Item No. 10

Meeting Date **Wednesday 10th December 2025**

Glasgow City Integration Joint Board Finance, Audit and Scrutiny Committee

Report By: **Pat Togher, Chief Officer**

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Glasgow City HSCP Performance Management Culture

Purpose of Report:	The purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on work in progress, led by the Chief Officer, to review and refresh the performance management culture operating within the HSCP.

Background/Engagement:	A comprehensive Performance Framework and a range of mechanisms are in place within the Partnership to monitor delivery of our Strategic Plan, and to consider the impact of HSCP and partner activity on individual, service and wider health and wellbeing outcomes. Work is underway under the direction of the Chief Officer to embed a performance culture within the HSCP.

Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐ Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ HSCP Executive Management Team Not Applicable ☐

Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the contents of this report;

	b) Note the work undertaken so far to baseline performance arrangements and the planned actions identified to further embed a performance culture within the HSCP; and c) Request the Depute Chief Officer/Chief Social Work Officer provides an update report on implementation.

Relevance to Integration Joint Board Strategic Plan:
To provide assurance that performance arrangements are in place and under development to support delivery of the strategic plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	By reviewing performance arrangements and embedding a performance culture within the HSCP the IJB will be better placed to deliver on all of the national outcomes.
Personnel:	None
Carers:	None
Provider Organisations:	None
Equalities:	Ensuring a performance culture exists within the HSCP will support delivery of the strategic and operational performance indicators and will support ensuring the IJB/HSCP meets its statutory responsibilities in relation to equalities.
Fairer Scotland Compliance:	None
Financial:	None
Legal:	Ensuring a performance culture exists within the HSCP will support delivery of statutory duties.
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Failure of the Finance, Audit and Scrutiny Committee to discharge its duties and operate effectively could have wider risk implications for the IJB and the HSCP.
Implications for Glasgow City Council:	None

Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

1.1. The purpose of this report is to provide an update to the IJB Finance, Audit and Scrutiny Committee on work in progress, led by the Chief Officer, to review and refresh the performance management culture operating within the HSCP.

2. Background

2.1. A comprehensive Performance Framework and a range of mechanisms are in place within the Partnership to monitor delivery of our Strategic Plan, and to consider the impact of HSCP and partner activity, on individual, service and wider health and wellbeing outcomes.

2.2. A Quarterly Performance Report (QPR) is produced which provides information on how services are responding to areas of under-performance. This is done predominantly through the identification, collection and monitoring of a range of operational and strategic performance measures. These were the subject of a recent Internal Audit report to this Committee, the recommendations of which are currently being implemented. A number of key performance indicators (KPIs) have been identified as central to demonstrating the performance of the HSCP in line with local and national requirements. Each of the KPIs have been aligned to the HSCP's Strategic Priorities and to the Scottish Government's National Health and Wellbeing Outcomes.

2.3. The QPR report is shared with and scrutinised by individual services, the HSCP Senior Management Team and FASC. Each FASC meeting focusses on specific service areas, where the relevant strategic leads are invited to discuss their performance and to demonstrate how they are taking forward the HSCP's Strategic Priorities.

2.4. FASC also receives updates twice a year on the delivery of commitments within the wider Strategic Plan across all HSCP services. In addition, the FASC will review and respond to any Inspection Reports produced by local audit teams or by national agencies such as Audit Scotland, Healthcare Improvement Scotland, or the Care Inspectorate.

2.5. The HSCP has robust professional and clinical governance structures around each of the service areas. These governance arrangements are overseen by the Glasgow City Integrated Clinical and Professional Governance Group. The group meets quarterly and receives reports from; the Social Work Professional Governance Board; the Governance Group for each Care Group (Children and Families, Older People and Primary Care, and Adult Services); and the Governance Groups for Hosted Services (Alcohol and Drug Recovery Services (ADRS), Mental Health Services, Police Custody Healthcare, Prison Healthcare and Sexual Health Services). The quarterly clinical and professional assurance statement provides assurance to FASC that clinical

and professional governance is being effectively overseen by the Integrated Clinical and Professional Governance Group.

2.6. The Local Authority Accounts (Scotland) Regulations 2014 requires Integration Joint Boards to operate a professional and objective internal auditing service in accordance with recognised standards and practices in relation to internal auditing. This function is provided for the IJB by Glasgow City Council's Internal Audit team. An annual audit plan is approved for IJB delegated functions, with updates provided to FASC on new audit findings and compliance with previous audit recommendations.

3. Performance culture

3.1. Performance monitoring and scrutiny is at the heart of the work of the HSCP. The Committee itself is subject to an annual effectiveness assessment which is reported back to FASC and the IJB and includes an assessment of the performance of the Committee in discharging its functions and any training or development needs.

3.2. Since coming into post in late 2024, the Chief Officer has actively revisited the HSCP performance management arrangements with a particular focus on culture and accountability to provide additional assurances in relation to improved outcomes and ensure officers retain a focus on improving performance as a core and routine part of their role.

3.3. Work to progress this will continue into 2026 but as a preliminary exercise a review of some of the KPIs which have not experienced significant positive movement over a sustained period was undertaken to identify any patterns that might point to areas of development in relation to how KPIs are progressed between formal reports/meetings. This review looked at the narrative provided on request by officers in preparation for the quarterly performance reports.

3.4. Some of the findings of that review included the following:

- Updated explanations as to the reasons for continued performance issues without links to previous narrative
- New activity presented on request to address performance with insufficient forecasting of expected impact or timescales for improvement
- Limited narrative explaining the impact of previously submitted measures to address performance gaps
- Anecdotal reference to areas of challenge but with no data to evidence the scale of the challenge (for example reference to staffing challenges with no figures)
- Identification of a range of actions taken that have had no impact on the performance with no analysis of why they were unsuccessful
- Evidence of a deterioration of performance but with no narrative of why this has happened despite remedial action identified
- Evidence of activity identified which would not contribute to the performance issue in question
- Areas where more detail could be provided to explain or clarify narrative

3.5. The review findings above gave an overall picture that genuine attempts were being made by officers to consider what actions could be taken to address poor performance, but that additional detail, clarity and analysis could be provided to more accurately consider or forecast the likelihood of success or the reasons previous measures were unsuccessful.

3.6. Following the presentation of these findings to the Executive Leadership Team the process for requesting narrative from officers was tightened to request more detail/clarity/evidence in future submissions with clearer timescales for improvement. The impact of this alteration in how updates are sought is currently being monitored.

3.7. Whilst the impact of the above work is being reviewed, the Chief Officer tasked members of the Executive Management Team with considering the approach to and arrangements for performance management within their respective areas of responsibility. This was designed to get a better understanding of local arrangements for considering and addressing performance and populate an action plan to take forward.

3.8. Some of the cross-cutting themes emerging are as follows:

- Embedding a Performance Culture: All services are working to strengthen performance management through real-time dashboards, structured reporting, and regular review cycles. There is a clear shift toward data-informed decision-making and continuous improvement.

- Governance and Accountability: Robust governance structures are either in place or under development across services. These include multi-tiered oversight arrangements, escalation pathways, and alignment with statutory and national frameworks (e.g., Adult Protection Committee, Child Protection Committee, IJB reporting).

- Staff Engagement and Ownership: Staff at all levels are increasingly involved in performance processes through regular meetings, training, and feedback mechanisms. This engagement supports data quality, reflective practice, and service development.

- Digital Transformation: Significant investment in digital tools—such as Power BI dashboards, eForms, and online referral platforms—is enhancing service delivery, improving data capture, and enabling self-service options for users.

- Service-Specific Priorities: Each service area has tailored KPIs and improvement plans. Priorities include refining data granularity (e.g., domestic abuse in Justice Social Work), improving timeliness (e.g., Child Protection investigations), reviewing and refining performance measures and expanding performance frameworks (e.g., Emergency Social Work Services).

- Integration and Partnership Working: There is a growing emphasis on integrated working across health and social care, with shared performance structures (e.g., Performance Improvement Groups), joint governance forums, and collaborative service delivery models (e.g., HSCC, Wayfinder).

3.9. Identified gaps and development needs:

- Absence of KPIs in areas like Learning Disability and Prison Health Care.
- Inconsistent data availability across council and NHS systems.
- Need for improved audit frameworks and data quality in some services (e.g., Child Protection, Adult Protection).
- Expansion of performance reporting in certain areas (such as Medication Assisted Treatment standards in Alcohol and Drugs Recovery Services
- Develop a consistent approach to permanence tracking across the localities.

3.10 The information collated from members of the Executive Management Team will continue to be analysed and refined to identify ways of harnessing the current best practice examples and actions required to address the identified development areas.

4. Action Plan

4.1 Sitting alongside the feedback from officers outlined above, the Chief Social Work Officer will oversee implementation of a range of associated actions agreed by the Executive Leadership Team. The action, indicative timelines for implementation and responsible officers are outlined in the table below. In the coming months work will progress to refine these actions, which will be subject to regular review.

Action	Timescale	Responsible officer
Promote greater front-line engagement with agreed performance targets	Effective immediately	Executive & Senior Management Team
Increase accountability, support and awareness across management teams	Effective immediately	Executive & Senior Management Team
Promote culture of performance improvement aligned to an agreed HSCP vision	Effective immediately	Executive & Senior Management Team
Benchmark effectiveness of existing performance meeting structures via practice audit framework	TBC	Executive & Senior Management Team
Revise public protection performance reporting arrangements for agreement via Executive Group	TBC	Lynsey Smith
Review of out of hours performance reporting to be agreed by Executive Group	TBC	Lynsey Smith
Summary of performance reporting via Safeguarding Board	TBC	Kelda Gaffney
Revised performance targets for HSCC to be agreed by Executive Group	TBC	Lynsey Smith
PDP performance report to be presented to Executive Group	TBC	Geraldine Collier
Provide briefing on permanence KPI re Looked After Children regulations (2009) taking into account the Promise	TBC	Kelda Gaffney

4.2 In addition to the above a monthly performance and finance reporting meeting structure will be stood up early in 2026, chaired by the Chief Officer. This meeting will reflect the new leadership structure and ensure the HSCP remains accountable for performance and financial challenges including improvement/recovery planning arrangements across the services. This meeting will monitor an implementation plan for the actions above and keep under review the effectiveness of the approach to implementation of our performance culture.

5. Next steps

5.1 The Chief Officer will continue to progress work with the Executive Management Team and wider Senior Management Team of the HSCP to identify and progress activity to further embed a performance culture within the HSCP that facilitates meeting the performance expectations of the IJB and contributes to delivery of the Strategic Plan.

5.2 Further reports will be provided to the Committee as required to update Members on this important area of work to provide assurance that high and improved standards of performance are a priority for the HSCP.

6. Recommendations

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

a) Note the contents of this report;
b) Note the work undertaken so far to baseline performance arrangements and the planned actions identified to further embed a performance culture within the HSCP; and
c) Request the Depute Chief Officer/Chief Social Work Officer provides an update report on implementation.