



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Performance and Audit Committee
<b>Held on</b>	26 March 2025
<b>Agenda Item</b>	8
<b>Title</b>	Performance Update – Quarter 3, 2024-25
<p><b>Summary</b></p> <p>This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the HSCP Strategic Plan 2022-2025. Where Quarter 3 (October – December 2024) data is available for strategic performance indicators (PIs) this is included. The report also includes two exception reports (covering three PIs), providing more detailed discussion of performance for these measures. Exception reports delve further into the performance of specific measures and mitigation or reasoning for current performance.</p>	
<b>Presented by</b>	Steven Reid Policy, Planning and Performance Manager
<p><b>Action Required</b></p> <p>Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2024-25.</p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD****PERFORMANCE AND AUDIT COMMITTEE****26 March 2025****Report by Chief Officer****QUARTER 3 PERFORMANCE UPDATE 2024-25****PURPOSE OF REPORT**

1. This report provides the Performance and Audit Committee with an update on key performance measures relating to the delivery of the strategic priorities set out in the Health and Social Care Partnership (HSCP) Strategic Plan 2022-2025. Where Quarter 3 data is available for strategic performance indicators this is included. The report also includes two more detailed exception reports looking at four key performance indicators within Psychological Therapies and Justice.

**RECOMMENDATION**

2. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2024-25.

**BACKGROUND**

3. The Performance and Audit Committee (PAC) regularly reviews performance reports in order to monitor progress in the delivery of the strategic priorities set out in the HSCP Strategic Plan. These reports provide data on the agreed performance indicators in our performance framework and are presented quarterly and at mid and end-year. Data availability is significantly more limited at Quarters 1 and 3 with many performance indicators being reported on a 6-monthly cycle.
4. As with previous performance updates, in addition to our full report on progress against our key performance indicators (Appendix 1), we have included two exception reports (Appendix 2) giving more detailed discussion on performance trends for the following areas:
  - Psychological therapies:
    - Percentage of people waiting no longer than 18 weeks for access to psychological therapies
  - Justice – supporting unpaid work placements:
    - Percentage of unpaid work placement completions within Court timescale.
    - Percentage of unpaid work orders commenced within 7 days.
5. The exception reports cover:
  - Purpose of the indicator – *explanation and how we use it to improve*
  - What does good look like? – *long-term objective for this area of activity*
  - Current status of measure – *current position including visualisation of data*
  - Reason/explanation for current performance – *understanding why performance is an exception*
  - Mitigating action – *approaches (with timescales) that will improve performance*

- Investment – *current / required resources to deliver expected performance*
- Context and benchmarking – *relevant comparative data if available*

## REPORT

- The main data report includes available data for Quarter 3 (Oct – Dec 2024) for indicators from our Strategic Plan and any updated data relating to end-year (or earlier) that have not previously been reported to the Committee. The report provides charts for all measures. The report presents each measure with a RAG status in relation to the target for the reporting period (where a target is set), along with trend arrows (showing 'up' for improvement) and commentary on performance. Explanations of any notable shifts in performance are included in the commentary.
- The report contains data updates and commentary relating to the performance measures set out under the strategic priorities in the HSCP Strategic Plan 2022-25:
  - Working together with children, young people and their families to improve mental and emotional wellbeing
  - Working together with people to maintain their independence at home and in their local community
  - Working together to support mental health and wellbeing
  - Working together to meet people's healthcare needs by providing support in the right way, by the right person at the right time
  - Working together with people who care for someone ensuring they are able to exercise choice and control
  - Working together on effective community justice pathways that support people to stop offending and rebuild lives
  - Working together with individuals and communities to tackle health inequalities and improve life chances
  - Working together with staff across the partnership to support resilience and wellbeing
  - Working together to protect people from harm
- The HSCP continues to operate at a high level of performance across service areas, despite continuing challenges and pressures. During the current period of reporting, we have seen improving or maintained performance for 54% of the indicators, where data was available.

### Performance highlights include:

- Quarter 3 saw an improvement in the percentage of people **accessing psychological therapies** within 18 weeks from 85.9% (Q2) to 90.4% - above target of 90%. This has been achieved despite vacancies within the service, and we are hopeful performance will improve further with recruitment in February 2025. More detail on psychological therapies performance is given in the exception report at Appendix 2.
- Performance on **waiting times for alcohol and drug recovery services** has continued to improve. The percentage of people accessing recovery-focused treatment within 3 weeks has been maintained at 100% for the 2<sup>nd</sup> quarter in a row. This is very positive performance in spite of staffing absence and vacancies within Alcohol and Drug Recovery Services (ADRS).
- Supporting **independence** and **rebalancing care** – latest data shows that we perform at target ahead of the national average for the percentage of people age 65+ with

intensive care needs receiving care at home (60%). The proportion of people reporting 'living where you/as you want to live' needs being met fell during the quarter but remains above target. We also perform with the national average for spending on Self-directed Support (SDS) Options One and Two as a proportion of total spend on adult services (although the number of people taking up these options is declining).

12. Hospital **bed days lost to delayed discharges** have continued to reduce over the previous four quarters, moving close to target. Minimising discharges with delay remains a key area of focus for the partnership. We have seen slight increases in number of delays in the last quarter, averaging 12 delays a week – up from 11 in the previous quarter (including adults with incapacity (AWI)). However, we remain close to our target (11).
13. Unplanned hospital **attendances and admissions** remain stable and within target, and we have seen modest reductions from the previous quarter. Latest data shows that unplanned hospital bed days also decreased during the reporting period. However, we have seen increases in attendance and admissions from care homes.
14. The proportion of **carers** reporting their 'quality of life' needs being met increased to 92% in Q3 from 85% in Q2. This measure shows some fluctuation and may be impacted by the timing of the survey question. We recognised the significant pressures local carers are under and continue to ensure supports are in place through the Carers Centre and other partners.
15. Performance for the payment of **invoices** within 30 days have been ahead of target for the third quarter in a row at 93.8%. This has been the result of a full staffing team and more efficient processes.

Areas that remain challenging include:

16. We saw an increase in the proportion of people discharged with reduced levels of care need (45%, up from 33% in Q2) following **reablement**. However, this remains below the target of 60% for the 2<sup>nd</sup> quarter in a row. During the last two quarters there has been an increased proportion of people referred to the service that have proved unsuitable for reablement due to complexity of need, impacting on our overall performance for this performance indicator.
17. The proportion of **Community Payback Orders (CPO)** being completed within court timescales dropped during the quarter and we are slightly below our target. This is due to increased numbers undertaking CPOs and the necessity for a waiting list on select days during the reporting period. Although there was improvement, we also missed our target for the percentage of CPOs commencing within 7 days due to people not attending scheduled appointments. More detail on community payback performance is given in the exception report at Appendix 2.
18. **Sickness absence** continues to be an area of focus for the partnership and we continue to miss our target for NHS employees. Following steady improvement in sickness absence among council employees, we saw an increase in absence during Q3. However, we continue to perform ahead of our target for absence among council employees. The HSCP has had an additional HR resource in place since Q2 of 2023/2024, which has played a significant role in reducing absence levels. For the NHS, there has been an increase in short term absences over the quarter due to winter colds and flu. Absence panels are in place and support is targeted in service areas with the highest levels of absence. We continue to deliver health and wellbeing support to our staff.

19. Compliance with **NHS training requirements** (Knowledge and Skills Framework (KSF)) is below our target and despite recent progress performance declined in Q3. This remains an area of targeted action, working with managers and teams to increase completion within required timescales.

## RECOMMENDATION

20. Performance and Audit Committee is asked to note and comment on the Quarter 3 Performance Update 2024-25.

## REPORT AUTHOR AND PERSON TO CONTACT

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11 March 2025

Chief Officer, IJB: Julie Murray

## BACKGROUND PAPERS

Performance and Audit Committee, HSCP Mid-Year Performance Update 2024-25, 20 November 2024.

[https://www.eastrenfrewshire.gov.uk/media/10963/Item-06-Mid-Year-Performance-Update-2024-25/pdf/Item\\_06\\_-\\_Mid-Year\\_Performance\\_Update\\_2024-25.pdf?m=1731506055877](https://www.eastrenfrewshire.gov.uk/media/10963/Item-06-Mid-Year-Performance-Update-2024-25/pdf/Item_06_-_Mid-Year_Performance_Update_2024-25.pdf?m=1731506055877)

Performance and Audit Committee, HSCP Quarter 1 Performance Report, 25 September 2024.

[https://www.eastrenfrewshire.gov.uk/media/10741/PAC-Item-09-25-September-2024/pdf/PAC\\_Item\\_09\\_-\\_25\\_September\\_2024.pdf?m=1726679529017](https://www.eastrenfrewshire.gov.uk/media/10741/PAC-Item-09-25-September-2024/pdf/PAC_Item_09_-_25_September_2024.pdf?m=1726679529017)

Performance and Audit Committee, HSCP Annual Performance Report, 26 June 2024.

[https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC\\_Item\\_09\\_-\\_26\\_June\\_2024.pdf?m=1718729971193](https://www.eastrenfrewshire.gov.uk/media/10455/PAC-Item-09-26-June-2024/pdf/PAC_Item_09_-_26_June_2024.pdf?m=1718729971193)

Performance and Audit Committee, HSCP Quarter 3 Performance Update, 27 March 2024.

[https://www.eastrenfrewshire.gov.uk/media/10191/PAC-Item-07-27-March-2024/pdf/PAC\\_Item\\_07\\_-\\_27\\_March\\_2024.pdf?m=1710946124360](https://www.eastrenfrewshire.gov.uk/media/10191/PAC-Item-07-27-March-2024/pdf/PAC_Item_07_-_27_March_2024.pdf?m=1710946124360)

# Appendix 1

## HSCP Strategic Performance Report – 2024-25 Quarter 3


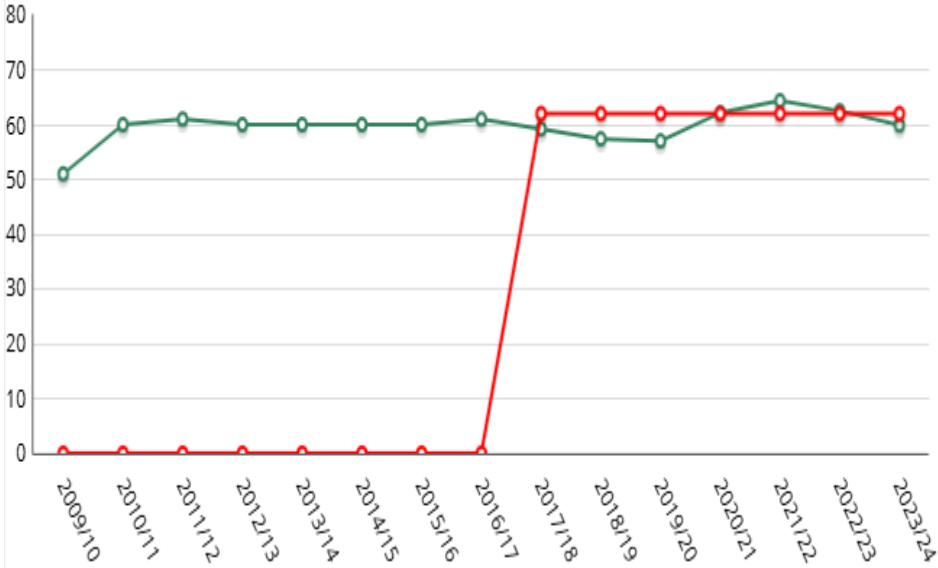



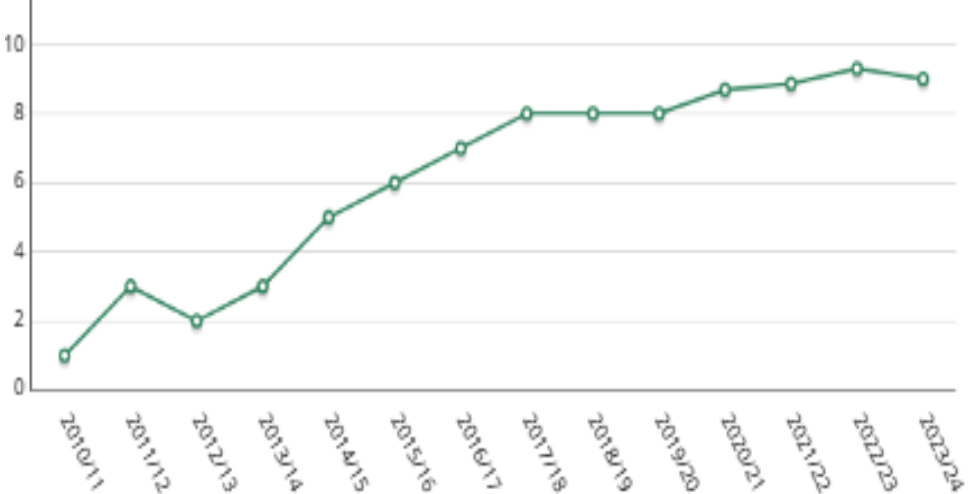

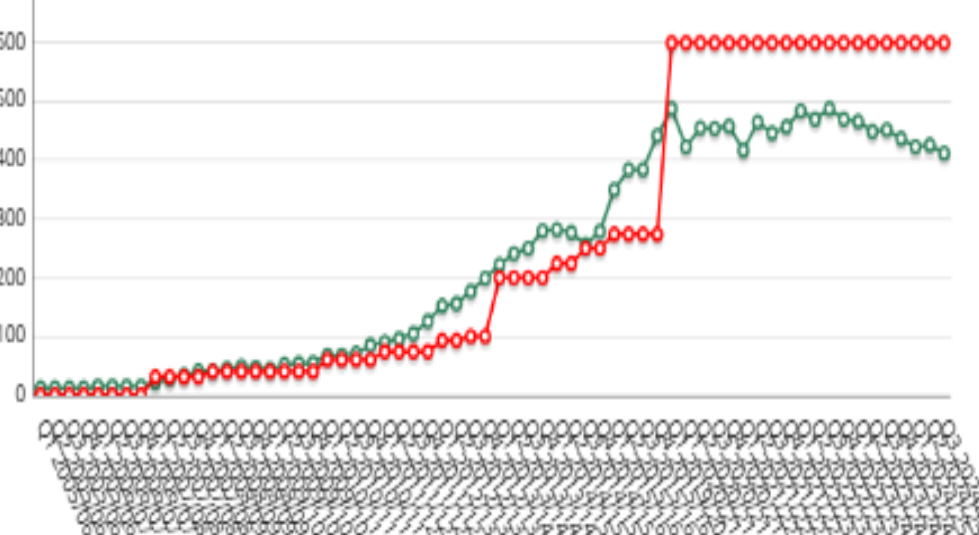
Key:

<b>Green</b>	performance is at or better than the target
<b>Amber</b>	Performance is close (approx 5% variance) to target
<b>Red</b>	Performance is far from the target (over 5%)


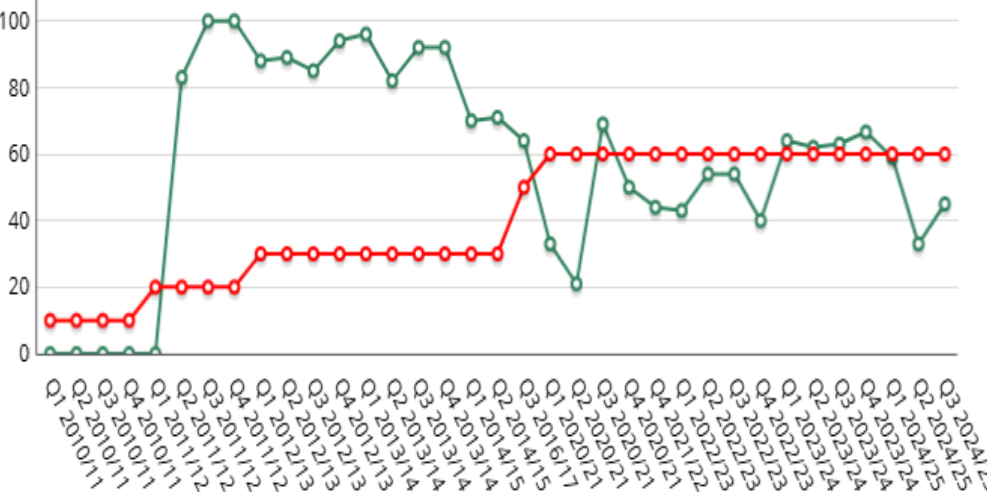

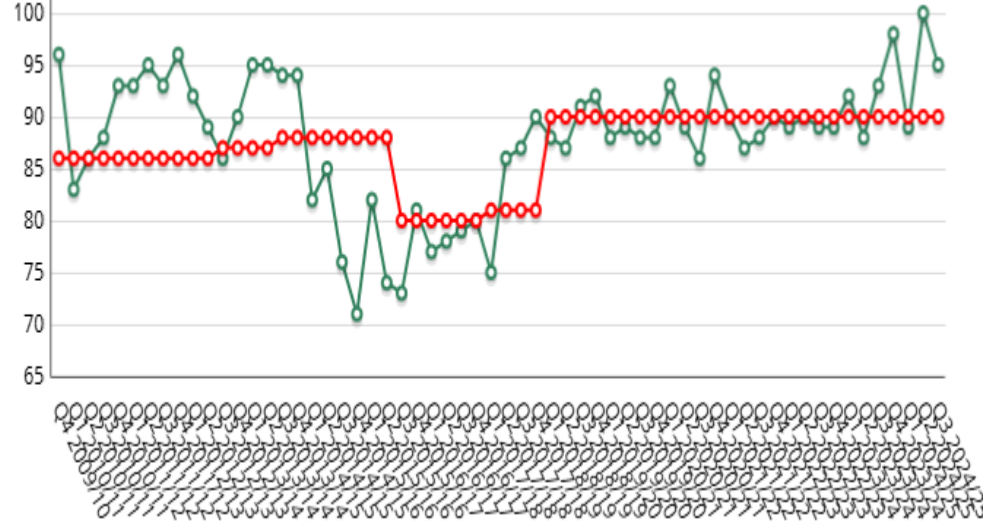
Trend arrows point upwards where there is improved performance (incl. where we aim to decrease the value).

### 2. Working together with people to maintain their independence

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of people aged 65+ with intensive needs (plus 10 hours) receiving care at home. (AIM TO INCREASE)	Annual Data Only 2023/24	59.9%	62%	Amber	 (declining)		<p>The LGBF data shows that our performance has dropped slightly compared with the previous year (62.5%) having now fallen below target. This compares to a national average of 62.6%. The provision of quality care at home to support people to live independently and well in their own homes remains a key priority for the partnership and ongoing improvement of our care at home services continues.</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Direct payments spend on adults 18+ as a % of total social work spend on adults 18+ (AIM TO INCREASE)	Annual Data Only 2023/24	9.0%	Data Only		 (declining)		Latest available data for this indicator at March 2025. We continue to perform in line with the national average whilst outperforming our family group of authorities. (Source: Improvement Service)
Number of people self-directing their care through receiving direct payments and other forms of self-directed support. (AIM TO INCREASE)	Qtr 3 2024/25	412	600	Red	 (declining)		Data calculated from the Social Care returns shows a total of 412 people were in receipt of SDS option 1 and 2 payments in Qtr 3.


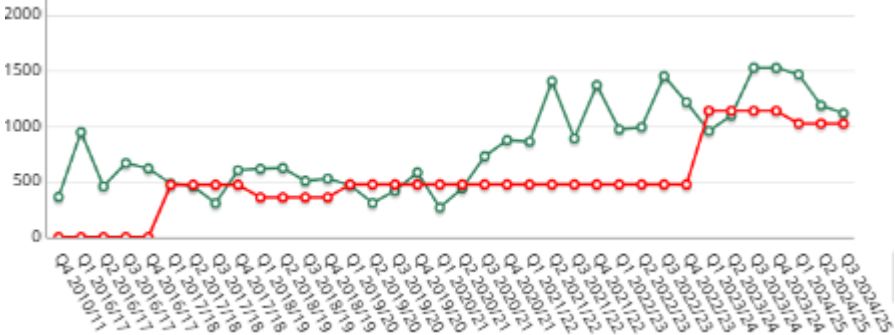


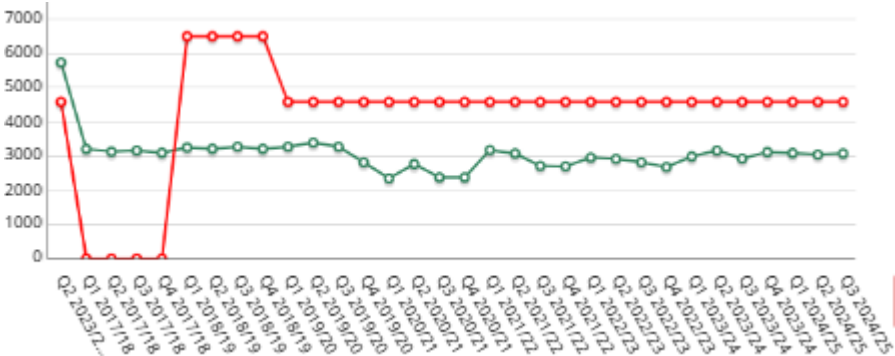


Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Percentage of those whose care need has reduced following reablement / rehabilitation (AIM TO INCREASE)	Qtr 3 2024/25	45%	60%	Red	 (improving)		Of the 31 service users discharged from the Reablement service through Q3 14 (45%) were discharged with a reduced or no service following the period of Reablement.
People reporting 'living where you/as you want to live' needs met (%) (AIM TO INCREASE)	Qtr 3 2024/25	95%	90%	Green	 (improving)		In Qtr 3 of the total 21 valid responses 20 (95%) reported their needs met. Performance is down slightly on Q2 (100%).

**3. Working together to support mental health and well-being**


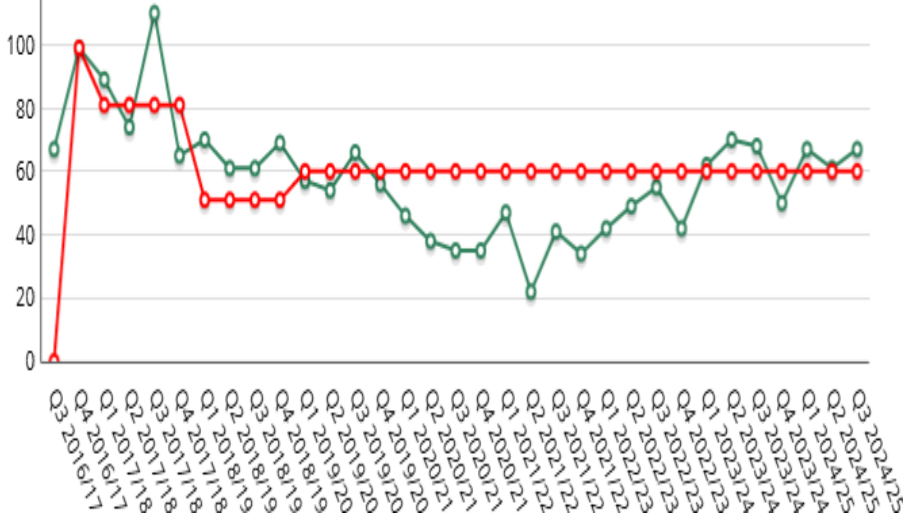
Description	Data Period	Current Value	Target	Traffic Light	Trend		Latest Note
<p>Percentage of people waiting no longer than 18 weeks for access to psychological therapies (AIM TO INCREASE)</p>	<p>Qtr 3 2024/25</p>	<p>90.4%</p>	<p>90%</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>At the end of Quarter 3, 90.4% of people assessed and waiting for Psychological Therapy started treatment within 18 weeks, meeting the target. This is an increase from 85.9% at the end of Q2. The total number of individuals waiting across all services at end of Q3 is 166 with the longest wait at this current time being 40 weeks. Staffing issues across all services continue with vacancies outstanding. A 0.2FTE counsellor was successfully recruited and will start in post in February 2025 which will address long waits for this type of psychological therapy.</p>
<p>Percentage of people with alcohol and/or drug problems accessing recovery-focused treatment within three weeks. (AIM TO INCREASE)</p>	<p>Qtr 3 2024/25</p>	<p>100%</p>	<p>90%</p>	<p>Green</p>	<p>↑ (improving)</p>		<p>The estimated waiting time figure for Quarter 3 is 100% (this remains unverified until 25/3/2025 pending Public Health Scotland report) exceeding the 90% target. This is the 2nd Quarter that the team have maintained 100% compliance and demonstrates that people in need of alcohol and / or drug treatment are able to access this support quickly. 72 people started treatment during Qtr 3 2024-25, with 42 still in treatment. East Renfrewshire Alcohol and Drug Recovery Service (ADRS), Glasgow Council on Alcohol (GCA) and RCA Trust all record referrals and waiting times within DAISY (Drug and Alcohol Information System) for our area.</p>

4. Working together to meet people's healthcare needs							
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting. (NHSGGC Acute & MH weekly data) (AIM TO DECREASE)	Qtr 3 2024/25	8	7	Amber	↓ (declining)		In Q3 the weekly average of people waiting more than 3 days to be discharged has increased to 8. This is an increase on Q2 but 1 less than the same period Q3 2023/24.
People (18+) waiting more than 3 days to be discharged from hospital into a more appropriate care setting including AWI (PHS data) (AIM TO DECREASE)	Qtr 3 2024/25	12	11	Amber	↓ (declining)		Monthly average of latest available data (Oct- Dec 2024). Performance has declined slightly increasing from 11 to 12 on the previous quarter (Source: Public Health Scotland, Jan 2025)


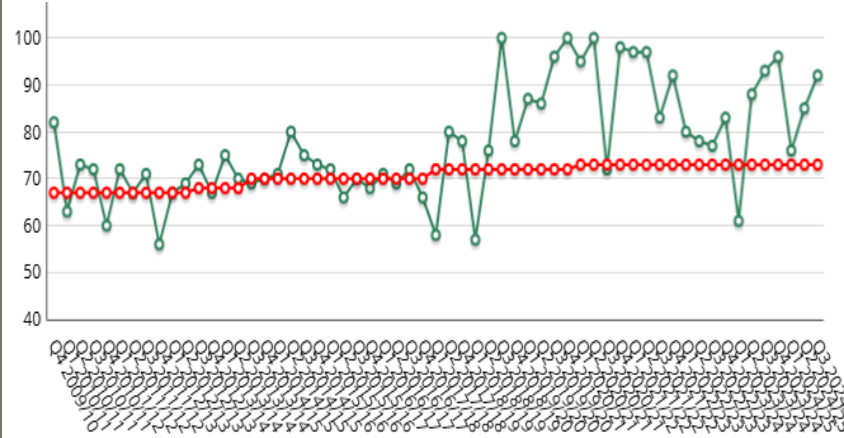
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Delayed discharges (PHS) bed days lost to delayed discharge (AIM TO DECREASE)	Qtr 3 2024/25	1,121	1,029	Amber	 (improving)		Number of bed days lost has reduced marginally from 1,193 in the previous quarter to 1,121. (Source: PHS, January 2025)
Number of Emergency Admissions: Adults (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2024/25	1,669	1,782	Green	 (improving)		Hospital admissions have decreased slightly to 1,669 in Quarter 3 from 1,775 in quarter 2 but continue to perform below target.
No. of A&E Attendances (excl MIUs) (NHSGGC data) (AIM TO DECREASE)	Qtr 3 2024/25	3,073	4,583	Green	No Change		A & E attendances have remained at a similar level in all three quarters of 2024/25 although have risen marginally in Q3 compared to Q2.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Number of Emergency Admissions: Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2024/25 (Latest)	1,729	1,781	Green	No Change	<p>The chart displays quarterly data for emergency admissions from Q1 2017/18 to Q2 2024/25. The y-axis ranges from 1200 to 2400. A red horizontal line represents the target at 1,781. A green line represents the actual data, which fluctuates around the target. In Q2 2024/25, the value is 1,729, which is below the target. The trend is 'No Change'.</p>	Latest provisional data to Sep 24. Down from 1,734 admissions in previous Qtr 1. (Source: Scottish Govt, MSG Dec 2024)
No. of A & E Attendances - Adults (MSG data) (AIM TO DECREASE)	Qtr 2 2024/25 (Latest)	4,645	4,584	Amber	 (improving)	<p>The chart displays quarterly data for A &amp; E attendances from Q1 2018/19 to Q2 2024/25. The y-axis ranges from 0 to 6000. A red horizontal line represents the target at 4,584. A green line represents the actual data, which fluctuates around the target. In Q2 2024/25, the value is 4,645, which is above the target. The trend is '(improving)'.</p>	Latest data to Sep 24, released December 2024. Reduced from 4,693 attendances in Qtr 1. (Source: Scottish Govt, MSG)


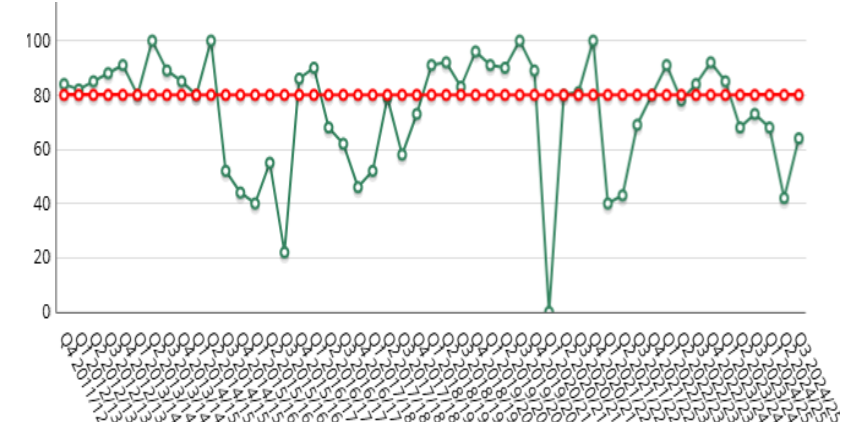
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Unscheduled Hospital (Acute) Bed Days: Adults (18+) (AIM TO DECREASE)	Qtr 1 2024/25 (Latest)	17,218	14,715	Red	 (improving)		Latest provisional data to June 2024 released Dec 2024. Data corrected back to Apr 2023. (Source: Scottish Govt, MSG)
A & E Attendances from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q3 2024/25	122	100	Red	 (declining)		<p>There is ongoing focus across the HSCP to support avoidable conveyance to A&amp;E for our Care Home residents. There is a small increase in numbers of both attendances and admissions from quarter 2 to quarter 3 in 2024/25- an increase of 9 attendances across all East Renfrewshire Care Homes in the 3 month period when compared to the preceding 3 months. It should be noted that the number of residents conveyed to ED during this quarter in 2024/25 is lower than in the same quarter of the previous year 2023/24.</p> <p>Target numbers going forward require to be reviewed in line with the Board measures and also taking into account the number of care home beds</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note																																																																				
							within in East Renfrewshire for the next financial year.																																																																				
Emergency Admissions from Care Homes (NHSGGC data) (AIM TO DECREASE)	Q3 2024/25	67	60	Amber	 (declining)	 <p>The chart displays quarterly data for Emergency Admissions from Care Homes from Q3 2016/17 to Q3 2024/25. The y-axis represents the number of admissions, ranging from 0 to 100. The x-axis shows quarters from Q3 2016/17 to Q3 2024/25. A red line indicates the current trend, and a green line shows historical data. A target value of 60 is marked with a red horizontal line. The current value for Q3 2024/25 is 67, which is above the target. The trend is declining, as indicated by the downward arrow icon.</p> <table border="1"> <caption>Estimated Data from Chart</caption> <thead> <tr> <th>Quarter</th> <th>Admissions</th> </tr> </thead> <tbody> <tr><td>Q3 2016/17</td><td>65</td></tr> <tr><td>Q4 2016/17</td><td>100</td></tr> <tr><td>Q1 2017/18</td><td>80</td></tr> <tr><td>Q2 2017/18</td><td>75</td></tr> <tr><td>Q3 2017/18</td><td>110</td></tr> <tr><td>Q4 2017/18</td><td>80</td></tr> <tr><td>Q1 2018/19</td><td>50</td></tr> <tr><td>Q2 2018/19</td><td>60</td></tr> <tr><td>Q3 2018/19</td><td>60</td></tr> <tr><td>Q4 2018/19</td><td>70</td></tr> <tr><td>Q1 2019/20</td><td>55</td></tr> <tr><td>Q2 2019/20</td><td>60</td></tr> <tr><td>Q3 2019/20</td><td>60</td></tr> <tr><td>Q4 2019/20</td><td>55</td></tr> <tr><td>Q1 2020/21</td><td>45</td></tr> <tr><td>Q2 2020/21</td><td>35</td></tr> <tr><td>Q3 2020/21</td><td>35</td></tr> <tr><td>Q4 2020/21</td><td>40</td></tr> <tr><td>Q1 2021/22</td><td>45</td></tr> <tr><td>Q2 2021/22</td><td>20</td></tr> <tr><td>Q3 2021/22</td><td>40</td></tr> <tr><td>Q4 2021/22</td><td>35</td></tr> <tr><td>Q1 2022/23</td><td>40</td></tr> <tr><td>Q2 2022/23</td><td>50</td></tr> <tr><td>Q3 2022/23</td><td>55</td></tr> <tr><td>Q4 2022/23</td><td>60</td></tr> <tr><td>Q1 2023/24</td><td>70</td></tr> <tr><td>Q2 2023/24</td><td>65</td></tr> <tr><td>Q3 2023/24</td><td>60</td></tr> <tr><td>Q4 2023/24</td><td>60</td></tr> <tr><td>Q1 2024/25</td><td>65</td></tr> <tr><td>Q2 2024/25</td><td>60</td></tr> <tr><td>Q3 2024/25</td><td>67</td></tr> </tbody> </table>	Quarter	Admissions	Q3 2016/17	65	Q4 2016/17	100	Q1 2017/18	80	Q2 2017/18	75	Q3 2017/18	110	Q4 2017/18	80	Q1 2018/19	50	Q2 2018/19	60	Q3 2018/19	60	Q4 2018/19	70	Q1 2019/20	55	Q2 2019/20	60	Q3 2019/20	60	Q4 2019/20	55	Q1 2020/21	45	Q2 2020/21	35	Q3 2020/21	35	Q4 2020/21	40	Q1 2021/22	45	Q2 2021/22	20	Q3 2021/22	40	Q4 2021/22	35	Q1 2022/23	40	Q2 2022/23	50	Q3 2022/23	55	Q4 2022/23	60	Q1 2023/24	70	Q2 2023/24	65	Q3 2023/24	60	Q4 2023/24	60	Q1 2024/25	65	Q2 2024/25	60	Q3 2024/25	67	<p>As per previous updates, the main focus going forward is development of the current Care Home Liaison Nursing (CHLN) Single Point of Access pathway providing a proactive 7 day planned approach and went live in December. In addition, all opportunities to encourage the Care Homes in East Renfrewshire to follow the Care Homes Falls Pathway continue to be taken and the SAS: FNC Call Before You Convey pathway remains a focus. Further communication and awareness raising has been undertaken and Care Home staff continue to access ongoing training supporting the earlier identification of any clinical deterioration in their residents to ensure a more preventative approach.</p> <p>Target numbers going forward require to be reviewed in line with the Board measures and also taking into account the number of care home beds within in East Renfrewshire for the next financial year.</p>
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Q2 2023/24	65																																																																										
Q3 2023/24	60																																																																										
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Q1 2024/25	65																																																																										
Q2 2024/25	60																																																																										
Q3 2024/25	67																																																																										

**5. Working together with carers to be able to exercise choice and control**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
People reporting 'quality of life for carers' needs fully met (%) (AIM TO INCREASE)	Qtr 3 2024/25	92%	73%	Green	 (improving)		In Qtr 3 of the total 24 valid responses 22 (92%) reported their needs met. Performance is up from 85% in Qtr 2.

**6. Working together with our partners to support people to stop offending**


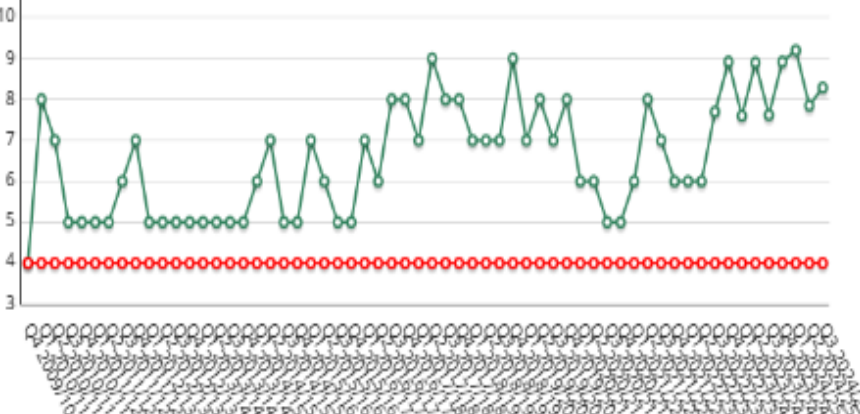

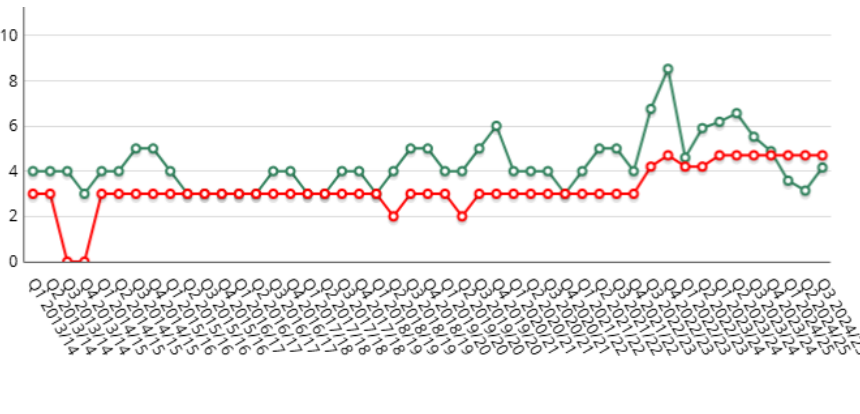
Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placements commencing within 7 days (AIM TO INCREASE)	Qtr 3 2024/25	64%	80%	Red	 (improving)		The data shows that performance has been inconsistent throughout much of the reporting period. The graph clearly outlines that there have been periods of significant deviation from the identified target, albeit there are a number of mitigating factors described below. There has been an overall decline in performance since 2022/23, falling below target, although we have seen improvement in the most recent quarter (Q3, 2024/25).


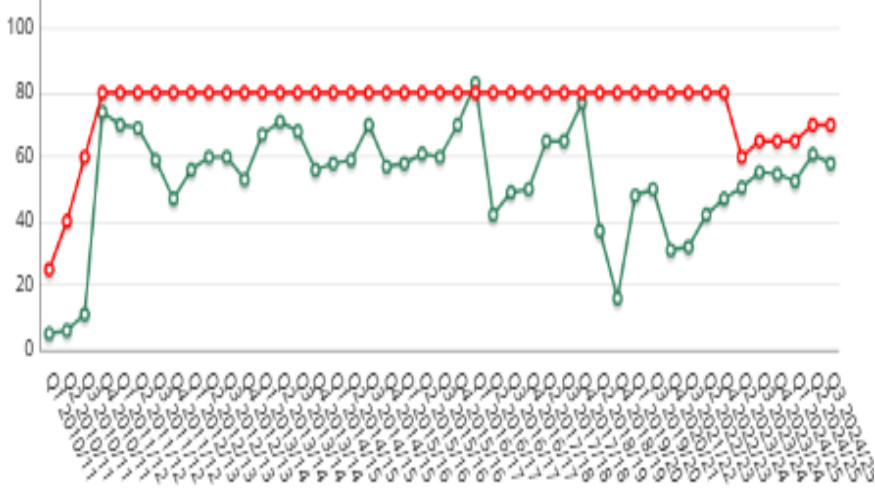


Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Community Payback Orders - Percentage of unpaid work placement completions within Court timescale. (AIM TO INCREASE)	Qtr 3 2024/25	79%	80%	Amber	↓ (declining)		15 out of 19 completed unpaid successfully with timescales outlined by Court. The data shows that there has been variance when attempting to meet the goal consistently. Our ability to meet or exceed the required 80% is contingent on matters external to our team. Performance has been lower over the first three quarters of 2024/25 compared with the previous year.

**Organisational measures**

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Latest Note
Payment of invoices: Percentage invoices paid within agreed period (30 days) (AIM TO INCREASE)	Qtr 3 2024/25	93.8%	90%	Green	↑ (improving)		Q3 performance has seen this measure remain above target for the third quarter in a row. Continued work remains ongoing with dashboards to target specific invoices that are scheduled to fall out with the agreed period.

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of days lost to sickness absence for HSCP NHS staff (AIM TO DECREASE)	Qtr 3 2024/25	8.29%	4.0%	Red	 (declining)		<p>Sickness has increased in Q3 up to 8.29% from 7.85% in Q2. Increase in absence rate over winter months is expected to rise with winter illnesses. This was evident in Q3 with a marked increase in short term absence, especially in December for colds/flu and gastro related absences.</p>
Sickness absence days per employee - HSCP (LA staff) (AIM TO DECREASE)	Qtr 3 2024/25	4.16	4.7	Green	 (declining)		<p>In the winter months we usually see an increase in absence for multiple reasons due to a number of viruses, general coughs and colds and the poorer weather conditions / temperatures. In addition to this there has been service redesign, with a number of changes to existing roles, introduction of new roles, new management teams which can cause an increase in stress related absences (stress related absences has featured in the top reasons for absence in the last 3 months of 2024 (Q3)).</p> <p>Support and intervention is continuing within the HSCP. A new sickness absence capability policy has been introduced which is a lot easier for managers to follow to ensure correct application and escalation of policy. In addition to this all managers have been directed to attend the training on this.</p>

Description	Data Period	Current Value	Target	Traffic Light	Trend	Chart	Notes & History Latest Note
Percentage of NHS staff with an electronic Knowledge and Skills Framework review recorded on TURAS Appraisal System (AIM TO INCREASE)	Qtr 3 2024/25	58%	70%	Red	 (declining)		Due to the pressures of the pandemic KSF became lower priority over the past 3 years. The KSF Lead sends out monthly communications to managers to increase compliance. Additional training has also been made available as refresher courses for reviewers. After increasing steadily in the last 6 months the progress has stalled slightly.

## **Appendix 2 – Exception Reports**

### **Psychological therapy waiting times**

#### **Percentage of people waiting no longer than 18 weeks for access to psychological therapies**

##### **Purpose of the indicator**

The measure sets a 'referral to treatment' standard of at least 90% starting treatment within 18 weeks. It allows us to monitor how successfully we are delivering evidence-based psychological therapies to treat mental ill health in a timely way. The measure helps us to assess our performance in meeting the support needs of adults within an appropriate timescale and whether we need to make adjustments to our resourcing of the service or the approaches we are taking.

Psychological therapies refer to a range of interventions which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The target applies specifically to psychological therapies for treatment of a mental illness or disorder.

This is a nationally agreed 'HEAT' target – further information on definitions and measurement can be found [here](#).

##### **What does good look like?**

That everyone who is referred is assessed and if deemed suitable for a psychological therapy, will start treatment within 18 weeks of referral.

Our aim is that, for most individuals where there is evidence that psychological therapies will be beneficial, this support is provided within a timescale that minimises the risk of further deterioration or crisis.

Timely provision of psychological therapies is a part of our work to provide a wide range of supports to individuals on their journey to recovery from mental ill health. We work in collaboration with a range of partner providers to support early intervention and our ultimate aim is to advance the HSCP Strategic Outcome "People are supported to look after and improve their own mental health and wellbeing".

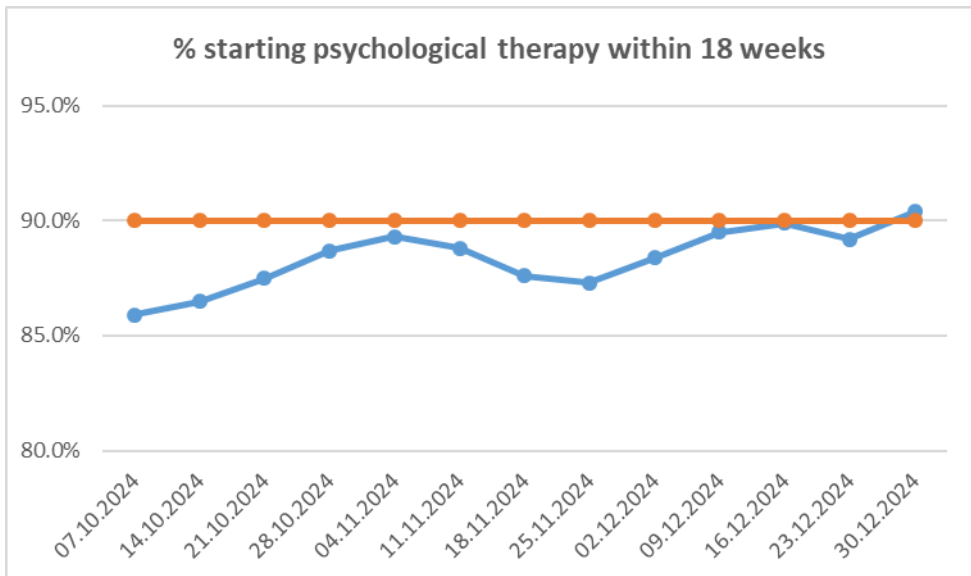
##### **Current status of measure**

This exception report is for Psychological Therapies Treatment Waiting times. Currently the target is that 90% of people will start treatment within 18 weeks of referral.

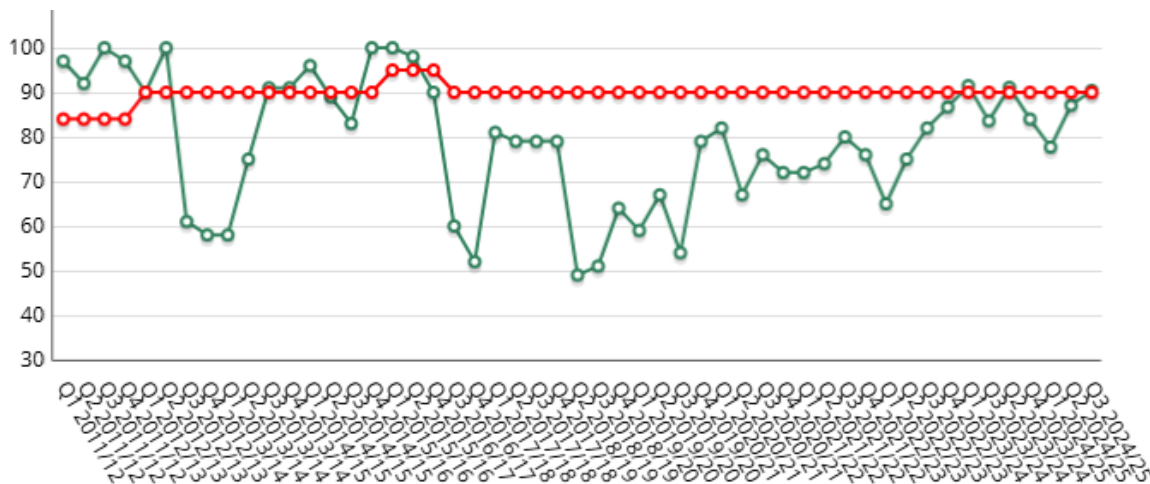
At the end of Quarter 3 of 2024-25, 90.4% of people assessed and waiting for Psychological Therapy started treatment within 18 weeks, meeting the target, as shown in the chart below. This is an increase from 85.9% at the end of Q2. Looking at the weekly waiting times performance shows the impact of improvement work to gradually increase performance to meet the target at the end of the quarter. The total number of individuals waiting across all services at end of Q3 is 166 with the longest wait at this current time being 40 weeks.

The identified need for psychological therapies across adult, older adult and primary care mental health services remains high.

Figures show that 119 people started treatment during Q3 (including some of the longest waits). However, during the same period a further 118 were identified as suitable for PT and therefore joined the waiting list.



**Long term Performance Trend – 2011 to current**



**Reason/explanation for current performance**

Staffing difficulties (vacancies and sickness absence) across all services have been a longstanding issue which has led to the waiting list growing in number and the longest waits increasing. Recruitment difficulties in securing psychology resources are an issue nationwide and have affected East Renfrewshire.

As stated above, identified need for PT is high with the same number of new people identified as suitable for PT as the number of people starting PT in the period.

**Mitigating action**

During Q3 cross-team supports were put in place to reduce the waiting lists – for example support from PCMHT and Autism teams to Older People Mental Health Team – and this aided the incremental improvement during the quarter.

Significant work to recruit to vacant posts is now coming to fruition. A 0.2FTE counsellor for the PCMHT has been successfully recruited and started in post in February 2025 which will address long waits for this type of psychological therapy. A psychologist has started in post with the Older People’s Mental Health Team.

Wait times will continue to be monitored on a weekly basis, highlighting long waits or patients about to breach target, to ensure all teams are aware of current waiting time for their service. A monthly report is submitted to NHSGGC as part of their monitoring.

PAC members should note that performance has been maintained at around 90% so far in Q4. Early indications are that more people are starting treatment on a weekly basis compared to Q3, showing the impact of the additional resources. With the required staffing in place it is anticipated that performance can be maintained at the 90% level.

**Investment**

The required funding has been made available for the posts recently recruited and to maintain staffing levels.

**Context and benchmarking**

East Renfrewshire is sitting just above the GGC average of 87.1% for Q3.

## Justice – supporting unpaid work placements

### Community Payback Orders - Percentage of unpaid work placement completions within Court timescale.

#### **Purpose of the indicator**

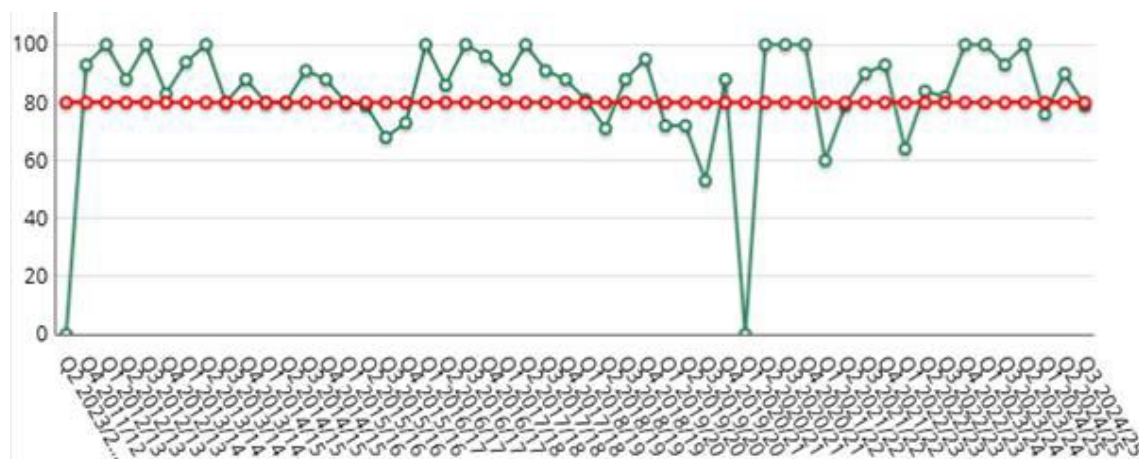
This measure helps us monitor whether we are meeting the ascribed timescales for unpaid work placements for a target proportion (80%) as set out in National Outcomes and Standards.

#### **What does good look like?**

Supporting those subject to unpaid work to complete their hours within the allotted time. This ensures compliance with Court Orders and the efficient running of the service, with through-flow of placements.

#### **Current status of measure**

The data below shows that there has been variance when attempting to meet the goal consistently. As explained below, our ability to meet or exceed the required 80% is contingent on matters external to our team. Performance has been lower over the first three quarters of 2024/25 compared with the previous year.



#### **Reason/explanation for current performance**

Our ability to meet the identified target for work placements relies upon the compliance of individuals who are typically experiencing complex needs. During the period, there has been an increase in (certificated) absences among participants. . We have also seen an increased use of Unpaid Work as a condition of Orders as the Courts have been attempting to mitigate the pressures on the prison estate (which is above operational capacity).

These challenges have been accompanied by Orders being subject to periods of delay as a result of 'breaches', during which no hours can be completed. Breaches (a process following non-compliance whereupon the Order is returned to Court) results in a pause in the person's ability to undertake further Unpaid Work hours until such time as the breach is heard and the Sheriff permits the Order to continue or imposed an alternative sentence. Breaches can take considerable time to be heard at Court, typically months, These routinely exceed the planned timeframe for the work placement. Should the Order be permitted to continue, an extension is granted. Should the Order be revoked, the Order is brought to a close. For either outcome where there is a breach, the full timescale must be recorded, meaning that these cases will be recorded as out-with timescales with no regard to the operational processes preventing our ability to achieve this outcome.

**Mitigating action**

It is challenging to mitigate non-compliance with Unpaid Work beyond the measures currently implemented.

Absences are robustly investigated with efforts to contact on the same day as absence. Formal warnings for unacceptable absences are issued; departmental reviews are held in line with guidance; extraordinary reviews are undertaken prior to breach being initiated to explore whether there are any possible barriers to compliance still outstanding, with applications to review to Court where there are identified needs requesting variation or extension. A breach is only initiated after these interventions prove unsuccessful. These are all undertaken in line with Community Payback Order guidance issued by the Scottish Government.

**Investment**

*What investment has been put in to the services/initiatives working to deliver on this PI?  
What investment may be required to bring performance to the expected standard?*

We have a robust process presently. We have invested heavily for Unpaid Work, creating two bespoke units. We have ensured an increase in available supervisors to reflect additional capacity and have established a number of additional external placements within local charities to increase capacity. We have been innovative in our use of unpaid work through a range of initiatives including access to jointly-run group-work with Children and Families colleagues designed to meet a variety of needs, including women involved in offending, young men and expectant fathers.

**Context and benchmarking**

Nationally, there has been an evolving trend in connection with Unpaid Work. The number of Orders with a specific Unpaid Work Requirement have decreased slightly, however those Orders imposed are increasingly for more hours. Justice Social Work Statistics produced findings which states:

'In 2014-15, 54 per cent of requirements were issued with up to 100 hours (level 1). By 2023-24, this had reduced to 41 per cent. By contrast, over the same period, there has been an increase in the prevalence of those issued with between 101 to 200 hours, from 36 per cent to 45 per cent. The increase in range for 101 to 200 hours imposed has contributed to the rise in average hours over the decade. The proportion of those with 201 to 300 hours imposed has ranged between 10 and 13 per cent over the last ten years.

Adding:

'Seventy-eight per cent of orders which finished during 2023-24 did not involve any breach applications during the duration of the order.'

Accordingly, nationally slightly less than a quarter of Orders involved breaches, suggesting this is a consistent challenge for all authorities should they not differentiate between live and paused Orders.



Community Payback Orders - Percentage of unpaid work placements commencing within 7 days

**Purpose of the indicator**

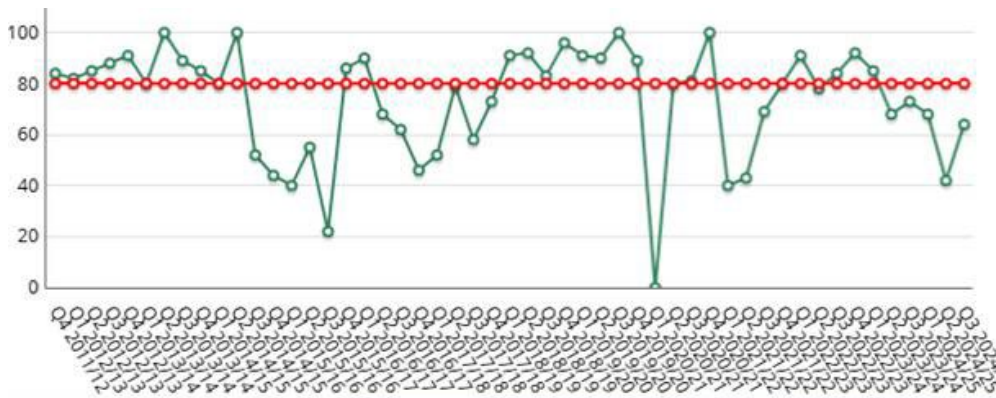
This measure seeks to ensure that we adhere to national guidance which stipulates Unpaid Work should commence without delay, ensuring an increased likelihood the Order will be completed within timescales.

**What does good look like?**

The aim of this measure is to ensure a smooth transition for the service user from Court appearance to Court Order, achieve the outcomes set out in National Outcomes and Standards and Community Payback Order Practice Guidance, and maximise the likelihood of completion of the Order.

**Current status of measure**

The data shows that performance has been inconsistent throughout much of the reporting period. The graph clearly outlines that there have been periods of significant deviation from the identified target, albeit there are a number of mitigating factors described below. There has been an overall decline in performance since 2022/23, falling below target, although we have seen improvement in the most recent quarter (Q3, 2024/25).



**Reason/explanation for current performance**

This outcome has been routinely challenging for the department to meet based on the target set. There are three issues impacting performance, with Justice Social Work having control over only one.

If Justice Social Work are preparing a Justice Social Work Report on an individual, the person is provided with reporting instructions to attend on the day of Court should they be made subject to an Order. This includes an Order with a requirement of Unpaid Work. Should they attend, they undertake the requisite induction and their Unpaid Work hours have commenced. Should they fail to attend, they are contacted by us and their absence investigated/prioritised to ensure timescales are met.

However, there are situations where an Order for unpaid work is made but is unknown to social work, since a Justice Social Work Report (JSWR) has not been completed by our department.

Should the Court impose a period of Unpaid Work following an appearance without a JSWR, or if another authority completed the JSWR and did not notify us, we are reliant upon the person attending, without an appointment, on the day of Court in line with the instructions of the Court. Should this not occur, the next trigger would be the Court providing notification that an Order has been made. We are at this juncture at the mercy of Court timeframes. This results in our department frequently receiving paperwork

pertaining to Orders made a number of days ago, and in some instances over a week earlier. They often lack any telephone number, necessitating staff to undertake a home visit or letter the individual, all culminating in a challenging set of circumstances which greatly impacts our ability to meet this target.

### **Mitigating action**

We have a robust process in place for Orders made by the Court whereupon we are notified. This follows either a pre-arranged appointment following a JSWR by our department, or confirmation with the Court that an Order has been made.

However, we are unable to influence the actions of the Court in respect of ensuring they provide timely notification of Orders made in the absence of prior involvement by our team. We do not have a Court within our boundary. As such, all Orders imposed are notified from an external authority. We provide services to 40 Sheriff Courts, nine High Courts, covering six Sheriffdoms. This can include Courts geographically far from our authority imposing Orders to Glasgow and Renfrewshire in error, a relatively common occurrence and one which further impacts upon our ability to meet the outcome.

### **Investment**

We have a robust process presently. We have invested heavily for Unpaid Work, creating two bespoke units. We have ensured an increase in available supervisors to reflect additional capacity. We are fully equipped to ensure our full ability to meet this target, whilst lacking the ability to manage non-compliance of individuals we are unaware have been made subject to Orders and Court delays in communicating this information.

### **Context and benchmarking**

National statistics for this domain are not well reported. Justice Social Work Statistics for 2023/24 cite the following:

'Where the timescale was known, 70 per cent of unpaid work placements started within seven working days in 2023-24. This was higher than in 2022- 20 23 and was generally around the same level as the years prior to the pandemic'

Whilst this would initially suggest an average in excess of our current recorded levels, the specified 'where the timescale was known' would suggest a lack of consistency on the recording structure of this domain, including the potential of recording those Orders only where agreed levels of initial notification by the Court had been met.

It is however necessary to highlight that this indicator does not align with Community Payback Order Practice Guidance which states Unpaid Work should commence within seven working days for an Order including an Offender Supervision Requirement, and ten days for an Order solely containing Unpaid Work. Accordingly, our current outcome reporting for this places significantly higher thresholds than that which are reported by other authorities, ensuring the above information is not readily comparable.