

Community Services Committee

Date of Meeting: 5th March 2026

Title of Report: Health & Social Care Partnership - Performance Report – FQ2 2025/26 (July - September)

Presented by: Kristin Gillies Head of Strategic Planning, Performance & Technology

The committee is asked to:

- Acknowledge performance for FQ2 2025/26 (Jul - September)
- Note the Performance KPI's will be reviewed for Q3 with improved alignment to the Operational Improvement Plan indicators and National measures and the format of the A&B performance reports with Head of Service collaboration will be reviewed
- Note Delayed Discharge Sitrep as of 15 December 2025 (**Appendix 1**)
- Acknowledge performance update on the National Health & Wellbeing Outcomes and Ministerial Steering Group Integration Indicators (**Appendix 2**)
- Note supporting Service Feedback commentary from Heads of Service and Service Leads (**Appendix 3**)

EXECUTIVE SUMMARY

This report details performance for the Financial Quarter (FQ) 2 2025/26 (July - September), the performance outputs are taken from the Integrated Performance Management Framework (IPMF) Reporting Dashboard with the focus on twelve key service areas.

Overall performance for FQ2 notes of 77 measures reported 35 (45%) are on track and 42 (55%) off- track. The report details performance against each of the service areas and supporting IPMF Key Performance Indicators. Latest National Delayed Discharge Sitrep and the National Health & Wellbeing Indicators performance is also noted. The use of the new performance Dashboard within SharePoint is designed to offer a more focused approach to the access and analysis of data, offering scope for self-service.

2. RECOMENDATIONS

The committee are asked to note and consider FQ2 25/26 performance.

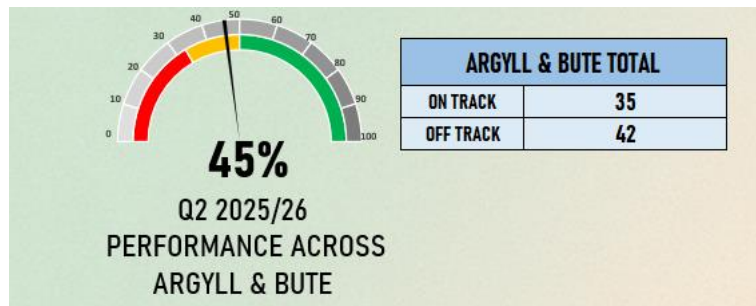
3. DETAIL OF REPORT

The report details the HSCP (Health and Social Care Partnership) performance for FQ 2 2025/26 (July - September), highlighting key performance trends across the 77 KPIs (Key

Performance Indicators). For 2025/26, the latest national benchmarking update on Delayed Discharges (Appendix 1), alongside the latest performance on the National Health and Wellbeing Outcomes Indicators (Appendix 2). Supporting Service Feedback commentary from Heads of Service and Service Leads is provided at (**Appendix 3**).

4. RELEVANT DATA & INDICATORS

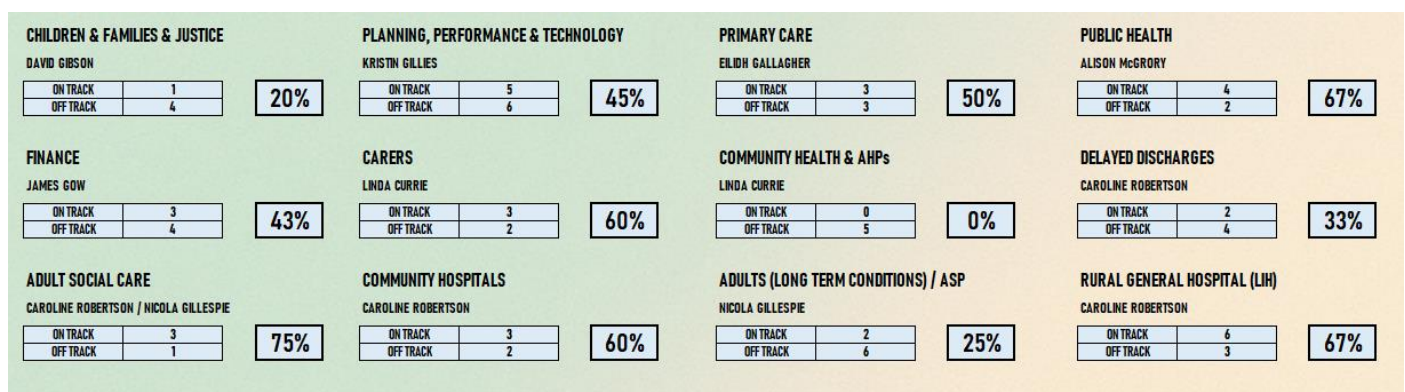
4.1 FQ2 2025/26 (July – September) Performance Summary



Overall performance for FQ2 notes that 77 KPI's are scoring against target, with 35 (45%) reporting on track. This is down 10% on FQ1 position, where 42 (55%) KPIs were reported as on track. The KPI's report performance against the target and include the target, actual and variance and is a mix of both quantitative and qualitative indicators. The use of the green, amber and red graphics within the Dashboard is used to give an overview of the HSCP's total performance for each of the twelve services and 77 KPI's. The use of only green and red for the KPI's is used to focus delivery with regards to sustaining performance on or above target.

4.2 Analysis of Key Performance

This analysis identifies performance across the 12 service reporting categories within the Integrated Performance Management Framework (IPMF).



4.2.1 Children & Families

FQ2 performance across 5 KPI's, for Children & Families and Justice notes 1 KPI (20%) on track, and 4 KPIs (80%) off track. This is down 60% from the 4 (80%) KPIs noted as on track for FQ1.

Performance on or above target:

- Improve the number of statutory Health Assessments commenced within 4 weeks of coming into care: For the past two quarters this KPI has been reported at 100%, above the target of 96%.

Performance below target & areas for improvement:

- Improve the percentage of Child Protection Register (CPR) cases that have an allocated social worker (at end of quarter): For Q2 this KPI was 3% below the target (100%), and performance was down from Q1 which met the target.
- Children and Adolescent Mental Health Services (CAHMS) will see 90% of children and young people within 18 weeks of referral: For Q2 79% of referrals were seen within 18 weeks, missing the Q2 target (90%). This is a decline in performance from Q1 which did meet the target.
- Improve the number of teams that have delivered 85% or more of the Universal Health Visiting Pathway (UHVP): For Q2, the KPI target (85%) was missed by 2% (83% met the target). This is down on Q1 where the target of 85% was met.
- Percentage of CJ social work reports submitted by 12 noon, 2 days before court: Q2 failed to meet the target of 90% (achieving 83%). This was an improvement on Q1, of which only 80% met the KPI target.

4.2.2 Strategic Planning, Performance & Technology

FQ2 performance across 11 KPIs for Strategic Planning, Performance & Technology Services shows 5 KPIs (45%) on track, with 6 KPIs (55%) reported as off track against the targets set for FQ2 25/26. This is a reduction of 10% compared to the 6 (55%) KPIs noted as on track for FQ1.

Performance on or above target:

- New Telecare clients: Q2 performance was 215 new clients receiving Telecare services against a target of 200, meeting the target. This declined from 242 new clients in Q1.
- Telecare service reviews completed: Q2 performance was 125 reviews against a target of 85, meeting the target. This declined from 167 reviews in Q1.
- Patients utilising 'Near Me' clinics: Q2 performance was 972 patients against a target of 800, meeting the target. This declined from 1,126 patients in Q1.
- Patients using 'Connect Me' for blood pressure monitoring: Q2 performance was 124 patients against a target of 42, meeting the target. This represents a small improvement from 120 patients in Q1.
- Transformation & Improvement projects on track: Q2 performance was 9 of 10 projects on track (90%) against a target of 85%, meeting the target. This declined from 18 of 18 projects on track (100%) in Q1.

Performance below target & areas for improvement:

- New referrals to Silvercloud: This indicator measures the number of new referrals to the Silvercloud mental health support platform. Q2 performance was 52 new referrals (74%) against a target of 70, below target. This is a 63% increase from 32 referrals in Q1 (46%), though performance in both quarters remained off target.
- Waiting times for cancer appointments at 31 day target: Q2 performance was 5 patients exceeding waiting time targets against a target of 0, below target. This decreased from 7 patients in Q1.
- New OP waiting time breaches >12 weeks: Q2 performance was 48% of patients in breach against a target of 46%, below target. This is a decline from 46% in Q1.
- OPWL long waits >52 weeks: Q2 performance was 7.1% of patients waiting more than 52 weeks against a target of 0%, below target. This is slightly declined from 7.0% in Q1.

- Freedom of Information requests responded to within statutory timescale: Q2 performance was 28 of 30 requests, achieving 93% against a target of 100%, below target. This is a slight decline from Q1, which recorded 29 of 31 requests (94%).
- IT support request resolution: This indicator measures the number of IT support requests logged and resolved strictly within Q2. During Q2, 835 IT requests were logged and 816 were resolved within the quarter, achieving 98% against a target of 100%. This represents an improvement from Q1, when 1,013 requests were logged and 844 were resolved (83%)

4.2.3 Primary Care

Performance across 6 KPIs for Primary Care shows 3 (50%) on track, with 3 (50%) reported as off track against the targets set for FQ2 25/26. This matches FQ1 performance also reported as 3 (50%) KPIs on track.

Performance on or above target:

- Fluoride varnish: This indicator measures the proportion of children who received a fluoride varnish application and did not require referral for further dental treatment. Q2 performance was 80% against a target of 80%, meeting the target and decreasing from the Q1 result of 84%.
- 6-in-1 vaccination uptake: This indicator measures the percentage of children who received the 6-in-1 vaccination by age one. Q2 performance was 98% against a 95% target, exceeding target and increasing from the Q1 figure of 94%.
- Contingency measures in HSCP-run GP practices: This indicator records the number of HSCP-managed GP practices that enacted contingency measures during the reporting period. Q2 performance remained at 0 against a threshold of 14, unchanged from Q1.

Performance below target & areas for improvement:

- Oral Health Improvement Programme activity: This indicator measures the percentage of planned National Oral Health Improvement Programme activity delivered against the service plan. Q2 performance was 73% against a target of 100%, which is below target and lower than the Q1 position of 85%.
- Vaccination delivery: This indicator measures the percentage of the eligible population receiving seasonal COVID-19 vaccination, benchmarked against national uptake trends. Q1 figures reflected the end of the Spring 2025 programme, while Q2 relates to the start of the next seasonal programme. Q2 performance was 2.4% against a target of 6%.
- Utilisation of HSCP dental clinic appointments: This indicator measures the proportion of available appointments used within HSCP dental clinics. No Q2 data was provided, so the Q1 figure of 58% has been repeated. The target remains 75%.

4.2.4 Public Health

Performance across 6 KPIs for Public Health shows 4 (67%) on track, with 2 (33%) reported as offtrack against the targets set for FQ2 25/26. This is an increase of 34% from FQ1, where 2 (33%) KPIs were noted as on track.

Performance on or above target:

- Increase the number of successful quits – Reporting is undertaken a quarter in arrears. For Q1, which is being reported in Q2, we exceeded our target. The actual performance was

16, compared to a revised target of 10, reflecting a positive increase of 78% compared to Q4, which was reported in Q1.

- Increase the number of people in A&B attending training to deliver training in Money Counts, Behaviour Change, Speakeasy, Mental Health and Suicide Prevention. Q2, performance noted 126 against a rolling target of 43, performing above target of 17 additional clients per quarter.
- Mitigate health inequalities through increasing the number of referrals to Community Link workers through We Are With you – Performance has remained consistently above the target in both Q1 and Q2. Q2 recorded an actual of 219 against target of 110, representing a 26% increase on Q1, where the actual was 174.
- Report on the number of engagements relating to planning with people with lived or lived experience of alcohol and/or drugs – In Q2, our actual of 6 placed us well above the target of 4, representing a 200% increase over Q1, where we achieved 2 and were below target.

Performance below target & areas for improvement:

- Increase the number of people in A&B attending training to deliver CRAFT to families. There are currently no recorded attendances for this KPI at present. The target was set at 15 per year.
- Number of instances working with Scottish Government or national agencies on national strategy and policy development. In Q2, our actual was 6 against a target of 11, reflecting a 25% decrease from 8 achieved in Q1. Performance in both quarters remained below target.

4.2.5 Finance

Across the 7 KPIs, Financial services performance notes 3 (43%) on track, with 4 (57%) off track against the targets set for Q2 25/26. This is an increase of 14% from the 2 (29%) KPIs recorded as on track for FQ1.

Performance on or above target:

- Monitor Older People Homecare Budget Spend: There has been an improvement in spend on this budget, 13% overspend noted in FQ1, this has reduced to the target of 0% overspend for Q2.
- Monitor NHS saving recovery to ensure this remains on track: For Q2 the target saving remains on track with actual savings running at 50% against target, following on from Q1.
- Monitor Social Work savings recovery to ensure this remains on track: For Q2, the actual saving remains 49% of the annual savings target, matching Q1, with trend data suggesting, as the financial year progresses, this KPI may meet its savings target.

Performance below target & areas for improvement:

- Monitor Older People Internal Residential Budget Spend: Following on from Q1 the budget spend remains above target and the overspend has increased with an overspend of 23% for Q2.
- Monitor Older People External Residential Budget Spend: There has been a drop of 2% in overspend from Q1 to Q2, however there remains an overspend of 5% against this budget.
- Monitor Lorn & Islands Hospital Overall Budget: For Q2 the budget is running at 7% overspend, a slight reduction (0.9%) from Q1 which had a 7.9% overspend.
- Monitor the HSCP total budget to ensure this remains on track currently off track for the

quarter by £2m: As with Q1, Q2 remains slightly above the target.

4.2.6 Carers

Performance across 5 KPIs for Carers shows 3 KPIs (60%) on track, with 2 KPI (40%) reported as off track against the targets set for FQ2 25/26. This is a reduction of 20% from the 4 (80%) reported as on track in FQ1.

Performance on or above target:

- Increase the number of Unpaid Adult Carers supported across A&B Carers Centres – Performance exceeded the target of 2600 (2731) and remained stable compared to the previous quarter.
- Increase the number of Unpaid Young Carers supported across A&B Carers Centres – For FQ2 performance exceeded the target of 783 (850). There has been a slight increase (5%) over the past quarter.
- Increase the number of ACSP reviews completed by the various Carers Centres – FQ2 performance exceeded the target of 1800 (2307). These have increased by 25% since FQ1, mainly driven by increased activity in one of the Carers Centres.

Performance below target & areas for improvement:

- Increase the number of Adult Carer Support Plans completed across A&B Carers Centres – below the target of 120 (103). This is a decrease of 19% since FQ1.
- Increase the number of Young Carer Statements completed across A&B Carers Centres – below the target of 39 (23). This reflects a decrease of 21% this quarter, from 29 to 23.

4.2.7 Allied Health Professionals

Performance across 5 KPIs for Allied Health Professionals shows no KPIs (0%) on track, with all 5 KPIs (100%) reported as off track against the targets set for FQ2 25/26. This is a reduction of 20% from the 1 (20%) noted as on track in FQ1.

(It should be acknowledged that nationally waiting time breaches are measured against a zero target and it is a clear indicator of how many actual people are waiting. Local trajectory reporting allows monitoring of progress and improvements to reduce the number of patients on waiting lists across varied health specialties.)

Performance on or above target:

None.

Performance below target & areas for improvement:

- Reduce New Outpatient Referral waits breaching > 4 weeks for Musculoskeletal (MSK) – above the target of 0 (1212). These have increased significantly, rising by 49% this quarter.
- Reduce New Outpatient Referral waits breaching >12 week waits for AHP services – above the target of 0 (485). This has remained largely stable, with only a 2% increase from the previous quarter.
- Reduce P1 and P2 Community Patient Referral waits breaching > 4 weeks for AHP Services – above the target of 0 (96). There has been a notable increase of 60% this quarter, although numbers remain relatively small.

- Reduce P3 and P4 Community Patient Referral waits breaching >12 week waits for AHP services – above the target of 0 (1067). There has been a slight increase of 10% this quarter.
- Increase the number of monthly AHP Outpatient Completed Waits – below the target of 945 (768). There has been a significant drop in completed waits, decreasing by 24% this quarter.

4.2.8 Delayed Discharges

Performance across 6 KPIs for Delayed Discharges shows 2 KPI (33%) on track, with 4 KPIs (67%) reported as off track against the targets set for FQ2 25/26. This is a reduction of 17% from the 3 (50%) KPIs noted as on track in FQ1.

(It should be acknowledged nationally Delayed Discharges are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients showing as a Delayed Discharge.)

Performance on or above target:

- Reduce the number of people delayed in hospital awaiting a care home placement at monthly census - Actual Q2 performance was 5 against a reducing target of 10, improving on our Q1 actual of 8. This represents a 38% reduction compared with Q1.
- Reduce the number of people delayed with assessment code at monthly census point – Q2, performance data noted 5 against a reducing target of 10, improving on our Q1 actual of 7. This represents a 29% reduction compared with Q1.

Performance below target & areas for improvement:

- Reduce the number of people delayed at monthly census - In Q2, the actual was 47 against a target of 34. This represents being approximately 38% above target in Q2. Performance has decreased, reflecting pressures experienced during this period.
- Reduce the overall length of stay in hospital at monthly census point – In Q2, performance data noted 908 against a target of 634, and 43% above target.
- Reduce the number of people delayed in hospital with AWI code at monthly census point – In Q2, actual was 7 against a target of 4, and 75% above target. This is further increase compared to Q1.
- Reduce the number of people delayed in hospital at monthly census point - In Q2, our actual was 30 against a target of 10, 200% above target. In Q1, the actual was 15, 50% above target, showing a 100% increase in actual from Q1 to Q2.

4.2.9 Adult Social Care

Performance across 4 KPIs for Adult Social Care shows 3 KPIs (75%) on track, with 1 KPI (25%) reported as off track against the targets set for FQ2 25/26. This is consistent with the FQ1 position where 3 (75%) KPIs were also noted as on track.

Performance on or above target:

- Increase the percentage of Older People who had their homecare monitoring review completed within 6 months - In Q2, data noted 60%, which matches the target of 60%. Whilst performance has continued to meet target in Q2, this is an 8% reduction from Q1(68%).

- Increase the occupancy rates across A&B Care Homes – Performance for Q2, achieved 96%, exceeding the target of 95%. This represents a 1% improvement from Q1 (95%).
- Reduce the number of hours of unmet need for care at home – This KPI aims to reduce the number of hours, with a target set of 500 hours. In Q2, performance remained on target recording 349 hours.

Performance below target & areas for improvement:

- Reduce unplanned admissions to A&B hospitals directly from a care home – This KPI has a target of 18. In Q2, performance noted 21, compared to 24 in Q1. This represents a 13% reduction from Q1, and continues to be off target by approximately 17%

4.2.10 Community Hospitals

Performance across 5 KPIs for Community Hospitals shows 3 KPIs (60%) on track and 2 KPI's off track (40%) in FQ2 2025/26. This is a decrease of 40% from the 5 (100%) KPIs reported as on track in FQ1.

Performance on or above target:

- Reduce the rate of unplanned admissions to Community Hospitals for 65+ population – Performance for Q2 remains on target, recording an actual of 416 against a target of 450. In Q1, actual was 449. This demonstrates a further 7% reduction in unplanned admissions between Q1 and Q2.
- Maintain A&B Community Hospitals Bed occupancy rates below 80% target – Q2, remains on target, recording a rate of 70.1% against a target of 80%. In Q1, the rate was 61.8%. This reflects an increase of 8% in occupancy rates from Q1 whilst still remaining within target.
- Reduce the number of falls being reported in a Community Hospital setting in A&B – Continues to be on target, achieving an actual of 16 against a target of 38. Q1 noted an actual of 12.

Performance below target & areas for improvement:

- Reduce the average length of stay for inpatients in A&B Community Hospitals – In Q2, the actual was 8.1, against a target of 7.5. This represents a 17% increase from Q1.
- A&E attendances meeting the 4 hrs wait target - The national target for attendances meeting the 4 hours target is 95%, FQ2 performance was 94.6%, slightly below the target. This represents a 1% increase from Q1 against target (96%).

4.2.11 Adults with Long Term Conditions / Adult Support & Protection / Alcohol Drugs Partnership

Performance across 8 Key Performance Indicators (KPIs) for Adults with Long Term Conditions Services shows 2 KPIs (25%) on track, with 6 KPIs (75%) reported as off track against the targets set for FQ2 25/26. This is a reduction of 13% from the FQ1 position where 3 (38%) were noted as on track.

(It should be acknowledged that nationally waiting time breaches for New Mental Health Outpatients (12 weeks) and Psychological Therapy (18 Weeks) are measured against a zero target. Local targets have been set to monitor progress and improvements to reduce the number of patients on waiting lists across varied health specialties)

Performance on or above target:

- Monthly waiting for psychological therapy services (>18 weeks): During Q2, 27 people were waiting, compared with a target of 175, meeting the target. This continues the improving trend from previous quarters, following 34 people waiting in Q1.
- MH Urgent Care Referrals Response Timescales (<2 hours): During Q2, 99.6% of urgent care referrals were responded to within 2 hours, exceeding the target of 90%. This is broadly unchanged from Q1, when 100% of 260 referrals were responded to within 2 hours. The total number of referrals in Q2 (274) was similar to Q1 (260), showing consistent performance across both quarters.

Performance below target & areas for improvement:

- Reduce the number of clients on Dynamic Support Register with category Amber/Red: During Q2, 16 clients were on the register, compared with the target of 10. This is a decrease from 18 clients in Q1, but performance remains below the target.
- Reduce the number of people waiting for a new Mental Health Outpatient service (>12 weeks): During Q2, 827 people were waiting, compared with the target of 390. This is an increase from 757 people in Q1 and continues to fall short of the target.
- MH Social Circumstances Report Overdue: During Q2, 64% of reports were overdue (7 of 11 reports), exceeding the target of 33% and therefore off target. This is a deterioration from Q1, when 40% of reports were overdue (2 of 5 reports).
- ASP Screening Duty to Inquire Assessments completed within 5 working days: During Q2, 188 assessments were completed, of which 85 (45%) were completed within 5 working days, below the target of 70%. This is an improvement in total assessments compared with Q1, when 134 assessments were completed, of which 54 (40%) were completed on time.
- ASP Investigations completed within 15 working days of Screening Duty to Inquire completion date: During Q2, 32% of investigations were completed within 15 working days, below the target of 70%. This represents a decline from 42% in Q1.
- Drug & Alcohol Completed Waiting Times from Referral to First Treatment (LDP): During Q2, 83.0% of patients were treated within target waiting times, below the target of 90%. This is broadly unchanged from 83.3% in Q1.

4.2.12 Rural General Hospitals (Lorn & Island Hospital)

Performance across 9 KPIs for Rural General Hospitals (LIH) shows 6 KPIs (67%) on track, with 3 KPIs (33%) reported as off track against the targets set for FQ2 25/26. This reflects no change from the 6 (67%) reported as on track at FQ1

Performance on or above target:

- Reduce the total number of unplanned bed days in LIH – Performance in Q2 remained below target with an actual of 2876, against a reducing target of 3323. In Q1 the actual was 2819 noting a 2% increase in Q2.
- Reduce the Average Length of Stay for inpatients in LIH – In Q2, the actual was 3.6 against reducing target of 5.0
- Maintain LIH Bed Occupancy Rates below 90% target – Q2 actual was 76.4% against a target of 90%. In Q1 the actual was 74.6%.

- Reduce the number of LIH A&E Attendances that result in an unplanned admission. Actual was 88.2% in Q2 and 93% in Q1 against a target of 95%. Remaining below the target with an overall 4.8% reduction from Q1.
- Reduce the number of falls being reported in a hospital setting in LIH. With a reducing target set at 26, actual was 10 in Q2 and 17 in Q1. This represents strong progress and a 41% improvement from Q1.
- Reduce number of instances of tissue viability in Lorn & Islands Hospital. Against a reducing target of 4, actual for FQ2 was 2.

Performance below target & areas for improvement:

- Reduce the rate of unplanned admissions to LIH 65+ population. Q2 actual was 359 against a target of 345, moving off target from Q1, when the actual was 314. This represents a 14% increase in unplanned admissions from Q1.
- National target of 95% of A&E attendances to meet the 4-hour wait target. The target was set at 95%. Q2 data noted 88.2% performance.
- Reduce the number of medication errors in LIH. In Q2, performance has remained off target with an actual of 13 against a reducing target of 6, this is against a 13% improvement from Q1.

4.2.13 National Health & Wellbeing Outcome Indicators & Ministerial Steering Group Integration Indicators

The National Health and Wellbeing Outcomes provide a strategic framework for the planning and delivery of health and social care services. This suite of outcomes serves to focus on improving the experiences and quality of services for people using those services, carers, and their families. These indicators form the basis of the annual reporting requirement for Health and Social Care Partnerships across Scotland.

The national indicators will be updated and reported within A&B HSCP's Integrated Performance Management Framework to provide the national performance position alongside the local service Key Performance Indicators suite.

The latest data in relation to 26 HWBOI and MSG Indicators reports 50% on track, with 13 on track and 13 off track. An overview of A&B HSCP's latest performance against the 26 measures is reported in Appendix 1. It should be noted that reporting periods vary across the suite of national indicator measures, with some measures reported quarterly affected by national reporting data lag.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The monitoring and reporting against Key Performance Indicators using the Integrated Performance Management Framework and Dashboard ensures the HSCP is able to deliver against key strategic priorities. This in-turn is aligned with the Strategic Plan and key objectives.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Financial performance is evidenced within the IPMF Dashboard ensuring best value as well as evidencing the impact and performance against organisational budget savings.

6.2 Staff Governance

Key performance indicators within the IPMF ensure that staff governance requirements continue to be progressed and developed include health and safety, wellbeing and new service redesign and working practices.

6.3 Care and Clinical Governance

Clinical Governance and patient safety remain at the core of prioritised service delivery against the new IPMF Dashboard and National Health & Wellbeing Outcomes Indicators. The new governance structure supporting the IPMF ensures that the Clinical & Care Governance Committee remain central to performance improvement. The development of the IPMF is focussed on moving away from previous traditional styles of reporting to a fully collaborative approach with Head of Service and Service Lead commentary.

7. PROFESSIONAL ADVISORY

Data used within the performance dashboard is fully accessible in SharePoint with data trends and forecasting are identified to give wider strategic context. This provides the HSCP professional advisors with self –service performance information to inform their role in maintaining professional standards and outcomes.

8. EQUALITY & DIVERSITY IMPLICATIONS

The Integrated Performance Management Framework captures relevant indicators used to inform the HSCP E&D work.

8.1 PROTECTED CHARACTERISTICS

Performance detailed within this report acknowledges the rights of the Child (UNCRC), Islands. Fairer Scotland, Socio-economic Duty, Equalities - protected characteristics.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data use and sharing within this report and IPMF performance dashboard is covered within the Argyll and Bute Council & NHS Highland Data Sharing Agreement

10. RISK ASSESSMENT

Risks and mitigations associated with performance data sources and reporting are managed and identified within the monthly Performance & Improvement Team- Work Plan.

10.1 STRATEGIC, OPERATIONAL OR CLIMATE RISK

Performance reports are used by operational management to identify service delivery risk and to inform mitigation action accordingly.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Performance reporting is available for the public via Argyll and Bute Council and NHS Highland websites. The IPMF dashboard utilises SharePoint to support manager and staff access across the HSCP.

12. CONCLUSION

The Committee is asked to consider and acknowledge FQ2 2025/26 (July - September) performance as detailed in the IPMF Dashboard.

Note the Performance KPI's will be reviewed for Q3 with improved alignment to the Operational Improvement Plan indicators and National measures and the format of the A&B performance reports with Head of Service collaboration will be reviewed.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

14. PREVIOUS REVIEW OF THE REPORT

Meeting	Title of report	Date	Output (if relevant)

REPORT AUTHOR AND CONTACT

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Appendix 2 – HWBOI & MSG Integration Indicators.

Core Suite of Integration Indicators

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. Benchmarking performance against 7 comparator HSCPs is noted below.

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%

HWBOI – Outcomes - Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	92.0%	91.1%	92.0%	93.0%	92.5%	92.2%	93.5%	90.8%	90.7%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	73.0%	74.1%	74.7%	71.9%	76.5%	71.9%	77.4%	67.2%	72.4%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	53.0%	62.4%	63.9%	60.5%	61.9%	59.5%	63.4%	57.9%	59.6%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	59.0%	55.6%	67.1%	65.9%	74.4%	65.7%	62.1%	56.0%	61.4%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	74.0%	65.2%	76.3%	75.7%	65.6%	68.7%	72.6%	64.8%	70.0%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84.0%	62.1%	71.1%	80.4%	67.9%	68.6%	73.7%	72.3%	68.5%
NI - 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	67.0%	70.1%	76.1%	73.6%	76.0%	69.3%	76.2%	66.1%	69.8%
NI - 8	Total combined % carers who feel supported to continue in their caring role	38.0%	33.7%	35.8%	32.0%	34.6%	28.2%	28.0%	32.8%	31.2%
NI - 9	Percentage of adults supported at home who agreed they felt safe	67.0%	63.7%	79.6%	78.2%	79.9%	70.0%	71.9%	66.8%	72.7%

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.

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- Performance Data – Benchmarking

Indicator	Title	Argyll & Bute	HSCP A	HSCP B	HSCP C	HSCP D	HSCP E	HSCP F	HSCP G	Scotland
NI - 11	Premature mortality rate per 100,000 persons	410	390	357	400	428	330	358	407	442
NI - 12	Emergency admission rate (per 100,000 population)	12,064	12,560	9,710	9,214	10,438	8,338	9,981	13,127	11,559
NI - 13	Emergency bed day rate (per 100,000 population)	120,636	94,390	104,376	102,850	105,962	87,123	125,062	110,293	113,627
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	84	119	91	116	95	77	120	122	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90.0%	92.2%	89.1%	90.3%	87.9%	91.1%	88.2%	89.2%	89.2%
NI - 16	Falls rate per 1,000 population aged 65+	26.6	25.4	23.0	14.6	23.8	17.7	16.3	23.6	22.5
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	84.2%	71.3%	82.5%	84.8%	76.4%	81.1%	70.6%	84.6%	81.9%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68.8%	63.1%	62.0%	54.8%	70.3%	60.6%	59.5%	70.4%	64.7%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	882	166	238	1,876	639	980	1,605	814	952
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Ministerial Steering Group Indicators

MSG Indicators 1.1, 1.2 and 2.1 are reported at Calendar Year 2024 as a proxy form 2024/25. This is in line with guidance issues by Public Health Scotland which was communicated to all Health and Social Care Partnerships/ MSG Indicators data notes that all MSG measures have sustained higher activity or have increased in the last reporting year. 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.

Ministerial Steering Group Indicators	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
MSG 1.1 - Number of emergency admissions* CY	8,374	8,231	6,917	7,820	7,928	8,933	8,879
MSG 1.2 - Number of Admissions from A&E* CY	5,244	4,945	3,668	5,040	4,957	5,097	5,502
MSG 2.1 - Number of unplanned bed days acute specialties* CY	65,794	64,008	53,390	67,255	77,094	77,882	80.655
MSG 2.2 - Number of unplanned bed days MH specialties	13,747	13,204	11,208	9,049	9,212	11,575	11.380
MSG 3.1 - Number of A&E attendances	13,985	14,171	10,091	15,646	16,774	17,740	22,456
MSG 3.2 - % A&E attendances seen within 4 hours	93.4%	91.7%	93.1%	88.9%	83.9%	83.0%	83.0%
MSG 4.1 - Number of DD bed days occupied	9,530	7,863	5,354	7,742	11,929	12,757	14,042
MSG 5.1 - % of last six months of life by setting community & hospital	90.0%	89.6	90.80%	90.80%	89.60%	89.40%	N/A
MSG 6.1 - % of 65+ population at Home (unsupported)	92.1%	92.1%	92.5%	92.6%	93.2%	93.4%	N/A

Data notes 67% (6 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

Appendix 3 – Service Feedback and Risk commentary

IPMF Section 1 – Children & Families & Justice

STATUS at 2025/26 - Q2		20%											
ON TRACK	1												
OFF TRACK	4												
AWAITING DATA	0												
							2025/26-Q2			2025/26-Q1			
IPMF Service	Serv Ar	25/26 N	Serv	HoS	KPI	Varia	Targ	Actu	Stat	Targ	Actu	Stat	
Children & Families & Justice	1	1	C&F SW	David Gibson	Improve the percentage of Child Protection Register (CPR) cases that have an allocated Social Worker (at end of quarter)	-3%	100%	97%	R	100%	100%	G	
Children & Families & Justice	1	2	Chealth	David Gibson	Children & Adolescent Mental Health Services (CAMHS) will see 90% of children and young people within 18 weeks of referral	-11%	90%	79%	R	90%	90%	G	
Children & Families & Justice	1	3	Chealth	David Gibson	Improve the number of statutory individual Health Assessments commenced within four weeks of coming into care	0%	96%	100%	G	96%	100%	G	
Children & Families & Justice	1	4	Chealth	David Gibson	Improve the number of teams that have delivered 85% or more of the Universal Health Visiting Pathway (UHVP)	-2%	85%	83%	R	85%	85%	G	
Children & Families & Justice	1	5	CJ	David Gibson	Percentage of Criminal Justice social work reports submitted by 12 noon, 2 days before court	3%	90%	83%	R	90%	80%	R	

Please identify any influencing factors impacting on performance against off target KPIs:

- There has been staffing issues within Justice services. It is noted that appointments have been made and steady progress is expected towards the 90% target indicated in KPI 5.
- All KPIs are vulnerable due to staffing vacancies and absence. For example if CAMHS are required to respond to a critical mental health incident this will impact the waiting list targets. All progress is fragile

IPMF Section 2 – Strategic Planning, Performance & Technology

STATUS at 2025/26 - Q2				45%		2025/26-Q2			2025/26-Q1			
ON TRACK	5					Tar	Act	Sta	Tar	Act	Sta	
OFF TRACK	6											
AWAITING DATA	0											
IPMF Service	Seq A	25/26	Seq	HoS	KPI	Varia	Tar	Act	Sta	Tar	Act	Sta
Planning, Performance & Technology	2	1	TEC	Kristin Gillies	Increase the number of New Clients to Telecare services	13%	200	242	G	200	215	G
Planning, Performance & Technology	2	2	TEC	Kristin Gillies	Increase the number of Telecare Service reviews completed	34%	85	167	G	85	125	G
Planning, Performance & Technology	2	3	TEC	Kristin Gillies	Increase the number of patients utilising 'Near Me' clinics	16%	800	1126	G	800	972	G
Planning, Performance & Technology	2	4	TEC	Kristin Gillies	Increase in new referrals to Silvercloud	63%	70	52	R	70	32	R
Planning, Performance & Technology	2	5	TEC	Kristin Gillies	Increase the utilisation of 'Connect Me' for Blood Pressure monitoring within primary care	-3%	42	120	G	42	124	G
Planning, Performance & Technology	2	6	SP&P	Kristin Gillies	Waiting Times for Cancer Appointments at the 31 and 62 Day Targets	-29%	0	5	R	0	7	R
Planning, Performance & Technology	2	7	SP&P	Kristin Gillies	Reduce New OP Waiting Times breaches >12 weeks	2%	46%	48%	R	46%	46%	G
Planning, Performance & Technology	2	8	SP&P	Kristin Gillies	Reduce OPWL long waits >52 weeks	0.1%	0.0%	7.1%	R	0.0%	7.0%	R
Planning, Performance & Technology	2	9	SP&P	Kristin Gillies	HSCP Freedom of Information Requests are responded to within statutory timescale of 20 working days	-0.2%	100%	93%	R	100%	94%	R
Planning, Performance & Technology	2	10	SP&P	Kristin Gillies	% of Transformation & Improvement Projects on track	-10%	85.0%	90.0%	G	85.0%	100.0%	G
Planning, Performance & Technology	2	11	SP&P	Kristin Gillies	100 percent resolution rate of IT support requests	14%	100%	98%	R	100%	83%	R

Please identify any influencing factors impacting on performance against off target KPIs:

- There is continuing improvement in the number of Telecare reviews during Q2, building on the progress in made in Q1.
- Silvercloud remains a challenge as referrals are dependent upon medical professionals referring to the service and then the user taking up the service. Staff absence within the TEC team in Q4 of 24/25 led to a pause in new referrals being accepted and this drop in Q1 is most likely attributed to this pause. However, there has been an increase over Q2 and Q3 already has an increase in activity, so this is positive.
- Most cancer treatments for Argyll & Bute residents are carried out at NHS GG&C sites. The number of breaches has reduced. Planning and performance are monitoring the data to understand the 5 breaches that have been reported and to address any data quality issues.

- Performance against the 12-week standard is very near targeted levels but sustained pressure within the Oral Surgery and Ophthalmology specialties continues to lengthen waiting times.
- There are plans to eliminate Oral Surgery waiting times beyond >52 by the end of March. The HSCP is using the Outsourcing Framework from Health Improvement Scotland to bring in additional capacity. Longer term, service redesign in collaboration with NHS hospital oral surgery and the public dental service is required to ensure better performance against >12-week target.
- Ophthalmology will remain a pressured speciality for the foreseeable future. NHS GG&C is struggling to provide agreed number of sessions for outreach clinics, but redesign of the service is underway to support and improve delivery.

IPMF Section 3 – Primary Care

STATUS at 2025/26 - Q2	
ON TRACK	3
OFF TRACK	3
AWAITING DATA	0

50%

IPMF Service	Serv Ar	25/26 N	Serv	HoS	KPI	Varia	2025/26-Q2			2025/26-Q1		
							Targ	Actu	Stat	Targ	Actu	Stat
Primary Care	3	1	Dentistry	Eilidh Gallagher	80% of children who received Fluoride Varnish treatment did not require to be referred for further dental treatment	-4%	80%	80%	G	80%	84%	G
Primary Care	3	2	Dentistry	Eilidh Gallagher	Percentage of planned activity carried out to deliver National Oral Health Improvement Programmes against Service Plan	-12%	100%	73%	R	100%	85%	R
Primary Care	3	3	Primary Care	Eilidh Gallagher	Monitor vaccination delivery against National trends during autumn winter and spring booster programmes	N/A	6%	2%	R	61%	61%	G
Primary Care	3	4	Primary Care	Eilidh Gallagher	Monitor the % of HSCP run GP practices enacting contingency measures	0%	14	0	G	14	0	G
Primary Care	3	5	Dentistry	Eilidh Gallagher	Monitor available appointments to increase the utilisation of HSCP Dental Clinic appointments	0%	75%	58%	R	75%	58%	R
Primary Care	3	6	Primary Care	Eilidh Gallagher	Achieve a minimum 95 percent uptake for 6 in 1 vaccination in children by the time they reach 1 year old	3%	95%	98%	G	95%	94%	R

Please identify any influencing factors impacting on performance against off target KPIs:

- **FQ2 Vaccination delivery.** This KPI tracks our performance against the Scottish delivery rate % and the rate noted at FQ2 (Sep 2025) is low down to seasonality of the delivery programme. Our latest Covid uptake rate is 64%.

- In relation to dental KPIs, the shortfalls are due to vacancies, maternity leave and sickness - we are recruiting and hope to achieve the KPIs in 26/27.

IPMF Section 4 – Public Health

STATUS at 2025/26 - Q2	
ON TRACK	4
OFF TRACK	2
AWAITING DATA	0

67%

IPMF Service	Ser A	25/26	Ser	HoS	KPI	Vari	2025/26-Q2			2025/26-Q1		
							Tar	Act	Sta	Tar	Act	Sta
Public Health	4	1	Public Health	Alison McGrory	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.	78%	10	16	G	10	9	R
Public Health	4	2	Public Health	Alison McGrory	Report on the number of people in Argyll and Bute attending training to deliver Community Reinforcement And Family Training (CRAFT) to families.	0%	15	0	R	15	0	R
Public Health	4	3	Public Health	Alison McGrory	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.	N/A	52	165	G	26	39	G
Public Health	4	4	Public Health	Alison McGrory	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.	26%	110	219	G	101	174	G
Public Health	4	5	Public Health	Alison McGrory	Number of instances working with Scottish Government or National Agencies on National Strategy and Policy Development	-25%	11	6	R	11	8	R
Public Health	4	6	Public Health	Alison McGrory	Report on the number of engagements relating to planning with people with lived or living experience of alcohol and/or drugs.	200%	4	6	G	4	2	R

Please identify any influencing factors impacting on performance against off target KPIs:

- I note the progress with several of the Public Health KPIs in Q2 since Q1. The success with people stopping smoking is particularly welcome due to the significant impact of smoking on health. Several of the Public Health KPIs are annual targets, therefore progress will fluctuate over the course of quarterly reporting periods. This is the case for the CRAFT training indicator and training took place during Q3 that will be reported in the next cycle. In relation to the KPI about working with Scottish Government to influence and respond to national public health policy and strategy, this remains a relatively new target and the team is still finding a balance between a target that is sufficiently stretching and one that is achievable. Again, there is a seasonal element to this target with potentially less opportunities existing over summer months.

IPMF Section 5 – Finance

STATUS at 2025/26 - Q2	
ON TRACK	3
OFF TRACK	4
AWAITING DATA	0

43%

IPMF Service	Serv Ar	25/24 N	Serv	HoS	KPI	Varia	2025/26-Q2			2025/26-Q1		
							Targ	Actu	Stat	Targ	Actu	Stat
Finance	5	1	Finance	James Gow	Monitor Older People (OP) - Internal Residential Budget Spend	22%	0%	27%	R	0%	5%	R
Finance	5	2	Finance	James Gow	Monitor Older People (OP) - External Residential Budget spend	-3%	0%	5%	R	0%	8%	R
Finance	5	3	Finance	James Gow	Monitor Older People - Homecare Budget spend	-13%	0%	0%	G	0%	13%	R
Finance	5	4	Finance	James Gow	Monitor Lorn & Islands Hospital overall budget	3%	24715	23094	R	24528	22482	R
Finance	5	5	Finance	James Gow	Monitor NHS Savings Recovery to ensure this remains on track (£k)	101%	7852	3937	G	7852	1961	G
Finance	5	6	Finance	James Gow	Monitor Social Work Savings Recovery to ensure this remains on track (£k)	38%	3040	1993	G	2960	1448	G
Finance	5	7	Finance	James Gow	Monitor the HSCP Total Budget to ensure this remains on track (£m)	2%	402	404	R	395	397	R

Please identify any influencing factors impacting on performance against off target KPIs:

- **Monitor Older People Internal Residential Budget Spend:** This is due to agency staffing within the care homes, however the situation is improving, and income recovery is increasing and performance is expected to improve in the second half of the year.
- **Monitor Older People External Residential Budget Spend:** This is due to continuing high demand for placements.
- **Monitor Lorn & Islands Hospital Overall Budget:** The situation is expected to continue to improve as permanent medical staff have been appointed and reliance of locum medical staffing is reducing.
- **Monitor the HSCP total budget to ensure this remains on track.** The HSCP is continuing to overspend but there are some signs of improvement. Children's external placements are currently the biggest single area of concern with a £1m overspend forecast.

- The HSCP is overspending and forecasting an overspend. It is working to reduce spend through reductions in agency, delivery of savings and implementation of the threshold of care. Vacancies are also being held in anticipation of further service reductions for 2026/27.
- At present it is expected that the HSCP will be able to fund its overspending from reserves and therefore does not, at present, expect to rely upon additional support from the funding partners.

IPMF Section 6 – Carers

STATUS at 2025/26 - Q2	
ON TRACK	3
OFF TRACK	2
AWAITING DATA	0

60%

IPMF Service	Serv Ar	25/26 N	Serv	HoS	KPI	Varia	2025/26-Q2			2025/26-Q1		
							Targ	Actu	Stat	Targ	Actu	Stat
Carers	6	1	Carers	Linda Currie	Increase the number of Adult Carer Support Plans completed across A&B Carers Centres	-19%	120	103	R	120	127	G
Carers	6	2	Carers	Linda Currie	Increase the number of Young Carer Statements completed across A&B Carers Centres	-21%	39	23	R	39	29	R
Carers	6	3	Carers	Linda Currie	Increase the number of Unpaid Adult Carers supported across A&B Carers Centres	0%	2600	2731	G	2600	2732	G
Carers	6	4	Carers	Linda Currie	Increase the number of Unpaid Young Carers supported across A&B Carers Centres	5%	783	850	G	783	812	G
Carers	6	5	Carers	Linda Currie	Increase the number of ACSP reviews completed by the various Carers Centres.	25%	1800	2307	G	1800	1839	G

Please identify any influencing factors impacting on performance against off target KPIs:

- 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.

- Although fewer formal reviews have been carried out this quarter, a substantial amount of time has been dedicated to supporting families. It was also noted that significant time was spent providing support to individuals with an ACSP who fall within the low to moderate risk categories, rather than the substantial or critical levels.

IPMF Section 7 – Allied Health Professionals

STATUS at 2025/26 - Q2	
ON TRACK	0
OFF TRACK	5
AWAITING DATA	0

0%

IPMF Service	Serv Ar	25/26 N	Serv	HoS	KPI	Varia	2025/26-Q2			2025/26-Q1		
							Targ	Actu	Stat	Targ	Actu	Stat
Community Health & Allied Health Professionals	7	1	Community Health & AHPs	Linda Currie	Reduce New Out Patient Referral waits breaching > 4 weeks for Musculoskeletal (MSK)	49%	0	1212	R	0	812	R
Community Health & Allied Health Professionals	7	2	Community Health & AHPs	Linda Currie	Reduce New Out Patient Referral waits breaching >12 week waits for AHP services	2%	0	485	R	0	477	R
Community Health & Allied Health Professionals	7	3	Community Health & AHPs	Linda Currie	Reduce P1 and P2 Community Patient Referral waits breaching > 4 weeks for AHP Services	60%	0	96	R	0	60	R
Community Health & Allied Health Professionals	7	4	Community Health & AHPs	Linda Currie	Reduce P3 and P4 Community Patient Referral waits breaching >12 week waits for AHP services	10%	0	1067	R	0	970	R
Community Health & Allied Health Professionals	7	5	Community Health & AHPs	Linda Currie	Increase the number of monthly AHP Out Patient Completed Waits	-24%	945	768	R	945	1017	G

Please identify any influencing factors impacting on performance against off target KPIs:

- Noting the shift to a zero target for waiting times as a true reflection of performance targets and the need to monitor this new KPI target.
- The ability to achieve lower waiting times is impacted on staff capacity and availability; this is impacted by vacancy rates, time to recruit being lengthy and the overall reduction in the use of supplementary staffing (locum).

- Planned establishment reviews for 2026 will also indicate staffing levels compared to demand and activity.

IPMF Section 8 – Delayed Discharges

STATUS at 2025/26 - Q2	
ON TRACK	2
OFF TRACK	4
AWAITING DATA	0

33%

IPMF Service	Ser Ar	25/26 N	Service	HoS	KPI	Varia	2025/26-Q2			2025/26-Q1		
							Targ	Actu	Stat	Targ	Actu	Stat
Delayed Discharges	8	1	Delayed Discharges	Caroline Robertson	Reduce the number of overall people delayed in hospital at Monthly Census Point	47%	34	47	R	34	32	G
Delayed Discharges	8	2	Delayed Discharges	Caroline Robertson	Reduce the overall length of stay in a hospital (Delayed Discharge Bed Days) at Monthly Census Point	41%	634	908	R	634	644	R
Delayed Discharges	8	3	Delayed Discharges	Caroline Robertson	Reduce the number of people delayed in hospital with AWI code at Monthly Census Point	40%	4	7	R	4	5	R
Delayed Discharges	8	4	Delayed Discharges	Caroline Robertson	Reduce the number of people delayed in hospital awaiting a care home placement at Monthly Census Point	-38%	10	5	G	10	8	G
Delayed Discharges	8	5	Delayed Discharges	Caroline Robertson	Reduce the number of people delayed in hospital due to care at home availability at Monthly Census Point	100%	10	30	R	10	15	R
Delayed Discharges	8	6	Delayed Discharges	Caroline Robertson	Reduce the number of people delayed with assessment code at Monthly Census Point	-29%	10	5	G	10	7	G

Please identify any influencing factors impacting on performance against off target KPIs:

- Reduce the number of people delayed at monthly census. This has been a challenging period, new template for reporting was introduced, our delayed discharge co-ordinator was in post, our approach shifted to focus on being solution focussed with a planned date of discharge was now in place. However, despite the best efforts to address our delays the data shows a

significant reduction in performance. Our bed delays have been a direct response to the availability of being able to progress AWI which are significantly high numbers, the availability of care home placements due to outbreak of norovirus and availability of care at home. These areas have all been address with additional resource to support the flow specifically in these 3 key areas.

- Reduce the overall length of stay in hospital at monthly census point. This is the impact of the above and being able to progress these areas in a timely manner which has resulted not only in increased delays but also increase in the length of stay.**
- Reduce the number of people delayed in hospital with AWI code at monthly census point. The numbers of people requiring statutory measures to be able to move from hospital has increased significantly this period, additional resource has been identified to enable this to be progressed as a priority. This will commence in January 2026 and will be ring-fenced purely for the purpose of hospital discharge.**
- Reduce the number of people delayed in hospital at monthly census point. There is work going on around this as often when patients are in GGC hospitals there is an expectation that people will be discharged with a higher package of care to ensure they are able to fully recover at home. Our recent meeting with GGC highlighted that in A&B we are often unable to meet these demands. We now have a discharge co-ordinator on the wards, attending MDT meetings and liaising with families to establish what informal networks of support are available therefore reducing the demand on care packages. We are confident this will start to show in our data moving forward in terms of unmet need.**

IPMF Section 9 – Adult Social Care

STATUS at 2025/26 - Q2	
ON TRACK	3
OFF TRACK	1
AWAITING DATA	0

75%

IPMF Service	Service Area	25/26 No	Service	HoS	KPI	Variance	2025/26-Q2			2025/26-Q1		
							Target	Actual	Status	Target	Actual	Status
Adult Social Care	9	1	Adult Social Care	Caroline Robertson	Increase the percentage of older people who had their homecare monitoring review completed within 6 months	-8%	60%	60%	G	60%	68%	G
Adult Social Care	9	2	Adult Social Care	Caroline Robertson	Reduce unplanned admissions to A&B hospitals directly from a care home	-13%	18	21	R	18	24	R
Adult Social Care	9	3	Adult Social Care	Nicola Gillespie	Increase the occupancy rates across A&B Care Homes	1%	95%	96%	G	95%	95%	G
Adult Social Care	9	4	Adult Social Care	Nicola Gillespie	Reduce the number of hours of unmet need for care at home	-16%	500	349	G	500	417	G

Please Identify any influencing factors impacting on performance against off target KPIs:

- **Reduce unplanned admissions to A&B hospitals directly from a care home** This KPI has been out with target in both Q1 and Q2, although Q2 notes a slight improvement. The plan is to work closely with our colleagues within our whole system approach to early intervention and prevention, we will analyse the data in relation to this and work closely with the lead nurse for care homes to look at possible solutions to this moving forward, identifying any themes and establishments.
- **We are taking a full system approach to managing unmet need** which includes reviewing our assessment and care management processes. This means increased scrutiny around levels of care required which results in lower levels of unmet need overall.
- **Staff absence and vacancies have impacted review activity** , and we have 4 temporary social work assistants in post to support with Care at Home review activity.

IPMF Section 10 – Community Hospitals

STATUS at 2025/26 - Q2	
ON TRACK	3
OFF TRACK	2
AWAITING DATA	0

60%

IPMF Service	Serv Ar	25/26 N	Servi	HoS	KPI	Varia	2025/26-Q2			2025/26-Q1		
							Targ	Actu	Stat	Targ	Actu	Stat
Community Hospitals	10	1	Community Hospitals	Caroline Robertson	Reduce the rate of unplanned admission to Community Hospitals for 65+ population	-7%	450	416	G	450	449	G
Community Hospitals	10	2	Community Hospitals	Caroline Robertson	Reduce the average Length of Stay for inpatients in A&B Community Hospitals	17%	7.5	8.1	R	7.5	6.9	G
Community Hospitals	10	3	Community Hospitals	Caroline Robertson	A&E Attendances in A&B Community Hospitals meeting the 4 hrs wait target	-1.4%	95.0%	94.6%	R	95.0%	96.0%	G
Community Hospitals	10	4	Community Hospitals	Caroline Robertson	Maintain A&B Community Hospitals Bed Occupancy Rates below 80% target	8.3%	80.0%	70.1%	G	80.0%	61.8%	G
Community Hospitals	10	5	Community Hospitals	Caroline Robertson	Reduce the number of Falls being reported in a Community Hospital setting in A&B	33%	38	16	G	38	12	G

Please identify any influencing factors impacting on performance against off target KPIs:

- Reduce the average length of stay for inpatients in A&B Community Hospitals. We have experienced some challenges over this quarter with care home placements being restricted due to outbreak of norovirus, this has resulted in people remaining in hospital beds longer than anticipated. We also have a significant number of patients awaiting AWI intervention again resulting in longer length of stays. The implementation of a holistic view of delays will allow such challenges to be identified earlier in the process and solutions sought.
- A&E attendances meeting the 4 hrs wait target. This quarter noted a slight increase in waiting times in comparison to Q1, this will be monitored closely with analysis on specific areas to allow us to establish the cause and solutions sought.

IPMF Section 11 – Adults with Long Term Conditions & ASP

STATUS at 2025/26 - Q2	
ON TRACK	2
OFF TRACK	6
AWAITING DATA	0

25%

IPMF Service	Ser A	25/26	Ser	HoS	KPI	Vari	2025/26-Q2			2025/26-Q1		
							Tar	Act	Sta	Tar	Act	Sta
Adults with Long Term Conditions / ASP	11	1	LD	Nicola Gillespie	Reduce the number of clients on Dynamic Support Register with category Amber/Red	-11%	10	16	R	10	18	R
Adults with Long Term Conditions / ASP	11	2	MH	Nicola Gillespie	Reduce the number of people waiting for a New Mental Health Out Patient service (>12 weeks)	9%	390	827	R	390	757	R
Adults with Long Term Conditions / ASP	11	3	MH	Nicola Gillespie	Reduce the number of people monthly waiting for psychological therapy services (>18 weeks)	-21%	175	27	G	175	34	G
Adults with Long Term Conditions / ASP	11	4	MH	Nicola Gillespie	MH Urgent Care Referrals Response Timescales < 2 Hours	0%	90%	100%	G	90%	100%	G
Adults with Long Term Conditions / ASP	11	5	MH	Nicola Gillespie	MH Social Circumstances Report Overdue	30%	33%	64%	R	33%	33%	G
Adults with Long Term Conditions / ASP	11	6	ASP	Nicola Gillespie	Increase the % of Adult Support Protection Screening Duty to Inquire Assessments completed within 5 working days	5%	70%	45%	R	70%	40%	R
Adults with Long Term Conditions / ASP	11	7	ASP	Nicola Gillespie	Increase the % of Adult Support Protection Investigations completed within 15 working days of the ASP Screening Duty to Inquire completion date	10%	70%	42%	R	70%	32%	R
Adults with Long Term Conditions / ASP	11	8	ADP	Nicola Gillespie	Drug & Alcohol Completed Waiting Times from Referral to First Treatment (LDP)	-0.3%	90.0%	83.0%	R	90.0%	83.3%	R

Please identify any influencing factors impacting on performance against off target KPIs:

- **Monthly waiting for psychological therapy services (>18 weeks):** This demonstrates continued service improvement, particularly through the streamlining of referral management and administration processes.
- **Reduce the number of clients on Dynamic Support Register with category Amber/Red:** During Q2, The client have complex needs and this does not always support client return to the immediate area. Minimal infrastructure and support impacting the KPI.
- **Reduce the number of people waiting for a new Mental Health Outpatient service (>12 weeks):** The mental health outpatient service remained subject to sustained and increasing operational pressure. This was due in part to a continuing rise in referrals for neurodevelopmental assessment, particularly in relation to ADHD. In addition, a vacancy in the Consultant Psychiatrist post covering Kintyre and Islay during the reporting period led to routine psychiatric reviews being deferred, including those typically completed by the resident doctor under consultant supervision.
- **MH Social Circumstances Report Overdue:** work around the completion of a SCR policy continues, which will be a guide for MHOs, emphasising the importance of providing the MWC and RMO with a copy of a SCR (or at least the front page and explaining why a full SCR has not been provided).
- **Adult Support & Protection:** KPI targets consistently not met owing to increase in referrals (wider client group to be potentially considered as adults at risk promoted in the revised Code of Practice 2022). Development of daily referral screening and Huddle for allocation has resulted in all referrals received being considered - there is no longer any 'screening out' before completion of

an ASP Inquiry where the referral has suggested that the adult is at risk of harm. Use of 'Investigative Tasks' undertaken, as part of an Initial Inquiry, as encouraged by the revised Code of Practice, has changed the way in which data recording for Inquiries and Investigations might best be recorded and this needs further consideration in terms of our existing standalone 'Investigations' KPI. We have less staff able to undertake ASP work and of staff able there are increasing competing priorities and a shift in the prioritisation of adult SW activity away from ASP.

- **Drug & Alcohol Completed Waiting Times from Referral to First Treatment (LDP):**The quarter under question coincides with a period of increased leave during school/summer holiday period and has significant impact on small teams of 2 to 3 team members.

STATUS at 2025/26 - Q2	
ON TRACK	6
OFF TRACK	3
AWAITING DATA	0

67%

IPMF Service	Ser A	25/2	Ser	Hos	KPI	Vari	2025/26-Q2			2025/26-Q1		
							Tar	Act	Sta	Tar	Act	Sta
Rural General Hospital (LIH)	12	1	RGH	Caroline Robertson	Reduce the rate of unplanned admission to LIH for 65+ population	14%	345	359	R	345	314	G
Rural General Hospital (LIH)	12	2	RGH	Caroline Robertson	Reduce the total number of Unplanned Bed Days in LIH	2%	3323	2876	G	3323	2810	G
Rural General Hospital (LIH)	12	3	RGH	Caroline Robertson	Reduce the average Length of Stay for inpatients in LIH	-49%	5.0	3.6	G	5.0	7.0	R
Rural General Hospital (LIH)	12	4	RGH	Caroline Robertson	Maintain LIH Bed Occupancy Rates below 90% target	1.8%	90.0%	76.4%	G	90.0%	74.6%	G
Rural General Hospital (LIH)	12	5	RGH	Caroline Robertson	Reduce the number of A&E Attendances in LIH that result in an unplanned admission	-0.2%	19.2%	16.6%	G	19.2%	16.8%	G
Rural General Hospital (LIH)	12	6	RGH	Caroline Robertson	A&E Attendances in LIH meet the 4 hrs wait target	-4.8%	95.0%	88.2%	R	95.0%	93.0%	R
Rural General Hospital (LIH)	12	7	RGH	Caroline Robertson	Reduce the number of Falls being reported in a hospital setting in LIH	-41%	26	10	G	26	17	G
Rural General Hospital (LIH)	12	8	RGH	Caroline Robertson	Reduce number of instances of tissue viability in LIH	100%	4	2	G	4	1	G
Rural General Hospital (LIH)	12	9	RGH	Caroline Robertson	Reduce the number of medication errors in LIH	-13%	6	13	R	6	15	R

Please Identify any influencing factors impacting on performance against off target KPIs:

- Work is ongoing to develop reports to increase scrutiny on A&E long waiting patients which will highlight trends over time by breach reason so these can be improved.
- Performance against the 4hour target continues to be very good at mostly above 90%, dropping slightly due to increased seasonal tourism pressures in summer.