ensure they are reporting on the % quit rate of those setting a quit date. These issues have led to the 4-week quit data for pregnant women being revised across all quarters as follows: • Q1 1/3 (33%); Q2 12/30 (40%); Q3 15/31 (48%) and Q4 9/25 (36%) Performance against this indicator remains below target (60%). With the onboarding of new specialist pregnancy coaches, and their starting to deliver during Q1 2025/26, we are anticipating an improvement over forthcoming weeks and are monitoring this closely with early Q1 data suggesting an upward trend.	

Measure Description	Tolerance Type	Reporting Basis	Mar-24	Jun-24	Sep-24	Dec-24	Actual Mar-25	Comments	Comparator Group
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%	The current performance against this measure is 41%. 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). This metric has been affected by the transition between service providers, therefore we will be baseline and set the annual target at the end of Quarter Four 2024-25.	

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.	8.8%
% 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	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% Children open to Social Care with 1-2 Social Workers in 6 mths	Bigger Is Better	Snapshot	87.6%	89.3%	93.8%	94.0%	93.1%	90.0%	★		
% of audits judged as good or better	Bigger Is Better	Latest Quarter	51.0%	55.0%	59.0%	63.0%	66.0%	65.0%	★	The quality of social work practice, as judged by the outcome of practice evaluations (case file audits) has continued to improve, and now exceeds the target for the fist time in a number of years.	

Contact Activity

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% re-referrals to Social Care within 12 months	Smaller Is Better	Latest Quarter	24.1%	23.3%	20.5%	21.6%	24.9%	21.5%	▲	This indicator is volatile, and it is positive that performance remains close to target. We have seen a slight upward trend in re-referrals, and work has taken place to understand the reasons for this, and to put in place plans to reduce this.	18.9%
% of final decisions made within time for all contacts	Bigger Is Better	Latest Quarter	65.0%	68.9%	77.0%	73.7%	78.6%	90.0%	▲	it is positive to see performance improving in this area. The changes to the structure of our Front Door, when fully embedded, will continue to support improving practice.	
% of initial visits to children carried out in timescale	Bigger Is Better	Latest Quarter			94.5%	91.7%	87.7%	85.0%	★		

Children in Need of Help & Protection

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of Single Assessments completed within 45 working days	Bigger Is Better	Latest Quarter	79.4%	82.7%	83.5%	77.9%	83.2%	85.0%	🟠	This quarter has seen a significant improvement in performance in this area - it is now close to target. The improvement comes as a result of a clear focus by managers on the importance of making progress. Perhaps more importantly, we continue to see good quality within the assessments, as well as timeliness.	80.3%
% of children with a second or subsequent Child Protection Plan	Smaller Is Better	Latest Quarter	35.9%	34.9%	26.1%	28.9%	33.6%	25.0%	🔺	This figure has risen slightly in Q1. We know that some repeat CP plan reflect the legacy of poor historical social work practice, which has led to interventions not always achieving the desired outcomes first time around. Where this has happened, children can come back into the CP system. We also measure the rate of repeat CP plans within two years of the initial plan, and our performance in this area is significantly better, reflecting what we believe to be better practice more recently, leading to smaller numbers of children coming back into the system.	26.2%
% of Child Protection Plans lasting 2 years or more	Smaller Is Better	Snapshot	3.3%	1.9%	3.3%	2.3%	1.7%	1.6%	🔺	Further improvement in performance in this area. The figure relates to very small numbers of children, all of who are also monitored via the pre-proceedings process.	2.5%
% Strategy discussions took place in 5 working days	Bigger Is Better	Quarterly	94.6%	95.7%	94.5%	93.8%	96.9%	90.0%	⭐		

Children in Care

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of Children who are fostered with in-house fostering	Bigger Is Better	Snapshot	69.0%	69.0%	68.0%	67.0%	67.0%	70.0%	🟠	Performance in this area reflects the ongoing challenging local and national context in terms of recurring foster carers. Although we have continued to recruit new foster carers, we have seen a number of carers retire due to age or personal circumstances. We are working with the regional fostering recruitment agency to try and maximise our reach for potential new carers, and the fostering improvement plans sets out how we are seeking to support and retain our existing carers.	
% Children in Care over 2.5 yrs, same placement for 2 or more yrs	Bigger Is Better	Snapshot	63.6%	63.1%	66.4%	60.7%	63.2%	68.0%	🔺	This challenging area of performance remains a key priority for the service. It is positive to see an upturn in stability following last quarter's fall but there remains much to do. We have recently undertaken a deep dive analysis of the data and have identified that the headline figure does mask a number of positive moves for children, which nevertheless result in a worsening of the overall figure. We are continuing to develop our offer around placement support to carers.	68.8%
% Children in Care (CIC) reviewed in timescales	Bigger Is Better	Latest Quarter	96.5%	98.5%	95.6%	99.2%	97.3%	95.0%	⭐	Continued excellent performance.	
% of Children in Care with 3 or more placements in 12 months	Smaller Is Better	Snapshot	13.7%	11.1%	11.4%	11.9%	12.4%	12.0%	🟠	We have seen a slight increase in this figure, reflecting the ongoing challenges we see around placement sufficiency, particularly for foster placements. This can result in children experiencing a number of moves early in their care career.	9.3%

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% Children in Care persistently absent	Smaller Is Better	Snapshot	28.2%	20.0%	26.1%	27.9%	32.7%	15.0%	▲	Regular school attendance is a key mechanism to support children's educational, social and economic outcomes. One-third of children in care had missed at least 10% of available sessions in the 2024/25 academic year at the end of Quarter 1. The proportion of children in care who are persistently absent from school is increasing (up from 28.2%, 27.9% and 24.5% in the three preceding years at the same time in the academic year). Persistent absence for children in care in Gloucestershire is much higher than for children educated in similar counties, where the peer group average is 21.9%. Persistent absence of children in care is in contrast to the proportion of all pupils persistently absent across Gloucestershire which is following a decreasing trend and was at 18.3% at the end of June 2025, in line with the national average of 18.9%. Severe absence (missing at least 50% of available sessions) is also increasing amongst our children in care, affecting 11.7% - five times the level of all pupils across Gloucestershire (2.3%).	21.9%
% of children admitted to care within 12 months of previously being in care	Smaller Is Better	Latest Quarter	7.0%	6.5%	4.8%	3.1%	10.0%	7.0%	▲	This figure has increased during the quarter. It remains close to target, but work is underway to put in place mechanism,s to regularly assess and analyse the reasons that children enter care. This will be led by the IRO group and will help us to track any themes which may emerge.	

Care Experienced Young People

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% in care aged 16, now aged 19-21 yrs in suitable accommodation	Bigger Is Better	Snapshot	91.1%	94.7%	94.2%	94.0%	93.8%	95.0%	●	Performance in this area is good and remains consistently close to target. For the very small number of young people who are temporarily staying in unsuitable accommodation, we are putting in plans to provide additional senior management oversight of plans to move them into suitable homes. We are also working closely with the districts to provide a consistent offer across the county for all our young people.	
% in care at 16, now aged 19-21 in employment/education/ training	Bigger Is Better	Snapshot	58.0%	53.8%	52.7%	52.7%	51.1%	75.0%	▲	This represents perhaps our biggest focus of practice improvement for care leavers. Despite significant work taking place in this space, we have not yet seen these inputs achieve traction. We continue to prioritize this work and are considering how our existing staffing structures can be improved to supporting better outcomes, including thinking about about how we work with colleagues in education and youth support.	

Transforming Children's Services

Education

Education

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
Number of Children with an EHCP	Plan Is Best	Snapshot	6,234	6,214	6,411	6,584	6,971		
Number of Children with an EHCP in progress	Smaller Is Better	Snapshot	715	709	750	811	724		
% of notifications to assess within 6 weeks of the date of request	Bigger Is Better	Quarterly	99.8%	92.4%	98.7%	97.1%	98.3%		
% of draft EHCPs issued within 16 weeks of the date of request	Bigger Is Better	Latest Quarter	39.0%	33.8%	21.3%	29.3%	20.3%		
% of EHCPs issued within 20 weeks of the date of request	Bigger Is Better	Latest Quarter	38.9%	22.6%	23.0%	29.1%	22.5%		31.2%
Rate per 1,000 of children with an Education Health and Care Plan	Plan Is Best	Latest Quarter	35.8	35.2	36.3	37.0	38.7		38.4

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
% of pupils Persistently absent - Latest Term End	Smaller Is Better	Latest Term End	19.7%	18.8%	17.9%	18.9%	18.3%		18.9%
% of pupils Severely absent – latest term end	Smaller Is Better	Latest Term End				2.0%	2.3%		2.3%

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep -24	Dec -24	Mar - 25	Actual Jun -25	Target Jun-25		Comments	Comparator Group
% of good or outstanding Early Years Settings	Bigger Is Better	Latest Term End	91.1%	90.3%	91.6%	92.7%	92.3%	92.0%	★		
Number of pupils permanently excluded (All Pupils) Latest Term End	Smaller Is Better	Latest Term End	145	174	48	72	125	145	★		
Number of Suspensions (All Pupils) - Latest Term End	Smaller Is Better	Latest Term End	8,430	9,962	3,174	4,496	7,632	8,430	★		

Transforming Adult Social Care

Delivery

Contact Activity

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep -24	Dec -24	Mar -25	Actual Jun -25	Target Jun-25		Comments	Comparator Group
% of all ASC Contacts with a decision within 1 working day	Bigger Is Better	Latest Quarter	93.8%	91.7%	87.9%	87.5%	91.8%	95.0%	🟠	In Q1 there were 26,062 contacts started with 23,925 Closed within 1 working day (91.8%). This is in comparison to 20,787 (87.5%) contacts being closed of 23,756 contacts within 1 working day in Q4. Performance has improved back to within tolerance of target.	
% of ASC contacts signposted or closed	Bigger Is Better	Latest Quarter	31.2%	31.8%	30.6%	31.5%	29.1%	33.0%	🔺	In Q1 29.1% of contacts were signposted, information or advice given, or resulted in NFA 7577 contacts: 4950 NFA 2132 Signposted 495 information/advice	

Assessment, Brokerage & Review

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of people having had a review of their needs in 12months	Bigger Is Better	Snapshot	64.4%	70.9%	73.0%	75.2%	76.1%	75.0%	⭐	There was a total of 5,433 individuals with a long-term or short-term care act support plan at the end of June. 76.1% of people have had an up-to-date Care Act review or were not yet due a review within the last 12 months. Performance is better than target. There were 1,298 overdue reviews (31 short-term plans and 1,267 long-term plans).	

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
Average number of weeks people have been awaiting Brokerage	Smaller Is Better	Snapshot	3.2	5.0	4.0	4.1	3.0	The average time a person is waiting for their service to be brokered is 20.8 calendar days or 3.0 weeks. This is a decrease of around 8 days compared to the end of Quarter 4.	
% FAB Assessments completed within 40 calendar days	Bigger Is Better	Quarterly	32.3%	27.0%	30.0%	30.0%	31.0%	Of 823 FAB assessments were completed in Quarter 1, only 31% were concluded within 40 calendar days of the valid referral date. This rate of timely completion has remained static at around 30% over several quarters. Referrals have risen substantially compared to the previous year, at a time when staffing levels have been reduced due to vacancies and long-term sickness, this has placed considerable strain on both the team's capacity and the timeliness of assessments. Data input inaccuracies, particularly around valid referral dates, and delays, partly due to the Online Financial Assessment (OFA) being reliant on individuals completing it themselves, have further affected the team's ability to process assessments promptly. Increased contact with the team to support individuals struggling with OFA has also diverted time away from progressing assessments. Additionally, most individuals still prefer in-person visits over OFA, which continues to add pressure to already limited staff resources. To address these challenges, recruitment is underway, a new officer is in training, reminders have been issued to staff regarding data entry, and process issues will be tackled through Systems, Process and Data (SPD) work. Weekly data verification reports are also being requested to improve oversight.	
No. of new FAB Requests received within the quarter	Plan Is Best	Quarterly	813	824	858	885	1,202	Financial Assessment and Benefits (FAB) Team received a total of 1,202 requests (1,065 referrals) for 1,047 individuals. This represents a 36% increase compared to the previous quarter and a 48% increase compared to the same period last year.	

Hospital Discharge & Reablement

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of people who need no long term care after reablement	Bigger Is Better	Latest Quarter									

Adult Safeguarding

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% Adult Section 42 enquiries where risk was reduced or removed	Bigger Is Better	Latest Quarter	88.8%	88.7%	88.1%	92.0%	85.5%	85.0%	★	For Q1, 235 Section 42 Enquiries were completed. Of these 201 closed with risk reduced or removed; Risk Reduced =108 Risk Removed = 39 No Risk = 20 No SG Action = 34 Inconclusive = 18 Risk Remains = 16	89.0%
% of S42 Enquiries open for more than 26 weeks	Smaller Is Better	Latest Quarter	21.9%	10.1%	8.4%	11.6%	6.0%	20.0%	★	In Quarter 1 there were 199 open Section 42 Safeguarding Enquires with 12 open longer than 26 weeks	

Transforming Adult Social Care

Commissioning

Quality Assurance

Measure Description	Tolerance Type	Reporting Basis	↑ Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of Gloucestershire ASC Providers rated Good/Outstanding by CQC	Bigger Is Better	Latest Quarter	86.8%	86.4%	86.8%	86.2%	85.6%	90.0%	🟠	Total Rated: 348 Good: 278 Outstanding: 20 Requires Improvement: 47 Not Rated: 3	

Assessment, Brokerage & Review

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Average waiting time for a Carers Care Act Assessment	Smaller Is Better	Snapshot	10.0	14.0	15.0	11.0	11.0	30.0	⭐	The average number of working days to complete a Carers Care Act compliant assessment has remained at 11 days. This is the same as Q4 and is well below the target of 30 days. In the last 2 years this is the lowest completion time except for Q1 2023/24 which was 10 days.	

Long Term Care

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Permanent admission 18-64 residential/nursing care per 100K pop	Smaller Is Better	Rolling Year	12.3	15.4	15.1	15.7	13.3	16.5	★	There were 51 permanent admissions rolling year up until the end of June 2025. The number of people 18-64 being permanently admitted to residential or nursing has been between 51-62 people for the past year. Performance remains better than target and our comparator. *Note: There is a data lag with recording numbers of permanent admissions when data is refreshed numbers increase. This measure is calculated using SALT methodology and will need to change shortly in line with CLD.*	16.5
Permanent admission 65+ residential/nursing care per 100K pop	Smaller Is Better	Rolling Year	635.9	666.1	637.9	611.1	534.8	585.9	★	There were 778 permanent admissions rolling year up until the end of June 2025. The rate of people 65+ being permanently admitted to residential or nursing has decreased by 39 people compared to as at end of May and is better than target and comparator. Numbers of older people permanently admitted to res/nursing has decreased by 22% compared to the same time period in 2024 (778 compared to 993 in 2024). *Note: There is a data lag with recording numbers of permanent admissions when data is refreshed numbers increase. This measure is calculated using SALT methodology and will need to change shortly in line with CLD.*	585.9

Mental Health

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
% AMHP assessments outcome: MH Act detention/support/ admission	Plan Is Best	Latest Quarter	55.7%	56.1%	60.1%	66.7%	62.4%	In Quarter 1 2025/26 there were 288 Assessments with 290 outcomes. Detention under the MH Act - 152 Community Support or protection being put in place - 19 Informal Admission - 10 No Further Action/Other/Not Recorded - 109	

Learning Disability

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of Adults with Learning Disabilities in settled accommodation	Bigger Is Better	Snapshot	64.3%	65.4%	66.3%	68.3%	67.7%	79.0%	▲	In Quarter 1 there was a total of 415 individuals reported as living in settled accommodation (67.7% of the cohort). *Note: this does not include people living in supported accommodation, as the in-built report in the case management system does not reflect latest thinking in this area. This will not be rectified without two upgrades to adapt to change at a national level.*	
People in employment with a disability supported by Forwards	Bigger Is Better	Latest Quarter	966	988	1,008	1,033	1,054	950	★	There was an increase of 21 people who were moved into paid employment by the service in Q1. This is in line with the last 4 quarters with the average of 22 per quarter.	

Transforming Gloucestershire Fire and Rescue Service

Response

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Average Response times to dwelling fires	Smaller Is Better	Latest Quarter	9.07	8.00	10.36	9.29	10.58	9.00	▲	Timeliness of responding to all attended dwelling fires (National definition) has worsened to 10 minutes 58 seconds (up from 9 minutes 29 seconds in the previous quarter). Performance remains worse than target (9 minutes), the comparator group average (9 minutes 1 second) and the average response time for 2024/25 (9 minutes 24 seconds). One-third of dwelling fires were attended by On Call Firefighters, like the previous quarter, this means more incidents will have been impacted by a longer turnout time, as well as the likelihood that more fires took place in rural areas where drive times to incidents may be longer. Wholetime crews have a quicker response time to incidents than On Call crews. The average response time for dwelling fires attended by Wholetime crews was 9 minutes 21 seconds (within tolerance of target), whereas the On Call crew average response was 13 minutes 55 seconds (worse than target). The response time for both crews was worse than their average response times for 2024/25 (8 minutes 32 seconds for dwelling fires attended by Wholetime crews and 11 minutes 54 seconds for dwelling fires attended by On Call crews)	9.01
% of Site-specific risk information visit (SSRIs) annual programme of work completed	Bigger Is Better	Latest Quarter	27.2%	45.6%	74.0%	100.0%	47.5%	26.0%	★	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 1, delivery was ahead of the scheduled target (47.5% 38 out of 80 visits, better than the target of 26%, 21 visits).	

Prevention

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Rate of Safe and Well visits undertaken per 1,000 population	Bigger Is Better	Latest Quarter	1.41	1.49	1.48	1.46	1.59	1.61	🟠	The rate of Safe and Well visits has increased from 1.46 per 1,000 population (961 visits) in the previous quarter, to 1.59 per 1,000 population (1,051 visits). Performance has improved to within tolerance of target (based on 1,061 visits required per quarter). The 1,061 visit per quarter target is divided between Wholetime Watches (60%) and CSAs (40%). Wholetime Watches achieved more than their target (651 visits against a 637 target) while CSAs completed 94.3% of their target (400 visits out of 424 target).	
% of Safe and Well Visits undertaken to those deemed vulnerable	Bigger Is Better	Latest Quarter	88.2%	89.0%	88.4%	85.6%	84.3%	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 1 84.3% of Safe and Well visits undertaken were to people deemed vulnerable and is at the lowest point in the last 12 months. A stretch target has been set for 2025/26 meaning the performance is now worse target (89%).	

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Statement of Intent Jun-25		Comments	Comparator Group
Number of Fatalities from all fires	Smaller Is Better	Latest Quarter	2	0	1	1	0	0	★	There were no fatalities in Quarter 1 as a result of Fire. The Prevention Team have undertaken a fatal fire review and will share the findings with the team. The report re-enforced the need to reach older men, living alone through our prevention work and we are reaching out to agencies to build further links with men in our communities.	

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Forecast Jun-25		Comments	Comparator Group
Rate of Dwelling fires per 10,000 population	Smaller Is Better	Latest Quarter	1.12	0.94	1.30	1.02	1.17	1.09	▲	In Quarter 1, the rate of Dwelling Fires was 1.17 per 10,000 population (77 dwelling fires), which is worse than the seasonal forecast which aims to see a reduction in incidents over time (72 dwelling fires, 1.09 per 10,000 population). Performance is also slightly worse than the same period last year (74 dwelling fires in Q1 24/25). However, 12 month rolling year figures have very slightly decreased from the previous two years (294 in both 23/24 and 292 in 25/26). 92% of the dwelling fires in Quarter 1 were accidental, this is higher than the same period last year when 89% were classed as accidental. Overall, the annual rate of dwelling fires is worse than our comparator group at 4.43 per 10,000 population compared to 3.81 per 10,000 population, but this is not statistically significant.	0.99

Protection

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% of 2023-26 risk-based inspection programme audits completed	Bigger Is Better	Latest Quarter	20.3%	30.9%	44.5%	55.0%	65.0%	65.0%	★	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. The team is now at establishment and over the last four quarters has caught up the backlog of inspections accrued. At the end of Quarter 1, delivery was on the scheduled target (65%, 1,524 premises out of the overall 3-year programme). In Quarter 1, the service completed 235 audits which is in line with the in-quarter target. To achieve the 2,343 audit target by March 2026 we will need to complete 273 audits per quarter for the remainder of the programme. This is feasible based on average performance over the last two quarters of 2024/25 (282 audits per quarter) and also allows the team to address other areas of work needed.	

Delivering Our Ambitions

Performance

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25	Perform	Comments	Comparator Group
% of Council Strategy indicators that are on or ahead of target	Bigger Is Better	Quarterly	64.4%	70.4%	73.9%	74.6%	71.0%	65.0%	★		

Workforce

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Days lost to Sickness per FTE (excluding Schools and GFRS)	Smaller Is Better	Latest Quarter	1.70	1.54	2.05	1.97	1.66	1.86	★	Another quarter below the target bodes well for 25/26 target. 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.	
Turnover of children's social workers and senior practitioners	Smaller Is Better	Rolling Year	12.0%	11.3%	12.7%	15.2%	15.8%	20.0%	★	Turnover has risen slightly from 15.2% last quarter to 15.8% this quarter, with 15 permanent staff leaving — 7 Social Workers, 3 Advanced Practitioners, and 5 Team Managers. While recruitment remains strong, with both external and internal candidates progressing, we are losing staff at a similar rate.	
% of Appraisals Completed	Bigger Is Better	Rolling Year	74.0%	80.7%	84.6%	82.1%	75.6%	85.0%	▲		

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%	▲		

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Comments	Comparator Group
GCC Turnover (staff leaving as a % of all staff)	Smaller Is Better	Rolling Year	11.3%	10.4%	10.5%	10.6%	10.7%	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 10.7% is very similar to last quarter and continues to reflect a broadly stable workforce.	
Turnover of all adults social workers and senior practitioners	Smaller Is Better	Rolling Year	16.4%	13.4%	9.1%	6.2%	6.5%	For the second quarter this pleasing metric has remained stable	
Days lost to sickness/absence per FTE - Rolling Year	Smaller Is Better	Rolling Year	8.55	8.20	8.10	8.00	7.84	Another quarter below the target bodes well for 25/26 target. This is the lowest the sickness absence rate has been since the unusually low rates we saw during the Covid pandemic in 20/21. 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.	

Corporate Governance

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Number of audit recommendations rated "high" outstanding beyond target date	Smaller Is Better	Latest Quarter		4	6	4	8	4	▲	At the end of Quarter 1, there were eight audit recommendations that had been rated as 'high' that were outstanding beyond their implementation date. This is an increase from 4 recommendations last quarter, performance is worse than target. For three recommendations 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. For the further five recommendations, the implementation date has passed, and no revised dates have been agreed but conversations are taking place with the relevant service areas with regards to the progress against these recommendations.	
Number of reportable security incidents	Smaller Is Better	Latest Quarter	1	1	4	2	3	14	★	here were 3 security incidents this quarter which reached the threshold for reporting to the ICO. • **ISB250261** A GFRS officer had their encrypted union laptop and hard copy of a level 3 disciplinary bundle stolen from their private vehicle • **ISB250239** A member of staff was minuting a Panel meeting from their car whilst also in the presence of their spouse who is not a GCC employee. • **ISB250238** A GCC employee accessed a family member's record on LAS.	
% FOI/EIR request responses within legal time limits	Bigger Is Better	Latest Quarter	93.0%	92.0%	93.0%	96.0%	94.0%	90.0%	★	Number of requests received: 393 Number of requests closed: 372 Closed out of time: 22	

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
% Subject Access Request responses within legal time limits	Bigger Is Better	Latest Quarter	83.0%	88.0%	86.0%	81.0%	78.0%	90.0%	▲	Number of SARs received: 132 Number of SARs closed: 72 Number of SARs closed out of time: 16 A total of 132 requests have been received this quarter, representing an increase of 3 requests compared with Q4 2024/25. This reflects a continued upward trend, with both Q4 2024/25 and the current quarter demonstrating a consistent monthly rise in request volumes. As a result, the monthly average of requests has increased to 44 per month, marking a growth of 12 requests compared with the same period in the previous year (Q1 2024/25, which averaged 32 requests per month). Given the substantial time required to process SARs, this increase is likely contributing to the decline in performance and the number of cases closed across both FOI and SAR categories. To address this, early intervention and case assessment measures have been implemented to mitigate further performance reductions. The need for additional temporary capacity is also being considered.	
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 requester position this quarter.	
Number of Cases Upheld by Local Government Ombudsman	Smaller Is Better	Latest Quarter	9	9	6	6	9	4	▲		
Number of RIDDOR reportable incidents	Smaller Is Better	Latest Quarter	4	5	4	1	4	5	★		

ICT

Measure Description	Tolerance Type	Reporting Basis	Jun-24	Sep-24	Dec-24	Mar-25	Actual Jun-25	Target Jun-25		Comments	Comparator Group
Total number of ICT Priority 1 incidents raised per quarter	Smaller Is Better	Latest Quarter	4	8	1	4	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. 01/04 - Liquidlogic Adults System was running slowly and users were experiencing difficulty in connecting to the system, for a period of 74 minutes. The issue was resolved when the vendor, System C, restarted the services.	