



**Item No. 8**

**Meeting Date: Wednesday 4<sup>th</sup> February 2026**

**Glasgow City  
Integration Joint Board  
Finance, Audit and Scrutiny Committee**

**Report By:** **Craig Cowan, Head of Business Development**

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**HSCP Performance Report Q2/3 2025/26**

<b>Purpose of Report:</b>	<p>To present the Joint Performance Report for the Health and Social Care Partnership for Quarter 2/3 of 2025/26 for noting (for Adult Mental Health and Alcohol &amp; Drugs only).</p> <p>The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Adult Services.</p>
<b>Background/Engagement:</b>	<p>The IJB Finance, Audit and Scrutiny Committee have previously agreed that a Joint Performance Report would be produced and presented to them at each meeting, with specific service areas focused upon and relevant service leads in attendance to discuss these areas.</p> <p>Full Joint Performance Reports covering all service areas are produced quarterly. When an IJB Finance, Audit and Scrutiny Committee meeting falls before these full quarterly Performance Reports are available, it was agreed that Interim Performance Reports would be produced, including the latest available data for those service areas being presented upon at that meeting.</p> <p>This Interim Performance Report covers Adult Mental Health and Alcohol &amp; Drugs and includes updated data for part of Quarter 3.</p>

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<b>Governance Route:</b>	The matters contained within this paper have been previously considered by the following group(s) as part of its development.  HSCP Senior Management Team <input checked="" type="checkbox"/> Council Corporate Management Team <input type="checkbox"/> Health Board Corporate Management Team <input type="checkbox"/> Council Committee <input type="checkbox"/> Update requested by IJB <input type="checkbox"/> Other <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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<b>Recommendations:</b>	The IJB Finance, Audit and Scrutiny Committee is asked to: a) Note the attached performance report, b) Consider the exceptions highlighted in section 4.4, and c) Review and discuss performance with the Strategic Lead for Adult Services.
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<b>Relevance to Integration Joint Board Strategic Plan:</b>
The report contributes to the ongoing requirement for the Integration Joint Board to provide scrutiny over HSCP operational performance, as outlined within the Strategic Plan.

**Implications for Health and Social Care Partnership:**

<b>Reference to National Health &amp; Wellbeing Outcome:</b>	HSCP performance activity is mapped against the 9 national health and wellbeing outcomes, ensuring that performance management activity within the Partnership is outcomes focused.
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<b>Personnel:</b>	None.
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<b>Carers:</b>	None.
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<b>Provider Organisations:</b>	None.
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<b>Equalities:</b>	No EQIA has been carried out as this report does not represent a new policy, plan, service or strategy.
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<b>Fairer Scotland Compliance:</b>	N/A
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<b>Financial:</b>	None.
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<b>Legal:</b>	None.
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<b>Economic Impact:</b>	None.
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<b>Sustainability:</b>	None.
<b>Sustainable Procurement and Article 19:</b>	None.
<b>Risk Implications:</b>	None.
<b>Implications for Glasgow City Council:</b>	The Integration Joint Board's performance framework includes social work performance indicators.
<b>Implications for NHS Greater Glasgow &amp; Clyde:</b>	The Integration Joint Board's performance framework includes health performance indicators.

**1. Purpose**

1.1 The purpose of this paper is to present the updated Joint Performance Report for the Health and Social Care Partnership for Quarter 2/3 2025/26 (Adult Mental Health and Alcohol & Drugs only). The Finance, Audit and Scrutiny Committee is also being asked to consider the exceptions highlighted in the report and review and discuss performance with the Strategic Lead for Adult Services in relation to these service areas.

**2. Background**

2.1 These reports are one component of the internal scrutiny arrangements which have been put in place across the Health and Social Care Partnership. Other processes have been established to oversee and scrutinise financial and budgetary performance, clinical and care governance, and the data quality improvement regime.

**3. Reporting Format**

3.1 Within the attached report, performance has been classified as GREEN when it is within 2.5% of the target; AMBER between 2.5% and 5% of the target; and RED when performance is 5% or more from the target. Performance has been classified as GREY when there is no current target and/or performance information to classify performance against.

3.2 Within the report, for all indicators, their purpose is described, along with an indication of which National Integration Outcome and HSCP Strategic Priority they most closely impact upon. Also indicated is whether they have been defined at a local, corporate, or national level as outlined below.

- i. Local Health and Social Work Indicators (chosen locally by the Partnership).

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- ii. NHS Local Development Plan Indicators (specified nationally by the Scottish Government and measured as part of NHS Board accountability processes).
- iii. National Integration Indicators (specified nationally by the Scottish Government to provide a basis against which Health and Social Care Partnerships can measure their progress in relation to the National Health and Wellbeing outcomes).
- iv. Ministerial Strategic Group for Health and Community Care (MSG) Indicators (specified nationally to monitor progress in relation to the integration agenda).
- v. Scottish Public Services Ombudsman (SPSO) Statutory Indicators. It is a requirement that public bodies record and report on complaints, FOIs and Subject Access Requests made at a local level.

### 4. Summary

- 4.1 There are two summary tables at the start of the attached report. The first notes the numbers of indicators which were RED/AMBER/GREEN/GREY over the last two reporting periods for each care group. A second table then lists all of the indicators and provides their current city-wide RAG status and their direction of travel since the last reporting period, noting any changes in RAG status.
- 4.2 The report then provides details of recent performance for all indicators at city and locality levels over the last two years. Narrative is provided for those indicators which are marked as RED or AMBER, which describes the actions being taken to improve performance and the timescales for improvement.
- 4.3 Longer term trends are also displayed graphically for the service areas being presented at this meeting (Adult Mental Health and Alcohol & Drugs).

### ***Exceptions***

- 4.4 At the time of producing this report, 5 indicators were GREEN (45.45%), 1 was AMBER (9.1%) and 5 RED (45.45%). The indicators which are RED are summarised in the table below, with those which have been RED for two or more successive quarters marked in BOLD. By clicking on the page number link, you will be taken to the section of the attached report which outlines the actions being taken to improve performance. You can return here by clicking on the link provided at the end of each page.

<b>Adult Mental Health</b>	
1. Psychological Therapies: % of people who started a psychological therapy within 18 weeks of referral – <i>North West</i>	<a href="#">12</a>
<b>2. Average Length of Stay (Short Stay Adult Mental Health Beds) <i>Leverndale &amp; Gartnavel</i></b>	<a href="#">14</a>
3. % Bed Occupancy (Short Stay Adult Mental Health Beds) - <i>Leverndale</i>	<a href="#">16</a>
<b>4. Total number of Adult and Older People Mental Health Delays</b>	<a href="#">18</a>

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***Changes in RAG Status***

4.5 There has been a change in RAG status for **3** indicators since the last report; performance improving for 2 and declining for 1.

<b>A) RED to GREEN</b>
<b>Adult Mental Health</b>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) – <i>Gartnavel</i>
<b>B) RED to AMBER</b>
<b>Adult Mental Health</b>
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral - <i>South</i>
<b>C) AMBER to RED</b>
<b>Adult Mental Health</b>
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds) – <i>Leverndale</i>

**5. Recommendations**

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

- Note the attached performance report,
- Consider the exceptions highlighted in section 4.4; and
- Review and discuss performance with the Strategic Lead for Adult Services.

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# **CORPORATE PERFORMANCE REPORT**

**QUARTER 2/3  
2025/26**

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## 1. PERFORMANCE SUMMARY

### 1. Key to the Report

Outlined below is a key to the classifications used in this report.

Classification		Key to Performance Status	Direction of Travel - Relates to change between the last two quarters or last two reporting periods for which information is available	
	<b>RED</b>	Performance misses target by 5% or more	▲	Improving
	<b>AMBER</b>	Performance misses target by between 2.5% and 4.99%	▶	Maintaining
	<b>GREEN</b>	Performance is within 2.49% of target	▼	Worsening
	<b>GREY</b>	No current target and/or performance information to classify performance against.	N/A	This is shown when no comparable data is available to make trend comparisons

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The table below compares the overall RAG rating for each care group between the 2 most recent quarters, or where the data is not reported quarterly, the last two reporting periods for which information is available. Table 2b provides the detail for each individual Key Performance Indicator.

CARE GROUPS/AREAS	Previous Period RAG Rating				This Period RAG Rating			
Adult Mental Health	6 (60%)	1 (10%)	3 (30%)		5 (50%)	1 (10%)	4 (40%)	
Alcohol & Drugs			1 (100%)				1 (100%)	
<b>TOTAL</b> No. and (%)	<b>6</b> <b>(54.5%)</b>	<b>1</b> <b>(9.1%)</b>	<b>4</b> <b>(36.4%)</b>	<b>0</b> <b>(0%)</b>	<b>5</b> <b>(45.45%)</b>	<b>1</b> <b>(9.1%)</b>	<b>5</b> <b>(45.45%)</b>	<b>0</b> <b>(0%)</b>

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**2b. Performance at a Glance**

The table below presents a summary of performance at a city-wide level for the performance measures contained within the body of this Combined Performance Report and shows any changes in RAG status in the last period. The main body of the performance report provides locality and trend information and summarises actions being taken to improve performance where relevant.

Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel since last report/ Change in Status
<b>Adult Mental Health</b>				
1. Psychological Therapies: Percentage of people who started a psychological therapy within 18 weeks of referral.	90%	Nov 25	NE 96.1%  NW 59.5%  S 86.3% 	NE ▲ NW ▼ S ▲  to 
2. Average Length of Stay (Short Stay Adult Mental Health Beds)	28 Days	Oct 25	Stob 27.5  Lev 37.9  Gart 33 	Stob ▼ Lev ▲ Gart ▲
3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)	<95%	Oct 25	Stob 93.3%  Lev 100.3%  Gart 97.1% 	Stob ▲ Lev ▼  to  Gart ▲  to 
4. Total number of Adult and Older People Mental Health Delays	20	Nov 25	73 Total 68 Non-AWI / 5 (AWI) 	▼

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Indicator	Target	Latest Period Reported	Actual/Status (City Wide)	Direction of Travel since last report/ Change in Status
<b>Alcohol and Drugs</b>				
1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral (reported in arrears)	90%	Q2	93% 	►

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## 2. ADULT MENTAL HEALTH

<b>Target/Ref</b>	1. Psychological Therapies (PT): % People who start a PT treatment within 18 weeks of referral
<b>Purpose</b>	To monitor the waiting times for people who started a PT treatment within the reporting period. The NHS Psychological Therapies Standard is for 90% of people who started their PT treatment during the month, to have started within 18 weeks from the receipt of referral. This figure is an aggregate of all PTs delivered across all NHS services (i.e. Adult, Older People and Child & Adolescent in both inpatient and community settings for Mental Health Teams, Learning Disabilities Teams, Addiction Teams, Physical Health Services, Forensic Services and Prison Healthcare).
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 1 (See Appendix 2)
<b>Strategic Priority</b>	Priority 1 (See Appendix 1)
<b>HSCP Lead</b>	Karen Lockhart, Assistant Chief Officer for Adult Services

Locality	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25
North East	90%	49 (R)	74.1 (R)	78.7 (R)	77.3 (R)	84.9 (R)	91.7 (G)	85.7 (A)	84.6 (R)	88.5 (G)	89 (G)	96.1 (G)
North West		96.7 (G)	100 (G)	93.7 (G)	94.4 (G)	93.8 (G)	95.7 (G)	91.4 (G)	93.9 (G)	78.3 (R)	83.6 (R)	59.5 (R)
South		93 (G)	78.4 (R)	81.6 (R)	82.3 (R)	87.5 (A)	84.6 (R)	80.9 (R)	90.2 (G)	83.5 (R)	89.3 (G)	86.3 (A)

Performance Trend												
Performance has improved in the North East and South between September and November, moving from RED to AMBER in the South while remaining GREEN in the North East. Performance in the North West has remained RED but declined.												
Issues Affecting Performance												
Performance continues to be a routine area of ongoing review by clinical and operational leads. During Quarter 3 to date, services continued to prioritise actions aimed at balancing the delivery of the standard and reducing the number of longer waiting patients. Prioritising longer waits, ongoing new demand, and the impact of Scottish Government funding arrangements for Psychological Therapies (PT) posts combined with the lengthy recruitment processes required, are all having an impact on the ability of services to meet the target, along with the wider HSCP financial planning challenges.												
The NW's performance has decreased and is linked to reduced clinical time due to provision of fixed term clinical team lead cover for another clinical team, a staff vacancy (following promotion), uncovered maternity leave, some third sector organisations reporting they have reached capacity and referrals flowing to CMHTs meaning a slight increase in initial triage. They have also undertaken a short-term 'in-month' prioritisation of people with longer waits, which has reduced the November performance.												

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### Actions to Improve Performance

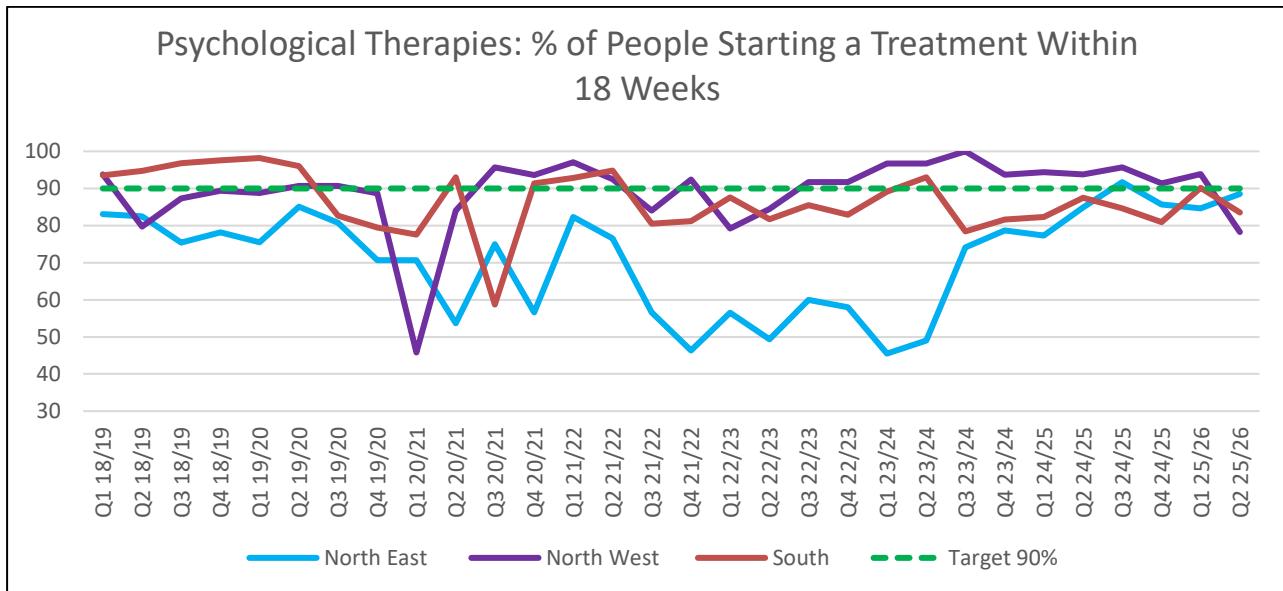
Across the Board area, and for Glasgow City HSCP, there remains a focus on delivering Psychological Therapies (PT) within target and eliminating long waits, especially those of more than a year. A Psychological Therapies Performance Group has been re-established to explore different ways of responding and teams are updating their local Psychological Therapy action plans on a rolling basis each month. Evolving an approach to the number of referrals accepted to be assessed, the number/proportion assessed as suitable for treatment, and the numbers completing treatment and being discharged remains key.

### Timescales for Improvement

The initial projections indicated what needed to happen across all services during the year to meet the target by the end of Q4 2025/26. Based on the trajectory and movement to date, the target remains a major challenge and current activity profiles will likely increase the number of people and time spent waiting.

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### Longer Term Trend



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<b>Target/Ref</b>	2. Average Length of Stay (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor whether people are staying within short stay beds for an appropriate period of time. The intention is to ensure that people are moving onto appropriate destinations and are not staying for longer than required.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 2 (See Appendix 2)
<b>Strategic Priority</b>	Priority 3 (See Appendix 1)
<b>HSCP Lead</b>	Karen Lockhart, Assistant Chief Officer for Adult Services

<b>Hospital</b>	<b>Target</b>	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	
Stobhill	28 days	25.5 (G)	34.2 (R)	27.5 (G)	24.3 (G)	22.1 (G)	23.9 (G)	23.1 (G)	28.7 (G)	25.3 (G)	27.5 (G)	
Leverndale		43.2 (R)	35.4 (R)	39.9 (R)	32.3 (R)	39.2 (R)	38.7 (R)	38.7 (R)	39.3 (R)	43 (R)	37.9 (R)	
Gartnavel		27.8 (G)	40.7 (R)	34.8 (R)	41 (R)	34.9 (R)	35 (R)	37.5 (R)	41.5 (R)	34.6 (R)	33 (R)	

<b>Performance Trend</b>
Between September and October, Stobhill has remained GREEN, although average length of stay has increased. Over the same period, Leverndale and Gartnavel have remained RED with their average lengths of stay reducing.

<b>Issues Affecting Performance</b>
Length of stay is strongly influenced by how quickly people can be safely discharged, not just how quickly they recover. Glasgow City does not have a completely even distribution of community teams, and there are differences in pressure on CMHT caseloads, as well as housing availability which contributes to hospital-to-hospital variation. Staffing variations within wards also remains a key pressure on the delivery of care plans to optimise treatment and discharge, with some wards having stable staffing, while others rely more on bank/agency staffing, which can contribute to longer stays. The professional mix within wards may also vary in terms of whether they have embedded psychology/OT/social work inputs, which can affect the pace of assessment, discharge planning and average length of stay. Other pressures arise from people boarding into a site from outwith the normal catchment area. The average number of people with stays of over 6 months also continue to maintain pressure on daily inpatient ward operation.

<b>Actions to Improve Performance</b>
Daily operational contingency continues and is applied to the fluid situation and location of pressure. This includes routine operational review of boarders and options to improve bed management and discharge co-ordination.
The Mental Health Programme Board have restructured approaches being adopted which will increase the focus on case mix and higher acuity/severity/co-morbidity; social circumstances and housing; family support; and community resources; all of which impact the length of stay and speed of discharge. Multidisciplinary input into recovery planning, discharge planning arrangements and criteria, and risk tolerance being applied across teams are also being emphasised.

Heads of service are also leading work on pathway bottlenecks to consider any impact of community service and crisis teams' capacity, arrangements for patient transfers, medication supply and any restrictions on placements or budget scheduling for care packages. This includes a new description of

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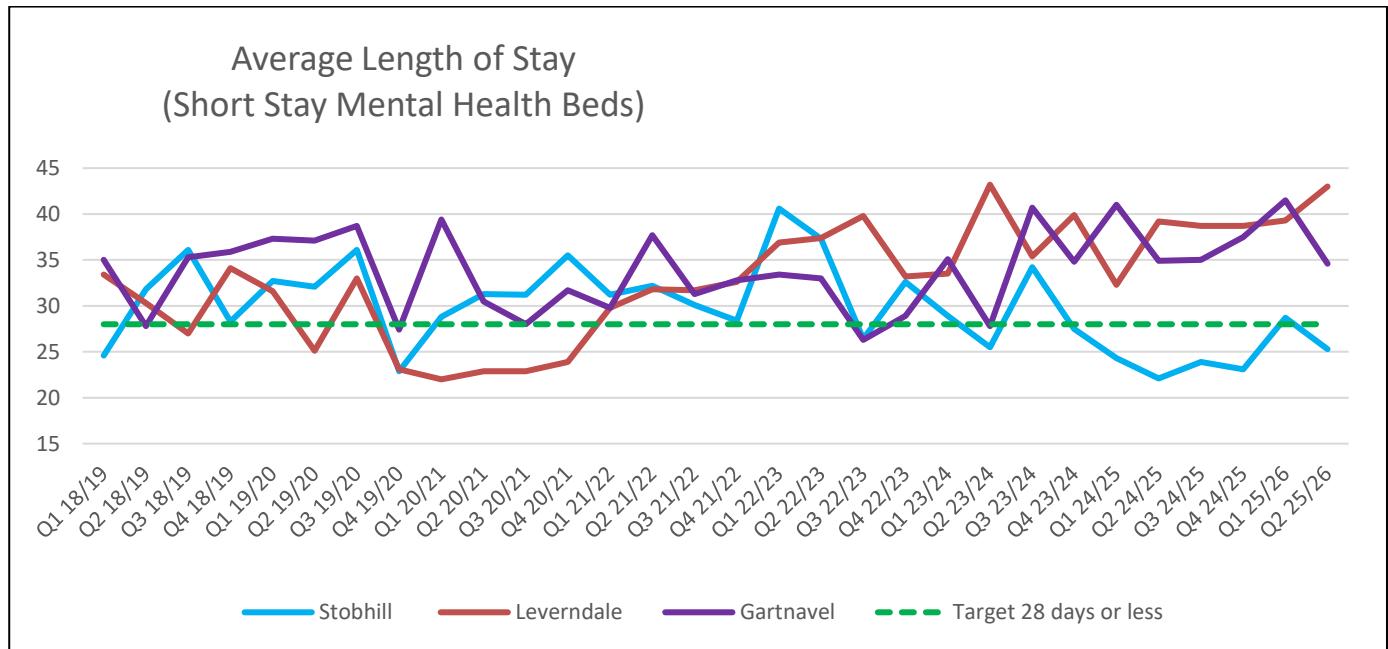
the bed management role which is being updated to more accurately reflect the task for the whole system aims to improve bed utilisation and patient flow.

### Timescales for Improvement

The Mental Health Programme restructuring continues and is programmed well into 2026 as an element of the newly instituted Health Board Transforming Together Strategy. Recruitment is underway and the intention is to appoint a bed manager by May 2026, with the testing of revised operational models beginning in July 2026.

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### Longer Term Trend



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<b>Target/Ref</b>	3. Percentage Bed Occupancy (Short Stay Adult Mental Health Beds)
<b>Purpose</b>	To monitor the utilisation of adult mental health short stay beds. Given the pressure on beds, the aim is to ensure occupancy rates do not exceed a maximum of 95%.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 6 (See Appendix 1)
<b>HSCP Lead</b>	Karen Lockhart, Assistant Chief Officer for Adult Services

<b>Hospital</b>	<b>Target</b>	2023/24			2024/25				2025/26		
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25
Stobhill	<95%	99.6 (A)	100.1 (R)	101 (R)	98 (A)	95 (G)	92.4 (G)	91.3 (G)	98.1 (A)	96.4 (G)	93.3 (G)
Leverndale		99.9 (R)	96.9 (G)	101.2 (R)	101.8 (R)	99.9 (R)	98.8 (A)	100.7 (R)	101.9 (R)	99.6 (A)	100.3 (R)
Gartnavel		96.1 (G)	98.5 (A)	99.6 (A)	99 (A)	99 (A)	90.3 (G)	96.7 (G)	100.3 (R)	100.8 (R)	97.1 (G)

**Performance Trend**

Between September and October, Stobhill has remained GREEN, with occupancy reducing. Leverndale has moved from AMBER to RED while Gartnavel has moved from RED to GREEN.

**Issues Affecting Performance**

Overall occupancy continues to remain too high, but the service has continued to be able to admit those who require inpatient care. Despite on-going temporary bed reductions across the wider system, outwith Glasgow City the overall position for the first part of Q3 has remained stable, with no significant statistical change. The practice of transferring people whose condition is stable to other sites/types of mental health wards continues to be applied as last resort.

Adult acute psychiatric capacity remains at 276 beds. An anticipated reduction in occupancy remains to be realised, with reductions in community vacancies still to have an impact on reducing inpatient admissions, although daily reports continue to suggest a marginally less difficult position. There has been a recent increase of people staying over 6 months in Levendale Hospital. Even in "short stay" units, if average length of stay creeps up for the reasons described in KPI 2 above, occupancy will remain consistently high even if ward processes are optimised, as beds can become blocked. When this occurs, the system behaves differently and it can lead to delayed admissions and transfers, with wards retaining those at highest risk who have the most complex needs. This increases length of stay and clinical caution around discharge and it becomes a self-reinforcing cycle that is very hard to break without either more beds, less demand, or greatly increased community alternatives.

High occupancy is also associated with constant churn and pressure, increased restrictive practice and staff burnout, and difficulty delivering therapeutic programmes. That, in turn, reduces the effectiveness of inpatient care and can lengthen stays or increase readmissions, perpetuating high occupancy.

**Actions to Improve Performance**

Reducing staff vacancies during 25/26 in community and inpatient services continues to be a significant operational priority, whilst recognising the imperative to contribute to financial planning requirements. High occupancy in Glasgow City is unlikely to be fixed by one thing. A package of measures to improve patient flow by seeking to reduce demand, prevent unnecessary admissions, reduce length of stay, and

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tackle discharge barriers are supported. This includes strengthening crisis resolution and home treatment, utilising opportunities from the NHSGGC introduction of flow navigation centres, and pursuing opportunities to speed up packages of care and housing solutions.

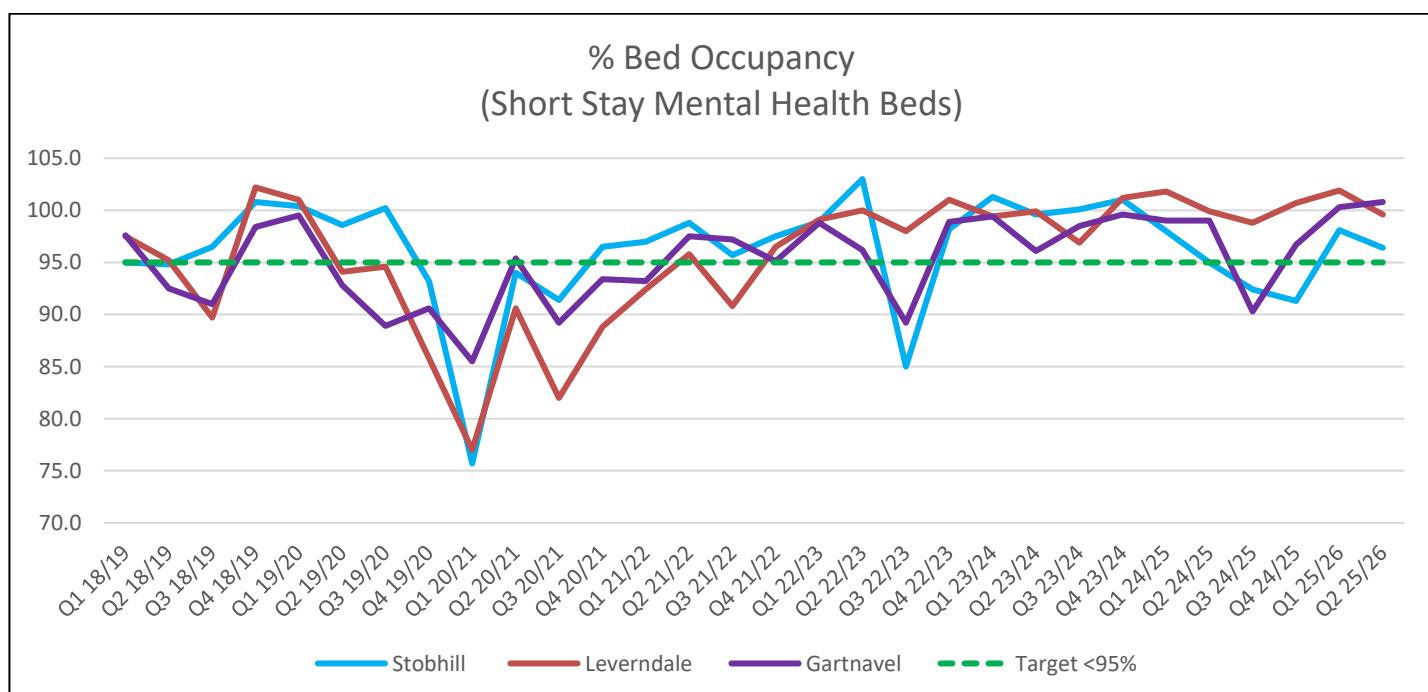
As explained in relation to KPI 2, an updated approach to bed management is being pursued. The new bed management role is intended to centralise mental health bed overview and produce real-time visibility of capacity and occupancy, with clear escalation when occupancy rates breach thresholds. There will be greater emphasis on shared rules across all Glasgow City adult wards, with greater commonality in admission criteria, transfer rules, discharge planning protocols and escalation when a ward is at/near capacity. This will not “create” beds, but prevent waste and reduce delays that come from more localised and fragmented site/ward decision-making.

### Timescales for Improvement

NHSGGC continues to develop the approach of the Transforming Together Mental Health Strategy and the steps outlined above will be implemented in stages. Recruitment is underway and the intention is to appoint a bed manager by May 2026, with the testing of revised operational models beginning in July 2026.

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### Longer Term Trend



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<b>Indicator</b>	4. Total number of Mental Health Delays
<b>Purpose</b>	To monitor the extent to which Mental Health patients are being unnecessarily delayed in hospital, with the aim that these are reduced. The figures shown relate to patients within Mental Health beds coded as General Psychiatry and Psychiatry of Old Age and it excludes Forensic Mental Health and Learning Disability. Source of data is the monthly Health Board Delayed Discharges Mental Health Census Summary.
<b>Type of Indicator</b>	Local HSCP indicator
<b>Health &amp; Wellbeing Outcome</b>	Outcome 9 (See Appendix 2)
<b>Strategic Priority</b>	Priority 6 (See Appendix 1)
<b>HSCP Leads</b>	Karen Lockhart, Assistant Chief Officer for Adult Services

**Total Mental Health Delays (General Psychiatry and Psychiatry of Old Age)**

Locality	Target	2023/24			2024/25				2025/26			
		Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25
<b>N. East</b>		5	9	9	20	14	12	8	8	21	21	28
<b>N. West</b>		4	3	11	7	11	5	7	13	9	14	15
<b>South</b>		12	13	11	16	15	12	9	14	10	14	23
<b>City</b>		0	0	2	0	0	0	1	1	0	0	2
<b>Sub-Total (Included Codes)</b>		<b>21</b>	<b>25</b>	<b>33</b>	<b>43</b>	<b>40</b>	<b>29</b>	<b>25</b>	<b>36</b>	<b>40</b>	<b>49</b>	<b>68</b>
<b>N. East</b>		2	3	4	3	3	2	7	5	3	1	1
<b>N. West</b>		1	4	5	2	2	2	1	1	0	0	1
<b>South</b>		4	2	3	1	2	3	6	5	3	3	3
<b>City</b>		0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>		<b>7</b>	<b>9</b>	<b>12</b>	<b>6</b>	<b>7</b>	<b>7</b>	<b>14</b>	<b>11</b>	<b>6</b>	<b>4</b>	<b>5</b>
<b>All Delays</b>	<b>20</b>	<b>28 (R)</b>	<b>34 (R)</b>	<b>45 (R)</b>	<b>49 (R)</b>	<b>47 (R)</b>	<b>36 (R)</b>	<b>39 (R)</b>	<b>47 (R)</b>	<b>46 (R)</b>	<b>53 (R)</b>	<b>73 (R)</b>

The above figures include the General Psychiatry and Psychiatry of Old Age specialties. A breakdown of totals for these specialties is shown below.

**General Psychiatry**

Locality	2023/24			2024/25				2025/26			
	Sep 23	Dec 23	Mar 24	Jun 24	Sep 24	Dec 24	Mar 25	Jun 25	Sep 25	Oct 25	Nov 25
<b>North East</b>	2	4	4	7	1	3	3	3	11	11	19
<b>North West</b>	2	2	7	6	7	3	5	7	7	8	7
<b>South</b>	3	7	3	6	7	5	5	7	2	4	9
<b>City</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total (Included Codes)</b>	<b>7</b>	<b>13</b>	<b>14</b>	<b>19</b>	<b>15</b>	<b>11</b>	<b>13</b>	<b>17</b>	<b>20</b>	<b>23</b>	<b>35</b>
<b>North East</b>	1	2	2	1	2	1	2	2	1	1	0
<b>North West</b>	0	3	4	2	2	2	1	1	0	0	0
<b>South</b>	0	0	3	1	0	0	0	2	2	1	1

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<b>City</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>	1	5	9	4	4	3	3	5	3	2	1
<b>All Delays</b>	8	18	23	23	19	14	16	22	23	25	36

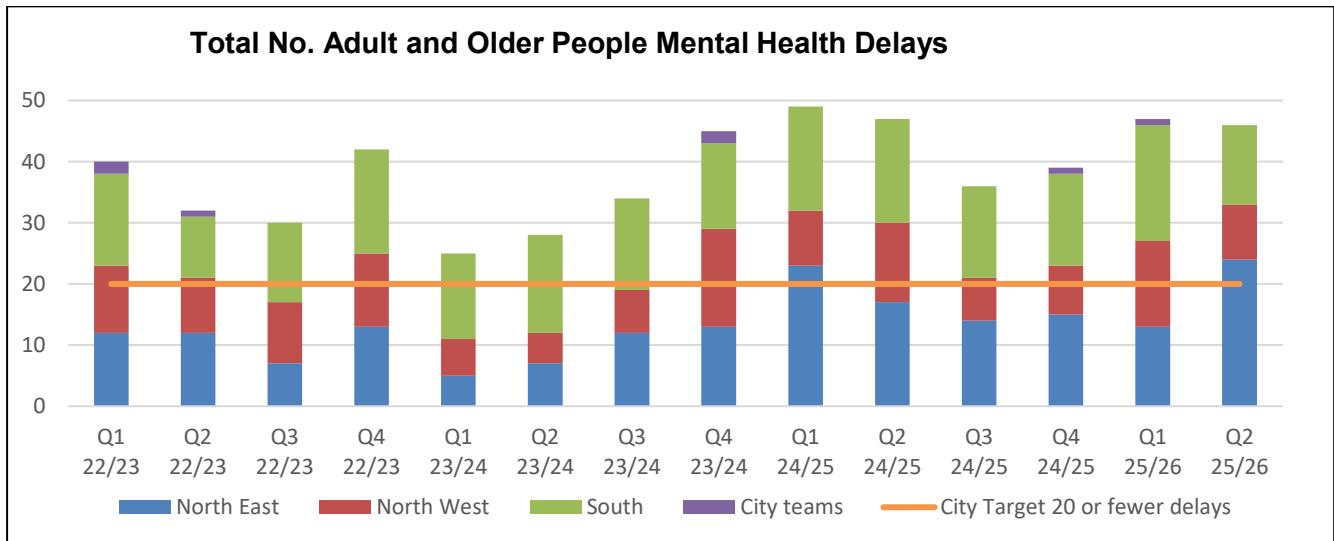
**Psychiatry of Old Age**

<b>Locality</b>	<b>2023/24</b>			<b>2024/25</b>			<b>2025/26</b>				
	<b>Sep 23</b>	<b>Dec 23</b>	<b>Mar 24</b>	<b>Jun 24</b>	<b>Sep 24</b>	<b>Dec 24</b>	<b>Mar 25</b>	<b>Jun 25</b>	<b>Sep 25</b>	<b>Oct 25</b>	<b>Nov 25</b>
<b>North East</b>	3	5	5	13	13	9	5	5	10	10	9
<b>North West</b>	2	1	4	1	4	2	2	6	2	6	8
<b>South</b>	9	6	8	10	8	7	4	7	8	10	14
<b>City</b>	0	0	2	0	0	0	1	1	0	0	2
<b>Sub-Total (Included Codes)</b>	<b>14</b>	<b>12</b>	<b>19</b>	<b>24</b>	<b>25</b>	<b>18</b>	<b>12</b>	<b>19</b>	<b>20</b>	<b>26</b>	<b>33</b>
<b>North East</b>	1	1	2	2	1	1	5	3	2	0	1
<b>North West</b>	1	1	1	0	0	0	0	0	0	0	1
<b>South</b>	4	2	0	0	2	3	6	3	1	2	2
<b>City</b>	0	0	0	0	0	0	0	0	0	0	0
<b>Sub-Total (Complex Codes)</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>11</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>4</b>
<b>All Delays</b>	<b>20</b>	<b>16</b>	<b>22</b>	<b>26</b>	<b>28</b>	<b>22</b>	<b>23</b>	<b>25</b>	<b>23</b>	<b>28</b>	<b>37</b>

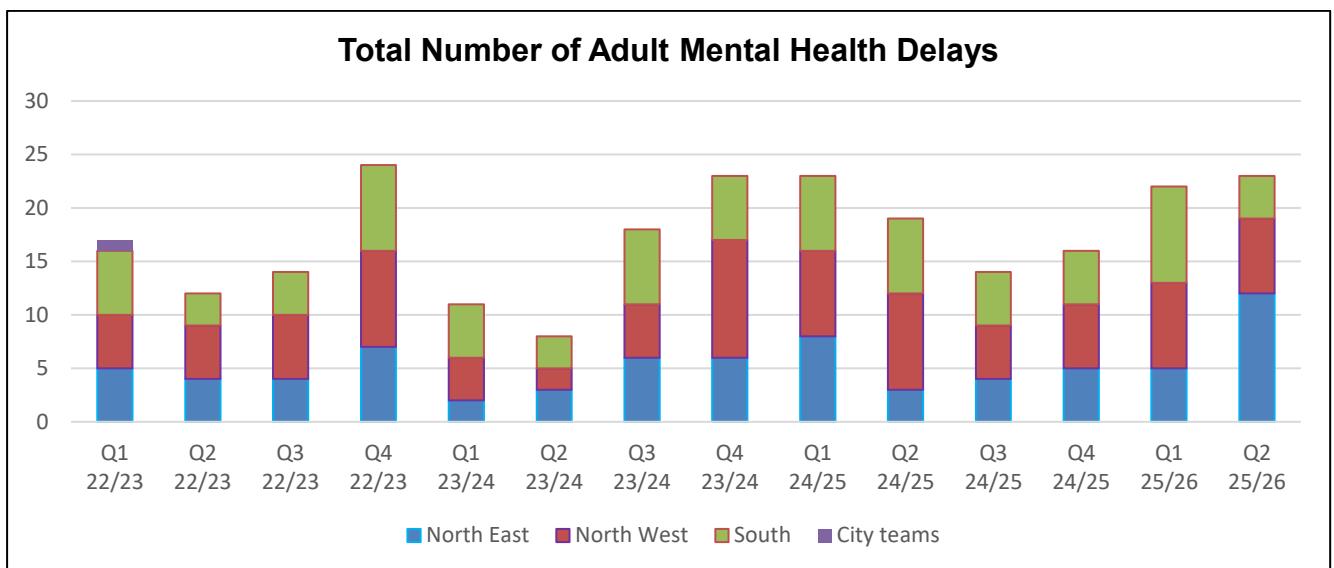
<b>Performance Trend</b>											
Performance remains RED with an increase overall between September and November (+27). Within this overall total, adult delays increased by 13 while older people delays increased by 14; and included codes rose by 28 while complex codes fell by 1.											
<b>Issues Affecting Performance</b>											
There continues to be issues with placement availability.											
Some of the patients with complex needs continue to require ongoing inpatient care and other options continue to be explored. This has affected the number of patients that are fit for discharge across patient sites.											
<b>Actions to Improve Performance</b>											
There has been a delay in the progress of the dedicated bed manager post as this requires to be updated and plan will be for this to go out to advert in the next few weeks (See KPIs 2 and 3 above).											
Improved processes are in place and all delays are currently allocated to social work to move to a positive outcome											
The pilot programme in North East Glasgow continues with regard to access to clozapine therapy without requiring hospital admission											
Regular meetings continue with commissioning and service managers to develop and progress further placements to allow throughput of patients ready for discharge from hospital.											
<b>Timescales for Improvement</b>											
Performance improvement will be sought in 2025/26 financial year factoring the financial challenges being forecast.											
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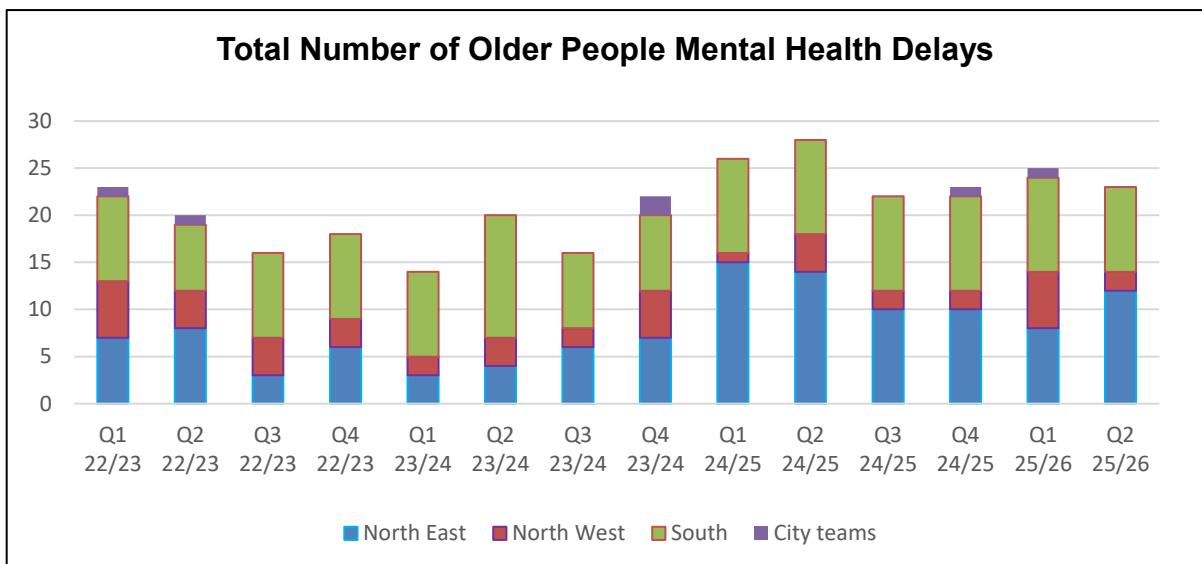
**Longer Term Trend**



The charts below provide a breakdown of the above.



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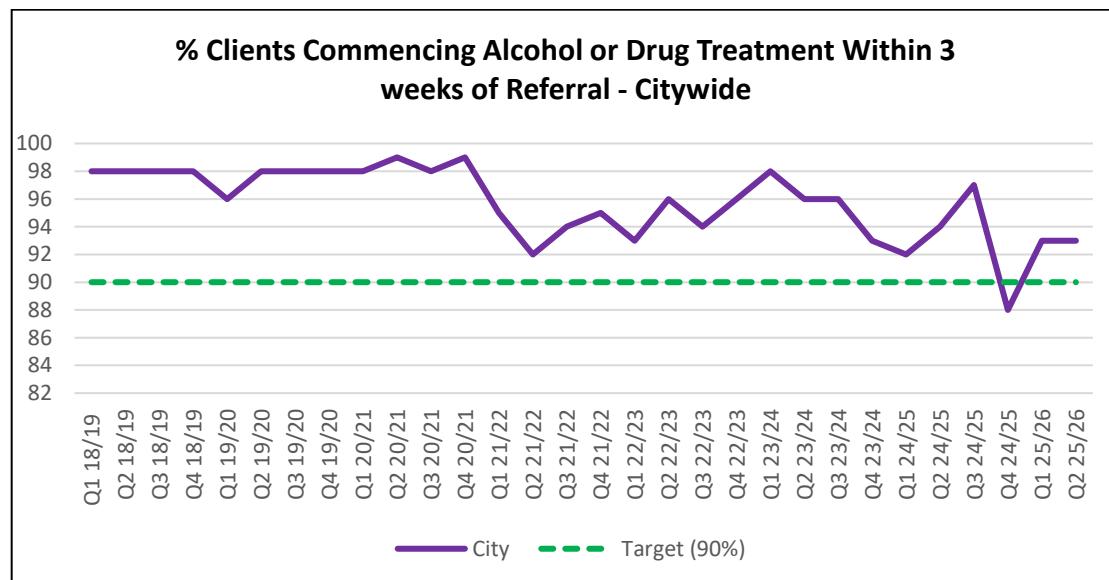
## **ALCOHOL AND DRUGS**

<b>Indicator</b>	1. Percentage of clients commencing alcohol or drug treatment within 3 weeks of referral.
<b>Purpose</b>	In 2011, the Scottish Government set a National Standard that 90% of clients will wait no longer than 3 weeks from referral received to appropriate drug and/or alcohol treatment that supports their recovery. This KPI monitors performance in relation to this standard. The figure reported includes the following services: the 3 ADRS teams, CNS (HAT), Drug Court, and all Purchased Services.
<b>Type of Indicator</b>	NHS LDP (Local Development Plan) Standard
<b>Health &amp; Wellbeing Outcome</b>	Outcome 7 (See Appendix 2)
<b>Strategic Priority</b>	Priority 4 (See Appendix 1)
<b>HSCP Lead</b>	Karen Lockhart, Assistant Chief Officer for Adult Services

Locality	Target	23/24			24/25				25/26		
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	
City	90%	96% (G)	96% (G)	93% (G)	92% (G)	94% (G)	97% (G)	88% (G)	93% (G)	93% (G)	
North East ADRS		98% (G)	100% (G)	98% (G)	99% (G)	99% (G)	100% (G)	97% (G)	97% (G)	99% (G)	
North West ADRS		92% (G)	82% (R)	88% (G)	89% (G)	92% (G)	96% (G)	80% (R)	86% (A)	92% (G)	
South ADRS		98% (G)	97% (G)	96% (G)	99% (G)	100% (G)	98% (G)	97% (G)	93% (G)	92% (G)	
<b>Performance Trend</b>											
<b>This indicator is reported one quarter in arrears.</b>											
During Q2 performance for the city, North East and South continued to exceed target (GREEN). Performance in North West improved significantly during the reporting period with the RAG-rating moving from AMBER to GREEN.											
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**Longer Term Trend**



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**APPENDIX 1 - National Health and Wellbeing Outcomes**

<b>Outcome 1</b>	People are able to look after and improve their own health and wellbeing and live in good health for longer.
<b>Outcome 2</b>	People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
<b>Outcome 3</b>	People who use health and social care services have positive experiences of those services, and have their dignity respected.
<b>Outcome 4</b>	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
<b>Outcome 5</b>	Health and social care services contribute to reducing health inequalities.
<b>Outcome 6</b>	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
<b>Outcome 7</b>	People using health and social care services are safe from harm.
<b>Outcome 8</b>	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
<b>Outcome 9</b>	Resources are used effectively and efficiently in the provision of health and social care services.

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**APPENDIX 2 – Health and Social Care Partnership Corporate Priorities**

- Priority 1 Prevention, early intervention, and well-being
- Priority 2 Supporting greater self-determination and informed choice
- Priority 3 Supporting people in their communities
- Priority 4 Strengthening communities to reduce harm
- Priority 5 A healthy, valued and supported workforce
- Priority 6 Building a sustainable future