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Appendix 3 – A&B HSCP performance metrics aligned to NHS Highland's OIP

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Argyll & Bute Health and Social Care Partnership

FQ3 (Oct – Dec 2025) Performance Overview Update

04 March 2026

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A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

A&B HSCP Performance Overview Metrics FQ3 (Oct- Dec 2025/26)

- HWBOI & MSG Indicators
- CfSD Unscheduled Care Trajectories
- FQ3 Performance Update
- OIP Focus Measures

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National Health & Wellbeing Outcome Indicators

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Scotland
1 - Percentage of adults able to look after their health very well or quite well	93.0%	93.2%	93.2%	90.8%	90.8%	92.0%	92.0%	*90.7%*
2 - Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79.0%	79.9%	79.9%	75.0%	75.0%	73.0%	73.0%	*72.4%*
3 - Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76.0%	72.5%	72.5%	66.9%	66.9%	53.0%	53.0%	*59.6%*
4 - Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72.0%	73.7%	73.7%	66.0%	66.0%	59.0%	59.0%	*61.4%*
5 - Total % of adults receiving any care or support who rated it as excellent or good	79.9%	78.3%	78.3%	68.6%	68.6%	74.0%	74.0%	*70.0%*
6 - Percentage of people with positive experience of the care provided by their GP practice	84.8%	84.5%	84.5%	77.6%	77.6%	84.0%	84.0%	*68.5%*
7 - Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74.2%	76.5%	76.5%	76.7%	76.7%	67.0%	67.0%	*69.8%*
8 - Total combined % carers who feel supported to continue in their caring role	32.7%	35.0%	35.0%	38.0%	38.0%	38.0%	38.0%	*31.2%*
9 - Percentage of adults supported at home who agreed they felt safe	82.9%	78.7%	78.7%	76.4%	76.4%	67.0%	67.0%	*72.7%*

Core Suite of Integration Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Scotland
11 - Premature mortality rate per 100,000 persons*	393	403	398	386	398	410	410	442
12 - Emergency admission rate (per 100,000 population)*	12,938	12,402	10,702	12,004	11,968	12,204	12,064	*11,559*
13 - Emergency bed day rate (per 100,000 population)*	112,235	108,088	91,065	106,155	118,552	120,888	120,636	*113,627*
14 - Readmission to hospital within 28 days (per 1,000 population)*	83	80	96	89	84	85	84	*103*
15 - Proportion of last 6 months of life spent at home or in a community setting*	90.0%	90.8	92.4	90.8%	89.6%	89.7%	90.0%	*89.2%*
16 - Falls rate per 1,000 population aged 65+*	26.2	26.0	24.3	29.2	27.6	28.4	26.6	*22.5*
17 - Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74.2%	85.0%	87.0%	80.0%	79.0%	77.3%	84.2%	*81.9%*
18 - Percentage of adults with intensive care needs receiving care at home*	68.4%	70.8.0%	72.3%	72.1%	72.2%	68.3%	68.8%	*64.7%*
19 - Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	540	343	570	804	912	882	*952*
20 - Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency*	22.0%	22.0%	N/A	N/A	N/A	N/A	N/A	*N/A*

HWBOI-Outcomes

- Data notes 55.5% (5 of 9) HWBOI Outcomes measures reporting as above the national Scotland Rate. It is worth noting that performance will be influenced and vary in line with the total number of respondents participating in this voluntary survey. As such, caution should be noted with regards to previous comparison and trends.

HWBOI- Performance Data

- Data notes 66.7% (6 of 9) HWBOI Performance measures reporting as above the national Scotland Rate. Note Indicators 17 and 19 are reported at FY 24/25 with measures 11, 12, 13, 14, 15, 16, 18 reported as at Calendar year 2024 as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. This is in line with guidance issued by Public Health Scotland which was communicated to all Health and Social Care Partnerships. Using more complete calendar year data for 2024 should improve the consistency of reporting between Health and Social Care Partnerships.

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Ministerial Steering Group – Performance Indicators

Ministerial Steering Group Indicators

- MSG Indicators have been updated to FY 2024/25 and are presented as a proxy for part year 2025/26 (April – Sep) based on latest available publication. MSG Indicators 1.1 & 1.2 & 2.1 notes slight fall in activity compared to the last reporting year, however this may be due to impact of data lag.
- Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre –Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow, particularly around significant increases seen in A&E Admissions and Delayed Discharges.

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26*
MSG 1.1 - Number of emergency admissions	8,374	8,231	6,918	7,820	7,935	8,377	8179	3871
MSG 1.2 - Number of Admissions from A&E	5,244	4,945	3,668	5,040	4,957	5,097	4816	2215
MSG 2.1 - Number of unplanned bed days acute specialties	65,794	64,027	53,390	67,303	77,165	80,085	79859	30089
MSG 2.2 - Number of unplanned bed days MH specialties	13,747	12,556	10,478	8,319	8,640	10,456	11024	5593
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,647	16,774	17,740	18448	9434
MSG 3.2 - % A&E attendances seen within 4 hours	93.40%	89.67%	92.79%	85.50%	80.03%	80.28%	80.73%	80.83%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,944	12,757	14042	6777
MSG 5.1 - % of last six months of life by setting community & hospital	90.00%	89.6	90.80%	90.80%	89.60%	89.40%	N/A	N/A
MSG 6.1 - % of 65+ population at Home (unsupported)	92.10%	92.10%	92.50%	92.60%	93.20%	93.40%	N/A	N/A

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Unscheduled Care - CfSD Trajectories

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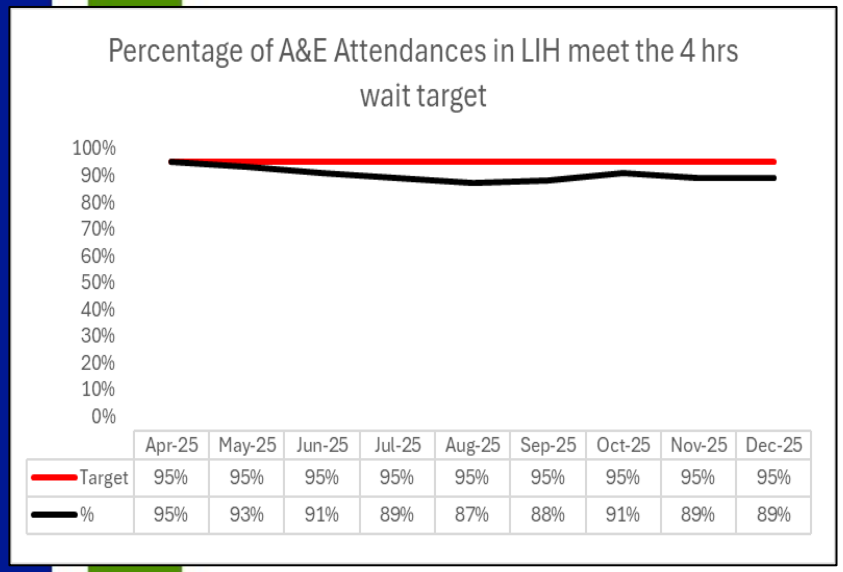
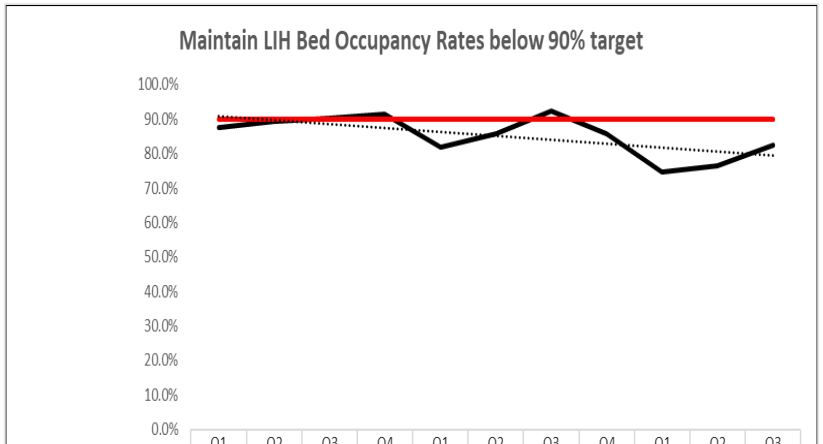
CfSD Unscheduled Care – Karl McLeish – FQ 3 (Sep – Dec 2025) Performance Overview

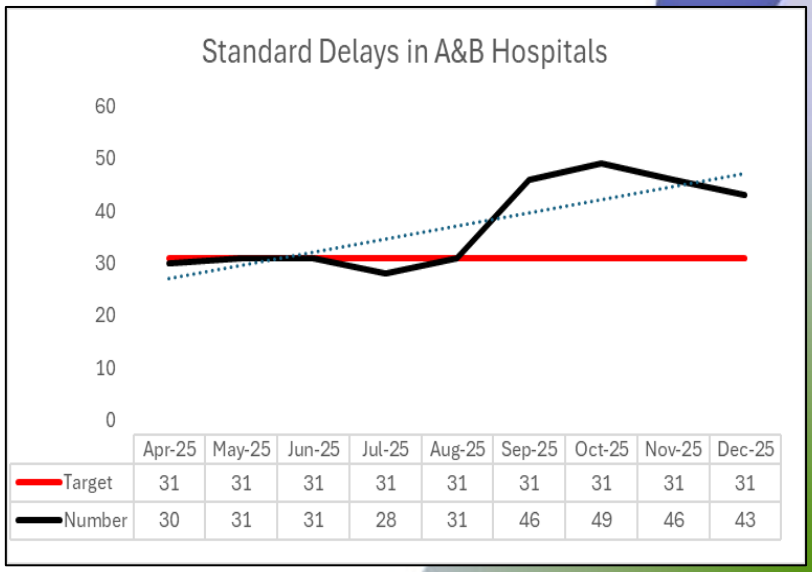
Current CfSD Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Percentage of A&E Attendances in LIH meet the 4 hrs wait target	88.2%	95.0%	89.6%	Activity around Emergency Admissions, Unplanned Bed Days, A&E attendances and Delayed Discharge Bed Days all noted performance exceeding pre –Covid levels. This highlights the necessity to consider approaches to alleviate systems pressures around Urgent and Unscheduled Care and expedite hospital flow, particularly around A&E Admissions and Delayed Discharges. Additioanl metrics aligning to CfSD ae being developed in conjunction with NHS Highland
Number of A&E Attendances lasting more than 8 hours	23	0	10	
Number of A&E Attendances lasting more than 12 hours	8	0	3	
Maintain LIH Bed Occupancy Rates below 90% target	76.4%	90.0%	82.4%	
Reduce the number of patients in hospital affected by Standard Delays	46	31	43	
Reduce the number of patients in hospital affected by AWI Delays	7	4	12	



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%
%	95%	93%	91%	89%	87%	88%	91%	89%	89%



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Bed Occupancy Rates	87.4%	89.4%	90.2%	91.3%	81.8%	85.8%	92.4%	85.8%	74.6%	76.4%	82.4%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Target	31	31	31	31	31	31	31	31	31
Number	30	31	31	28	31	46	49	46	43

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FQ3 Performance Update - IPMF

CHILDREN & FAMILIES & JUSTICE
DAVID GIBSON

ON TRACK	0
OFF TRACK	5
Awaiting Data	0

0%

PLANNING, PERFORMANCE & TECHNOLOGY
KRISTIN GILLIES

ON TRACK	7
OFF TRACK	4
Awaiting Data	0

64%

PRIMARY CARE
EILIDH GALLAGHER

ON TRACK	4
OFF TRACK	2
Awaiting Data	0

67%

PUBLIC HEALTH
ALISON McGRORY

ON TRACK	6
OFF TRACK	0
Awaiting Data	0

100%

FINANCE
JAMES GOW

ON TRACK	3
OFF TRACK	4
Awaiting Data	0

43%

CARERS
LINDA CURRIE

ON TRACK	3
OFF TRACK	2
Awaiting Data	0

60%

COMMUNITY HEALTH & AHPs
LINDA CURRIE

ON TRACK	0
OFF TRACK	5
Awaiting Data	0

0%

DELAYED DISCHARGES
CAROLINE ROBERTSON

ON TRACK	2
OFF TRACK	4
Awaiting Data	0

33%

ADULT SOCIAL CARE
CAROLINE ROBERTSON / NICOLA GILLESPIE

ON TRACK	2
OFF TRACK	4
Awaiting Data	0

33%

COMMUNITY HOSPITALS
CAROLINE ROBERTSON

ON TRACK	1
OFF TRACK	4
Awaiting Data	0

20%

COMPLEX CARE & REGISTERED SERVICES
NICOLA GILLESPIE

ON TRACK	2
OFF TRACK	4
Awaiting Data	0

33%

RURAL GENERAL HOSPITAL (LIH)
CAROLINE ROBERTSON

ON TRACK	6
OFF TRACK	3
Awaiting Data	0

67%

47%

Q3 2025/26
PERFORMANCE ACROSS
ARGYLL & BUTE

ARGYLL & BUTE TOTAL	
ON TRACK	36
OFF TRACK	41
Awaiting Data	0

45%

Q2 2025/26
PERFORMANCE ACROSS
ARGYLL & BUTE

ARGYLL & BUTE TOTAL	
ON TRACK	35
OFF TRACK	42
Awaiting Data	0

The HSCP Senior Leadership Team is currently reviewing the content and structure of the Integrated Performance Management Framework. This new suite of measures is designed to offer a more focused approach on national pressures around Centre for Sustainable Delivery (CfSD) Urgent & Unscheduled Care, Planned Care and NHS Highland Operational Improvement Plan (OIP), including scope for service feedback.

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Children & Families & Justice

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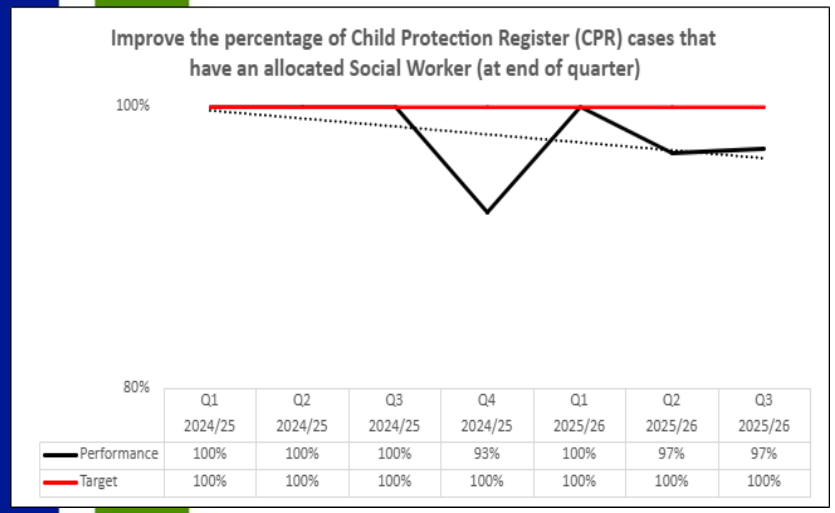
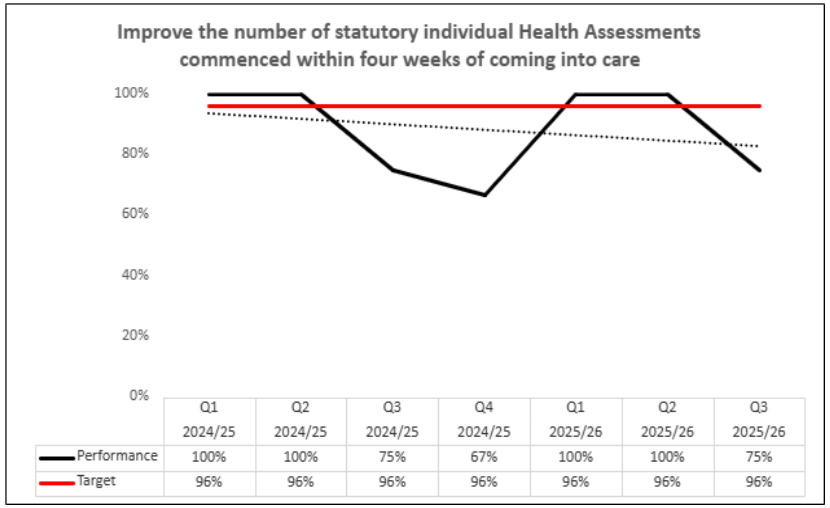
Argyll & Bute Health & Social Care Partnership

Children & Families – David Gibson – FQ 3 (Sep – Dec 2025) Performance Overview

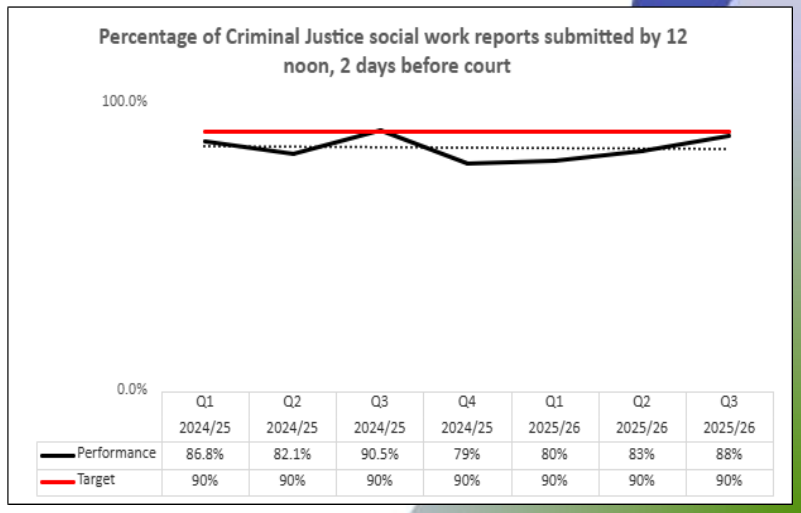
Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Improve the percentage of Child Protection Register (CPR) cases that have an allocated Social Worker (at end of quarter)	97.0%	100.0%	97.0%	C&F have been impacted by staffing, with high levels of vacancies across the service, with Helensburgh being the only fully staffed team. This is compounded by posts being filled by newly qualified Social Workers who cannot hold CP cases. Assurance can be provided that in the absence of an allocated social worker, the cases are managed by Team Managers. While the JSW KPI remains below target, mainly due to staff absence and vacancies across Q3, performance has been improving over this reporting year. The service is now fully staffed and we anticipate this KPI will be met in Q4. The cohort size of care experienced requiring health assessment initiation is small, meaning percentage fluctuations appear more pronounced. We continue to work closely with partners to strengthen timely information sharing and improve overall compliance. The delivery of the Universal Health Visiting Pathway is monitoring close to target despite ongoing workforce pressures.
OIP - Children & Adolescent Mental Health Services (CAMHS) will see 90% of children and young people within 18 weeks of referral	79.0%	90.0%	80.0%	
Percentage of Criminal Justice social work reports submitted by 12 noon, 2 days before court	83.0%	90.0%	88.0%	
Improve the number of statutory individual Health Assessments commenced within four weeks of coming into care	100.0%	96.0%	75.0%	
Improve the number of teams that have delivered 85% or more of the Universal Health Visiting Pathway (UHVP)	83.0%	85.0%	83.0%	



	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	100%	100%	100%	93%	100%	97%	97%
Target	100%	100%	100%	100%	100%	100%	100%



	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	100%	100%	75%	67%	100%	100%	75%
Target	96%	96%	96%	96%	96%	96%	96%



	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	86.8%	82.1%	90.5%	79%	80%	83%	88%
Target	90%	90%	90%	90%	90%	90%	90%

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OIP - CAMHS

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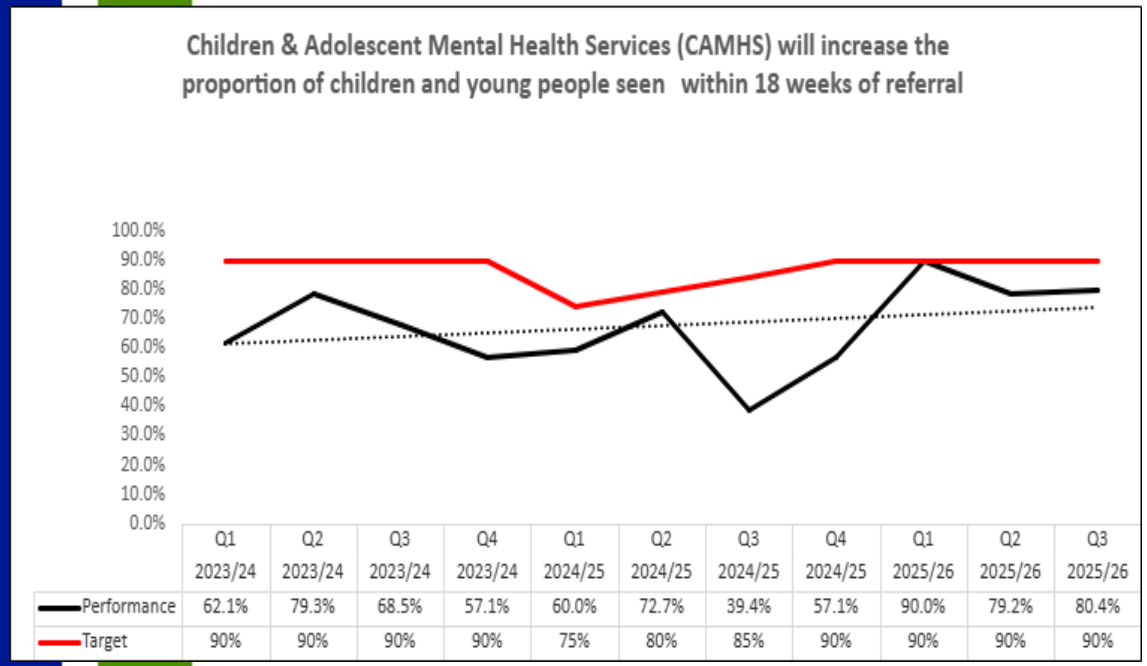
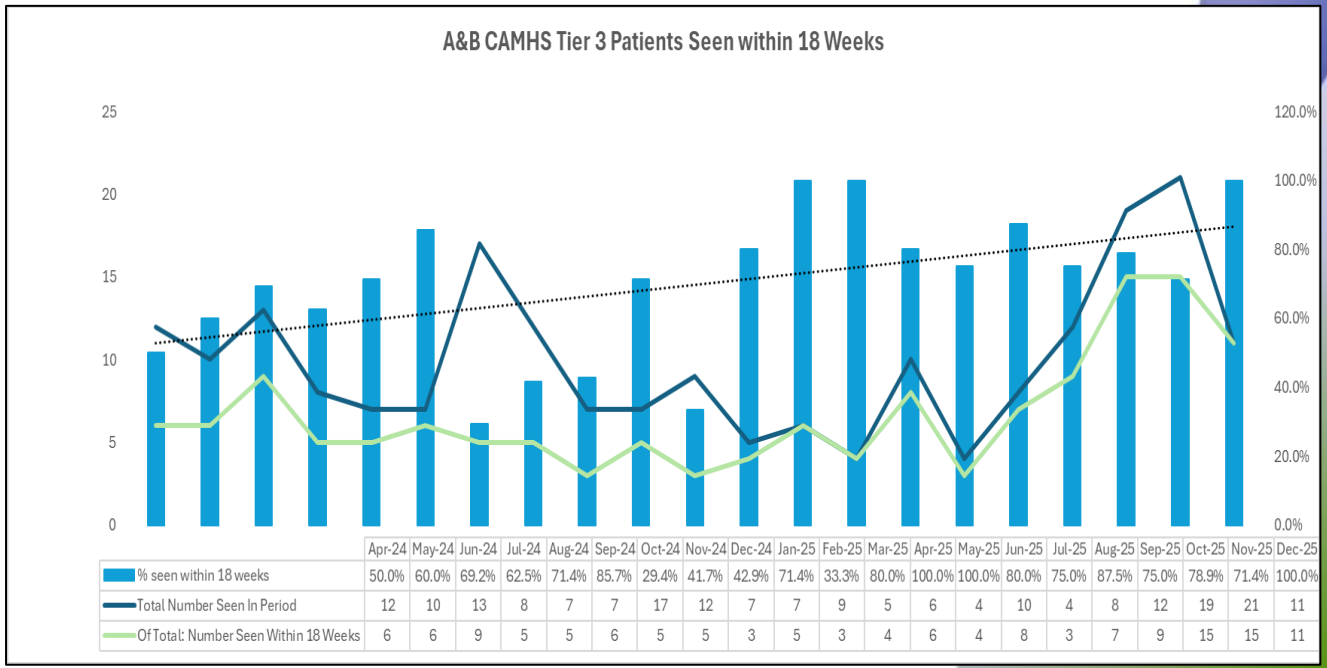
Argyll & Bute Health & Social Care Partnership

OIP - CAMHS - David Gibson – FQ 3 (Sep – Dec 2025) Performance Overview

Current Performance Metrics	FQ2	Target	FQ3	Plans, Mitigations and Actions
Children & Adolescent Mental Health Services (CAMHS) will see 90% of children and young people within 18 weeks of referral	79.0%	90.0%	80.0%	Targeted focus on longest waits linked to planned waiting time initiative (WTI). Aim to achieve compliance within all locailities linked to KPI. Reduced capacity due to ongoing vacancies. Changes to partner health capacity (Community Peads)



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	62.1%	79.3%	68.5%	57.1%	60.0%	72.7%	39.4%	57.1%	90.0%	79.2%	80.4%
Target	90%	90%	90%	90%	75%	80%	85%	90%	90%	90%	90%



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
% seen within 18 weeks	50.0%	60.0%	69.2%	62.5%	71.4%	85.7%	29.4%	41.7%	42.9%	71.4%	33.3%	80.0%	100.0%	100.0%	80.0%	75.0%	87.5%	75.0%	78.9%	71.4%	100.0%
Total Number Seen In Period	12	10	13	8	7	7	17	12	7	7	9	5	6	4	10	4	8	12	19	21	11
Of Total: Number Seen Within 18 Weeks	6	6	9	5	5	6	5	5	3	5	3	4	6	4	8	3	7	9	15	15	11

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Planning, Performance & Technology

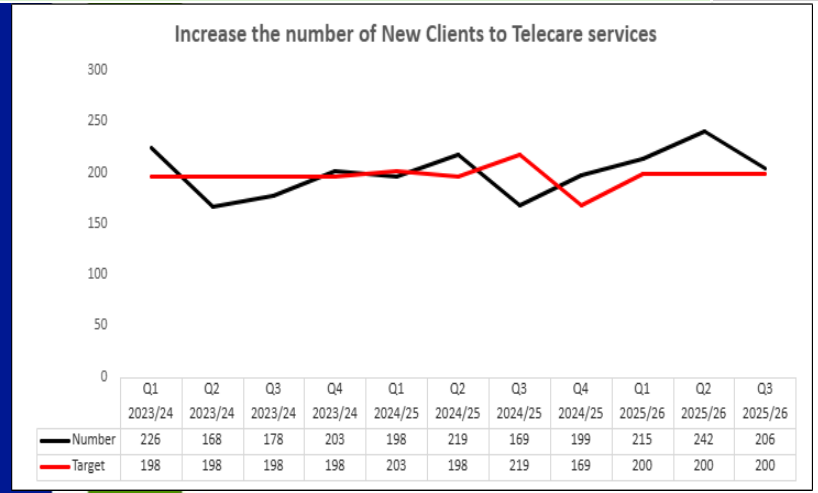
A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Strategic Planning Performance & Technology – Kristin Gillies – FQ 3 (Sep – Dec 2025) Performance Overview

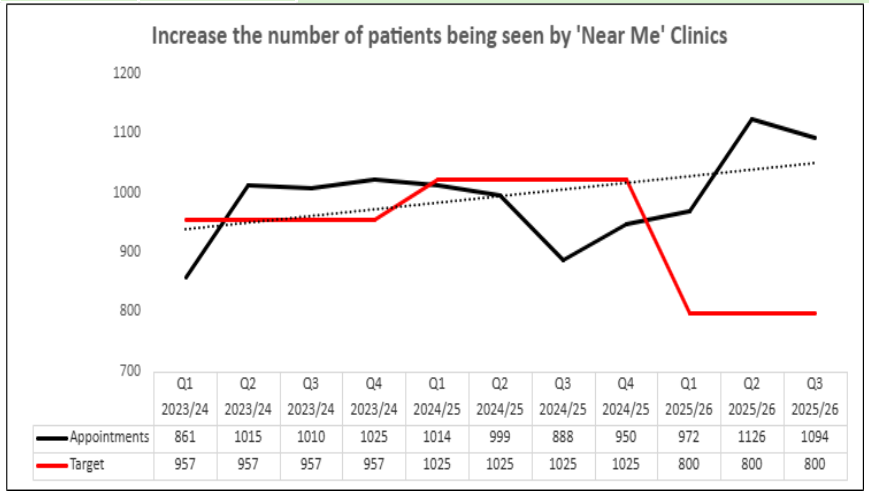
Current IPMF Performance Metrics	FQ2	Target	FQ 3
Increase the number of New Clients to Telecare services	242	200	206
Increase the number of Telecare Service reviews completed	167	85	161
Increase the number of patients utilising 'Near Me' clinics	1126	800	1094
Increase in new referrals to Silvercloud	52	70	63
Increase the utilisation of 'Connect Me' for Blood Pressure monitoring within primary care	120	42	120
OIP - Waiting Times for Cancer Appointments at the 31 Day Targets	17	0	26
OIP - Reduce New OP Waiting Times breaches >12 weeks	48%	46.0%	44%
OIP - Reduce OPWL long waits >52 weeks	7.1%	0.0%	6.5%
HSCP Freedom of Information Requests are responded to within statutory timescale of 20 working days	93%	100.0%	100%
% of Transformation & Improvement Projects on track	90%	85.0%	90%
100 percent resolution rate of IT support requests	98%	100.0%	98%

Plans, Mitigations and Actions

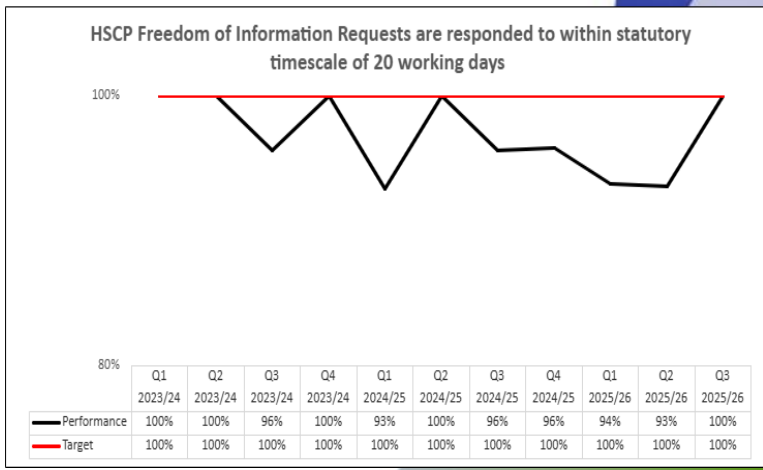
An external provider has been commissioned to see 150 Oral Surgery patients before the end of March 2026 with additional funding awarded in late December 2025 to see a further 70 patients in house. This will ensure we are able to report a zero 52 week position for this specialty at end Q4.
Orthodontic activity has been continually high since the new clinic appointing model was implemented in mid 2025 and on this basis we do not forecast any 52 week breaches as at end Q4.
Ophthalmology continues to be an area of pressure and we will rely on initiative sessions to ensure a zero 52 week position in this specialty. Assistance has been offered from within NHS Highland NTC for any remaining long waiting patients at year end.
Provision of Urology nurse led clinics from NHSGGC has been escalated to SG but NHS Highland are also willing to support if required.
Ophthalmology, Urology and Respiratory will be closely monitored and assistance sought from NHS Highland as required to ensure a zero 52 week position wherever possible.
Whilst there is a slight decrease from Q2, the number of new Telecare clients to the service is on target. There has been significant absence/vacancies within the team which has impacted on the speed of which new assessments can be carried out. The team have done well to remain on target whilst under pressure.
The number of Telecare reviews completed in Q3 is double the target. Again, this is an achievement when considering staff vacancies and absence within the team.
Mental Health teams continue to use Near Me as their first preference. We are still exceeding the target despite a very small change in the number of patients using it from the previous quarter. Usage is dependent on Near Me appointments being offered by clinicians and work is ongoing to promote Near Me as an alternative to face to face appointments where appropriate.
Silvercloud referrals are dependent upon clinicians referring patients to the service. Whilst we are below target, there has still been a steady increase from both Q1 and Q2.



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number	226	168	178	203	198	219	169	199	215	242	206
Target	198	198	198	198	203	198	219	169	200	200	200



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Appointments	861	1015	1010	1025	1014	999	888	950	972	1126	1094
Target	957	957	957	957	1025	1025	1025	1025	800	800	800



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	100%	100%	96%	100%	93%	100%	96%	96%	94%	93%	100%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Classification: OFFICIAL

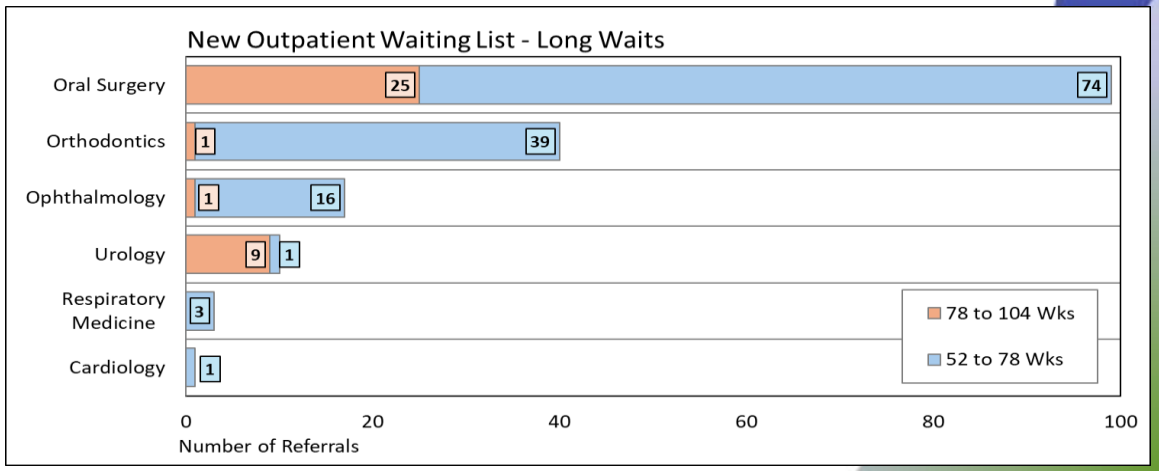
OIP - Planned Care – Long Waits

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

OIP - Planned Care - Long Waits – Kristin Gillies – FQ 3 (Sep – Dec 2025) Performance Overview				
Current Performance Metrics	**FQ2**	**Target**	**Q3 Actual**	**Plans, Mitigations and Actions**
OIP - Reduce OPWL long waits >52 weeks	7.1%	0.0%	6.5%	At end December 2025 there were 170 patients waiting longer than 52 weeks for an outpatient appointment in Argyll & Bute. 36 patients were waiting between 78 and 104 weeks. The longest waiting patient has been on the waiting list for 102 weeks under Urology. An external provider has been commissioned to see 150 Oral Surgery patients before end March 2026 with additional funding awarded in late December 2025 to see a further 70 patients in house. Orthodontic activity has been continually high since the new clinic appointing model was implemented in mid 2025. Ophthalmology continues to be an area of pressure and we will rely on initiative sessions to ensure a zero 52 week position in this specialty. Assistance has been offered from within NHS Highland NTC for any remaining long waiting patients at year end. Provision of Urology nurse led clinics from NHSGGC has been escalated to Scottish Government. Ophthalmology, Urology and Respiratory will be closely monitored and assistance sought from NHS Highland as required to ensure a zero 52 week position wherever possible

New OPWL - Long Waits

Specialty	52 to 78 Wks	78 to 104 Wks	Over 104 Wks	Total Breaches over 52wks	Total on OPWL	Percentage Breach
Orthodontics	39	1	0	40	139	28.8%
Oral Surgery	74	25	0	99	382	25.9%
Urology	1	9	0	10	54	18.5%
Ophthalmology	16	1	0	17	358	4.7%
Cardiology	1	0	0	1	25	4.0%
Respiratory Medicine	3	0	0	3	153	2.0%
Others	0	0	0	0	1524	0.0%
Grand Total	**134**	**36**	**0**	**170**	**2635**	**6.5%**



Source: NHSH – SOT1016 OP Ongoing Waits Details 301225

Classification: OFFICIAL

OIP - Planned Care – Outpatients

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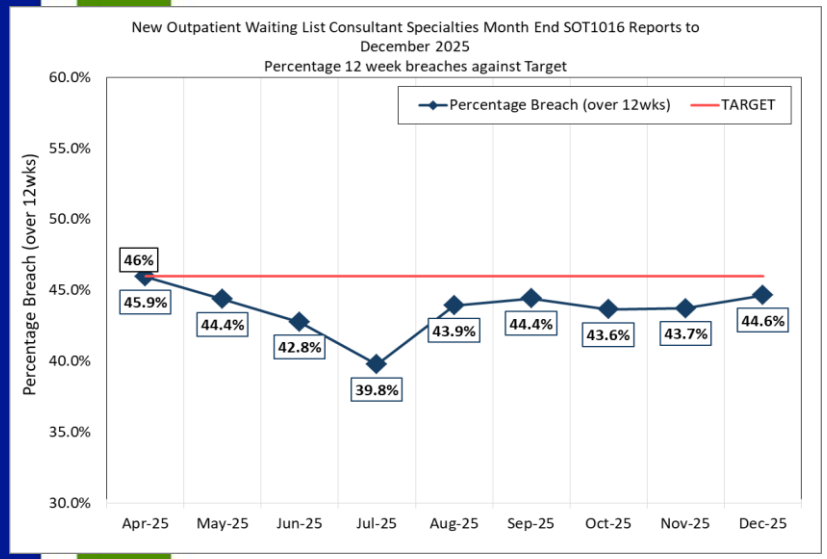
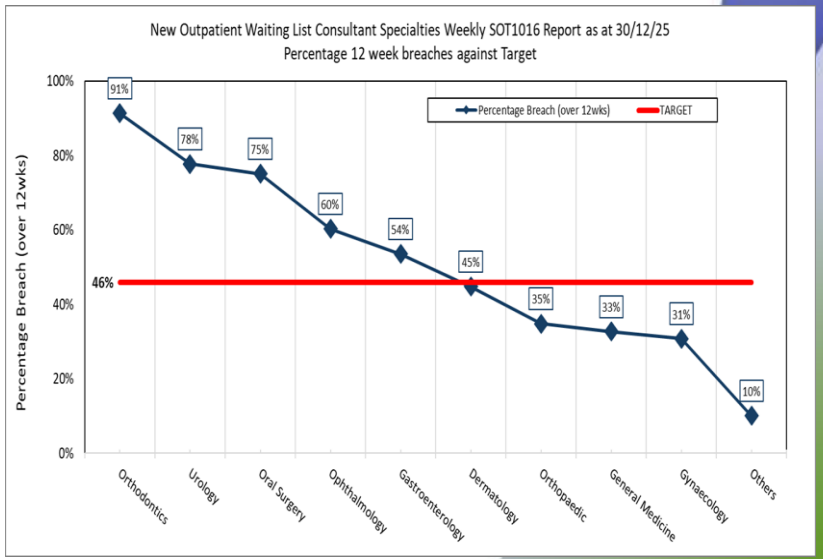
Argyll & Bute Health & Social Care Partnership

OIP Planned Care - Outpatients - Kristin Gillies – FQ 3 (Sep – Dec 2025) Performance Overview				
Current Performance Metrics	**FQ2**	**Target**	**Q3 Actual**	**Plans, Mitigations and Actions**
OIP - Reduce New OP Waiting Times breaches >12 weeks	44.4%	46.0%	44.6%	Pressure specialties identified in Q3 are Orthodontics, Urology, Oral Surgery and Ophthalmology. Aforementioned targeted activity is ongoing around these specialties and it is hoped that access times will improve significantly as a result.



New OPWL - 12 Week Breaches as at 30/12/25

Specialty	Total on List	Waiting Time Over 12wks	Percentage Breach
Orthodontics	139	127	**91%**
Urology	54	42	**78%**
Oral Surgery	382	287	**75%**
Ophthalmology	358	216	**60%**
Gastroenterology	112	60	**54%**
Dermatology	373	167	45%
Orthopaedic	181	63	35%
General Medicine	303	99	33%
Gynaecology	130	40	31%
Others	603	59	10%
Grand Total	**2635**	**1160**	**44%**



Source: NHSH – SOT1016 OP Ongoing Waits Details 30122025 & month end files

Classification: OFFICIAL

Planned Care - Inpatients

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Planned Care Weekly Dashboard — Inpatients All Specialties

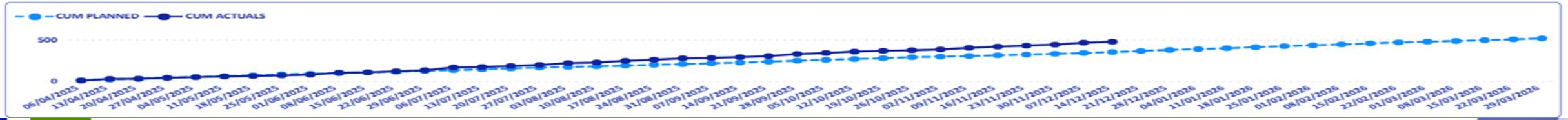
15/12/2025 11:00:25 Table Last Refreshed | NHS Highland

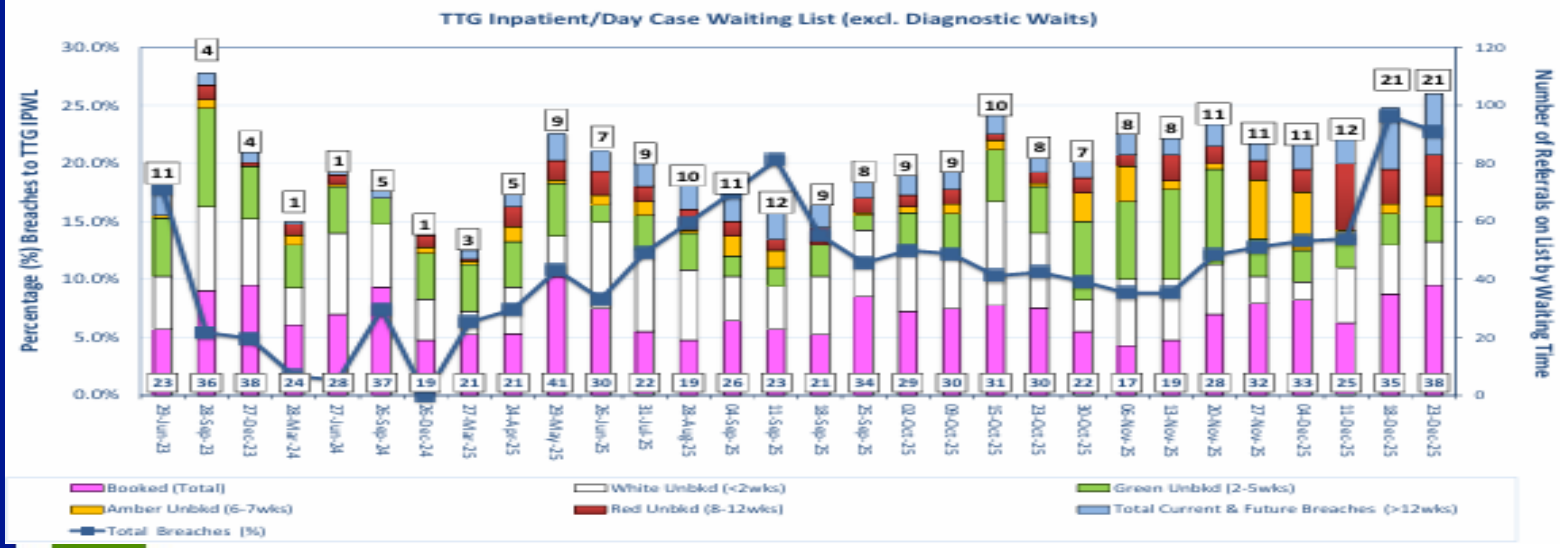
AREA: ARGYLL & BUTE | SPECIALTY: All | WEEK ENDING: 14/12/2025

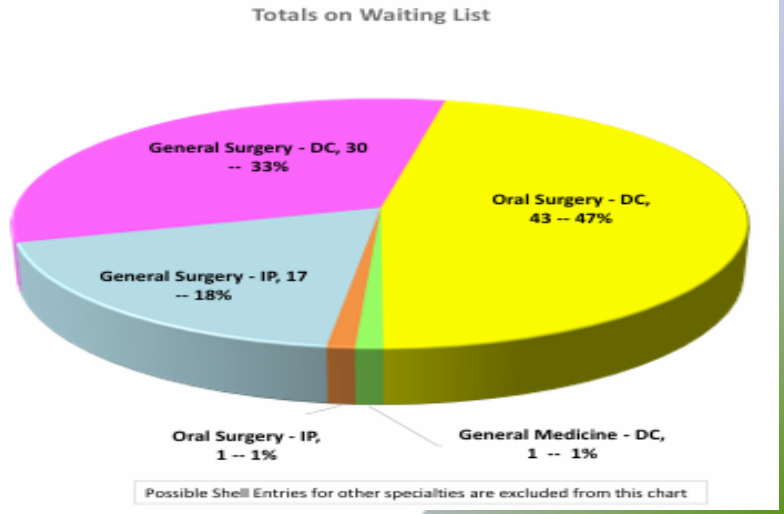
PLAN VS ACTUALS: 0 / 11 / 11 | PLAN VS ACTUALS %: 0.0% | CUM PLAN VS CUM ACTUALS: 0 / 476 / 351 | CUM PLAN VS CUM ACTUALS %: 35.6%

SPECIALTY	PLANNED	ACTUALS	CUM PLANNED	CUM ACTUALS	% CUM PLAN/CUM ACTUALS
Acute Medicine	0	0	0	0	
Anaesthetics	0	0	0	0	
Breast Surgery	0	0	0	0	
Cardiology	0	0	0	0	
Chemical Pathology	0	0	0	0	
Clinical Genetics	0	0	0	0	
Clinical Oncology	0	0	0	0	
Community Dental	0	0	0	0	

WEEK ENDING	PLANNED	ACTUALS	CUM PLANNED	CUM ACTUALS	CORE PLANNED	CORE ACTUALS	CUM CORE PLANNED	CUM CORE ACTUALS	WLI FUNDING	WLI FUNDING ACTUALS	CUM ADD PLANNED	CUM ADD ACTUA
02/11/2025	7	10	296	383	7	10	296	383	0	0	0	
09/11/2025	7	19	303	402	7	19	303	402	0	0	0	
16/11/2025	9	15	312	417	9	15	312	417	0	0	0	
23/11/2025	9	12	321	429	9	12	321	429	0	0	0	
30/11/2025	9	12	330	441	9	12	330	441	0	0	0	
07/12/2025	10	24	340	465	10	24	340	465	0	0	0	
14/12/2025	11	11	351	476	11	11	351	476	0	0	0	
Total	351	476			351	476			0	0		





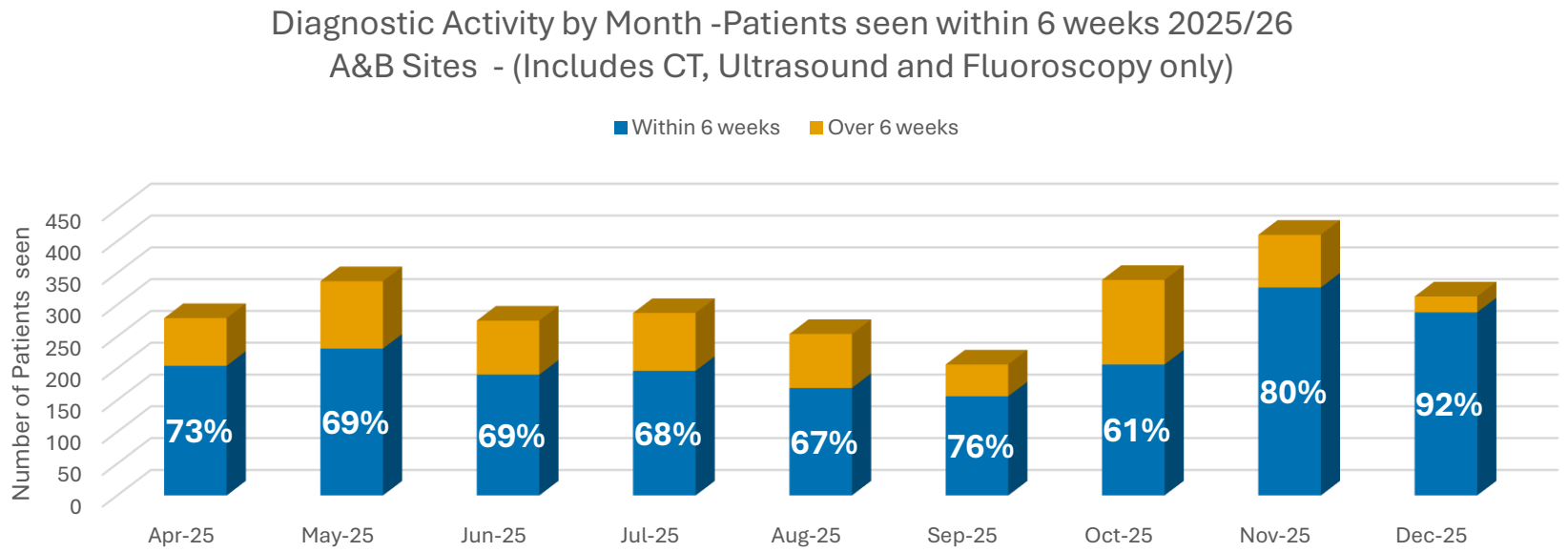


Source: Argyll & Bute – Full IPDCWL as at 23/12/2025

Classification: OFFICIAL

OIP - Radiology

OIP - Planned Care - Radiology - Kristin Gillies – FQ 3 (Sep – Dec 2025) Performance Overview				
Current Performance Metrics	**FQ2**	**Target**	**Q3 Actual**	**Plans, Mitigations and Actions**
95% of patients with a referral to Radiology are being seen within 6 weeks	75.7%	95.0%	92.0%	Between Oct and Dec 2025, the waiting list backlog has been reduced, helped by use of locum sonographer, with only small numbers waiting. 0.5WTE post is out to advert for Campbeltown and Rothesay and there may be scope to increase to full time in future



Classification: OFFICIAL

Primary Care

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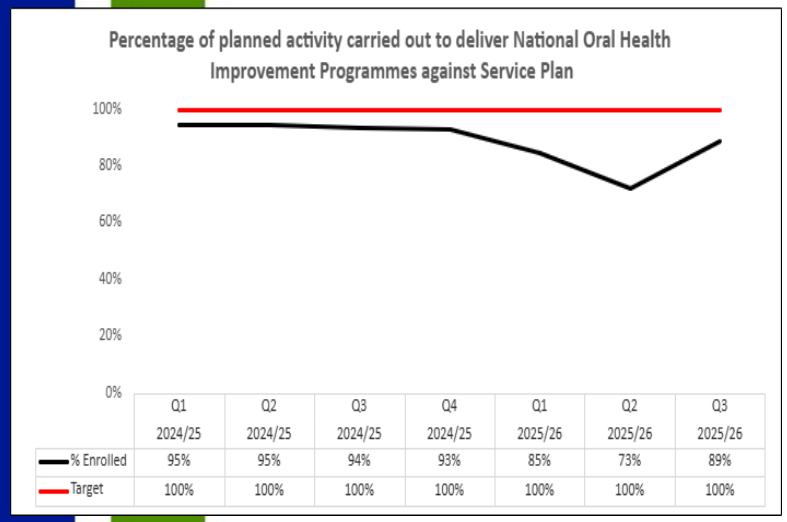
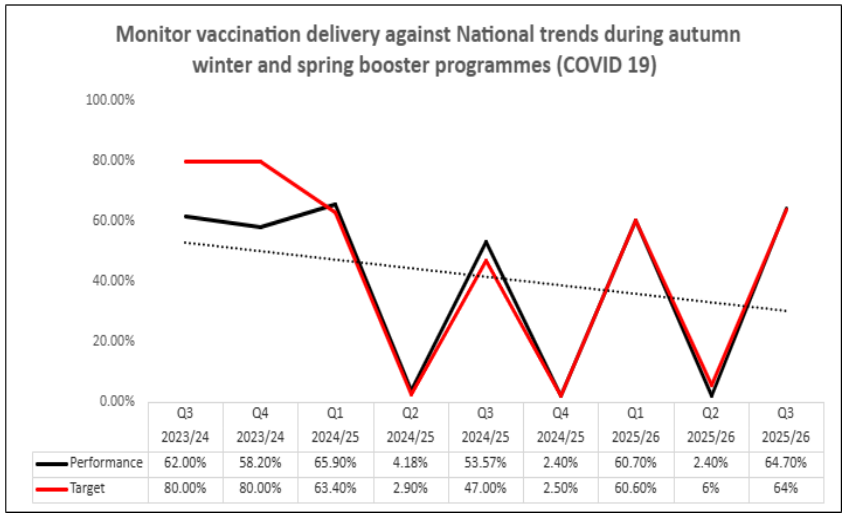
Argyll & Bute Health & Social Care Partnership

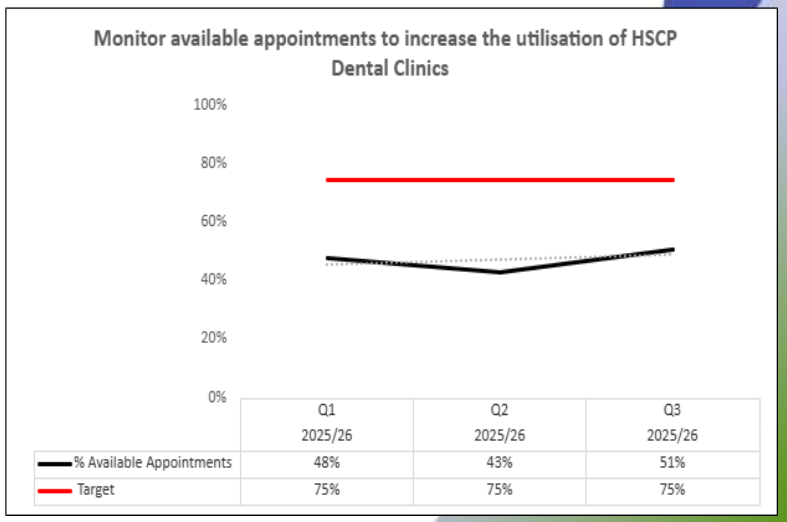
Primary Care – Eilidh Gallagher – FQ 3 (Sep – Dec 2025) Performance Overview				
Current IPMF Performance Metrics	**FQ2**	**Target**	**FQ 3**	**Plans, Mitigations and Actions**
80% of children who received Fluoride Varnish treatment did not require to be referred for further dental treatment	80%	80.0%	81.0%	Utilisation of available appointments dental - utilisation is measured against a maximum capacity workforce model / establishment. We are carrying a high vacancy level combined with sickness / absence which reduces the utilisation rates as does travel time to and from remote clinics. Discussions are ongoing around the possibility of removing Campbeltown from the scope as they run a different service model. Planned activity in relation to National Oral Health Improvement - The reduction here is due to maternity leave and vacancy factor. Plans in place for recruitment and it is anticipated that performance will improve by Q1 but this will depend on the success of recruitment drives. New OHSW started 01/09/25 in Mid Argyll, Childsmile training in progress. Vacancy in North Argyll filled, new OHSW started 17th November. Childsmile training starting 29th January. Programmes covered by staff based in Lochgilphead and Helensburgh, incurring additional travel and time, reduced ability to provide all national programmes in each locality. Priority 1: Childsmile programme - Priority 2: Caring for Smiles (care home and hospital staff training) - Priority 3: Open Wide (Adults with Additional Care Needs) and Smile4Life (homeless programme).
Percentage of planned activity carried out to deliver National Oral Health Improvement Programmes against Service Plan	73%	100.0%	89.0%	
Monitor vaccination delivery against National trends during autumn winter and spring booster programmes	2%	64.0%	65.0%	
Monitor the % of HSCP run GP practices enacting contingency measures	0	14	0	
Monitor available appointments to increase the utilisation of HSCP Dental Clinic appointments	43%	75.0%	51.0%	
Achieve a minimum 95 percent uptake for 6 in 1 vaccination in children by the time they reach 1 year old	97%	95.0%	97.0%	



	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
% Enrolled	95%	95%	94%	93%	85%	73%	89%
Target	100%	100%	100%	100%	100%	100%	100%



	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	62.00%	58.20%	65.90%	4.18%	53.57%	2.40%	60.70%	2.40%	64.70%
Target	80.00%	80.00%	63.40%	2.90%	47.00%	2.50%	60.60%	6%	64%



	Q1 2025/26	Q2 2025/26	Q3 2025/26
% Available Appointments	48%	43%	51%
Target	75%	75%	75%

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Public Health

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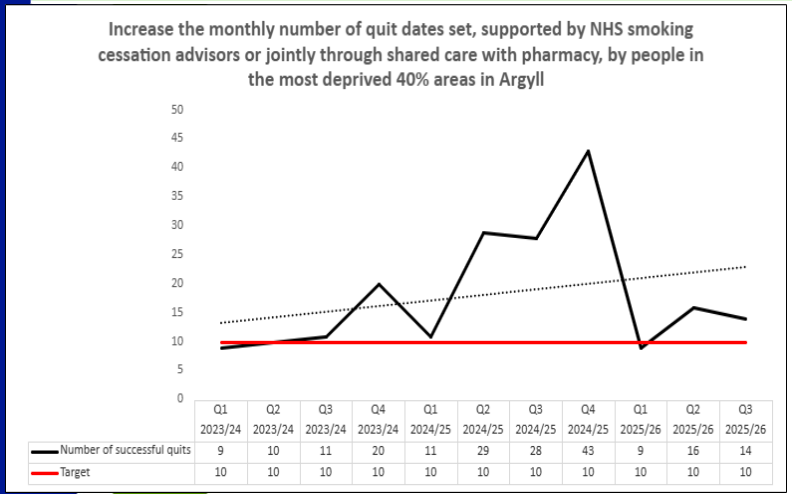
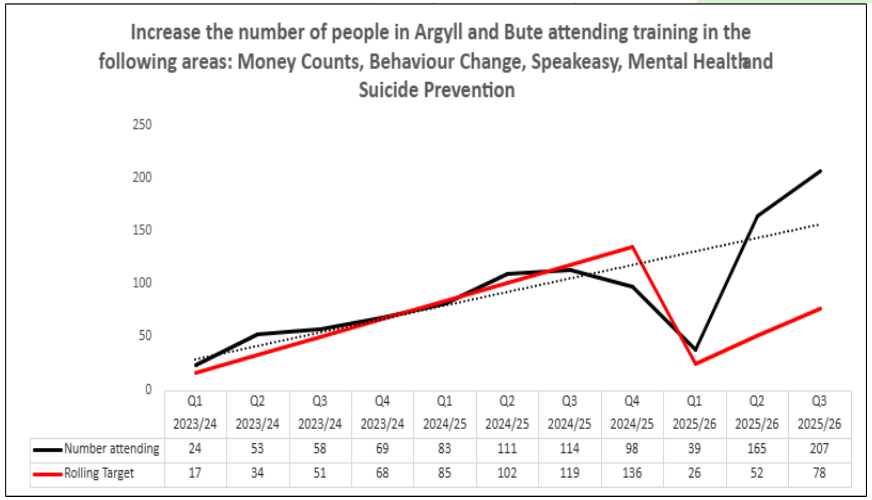
Argyll & Bute Health & Social Care Partnership

Public Health - Alison McGrory – FQ 3 (Sep – Dec 2025) Performance Overview

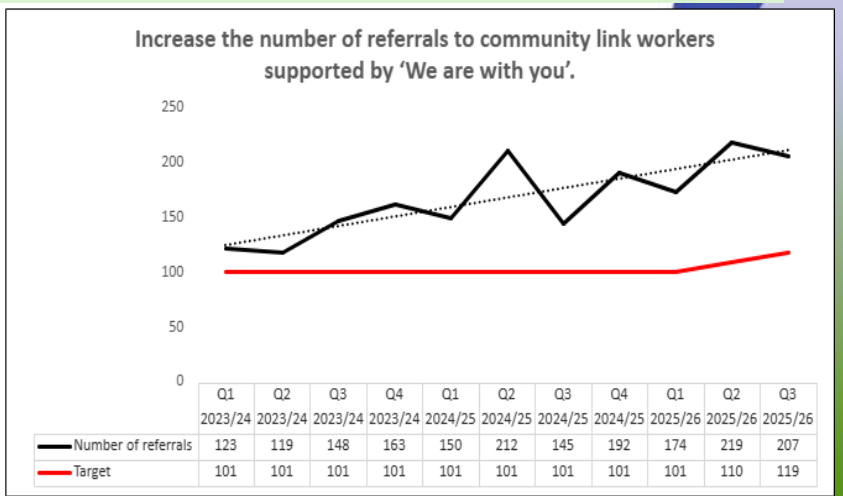
Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Increase the number of successful quits, supported by NHS smoking cessation advisors or jointly through shared care with pharmacy, by people in the 40% most deprived areas in Argyll and Bute reporting undertaken a quarter in arrears.	16	10	14	Good progress with the Public Health indicators is noted and green ratings for all is very welcome. These targets are measures of outputs of the work of the Public Health Team and are proxy measures for the longer-term outcomes of this work which centre on improving the health and wellbeing of the people of Argyll and Bute. Several of the indicators are annual measurements, therefore progress will fluctuate over the course of the four quarterly periods. The Public Health Team will continue to review the appropriate levels of the indicators to ensure the right balance between achievability and striving for continuous improvement.
Report on the number of people in Argyll and Bute attending training to deliver Community Reinforcement And Family Training (CRAFT) to families.	0	15	19	
Increase the number of people in Argyll and Bute attending training in the following areas: Money Counts, Behaviour Change, Speakeasy, Mental Health and Suicide Prevention.	165	78	207	
Mitigate health inequalities through increasing the number of referrals to community link workers supported by 'With You', ensuring health and wellbeing support is targeted to areas of rural or socio-economic need.	219	119	207	
Number of instances working with Scottish Government or National Agencies on National Strategy and Policy Development	6	11	12	
Report on the number of engagements relating to planning with people with lived or living experience of alcohol and/or drugs.	6	4	4	



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of successful quits	9	10	11	20	11	29	28	43	9	16	14
Target	10	10	10	10	10	10	10	10	10	10	10



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number attending	24	53	58	69	83	111	114	98	39	165	207
Rolling Target	17	34	51	68	85	102	119	136	26	52	78



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of referrals	123	119	148	163	150	212	145	192	174	219	207
Target	101	101	101	101	101	101	101	101	101	110	119

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Finance

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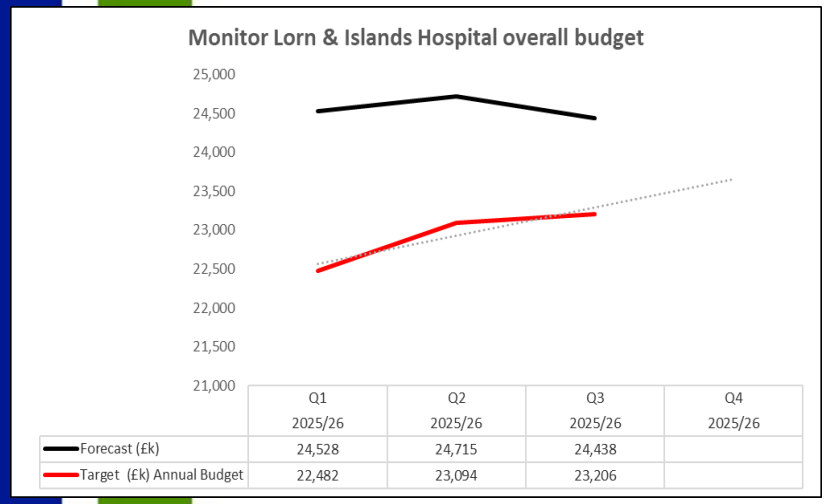
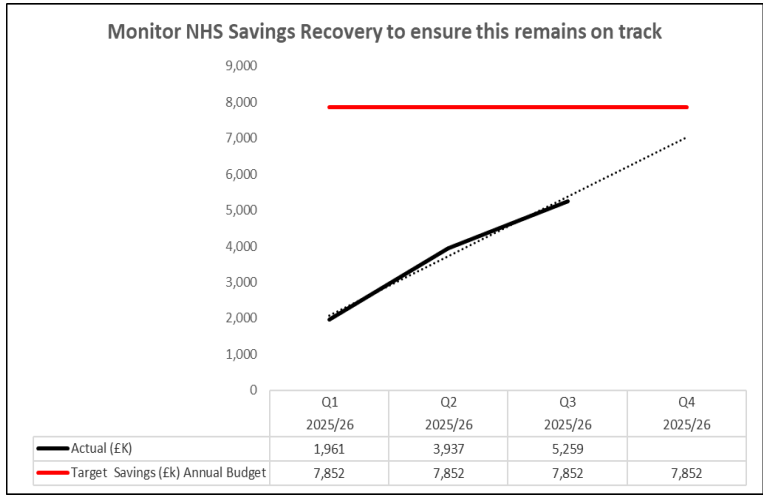
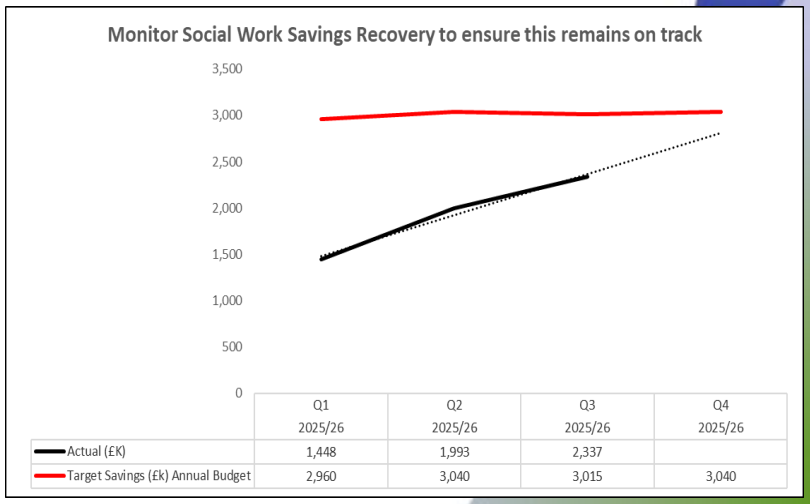
Argyll & Bute Health & Social Care Partnership

Finance – James Gow – FQ 3 (Sep – Dec 2025) Performance Overview				
Current IPMF Performance Metrics	**FQ2**	**FQ3 Target**	**FQ 3**	**Plans, Mitigations and Actions**
Monitor Older People (OP) - Internal Residential Budget Spend	-27%	0.0%	10%	Financial performance has been improving through Q3 and this is starting to be reflected in the KPIs reported. Specifically, older adult budgets are operating close to budget (care at home and residential care). New processes are in place for managing care at home delivery within budgeted hours and the service is close to operating within this reduced service baseline. The delivery of the threshold of care has contributed to this. It should be noted that there has been an adverse impact on delayed discharges and increasing unmet need. Agency staffing has reduced but remains a challenge. Internal care home budgets continue to be adversely impacted by on-going utilisation of agency staff in KCC and Islay. NHS financial performance is also improving, agency staffing within LIH remains a concern, the overspend here is being managed through underspends elsewhere. The overall HSCP performance against budget is improving and the level of projected overspend can be funded from reserves. Savings performance is also relatively positive. The main risk now relates to the SLA with Glasgow and the budget for 2026/27.
Monitor Older People (OP) - External Residential Budget spend	5%	0.0%	0%	
Monitor Older People - Homecare Budget spend	0%	0.0%	2%	
Monitor Lorn & Islands Hospital overall budget	23094	24438	23206	
Monitor NHS Savings Recovery to ensure this remains on track (£k)	3937	7852	5259	
Monitor Social Work Savings Recovery to ensure this remains on track (£k)	1993	3015	2337	
Monitor the HSCP Total Budget to ensure this remains on track (£m)	404	402	405	







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Carers

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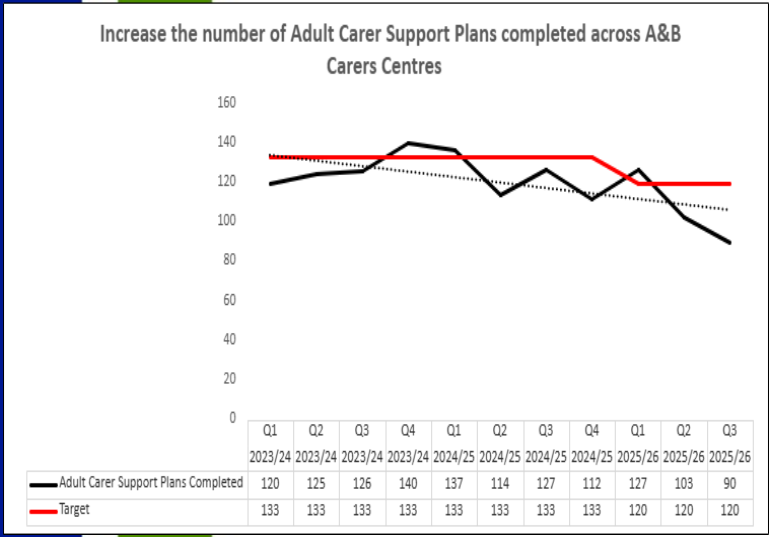
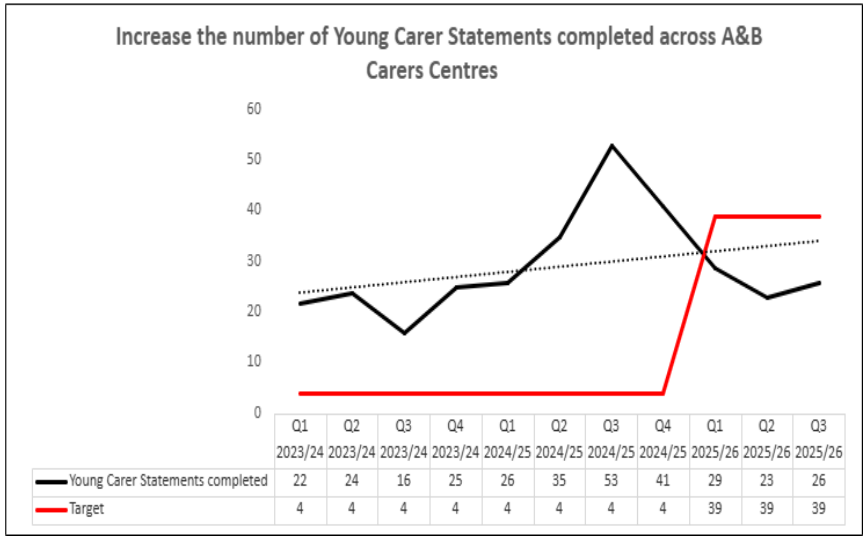
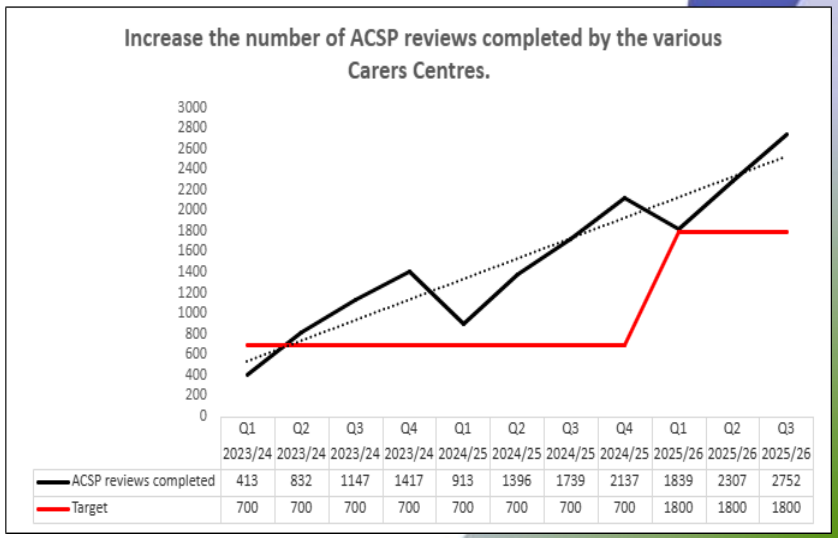
Carers – Linda Currie – FQ 3 (Sep – Dec 2025) Performance Overview

Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Increase the number of Adult Carer Support Plans completed across A&B Carers Centres	103	120	90	Following the Fair Access and Efficiencies of Care paper presented to the IJB in November, there has been a notable increase in the number of concerned families seeking and receiving support from the carer services. Routine welfare calls with families supporting an older adult have taken considerably longer, with staff spending additional time providing reassurance and explaining the reasons behind the changes. The IJB paper did acknowledge this potential impact on families.
Increase the number of Young Carer Statements completed across A&B Carers Centres	23	39	26	
Increase the number of Unpaid Adult Carers supported across A&B Carers Centres	2731	2600	2827	
Increase the number of Unpaid Young Carers supported across A&B Carers Centres	850	783	836	
Increase the number of ACSP reviews completed by the various Carers Centres.	2307	1800	2752	







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Community Health & AHPs

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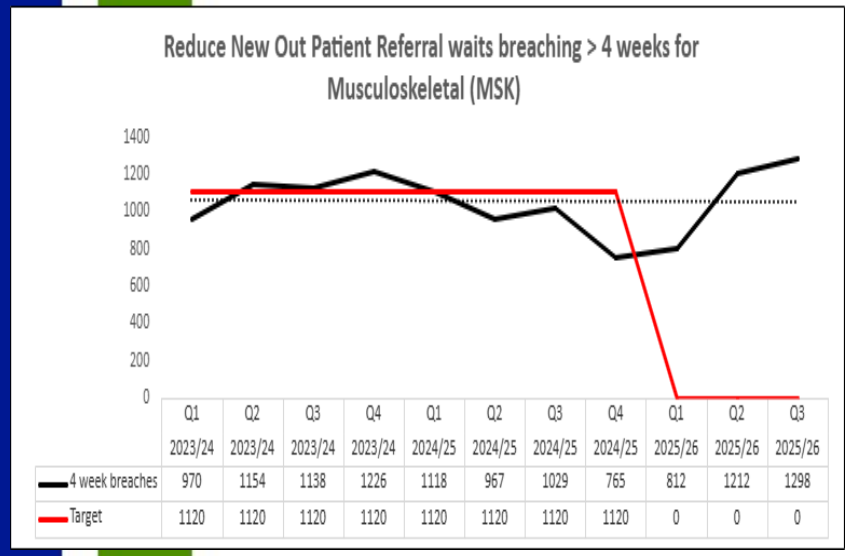
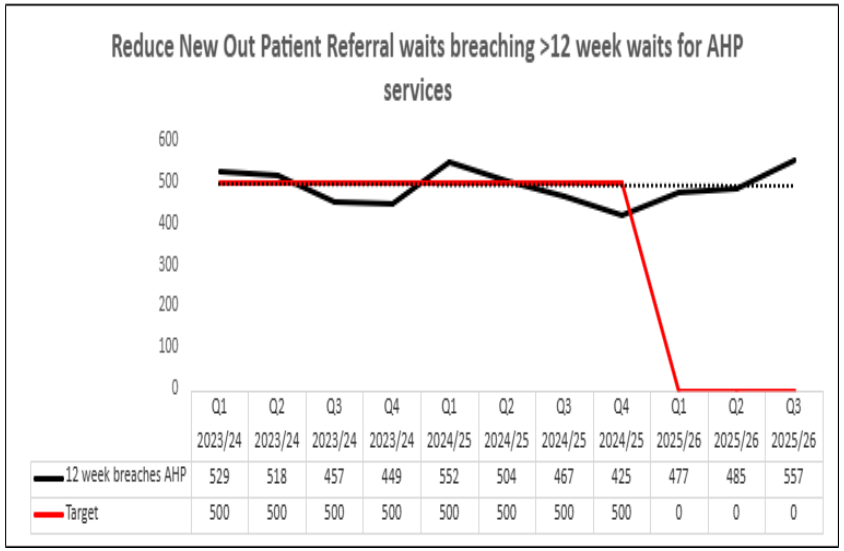
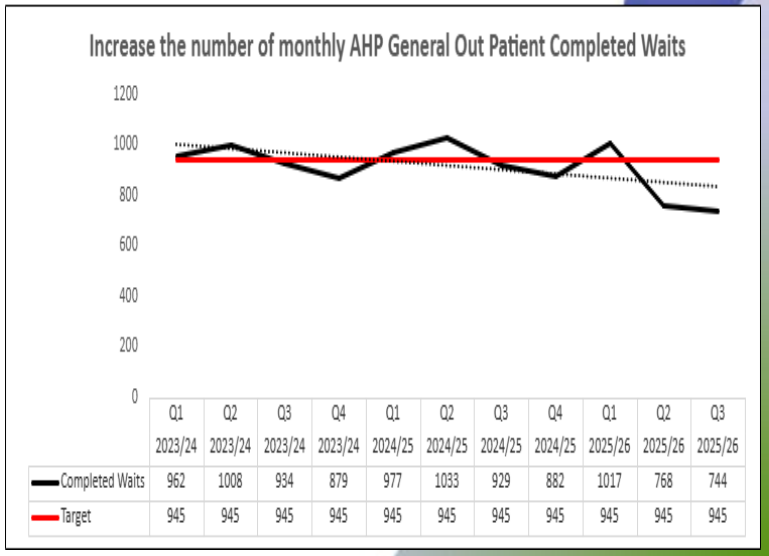
Allied Health Professionals - Linda Currie – FQ 3 (Sep – Dec 2025) Performance Overview

Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Reduce New Out Patient Referral waits breaching > 4 weeks for Musculoskeletal (MSK)	1212	0	1298	The KPI's demonstrate actual capacity in the system including impact of current vacancies across the teams (over 20) and noting the impact of absences and leave which are not backfilled. A workforce establishment tool run is planned for late spring to fully understand demand, capacity, queue and activity in line with the Healthcare Staffing Act.
Reduce New Out Patient Referral waits breaching >12 week waits for AHP services	485	0	557	
Reduce P1 and P2 Community Patient Referral waits breaching > 4 weeks for AHP Services	96	0	97	
Reduce P3 and P4 Community Patient Referral waits breaching >12 week waits for AHP services	1067	0	1010	
Increase the number of monthly AHP Out Patient Completed Waits	768	945	744	







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Delayed Discharges

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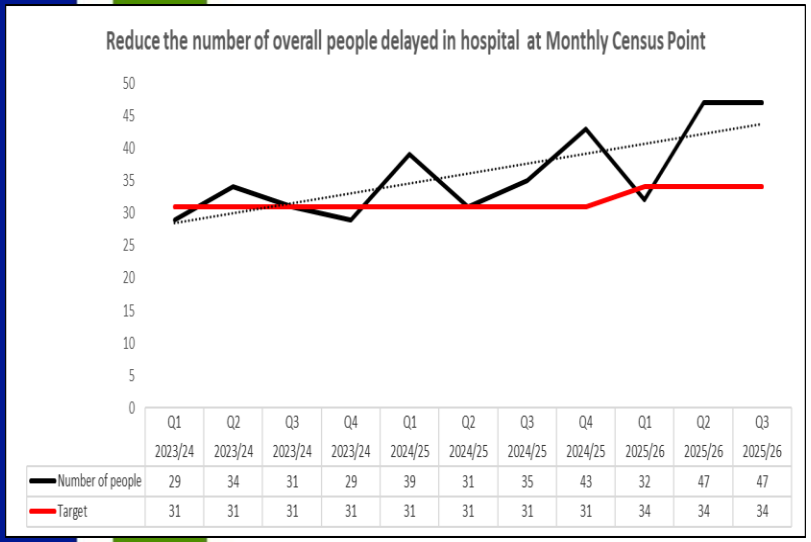
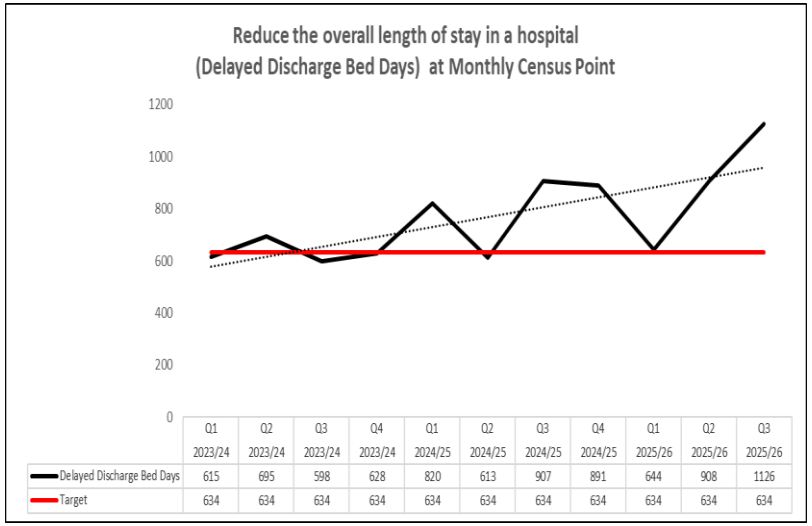
Delayed Discharges – Caroline Robertson – FQ 3 (Sep – Dec 2025) Performance Overview

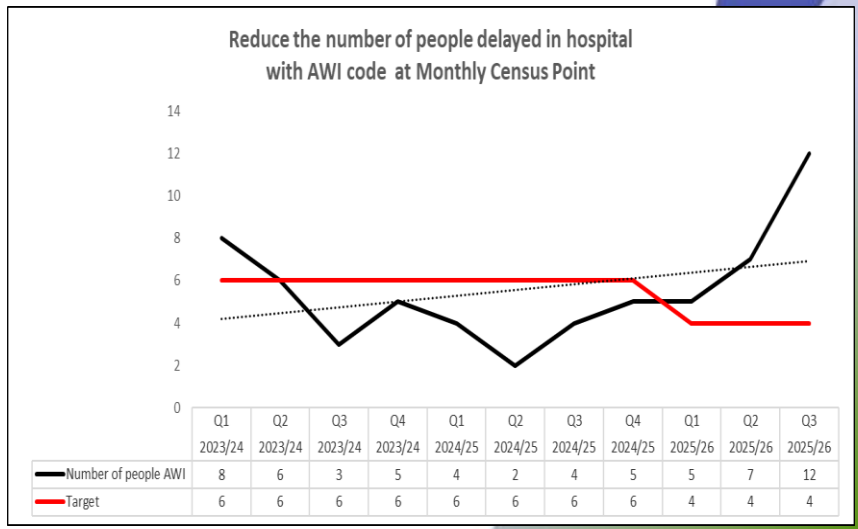
Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Reduce the number of overall people delayed in hospital at Monthly Census Point	47	34	47	In terms of delayed discharges FQ3 has been a challenging period due to actions out with out control, despite this we have continue to recognise this as a priority and support where we can to ensure people who can be discharged from hospital have been. We have attempted to address the issue of long waits due to AWI by allocating a specific MHO resource to this, unfortunately the market is in demand for MHO's and this has not been possible to facilitate. Work is ongoing to consider the use of supported decision making and S13ZA of the Social Work (Scotland) Act to facilitate discharge where possible. This has an overall impact on the length of stay for patient's who require statutory intervention to be able to move. The number of people waiting care at home in Q3 remains above target however there was a slight improvement on Q2, we know this remains the most challenging area and work is ongoing to ensure that we are assured that the assessment of need is accurate and that all possible alternatives have been considered. This is more challenging in specific areas such as Oban.
Reduce the overall length of stay in a hospital (Delayed Discharge Bed Days) at Monthly Census Point	908	634	1126	
Reduce the number of people delayed in hospital with AWI code at Monthly Census Point	7	4	12	
Reduce the number of people delayed in hospital awaiting a care home placement at Monthly Census Point	5	10	8	
Reduce the number of people delayed in hospital due to care at home availability at Monthly Census Point	30	10	23	
Reduce the number of people delayed with assessment code at Monthly Census Point	5	10	7	



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of people	29	34	31	29	39	31	35	43	32	47	47
Target	31	31	31	31	31	31	31	31	34	34	34



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Delayed Discharge Bed Days	615	695	598	628	820	613	907	891	644	908	1126
Target	634	634	634	634	634	634	634	634	634	634	634



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of people AWI	8	6	3	5	4	2	4	5	5	7	12
Target	6	6	6	6	6	6	6	6	4	4	4

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Delayed Discharges cont...

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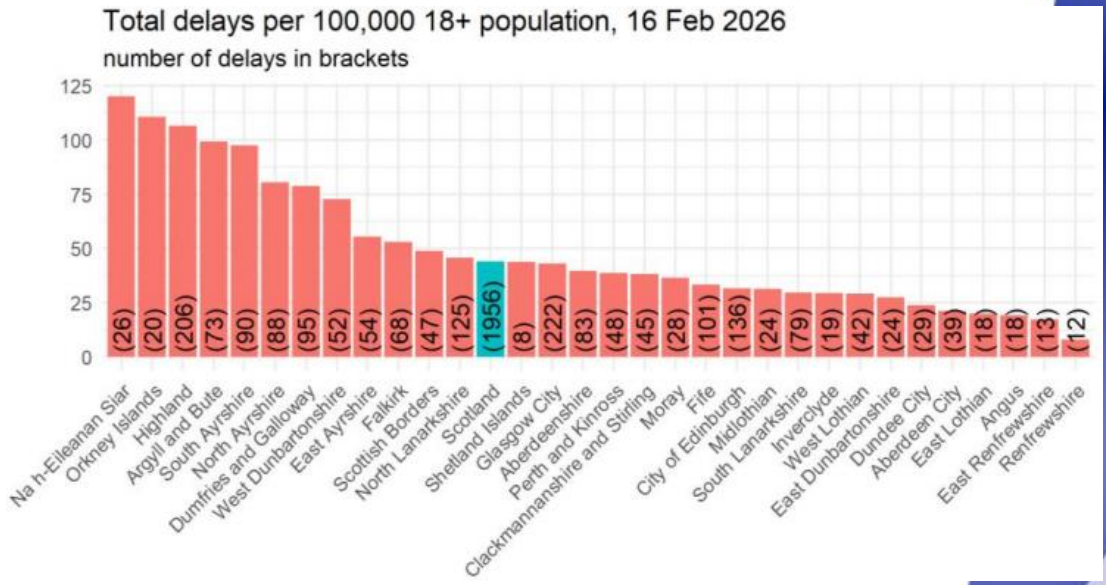
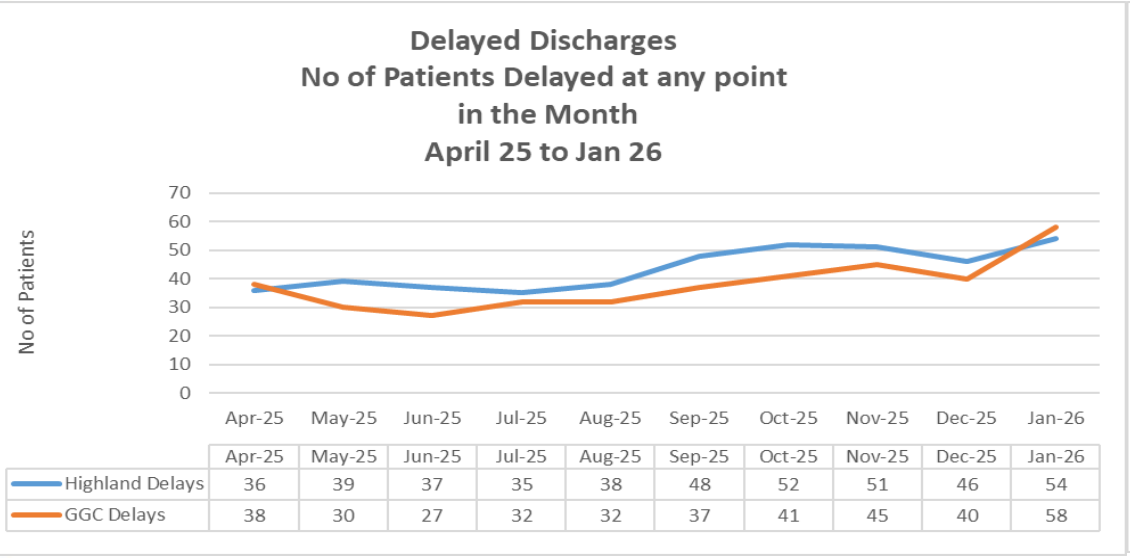
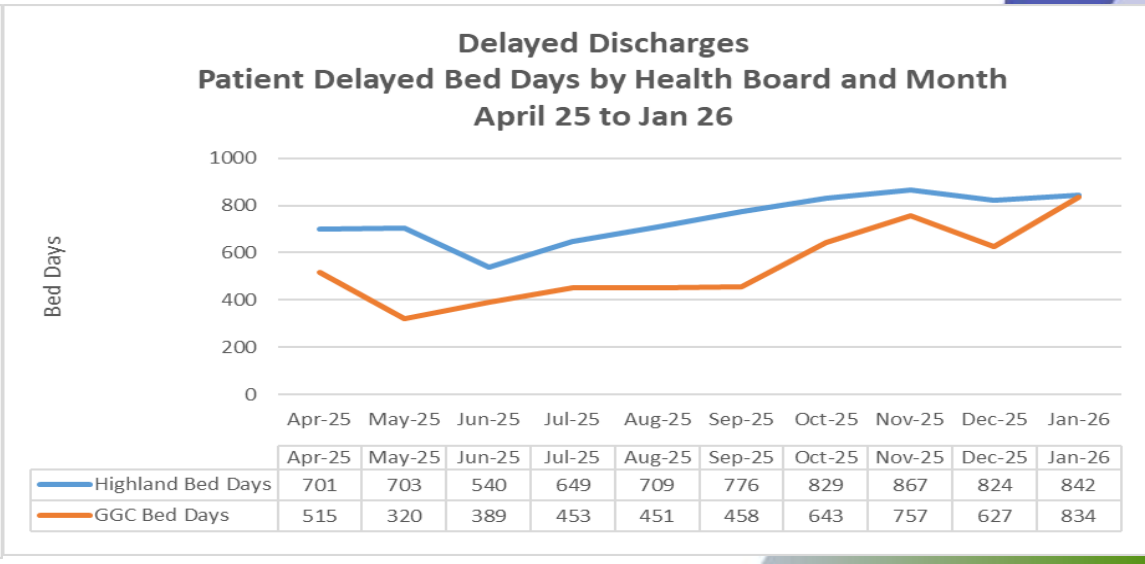
- With regards to latest overall benchmarked performance Feb 2026, A&B remain above the Scottish average per 100,00 population.
- Overall monthly Delayed Discharge performance for December 25 notes a consistently higher number of delays for hospitals in A&B (46) when compared to GG&C (40)
- Overall Delayed Discharge Bed Days at the end of FQ3 noted 1451 days with 57.5% in GG&C hospitals.





	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Highland Delays	36	39	37	35	38	48	52	51	46	54
GGC Delays	38	30	27	32	32	37	41	45	40	58



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
Highland Bed Days	701	703	540	649	709	776	829	867	824	842
GGC Bed Days	515	320	389	453	451	458	643	757	627	834

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Community Hospitals

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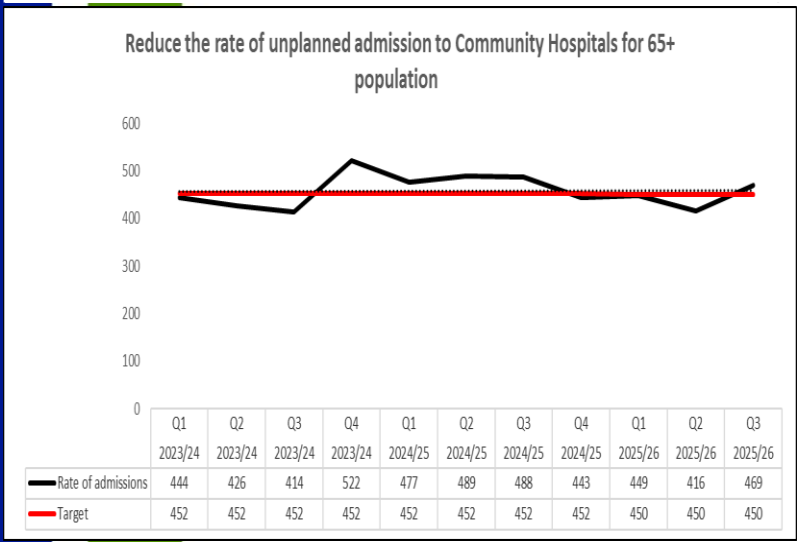
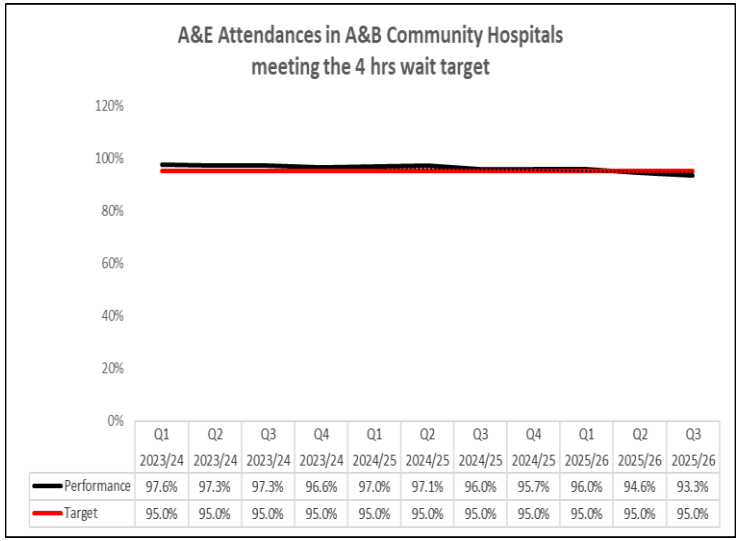
Argyll & Bute Health & Social Care Partnership

Community Hospitals – Caroline Robertson – FQ 3 (Sep – Dec 2025) Performance Overview

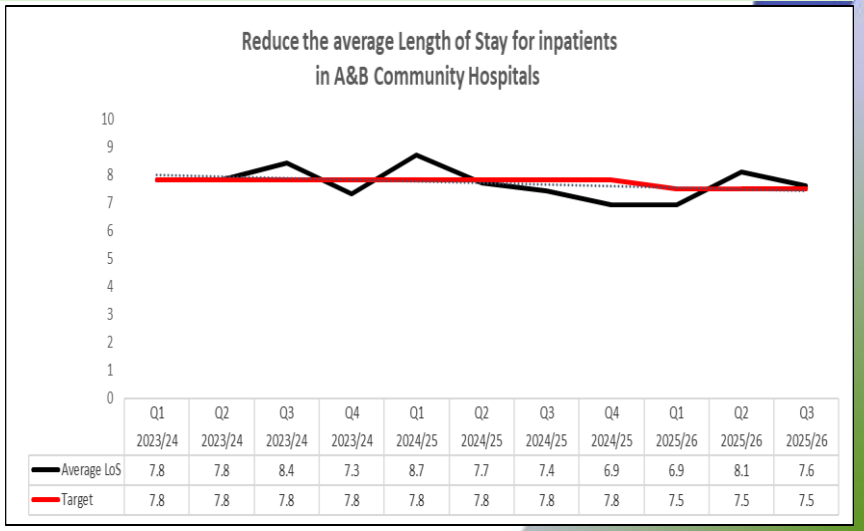
Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Reduce the rate of unplanned admission to Community Hospitals for 65+ population	416	450	469	In terms of the performance for community hospitals we have experienced continued challenges across this area including: • Increase in unplanned admissions, this is currently being addressed around A&E standards and the whole system approach to ensure that where possible admission is prevented and are able to receive the treatment and support they require at home. This is at very early stages and will be monitored closely in terms of KPI's. • The number of falls whilst in hospital continue to rise, this is being monitored through Datix, where any correlation between falls and patients who are delayed will be monitored. This has improved significantly since Q2. • The length of stay for patient's has increased for the second period running and is a reflection on the overall impact on being able to provide support to enable return to a homely setting. The test of change in Cowal and Helensburgh has demonstrated the potential to facilitate discharge to assess, work is ongoing to monitor the impact of this and potential to roll out across the partnership. • In terms of the 4 hour waiting target our performance has again not met the target this has potentially been impacted by our ability to transfer patients timelessly to GGC due to transport availability.
Reduce the average Length of Stay for inpatients in A&B Community Hospitals	8.1	7.5	7.6	
A&E Attendances in A&B Community Hospitals meeting the 4 hrs wait target	94.6%	95%	93%	
Maintain A&B Community Hospitals Bed Occupancy Rates below 80% target	70.1%	80.0%	71.4%	
Reduce the number of Falls being reported in a Community Hospital setting in A&B	65	38	43	



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Rate of admissions	444	426	414	522	477	489	488	443	449	416	469
Target	452	452	452	452	452	452	452	452	450	450	450



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	97.6%	97.3%	97.3%	96.6%	97.0%	97.1%	96.0%	95.7%	96.0%	94.6%	93.3%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Average LoS	7.8	7.8	8.4	7.3	8.7	7.7	7.4	6.9	6.9	8.1	7.6
Target	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.5	7.5	7.5

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Rural General Hospital (LIH)

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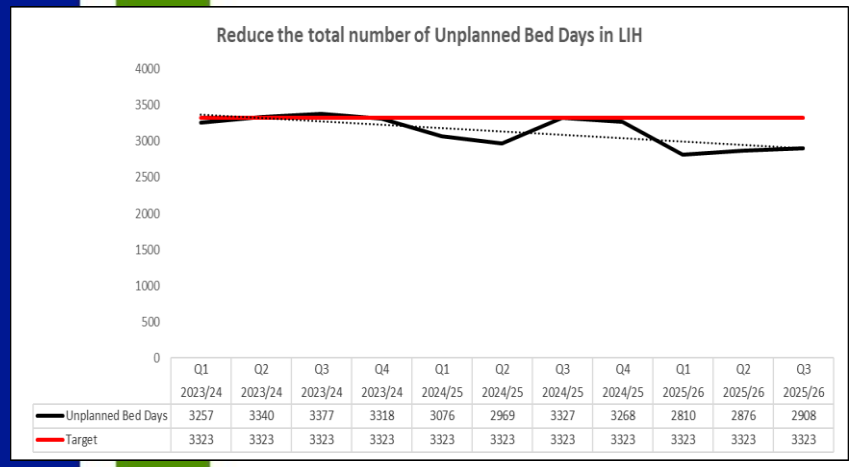
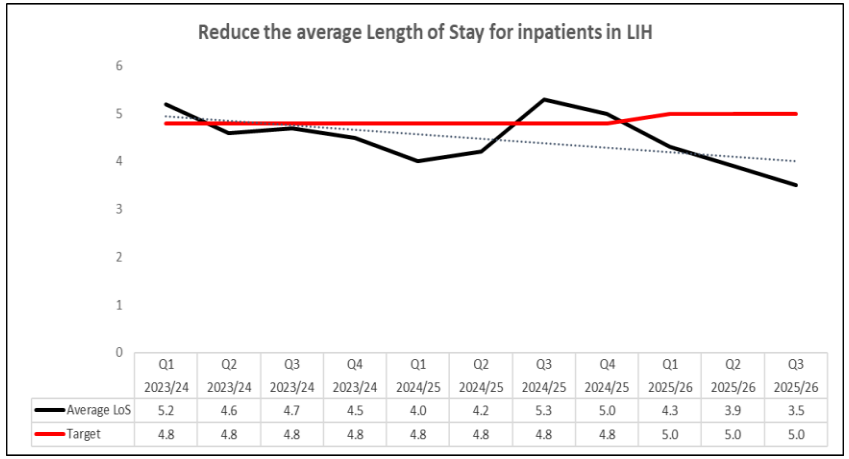
Argyll & Bute Health & Social Care Partnership

Rural General Hospitals (LIH) – Caroline Robertson – FQ 3 (Sep – Dec 2025) Performance Overview

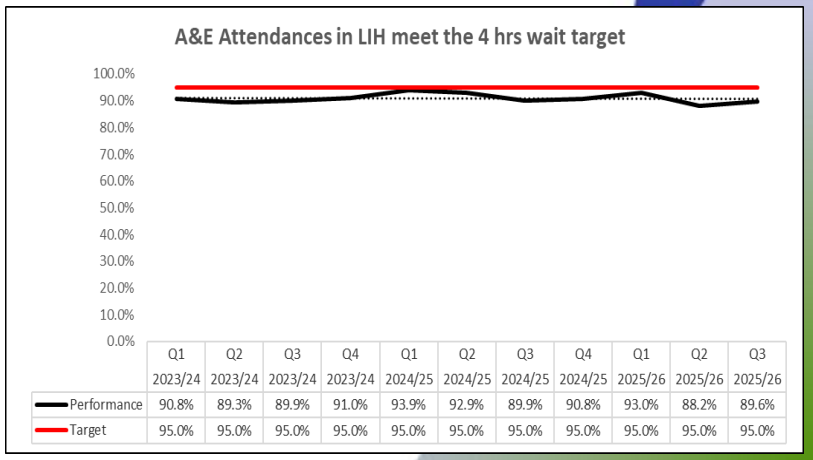
Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Reduce the rate of unplanned admission to LIH for 65+ population	359	345	367	In response to the reducing the rate of unplanned admissions of over 65, we are currently working to review the A&E standards alongside the development of a whole system approach which will aim to prevent admission and access to the treatment they require within their own home or homely setting resulting in a reduction of unplanned admissions. The reduction in medication errors continues to be out with target although a slight improvement on the last quarter. This is being monitored through datix in terms of location/staff/times to be able to implement any improvement action, promoting a culture of learning and development. Despite a slight improvement in the 4 hour waiting target since Q2 we remain slightly off target, this is being monitored in line with the whole system plan.
Reduce the total number of Unplanned Bed Days in LIH	2876	3323	2908	
Reduce the average Length of Stay for inpatients in LIH	3.9	5	3.5	
Maintain LIH Bed Occupancy Rates below 90% target	76.4%	90.0%	82.4%	
Reduce the number of A&E Attendances in LIH that result in an unplanned admission	16.6%	19.2%	17.9%	
A&E Attendances in LIH meet the 4 hrs wait target	88.2%	95.0%	89.6%	
Reduce the number of Falls being reported in a hospital setting in LIH	11	26	26	
Reduce number of instances of tissue viability in LIH	2	4	1	
Reduce the number of medication errors in LIH	14	6	12	



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Unplanned Bed Days	3257	3340	3377	3318	3076	2969	3327	3268	2810	2876	2908
Target	3323	3323	3323	3323	3323	3323	3323	3323	3323	3323	3323



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Average LoS	5.2	4.6	4.7	4.5	4.0	4.2	5.3	5.0	4.3	3.9	3.5
Target	4.8	4.8	4.8	4.8	4.8	4.8	4.8	4.8	5.0	5.0	5.0



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Performance	90.8%	89.3%	89.9%	91.0%	93.9%	92.9%	89.9%	90.8%	93.0%	88.2%	89.6%
Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Classification: OFFICIAL

OIP – Hospital @ Home

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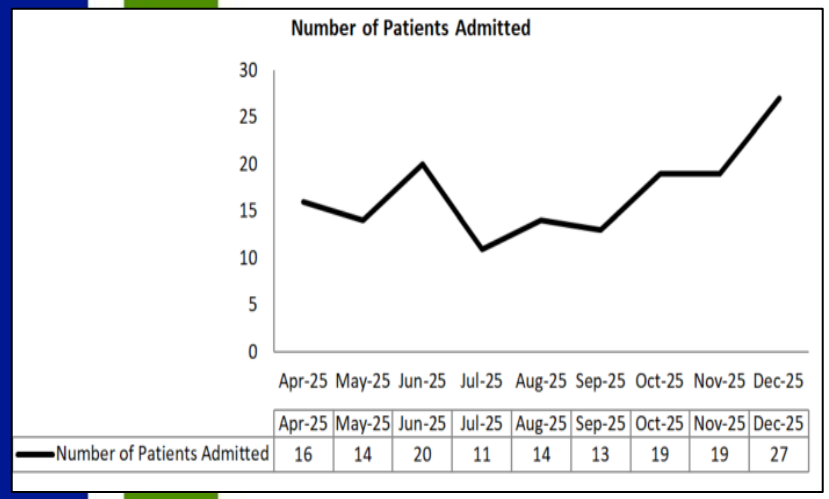
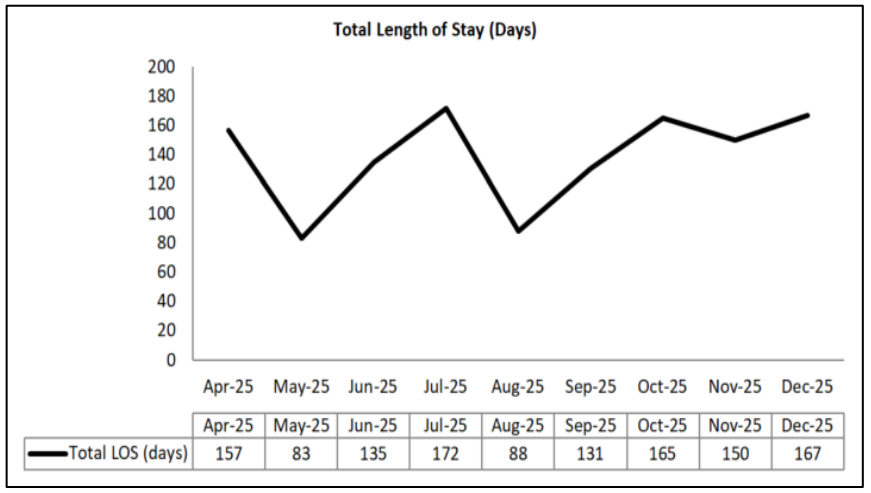
Argyll & Bute Health & Social Care Partnership

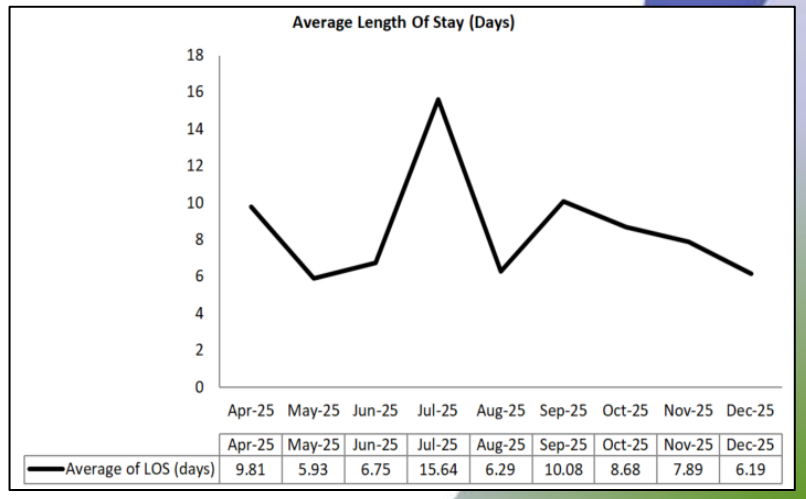
OIP - Hospital @ Home – Caroline Robertson – FQ 3 (Sep – Dec 2025) Performance Overview				
Current Performance Metrics	**FQ2**	**Target**	**Q3 Actual**	**Plans, Mitigations and Actions**
Implement 12 Hospital @ Home beds in Oban, and an additional 4 beds A&B Wide by March 2026	10 Beds	16 Beds	11 Beds	Argyll & Bute's Hospital at Home service provides treatment for a range of conditions, including frailty, cardiac, respiratory and OPAT. From April to December 2025, 153 patients were admitted accounting for 1,248 bed days. Hospital at Home contribution to improved patient flow through Lorn and Islands Hospital will continue to be monitored. Work is ongoing to scope A&B for additional H@H bed locations with consideration being given to an island site.



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Number of Patients Admitted	16	14	20	11	14	13	19	19	27



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Total LOS (days)	157	83	135	172	88	131	165	150	167



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Average of LOS (days)	9.81	5.93	6.75	15.64	6.29	10.08	8.68	7.89	6.19

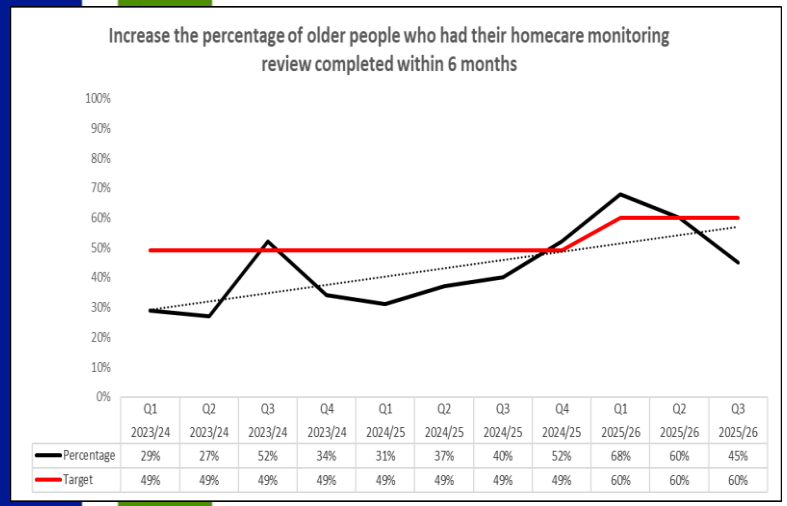
Classification: OFFICIAL

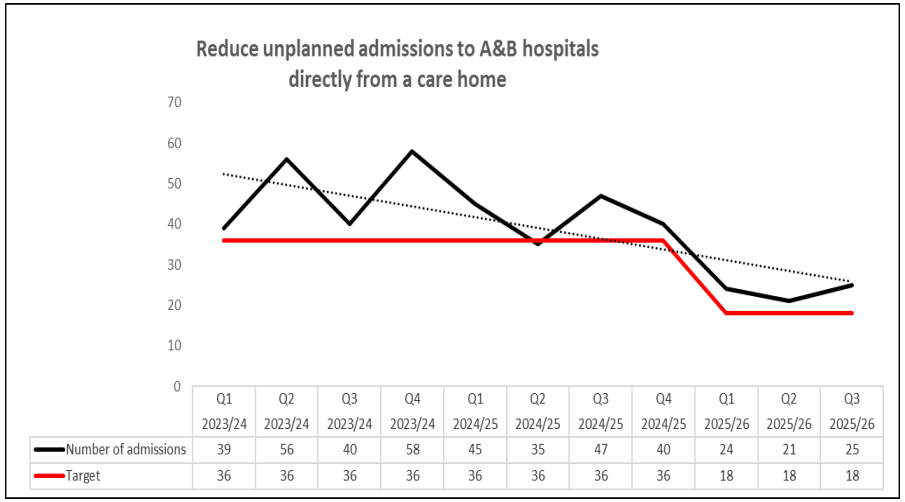
Adult Social Care & ASP

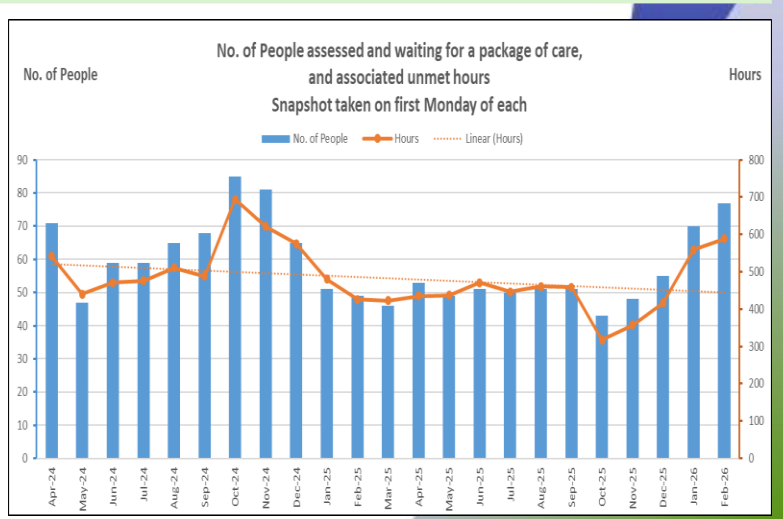
A&B HSCP | Transforming Together
Argyll & Bute Health & Social Care Partnership

Adult Social Care & ASP – Nicola Gillespie – FQ 3 (Sep – Dec 2025) Performance Overview

Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Increase the percentage of older people who had their homecare monitoring review completed within 6 months	60%	60%	45%	Demand for care home beds cross Argyll and Bute continues, teams will continue to progress and support appropriate admissions
Reduce unplanned admissions to A&B hospitals directly from a care home	21	18	25	Although Unmet Need sists within target remits, it is evident that need for care at home is increasing. This will be continued to be monitored and reported as requested. We recognise the impact of being admitted to hospital from a care home and where possible we aim to be able to provide care and treatment within the care home. As part of the overall whole system plan we aim to review the point of contact, linking in with GP practices as well as lead nurse for care homes to prevent admission where possible.
Increase the occupancy rates across A&B Care Homes	96%	95%	96%	
Reduce the number of hours of unmet need for care at home	349	500	444	
Increase the % of Adult Support Protection Screening Duty to Inquire Assessments completed within 5 working days	45%	70%	55%	
Increase the % of Adult Support Protection Investigations completed within 15 working days of the ASP Screening Duty to Inquire completion date	42%	70%	41%	ASP continues to be challenged due to vacancies and increased need. The model of delivery is currently under review and progressing via social work governance group. A&D Completed waits are reflective of the volume of referrals received to small







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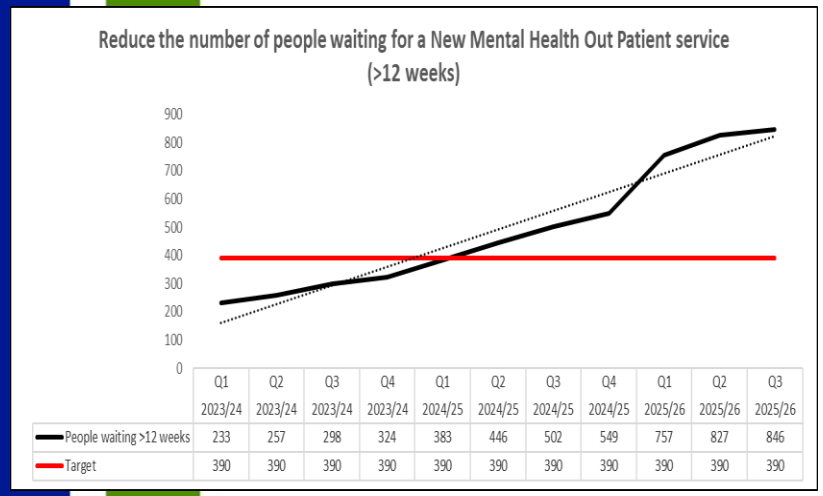
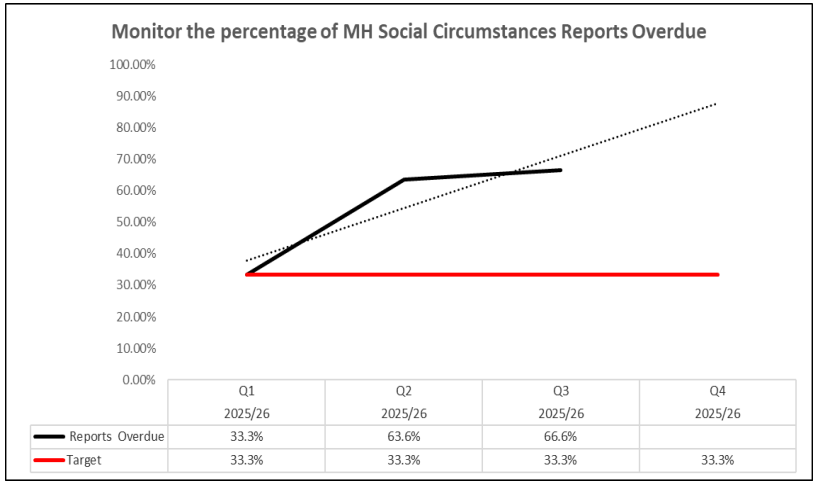
Complex Care & Registered Services

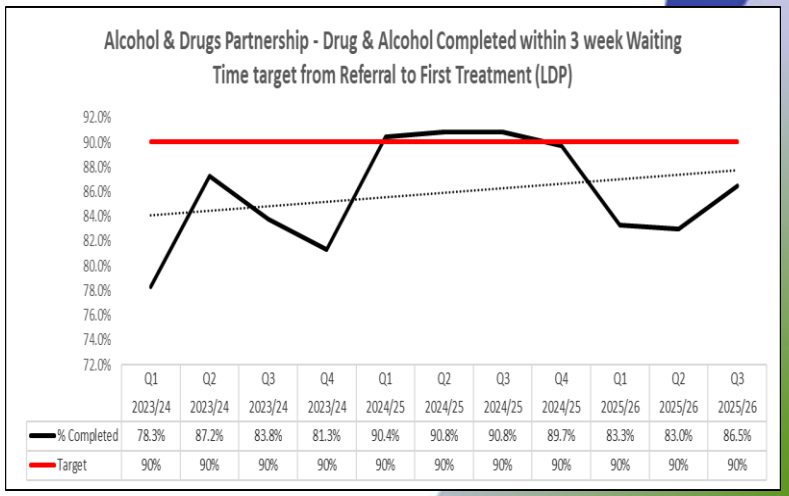
A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Complex Care & Registered Services – Nicola Gillespie – FQ 3 (Sep – Dec 2025) Performance Overview

Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
Reduce the number of clients on Dynamic Support Register with category Amber/RedUSC	16	10	16	The DSR target of reducing to 10 people being recorded as red/amber as opposed to the 16 individuals that are currently recorded will prove challenging to meet and is a reflection of the complexities and challenges to meet the complex needs of the individuals within Argyll and Bute. As a service we will continue to scope possible development opportunities with accommodation and support providers. MHOP waiitng remain significantly above target. Performance continues to be affected by earlier workforce gaps, including a three-month period without medical cover in Kintyre and Islay during Q1–Q2, which halted assessments and generated a substantial backlog, alongside persistently high demand, notably a high volume of ADHD-related referrals across all three localities. Despite the stabilising impact of a locum psychiatrist over the past six months, overall capacity has proven insufficient to reduce the backlog or meet current demand, with key risks including prolonged waits for patients with ADHD or complex needs and continued reliance on locum provision. Mitigation actions include efforts to recruit to a substantive psychiatrist for Kintyre and Islay, optimising referral pathways (including ADHD), improving service integration and patient flow through revision of standard operating procedures, enhancing efficiency through the proposed rollout of electronic patient records, and strengthening referral criteria and caseload management at MDT level. Initiative in Helensburgh utilising funds from MIST has targeted the longest waits which were generated due to long term sickness/absence. This is now resolved and should show improvement within next quarter. The staff in Cowal and Bute have continued to work at pace to reduce waits in this locality.
Reduce the number of people waiting for a New Mental Health Out Patient service (>12 weeks)	827	390	846	
Reduce the number of people monthly waiting for psychological therapy services (>18 weeks)	27	175	25	
MH Urgent Care Referrals Response Timescales < 2 Hours	100%	90%	99%	
MH Social Circumstances Report Overdue	64%	33%	67%	
Drug & Alcohol Completed Waiting Times from Referral to First Treatment (LDP)	83%	90%	87%	







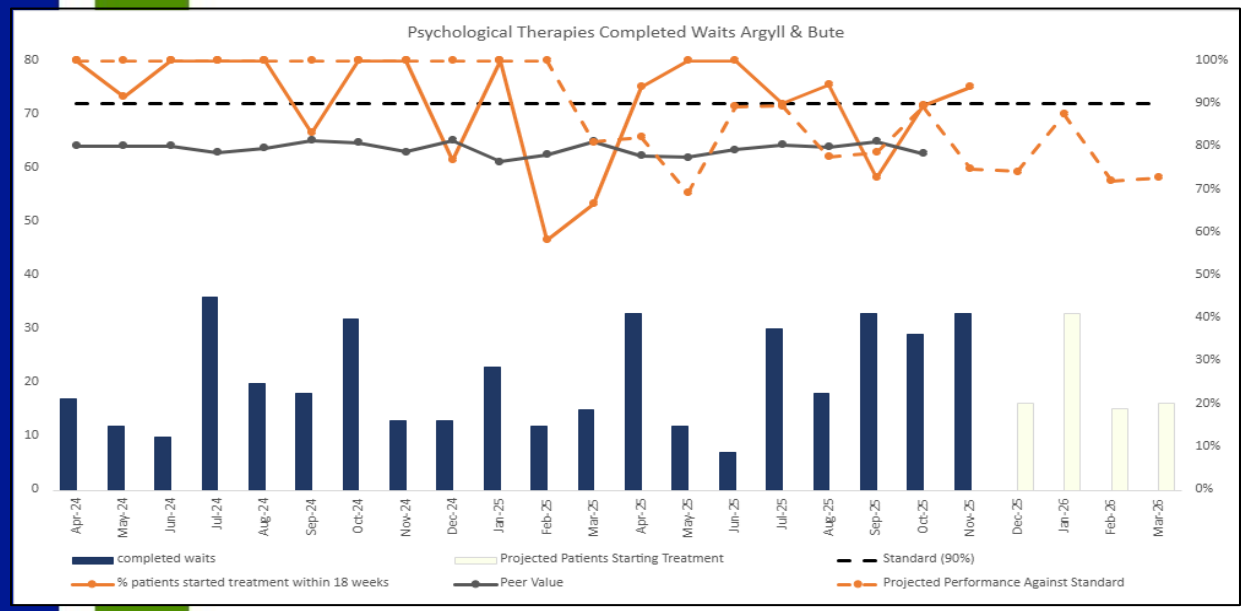
Classification: OFFICIAL

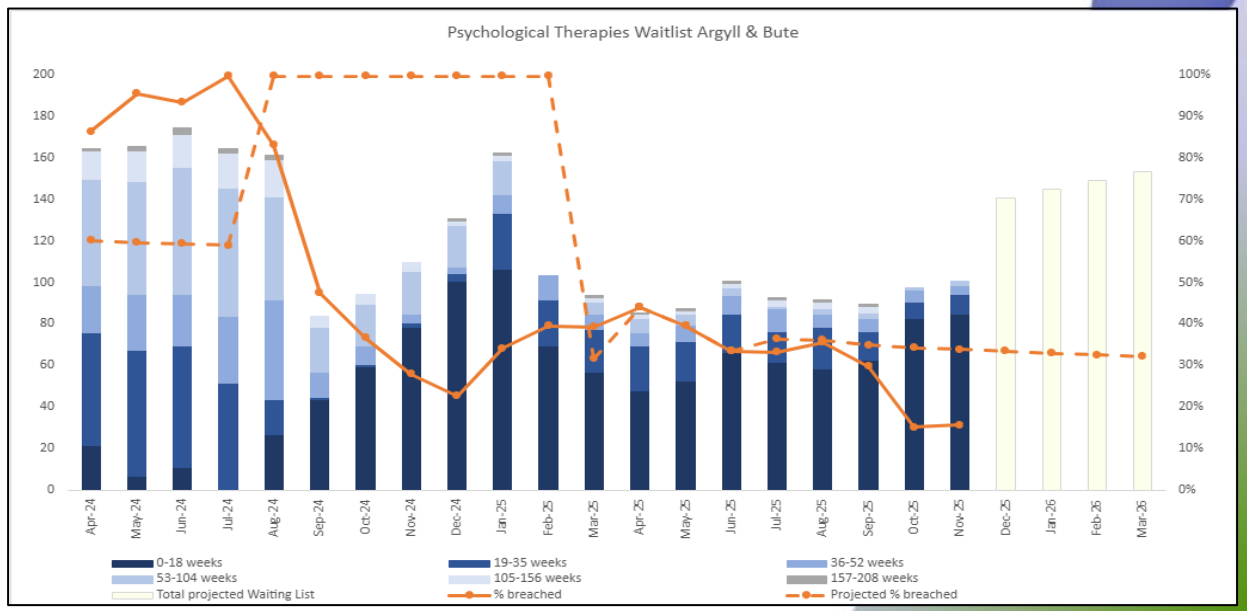
Psychological Therapies

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

Performance Focus - Psychological Therapies – Nicola Gillespie – FQ 3 (Sep – Dec 2025) Performance Overview

Current Performance Metrics	FQ2	Target	Q3 Actual	Plans, Mitigations and Actions
Reduce the number of people monthly waiting for psychological therapy services (>18 weeks)	27	175	25	Performance continues to improve, with key performance indicators being met and only 25 patients now waiting longer than 18 weeks for assessment. This reflects significant service developments, including the standardisation of referral pathways across the service, clearer referral criteria, and greater overall service stability under consistent clinical leadership.





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Quality & Patient Safety

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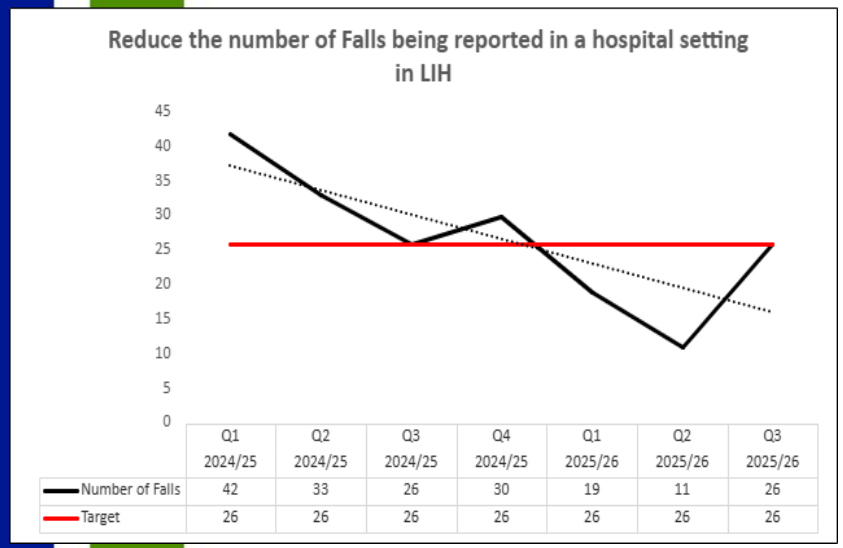
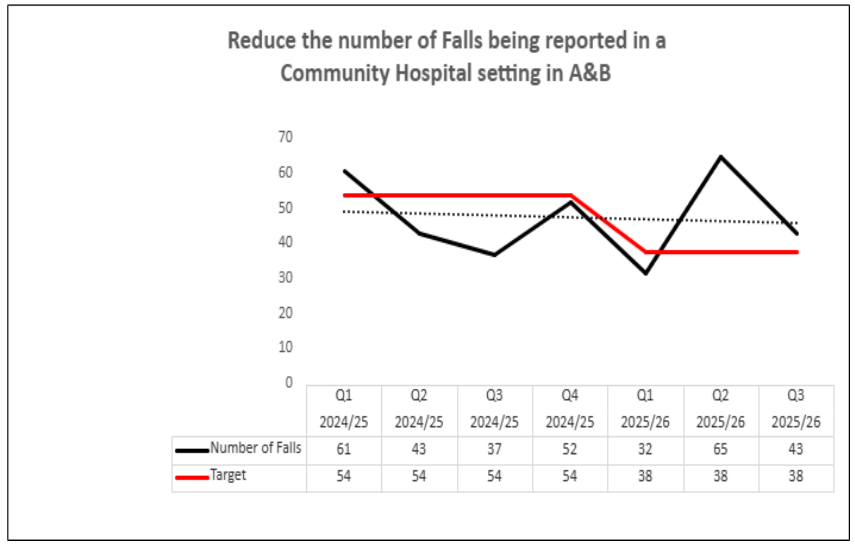
Argyll & Bute Health & Social Care Partnership

Quality & Patient Safety – Rebecca Helliwell – FQ 3 (Sep – Dec 2025) Performance Overview

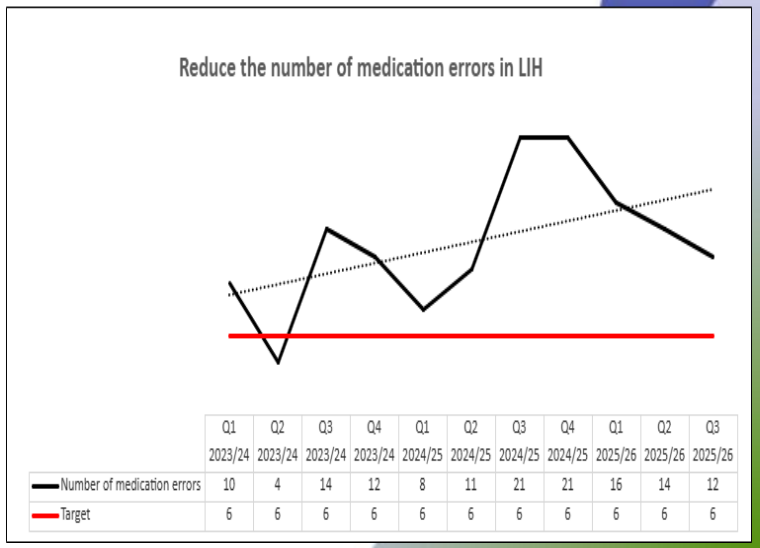
Current IPMF Performance Metrics	FQ2	Target	FQ 3	Plans, Mitigations and Actions
*Reduce the number of Falls being reported in a hospital setting in LIH	11	26	26	These metrics appear within current IPMF , under Community and RGH Hospitals, however they will be refined in line with planned consulation with Clinical & Care Governance leads for reporting year FQ1 26/27
*Reduce number of instances of tissue viability in LIH	2	4	1	
*Reduce the number of medication errors in LIH	14	6	12	
*Reduce the number of Falls being reported in a Community Hospital setting in A&B	65	38	43	



	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of Falls	42	33	26	30	19	11	26
Target	26	26	26	26	26	26	26



	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of Falls	61	43	37	52	32	65	43
Target	54	54	54	54	38	38	38



	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Q1 2025/26	Q2 2025/26	Q3 2025/26
Number of medication errors	10	4	14	12	8	11	21	21	16	14	12
Target	6	6	6	6	6	6	6	6	6	6	6

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A&B Operational Improvement Plan (OIP)

A&B HSCP Transforming Together
Argyll & Bute Health & Social Care Partnership

OIP	TWC Outcome	Area	Description	Head of Service	Owner	Update	BRAG as at 23/02/2026
PERFORMANCE IMPROVEMENT - ACCESS TO TREATMENT							
Improving Access to Treatment	Treat Well	Planned Care	Delivery of additional Planned Care activity (TTG and NOP) to reduce the longest waiting patients (target 0 >52 weeks by March 2026) across all specialities (or to target levels agreed with SG if 0 not possible)	Kristin Gillies	Anke Roexe/Fiona Coffield	**23/02** – work ongoing with external provider to address high number of long waiting patients under Oral Surgery. Assistance offered from NHS Highland NTC for any remaining long waiters under Ophthalmology at year end. Provision of Urology NLC from NHSGGC has been escalated to SG but NHSH also willing to support if required. Ophthalmology, Urology and Respiratory will be closely monitored and assistance sought from NHSH as required to ensure zero 52 week position wherever possible	
Improving Access to Treatment	Treat Well	Diagnostics	Drawing from the additional £100 million investment we will deliver additional MRI, CT, ultrasound and endoscopy procedures to target the backlogs. This will support delivery of 95% of referrals to radiology being seen within six weeks by March 2026.	Kristin Gillies	Karran Speakman	**23/02** - workforce challenges identified which were resulting in reduction of CT & US capacity.Recruitment of 1.0 WTE Band 6 Radiographer recommended (in Dec 25) which would increase capacity by 900 additional CT patients and 450 additional US patients per year.	
Improving Access to Treatment	Journey Well	Cancer	Improving performance against the 31 and 62-day Cancer Waiting Times performance, improving access to cancer diagnosis and treatment	Caroline Roberston/Kristin Gillies	Derick MacRae	**23/02** – work ongoing around improving reporting at an A&B level as not currently reported.	
Improving Access to Treatment	Live Well	CAMHS	Continue to improve access to CAMHS services and meet the CAMHS waiting time standard of 90% starting treatment within 18 weeks of referral	David Gibson	Tommy Stevenson	23/02 - Targeted focus on longest waits linked to planned waiting time initiative (WTI). Aim to achieve compliance within all localities linked to KPI. Reduced capacity due to ongoing vacancies. Changes to partner health capacity (Community Paeds)	
SHIFTING THE BALANCE OF CARE - NEW SERVICES/PATHWAYS							
Shifting the Balance of Care	Respond Well	Unscheduled Care	Hospital at Home services will be progressed with a view to increasing bed complement in Oban to 12 beds and implementing four additional beds across Argyll & Bute by end of March 2026. This will allow more patients to receive care in the comfort of their own home.	Caroline Roberston	Pauline Jespersen	**23/02** – work ongoing to scope A&B for additional H@H bed locations (Jan – March 2026) with consideration being given to an island site.	

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OIP cont...

Shifting the Balance of Care	Respond Well	Unscheduled Care	Redesign and expansion of Extended Community Care Team (ECCT) to prevent deterioration, respond rapidly in the community, and deliver Discharge to Assess with a strong reablement focus. This enhanced service will see a significant rise in frailty screening and early clinical assessments, helping more people return home quickly with tailored support.	Caroline Roberston	Karl McLeish	**23/02** - Refocusing resource to look at whole systems approach with the resource we currently have as recruitment taking too long. A proportion of resources in Helensburgh and Cowal will be merged to enable focused work on GGC admissions and discharges and examine packages of care requests to ensure appropriateness.	
Shifting the Balance of Care	Care Well	Primary Care Optometry	Expand the Community Glaucoma service in line with delivery of the national system Open Eyes	Kristin Gillies/Eilidh Gallagher	Anke Roexe/Fiona Coffield	**23/02** – work continues around the IT aspects of the programme including integration with Trakcare and linking in with NHSGGC MDU team around information being pulled over from SCI-store. Upcoming meetings with local optometrist and consultant ophthalmologist re CGS pathway. Hannah Campbell continues to attend national bi-weekly meetings as A&B representative	
DIGITAL AND TECHNOLOGICAL INNOVATION							
Digital Technological Innovation	Digital Delivery Plan	Digital Dermatology	A new Digital Dermatology Pathway, enabling GPs to attach skin images to referrals, is being rolled out across Scotland by Spring 2025 to streamline diagnoses, reduce unnecessary consultant visits, and fast-track urgent cases, with impact tracked through usage and triage outcomes	Eilidh Gallagher/Kristin Gillies	Fiona Coffield	**23/02** – awaiting identification/appointment of a clinical lead for the project to assist with moving forward	
Digital Technological Innovation	Digital Delivery Plan	Type 2 Diabetes Remission Programme	New national digital intensive weight management programme will support 3,000 newly diagnosed Type 2 diabetes patients over 3 years from January 2026, aiming for significant weight loss and remission in up to 40% of participants, with outcomes tracked by recruitment, remission rates, and health improvements	Eilidh Gallagher	Linda Currie	**23/02** - Counterweight Plus not yet live for referrals in NHS Highland. The programme is currently being rolled out across NHS Scotland boards.	
PREVENTION - PATHWAYS/SERVICES							
Prevention	All Well Themes	Proactive Prevention	Preventative action at any stage of a person's health can significantly improve outcomes, with new investments in 2025-26 supporting proactive interventions for cardiovascular disease and frailty, including enhanced services and dedicated leads in general practice	Eilidh Gallagher	Patricia Morrison	**23/02** - Provisional numbers suggest measures are in place at 22 GP practices to support proactive interventions for CVD and 19 for frailty. Confirmation of numbers and any further update requested.	

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OIP cont...

Prevention	Care Well - Primary Care	Cardiovascular Disease	A new General Practice enhanced service (DES) launching in Spring 2025 will target key Cardiovascular disease (CVD) risk factors – like high blood pressure and cholesterol – by identifying those at highest risk and enabling early interventions to significantly reduce long-term health impacts.	Eilidh Gallagher	Patricia Morrison	**23/02** - Provisional numbers suggest measures are in place at 22 GP practices to support proactive interventions for CVD. Confirmation of numbers and any further update requested.	
Prevention	Care Well - Primary Care	Frailty	A new Frailty Enhanced Service launching in April 2025 will support earlier identification and management of frailty in General Practice, with each practice appointing a Frailty Lead to improve care through training, data use and collaboration	Eilidh Gallagher	Patricia Morrison	**23/02** - Provisional numbers suggest measures are in place at 19 GP practices to support proactive interventions for frailty. Confirmation of numbers and any further update requested.	