ITEM No …6……..

REPORT TO: **PERFORMANCE & AUDIT COMMITTEE – 20 MAY 2026**

REPORT ON: **PSYCHOLOGICAL THERAPIES WAITING TIMES**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **PAC23-2026**

1.0 PURPOSE OF REPORT

1.1 To provide the Performance and Audit Committee with an overview of the performance of the Psychological Therapies Service against the waiting times standard.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the performance of the Psychological Therapies Service as outlined in this report.

2.2 Instructs the Chief Officer to bring back an updated report to the PAC following further improvement actions put in place by the end of this calendar year.

3.0 FINANCIAL IMPLICATIONS

3.1 The existing recruitment strategy aimed at increasing service capacity and reducing waiting times is funded from the current delegated budget for Psychological Therapies.

4.0 MAIN TEXT

4.1 Dundee HSCP is the lead partner for Tayside for the Psychological Therapies service. Psychological Therapies (PT) services deliver evidence-based psychological interventions that reduce distress, improve functioning, and support recovery across mental and physical health pathways. In addition to direct therapeutic activity (individual, group, and digital), PT services make a wider system contribution by reducing hospital admissions, inpatient stays, and emergency department use, and by improving outcomes across a range of clinical populations.

4.2 The national PT waiting times standard requires 90% of patients to start treatment within 18 weeks of referral. This applies to direct therapeutic interventions and does not capture indirect, consultative, or system-focused psychological work. Services operate in line with the National Specification for Psychological Therapies and Interventions. Performance challenges are widespread nationally, with only 2 of 14 NHS boards currently meeting the standard.

4.3 The 18-week standard is not yet met across all specialties or localities within Tayside.
NHS Tayside entered Enhanced Support in August 2024, receiving analytical and modelling support (with no additional funding or workforce support).

Despite demand and financial pressures, performance has improved consistently over the past year, reflecting a sustained focus on improvement, service redesign, workforce development, and targeted recruitment. This improvement places Tayside above the national average and demonstrates that current actions are having a measurable impact.

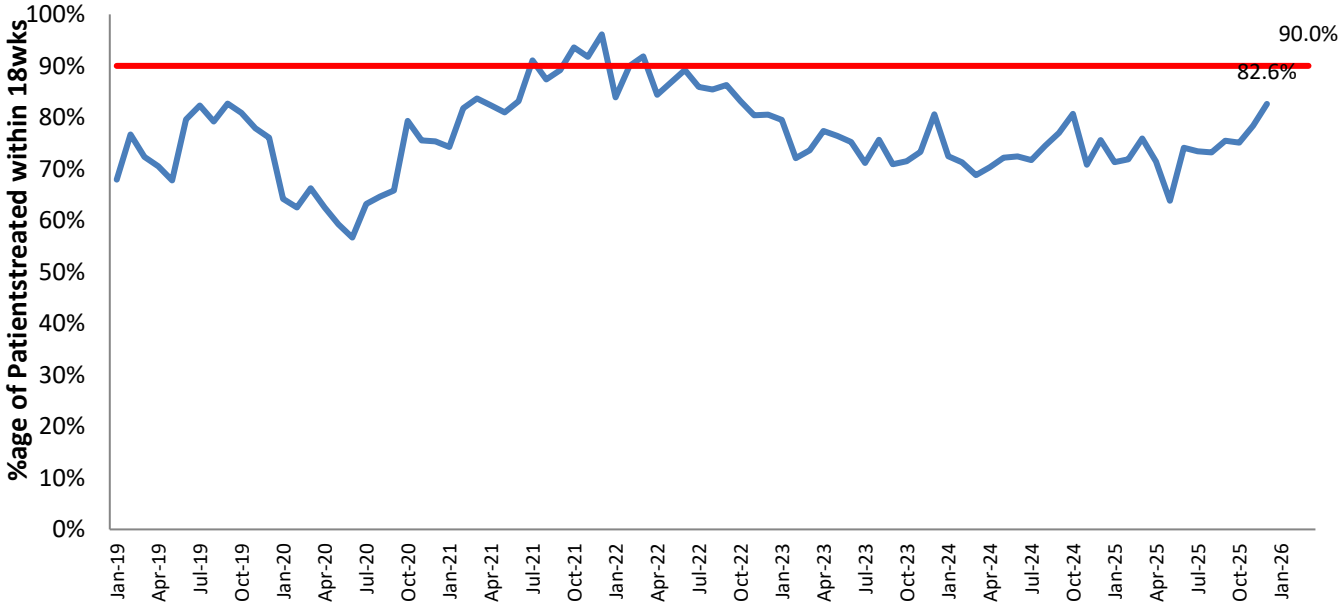
4.4 PT services in Tayside operate across 13 clinical specialties, with performance reviewed monthly at specialty level and used to inform targeted improvement actions.

Recent performance shows significant improvement as noted below:

- Performance Baseline Leading to Enhanced Support: March 2024: 70.9%
- Previous Update Report Performance: September 2025: 75.5%
- December 2025: 82.6%

Figure 1, shows the performance from January 2019 to January 2026. It should be noted the current performance is the highest level achieved since October 2022 and now above the national average (National average = 80.7% at December 2025).

Figure 1. Percentage of Psychological Therapies Patients who Commence Treatment within 18 weeks of referral - Source: Public Health Scotland



4.5 This latest performance represents:

- A +9.9% improvement compared to the Annual Delivery Plan baseline
- Performance above the national average (80.7% in December 2025)

Long waits have reduced in parallel:

- 1,005 ongoing waits over 18 weeks (a reduction of 310 compared to baseline)

While similar levels of performance have been achieved previously and not sustained, current improvement is underpinned by a clearer delivery plan, enhanced oversight, and a stronger focus on workforce stability.

In contrast with these encouraging results Tayside currently ranks 13th of 14 boards for waits over 52 weeks. Importantly, these long waits are concentrated within a small number of services, enabling targeted and proportionate action to be taken.

The four services accounting for the majority of long waits are:

- Adult Psychological Therapies (locality-based – Dundee, Angus & Perth & Kinross)
- Adult Psychological Therapies within Community Mental Health Teams (Dundee, Angus, Perth & Kinross)
- Clinical Health Psychology (Tayside-wide)
- Clinical Neuropsychology (Tayside-wide)

Table 1	August 2025 Data			November 2025 Data		
Speciality	Number waiting <18 weeks	Number waiting > 18 weeks	Total waiting (with percentage over 18 weeks)	Number waiting <18 weeks	Number waiting > 18 weeks	Total waiting (with percentage over 18 weeks)
Angus Adult Psychological Therapies	249	132	381 (34%)	241	175	416 (42%)
Dundee Adult Psychological Therapies	163	255	418 (61%)	172	52	224 (23%)
Perth & Kinross Adult Psychological Therapies	247	11	258 (4%)	239	14	253 (5%)
Angus CMHT	15	2	17 (12%) *	18	0	18 (0%)
Dundee CMHT	57	104	161 (65%)	17	124	141 (87%)
Perth & Kinross CMHT	7	13	20 (65%)	12	52	64 (81%)
Clinical Health	65	94	159 (60%)	79	75	154 (48%)
Clinical Neuropsychology	131	434	565 (77%)	126	427	553 (77%)

Table 1 below shows the number of Patients waiting across these 4 specialties

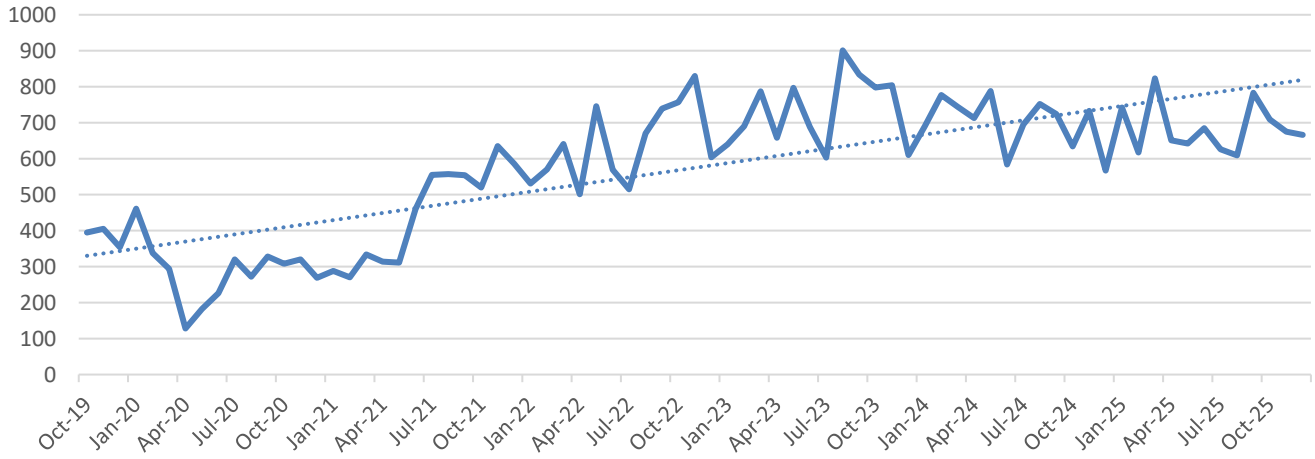
Table 1 shows the numbers of patients waiting above and below 18th weeks for the 4 services that causes failure to achieve the 90% RTT target
***This figure is not a true indication of level of need within Angus CMHT where routine referrals are not being made where there is no PT presence within the CMHT**

Factors Affecting Waiting Times

Waiting times continue to be influenced by demand, workforce, and financial pressures. These factors are summarised as follows:

- Demand: Referrals have increased by 67% compared to pre-COVID levels, without equivalent workforce growth (see Figure 2 below)
- Workforce:
    - Recruitment: Senior specialist posts, particularly in Clinical Neuropsychology, remain challenging to recruit to
    - Turnover: Recent resignations in key services have temporarily reduced capacity partly offsetting recruitment gains.
- Financial challenges limit financial flexibility and additional investment options.
- Some Clinical Health Psychology waits reflect wider pathway constraints (e.g. bariatric surgery and exceptional aesthetics), where access to surgery rather than PT capacity determines reported waiting times.

Figure 2 – Number of Referrals to Psychological Therapies in Tayside Source: NHST Business Unit



A comprehensive programme of service improvement is underway, with a clear emphasis on impact and achieving sustainable improvement in performance.

Immediate and short-term actions leading to improved performance

- Use of short-term staffing to stabilise services
- Expansion of group-based interventions
- Increased delivery of digital therapies, aligned with national direction
- Closer working with partners to optimise pathways
- Continued development and deployment of trainee psychologists

These actions have directly contributed to recent performance gains and are being further strengthened. In addition, the following areas of focus will continue to support longer term increased performance:

4.6 Service redesign

- Clinical Health Psychology pathway redesign to improve flow and reduce bottlenecks
- Updated Clinical Neuropsychology pathways, including young-onset dementia

Ongoing actions are continuing to address greater consistency in referral triage and allocation across services

4.7 Trajectory and Outlook

Public Health Scotland modelling (August 2025) indicated that several under-performing services could achieve the standard within existing budgeted resource levels, provided staffing levels were maintained. Updated trajectories now reflect recent recruitment successes and increased case complexity.

Current expectations are:

- Dundee Adult PT: Expected to reach the standard by August 2026, assuming current staffing stability and successful appointments to current vacancies.
- Perth & Kinross CMHT: Revised modelling underway; recruitment of 1.6 WTE Band 8A planned (of which 1.0 WTE is an additional post). Recruitment is underway with professionals expected to be in post by May 2026 with anticipated achievement of the 90% target within a further 18 months from that date (November 2027).
- Clinical Health Psychology: Continued improvement expected once staffing is fully restored following recent staff turnover, although demand pressures may influence timescales. Following

completion of a recruitment process we anticipate new starts being in post by August 2026 and should this be successful it is anticipated the 90% target will be reached by February 2027.

- Clinical Neuropsychology: Two permanent appointments from December 2025 are expected to deliver measurable improvement with a reduction of approximately 4% in the backlog by April 2026 followed by a gradual and progressive improvement.
- Further Actions involving workforce recruitment to key vacant posts are continuing.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it is a report of activity and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 07 May 2026

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