

<b>Meeting:</b>	NHS Grampian Board
<b>Meeting date:</b>	19/2/26
<b>Item Number:</b>	10
<b>Title:</b>	Psychology – Update on Scottish Government Special Measures
<b>Responsible Executive:</b>	Prof June Brown - Executive Nurse Director
<b>Report Author:</b>	Dr Sean Harper - Director of Psychology

## 1 Purpose and recommendations

### This is presented to the Board for:

- Assurance
- Endorsement

### Recommendations

The Board is asked to:

- **Assurance:** review and scrutinise the information provided in this paper and confirm that it provides assurance that the necessary mitigations are in place to ensure timely access to psychological therapies.
- **Endorsement:** note the improvement in the Referral to Treatment Time for both adult and child and adolescent psychological therapies and note the robust governance structures in place to manage improvements.

### This report relates to:

- Board Annual Delivery Plan – Psychological Therapies and CAMHS waiting time standard
- Scottish Government waiting times standard - Psychological Therapies Specification, Child and Adolescence Mental Health Services Specification

### This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

**This subject matter of this report is relevant to the mitigation of the following strategic risks (further information provided in the Risk section below)**

- Inability to meet population demand for Planned Care
- Inability to achieve the aspirations set out in Plan for the Future due to financial resource constraints and inefficiencies
- Insufficient change and innovation to create a system which can meet demand and deliver on our strategic intent-
- Deteriorating Workforce Engagement
- Worsening health in Grampian particularly in those who experience multiple disadvantages

## **2 Report summary**

### **2.1 Situation**

The Scottish Government Psychological Therapies referral to treatment time (RTT) standard (Appendix 1) is a Scottish Government strategic objective and is one of NHS Grampian's priorities and key performance indicators.

NHS Grampian Psychological Therapy (PT) services are currently under enhanced support with Scottish Government regarding the 90% 18 week RTT standard for delivery of Psychological Therapies. Children and Adolescent Mental Health Services (CAMHs) have consistently been able to meet this standard for first appointments but have significant secondary waits for follow up appointments (6 months). High volume referral services in adult mental health (AMH) in particular have significantly long waits in some areas that remain very difficult to impact to reduce waits (see Appendix 2 – attached as a separate document to improve legibility).

NHS Grampian Psychological Therapy services are delivered via delegated services to the Health and Social Care Partnerships (HSCPs), so there are multiple operational management structures that are responsible for PT delivery. This makes decision making difficult and agility of service response to demand challenging.

### **2.2 Background**

Much progress has been made in NHS Grampian with regard to the Scottish Government PT RTT standard across multiple parameters of service development, governance and performance.

There are established robust governance and leadership lines of responsibility and accountability across the system, and all matters pertaining to PT improvement and

wider governance are reported and co-ordinated through the Psychological Practice Improvement and Governance Board.

The vast majority of the Scottish Government recommendations detailed in their PT specification have been implemented and there are excellent data reporting and analysis supported by Health Intelligence. The main recommendation which has not been progressed is the recommendation for employment of peer support workers. There are preliminary discussions in Drug and Alcohol services to include peer workers in the skill mix so this part of the specification should progress in due course. All clinicians have clearly articulated job plans according to nationally agreed standards, and our data demonstrates services are working to capacity.

Progression has been made to ensure that no patients are waiting over 52 weeks and at the time of writing 133 patients are waiting above 36 weeks, compared to 200 in December 2025.

Performance on the 18 week RTT standard has been consistently maintained at over 70% for the last year and at the time of writing our performance is 84% of patients have been seen within the 18 week RTT. The position has been stable despite reduction in resource. This reflects our continued improvement work and associated efficiencies and primarily reflects the hard work and dedication of our clinicians.

This has all been achieved in the context of our staffing levels being relatively low per 100 000 population compared with other Boards in Scotland (see Appendices 3 & 4).

## **2.3 Assessment**

Despite the substantial improvements detailed above performance has plateaued overall, with 80% of patients being seen within the 18 week RTT standard across services over the last 2 quarters of 2025. This is understood to be due to recent significant reductions in capacity because of challenges in distribution of Enhanced Mental Health Outcomes Framework funding across HSCPs.

There is a risk to patients arising from extended waiting times, whereby prolonged delays may lead to a deterioration in mental health and increased complexity of clinical needs. Furthermore, smaller services face heightened vulnerability to staff absences, which can precipitate rapid growth in waiting lists. There are reputational risks to the organisation because the length of waits are unacceptable in high volume referral services (Adult Mental Health and CAMHS).

We continue to mitigate these risks through identification of further improvements and efficiency measures. The current 2026 programme of work is summarised below and includes:

- Cross system modelling

- Consideration of alternative models of working in secondary care
- MDT training and implementation of psychological therapies
- Reduced working week bid/peripatetic post development
- Permanent recruitment of data cleansing/PT clinic co-ordinator role
- Trial of Clinic co-ordination
- Elimination of internal referrals
- Piloting of capacity, activity and trajectory planning tool
- National digital group offer
- Digitally supported appointments/reminders
- Cross system waiting list clinics
- Improved 3<sup>rd</sup> sector working

In addition to the continued improvement work, the challenges and risks would be mitigated further in two significant ways:

(a) Service re-organisation

Target resource more effectively and flexibly across the system and HSCPs to support improved management of waiting times through the reorganisation of operational and financial responsibility and accountability, with all Adult Psychology / PT resource realigned to sit operationally under the Director of Psychology.

(b) Additional Resource

Provide additional direct clinical resource to maintain and improve performance for Adult and CAMHS PT services. This could be supported in part through Reduced Working Week backfill.

These considerations are being discussed with the Chief Officers of the HCPSs and via the MH&LD Governance Board.

### **2.3.1 Quality / Patient Care**

The current situation is such that in high volume referral areas (Adult and CAMHS) patients wait too long to receive evidence-based psychological interventions. Access to timely treatment is an early preventative measure for patients. As patients are waiting far beyond the recommended 18 weeks for evidence-based psychological therapies, there is an increased chance of mental health deterioration and subsequent admission to inpatient services.

Preventative early intervention within the RTT standard is the most effective mitigating measure we can offer and is clearly desirable from a patient perspective.

### **2.3.2 Workforce**

Clinicians working in high volume referral services experience the impact of working under the pressure of long waiting lists and are at risk of workplace stress and burnout. Whilst there are numerous supports in place for staff there is no doubt that working in a sustainable service and managing demands within the waiting times standard would reduce staff experience of stress and improve job satisfaction and wellbeing.

### **2.3.3 Financial**

The service is short of capacity to manage the backlog of waits in high volume referral services, and this will be further compromised with the introduction of the Reduced Working Week (RWW) (1 hour reduction to 36 hour standard working week from April 2026). As detailed below backfill to RWW would significantly mitigate against these risks

Psychological therapy in the main is delivered as delegated services in HSCPs. Having undergone significant improvement whilst meeting national recommendations, services have become more efficient, however there remains an evidenced shortfall in capacity to deliver the 18 week TTG within current resources.

### **2.3.4 Risk Assessment / Management**

As detailed above the improvement work we are engaged in aims to mitigate the risks identified to the extent that this is possible within current resource and organisational structures. Additional resource and structural re-organisation are the other identified factors which could assist our continued improvement efforts.

### **2.3.5 Equality and Diversity, including health inequalities**

There is a clear statement of intent from the Scottish Government that psychological health should be treated equitably to physical health and thus the need to respond quickly to mental health crises and disorders should be given equal status, priority and resource.

### **2.3.6 Communication, involvement, engagement and consultation**

Communication, engagement and consultation takes place via multiple forums. The Psychological Practice Improvement and Governance Board (PPIGB) holds overall responsibility for monitoring improvement plans, governance, training and supervision of psychological practice. The PPIGB links in with HSPC governance structures for clear communication across the system.

## **2.4 Recommendations**

The Board is asked to:

- **Assurance:** review and scrutinise the information provided in this paper and confirm that it provides assurance that the necessary mitigations are in place to ensure timely access to psychological therapies.

- **Endorsement:** note the improvement in the Referral to Treatment Time for both adult and child and adolescent psychological therapies and note the robust governance structures in place to manage improvements
- **Future reporting** – note that an updated report on Psychological Therapies RTT performance will be brought back to the Board on an annual basis until Scottish Government measures are lifted.

### 3 List of appendices

The following appendices are included with this report:

Appendix 1 - PT RTT standard – can be accessed here [Psychological Therapies and Interventions Waiting Times Standard Definitions](#)

Appendix 2 - [MH - Adult Psychological Therapy Activity (TrakCare & HEAT)] – separate document

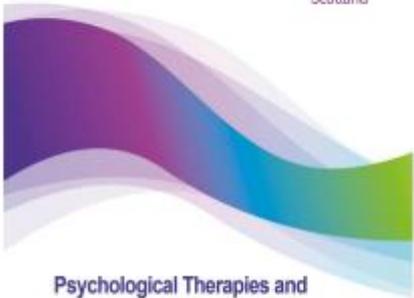
Appendix 3- Adult Psychology/PT staff in Post per 100 000 population

Appendix 4-CAMHS workforce per 100 000 population

## Appendix 1- PT RTT standard

[Psychological Therapies and Interventions Waiting Times Standard Definitions](#)  
[Psychological therapies waiting times key measurement points](#)

### Waiting times and access



Psychological Therapies and Interventions Waiting Times Standard Definitions  
V2.0  
Publication date: 26 September 2023

<i>Psychologically Informed Care</i>	<i>Psychologically Skilled Care</i>
<i>Enhanced Psychological Practice</i>	<i>Specialist Psychological Practice</i>

The Standard states that 90% of people should start psychological treatment or intervention within 18 weeks of referral

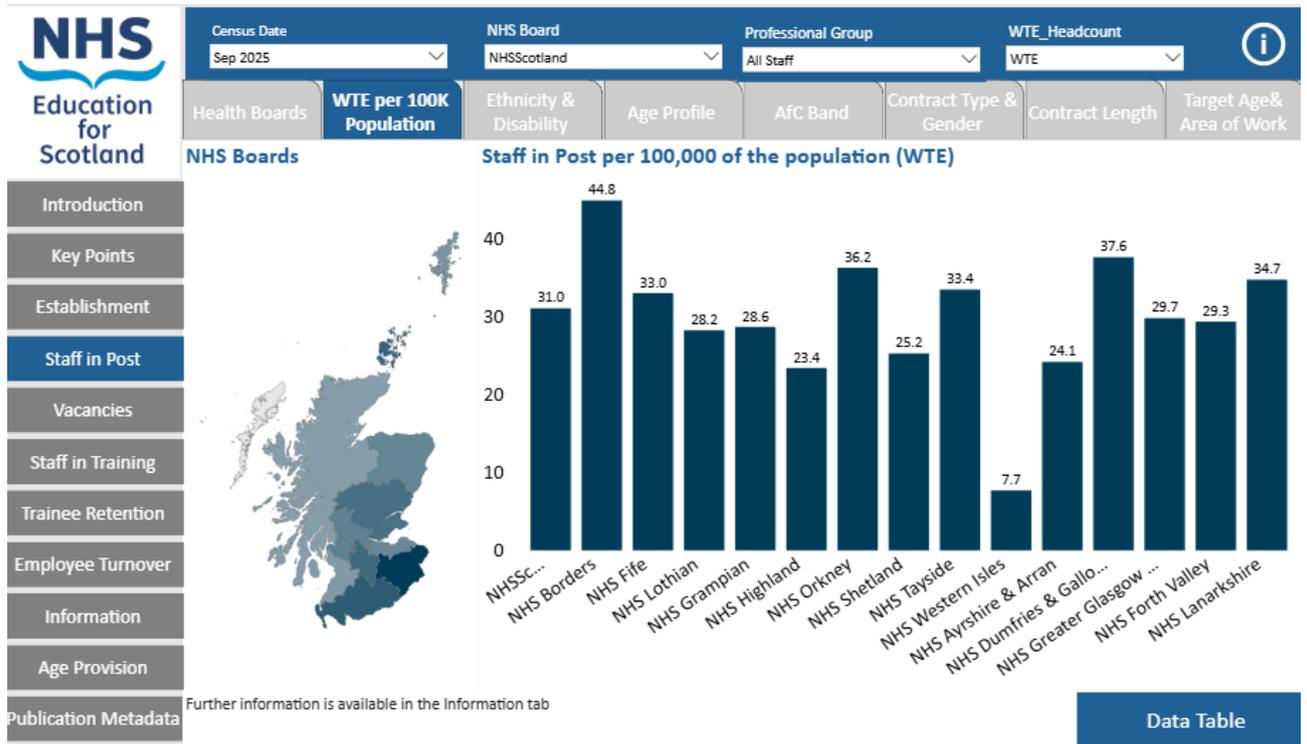


Scottish Government  
Riaghaltas na h-Alba  
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Appendix 2 - [MH - Adult Psychological Therapy Activity \(TrakCare & HEAT\)](#)

See separate document

### Appendix 3 - Adult Psychology/PT staff in Post per 100 000 population



### Appendix 4 - CAMHS workforce per 100 000 population

Staff in Post per 100,000 of the population (WTE)

